

Canada's Healthcare Providers

Effectively planning and managing Canada's healthcare workforce is vital to ensuring Canadians can access health services when and where they need them. *Canada's Health Care Providers, 2007*, a new report from the Canadian Institute for Health Information (CIHI), serves as a comprehensive reference on the country's healthcare workforce. It looks at how the health provider landscape has evolved, examines the complexities of health human resources (HHR) planning and management in the current environment and provides the latest information on supply trends for various health professions.

Cost

It is estimated that between 60 and 80 cents of every healthcare dollar in Canada is spent on HHR – and this doesn't include the cost of educating healthcare providers. This means that for the \$160 billion that Canada spent on healthcare in 2007, \$96–\$128 billion went toward HHR.

Size

In 2006, just over 1,000,000 people in Canada worked directly in health occupations; this represented 6% of the total Canadian workforce. In terms of health workers per population, for every 100,000 Canadians, there are 780 registered nurses, 190 physicians, 58 dentists, 49 physiotherapists and two midwives.

The growth of each occupation varies over time. For example, between 1996 and 2005, the number of dental hygienists grew by 45%, pharmacists by 29% and medical laboratory technologists by 6%.

Demand

Health occupations consistently have the lowest unemployment rate among all occupations in Canada (over the past two decades), an indication of the steady demand for healthcare professionals. In 2006, the unemployment rate for all occupations in Canada was at an all-time low of 6.3%, the lowest rate in three decades. The unemployment rate for health occupations in 2006 was 1.2%.



Demographics

Women make up the majority of the health workforce (77%, compared with 47% in the general workforce). The health workforce is also slightly older than the general working population, at an average age of 41.9 years compared with a Canadian average of 39.6 in 2005. Occupations with a younger workforce include occupational therapists and audiologists, whereas professions with an older workforce include physicians, chiropractors and dentists.



Training

Most health professions have seen an increase in the number of graduates over the past decade (1994–2004), and it would appear that the number of faculty is keeping pace with the number of medical students. Between 2000–2001 and 2005–2006, the number of students/trainees increased by 29% and the total number of full-time and part-time faculty increased by a similar amount, 27%.

Internationally Trained Health Providers

As with the general population, people in health occupations come from a variety of ethnic backgrounds. The top countries of origin of internationally educated physicians, nurses and occupational therapists are the Philippines, the United Kingdom, India, South Africa and the United States. In 2005, the registered nursing workforce included 6.5% internationally educated nurses, while the physician workforce included 22% international medical graduates.



Absenteeism and Health of the Workforce

Individuals working in the healthcare sector are slightly more likely to say they are in good or excellent health (96%) than the general Canadian workforce (94%). The percentage of those reporting general health as only fair or poor ranged from 4% for nurses to less than 2% in the “other” health occupation category.

Despite reporting that they are in good health, healthcare workers have had a higher average number of lost work days when compared with the rest of the working population over the past 20 years. On average in 2006, the typical Canadian healthcare worker aged 25–54 years missed almost 12 days of work due to his or her own illness or disability. This compares with an average of seven days of work missed each for all employed Canadians.

Absenteeism also varies by gender. Females aged 25–54 years and working in health occupations missed, on average, 13.1 days of work per year in 2006. This was 6.7 days a year more than male health providers. This trend was similar to that in the general workforce, where the average difference in missed workdays between the two sexes was 2.3 days.

Part-Time Work

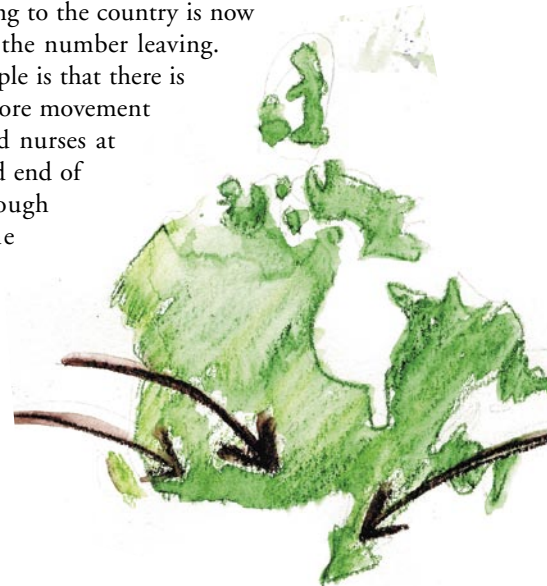
In 2005, more members of the healthcare workforce (24%) than the Canadian labour force (18%) worked part time. Midwives, dietitians and nutritionists, audiologists, psychologists, registered nurses and occupational therapists all had a higher proportion of their workforce that worked part time when compared with all health occupations.

Migration

In general, healthcare providers tended to move in patterns similar to the general Canadian population and the general Canadian labour force. When moving between provinces/territories from 1991 to 2001, most healthcare provider groups have tended to migrate to either the larger “magnet” provinces (Alberta, British Columbia and Ontario) or their own neighbouring provinces.

When examining specific professions, more detail on trends can be found. For example, the number of physicians returning to the country is now greater than the number leaving.

Another example is that there is considerably more movement among registered nurses at the beginning and end of their careers, through nurses leaving the profession, returning to school or moving to another jurisdiction.



These factoids were compiled from *Canada's Health Care Providers, 2007*, a recent report from CIHI, and come from a variety of sources. The full report can be found on CIHI's website at www.cihi.ca.

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