



Workforce Trends of  
Occupational Therapists  
in Canada, 2006

H e a l t h   H u m a n   R e s o u r c e s   D a t a b a s e



Canadian Institute  
for Health Information

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## Preface

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

To meet this mandate, CIHI's core functions include the coordination and promotion of national health information standards and health indicators, the development and management of health databases and registries, the funding and facilitation of population health research and analysis, the coordination and development of educational sessions and conferences and the production and dissemination of health information research and analysis.

The Occupational Therapist Database (OTDB) is one example of a health database developed and maintained by CIHI. Any questions or requests regarding this publication or the OTDB should be directed to:

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- Alberta College of Occupational Therapists
- Canadian Association of Occupational Therapists
- College of Occupational Therapists of British Columbia
- College of Occupational Therapists of Manitoba
- College of Occupational Therapists of Nova Scotia
- College of Occupational Therapists of Ontario
- New Brunswick Association of Occupational Therapists
- Newfoundland and Labrador Occupational Therapy Board
- Ordre des ergothérapeutes du Québec
- Prince Edward Island Occupational Therapists Registration Board
- Saskatchewan Society of Occupational Therapists

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We wish to extend our thanks and gratitude to all occupational therapists who work with Canadians to improve their quality of life.

Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.



## Executive Summary

The Health Human Resources team of the Canadian Institute for Health Information (CIHI) is pleased to present *Workforce Trends of Occupational Therapists in Canada, 2006*. This is the first annual CIHI publication focused on the supply of the occupational therapist (OT) workforce in Canada.

The supply information contained in the Occupational Therapist Database (OTDB) is a critical component of the information required to inform health human resource planning and management in Canada.

In 2006, all the provincial regulatory authorities were able to participate in the OTDB with the exception of Quebec. As OTs are not currently regulated in the territories, the Canadian Association of Occupational Therapists (CAOT) provided voluntary membership data on OTs in the Yukon Territory, the Northwest Territories and Nunavut.

This report contains information on the supply, demographics, geographic, education and employment characteristics of the OT workforce.

## Highlights

**Supply:** The supply of occupational therapists (OTs) in Canada has grown steadily over the past decade, with an overall gain of over 27.2% since 2000.

**Demographics:** OTs comprise a young health profession that is predominately female (92.4%).

**Geographical Distribution:** 90.3% of OTs work mostly in urban areas of Canada.

**Education:** 81.6% of OTs currently have a baccalaureate degree in occupational therapy, while 10.8% have a master's degree in occupational therapy.

**Employment/Practice Characteristics:** The majority of OTs are permanent employees (73.1%) working in direct patient care (80%) for one employer (79.3%) in either a hospital/rehabilitation facility (45.6%), community-based setting (30.8%) or in a professional practice clinic/business (11.5%).

The *Workforce Trends of Occupational Therapists in Canada, 2006* represents the starting point for the OTDB's development as a comprehensive data source on the supply of OTs in Canada.



## Introduction

The Health Human Resources team of the Canadian Institute for Health Information (CIHI) is pleased to present *Workforce Trends of Occupational Therapists in Canada, 2006*. This is the first CIHI annual publication focused solely on the supply of the occupational therapist (OT) workforce in Canada.

The supply information contained in the Occupational Therapist Database (OTDB) is a key component to health human resource planning. An investigation into the number of health professionals required for a jurisdiction must begin with an understanding of the current supply, and how that supply is changing.

The OTDB is a comprehensive data source on the supply of the OT workforce in Canada, and is intended for the use of all levels of government, researchers, stakeholders and advocacy groups, private and public organizations, media and occupational therapists.

The presentation of clear, objective data and data analysis enables informed decision-making and supports policy formulation. This inaugural report represents the starting point for a data series to provide a useful historical perspective of OT supply and distribution, allowing for time-series analysis in the years to come.

CIHI has engaged in the development of five new databases, including the OTDB, to further its contribution to the picture of health human resources in Canada. The Occupational Therapist, Pharmacist, Physiotherapist, Medical Laboratory Technologist and Medical Radiation Technologist databases are set for phased release over the next few years, starting with this report on the OT workforce. These reports will complement existing information gathered on physicians and nurses in Canada. The annual publications for each health profession have been standardized as much as possible to allow for cross-profession analyses.

In this annual report, CIHI presents information on the OT workforce and the occupational therapy profession as a distinct health provider group.

This year's printed publication includes:

- a data analysis section for 2006 OT data; and
- a comprehensive methodological notes section.

This report is intended to provide a solid foundation for the work of those with an interest in OT human resources planning in Canada.



# Data Analysis of the Occupational Therapist Database

## Methodological Overview

The data and information presented in this publication are from the Occupational Therapist Database (OTDB) and the Health Personnel Database (HPDB). Both databases are maintained by the Canadian Institute for Health Information (CIHI).

As of 2000, all provinces have legislation that requires registration with a provincial licensing authority as a condition of occupational therapy practice. Registration with a licensing authority is not yet a condition of practice in the Canadian territories. The Canadian Association of Occupational Therapists (CAOT) submits the information on the occupational therapist (OT) workforce employed in these regions. This national association collects registration information from OTs in the territories who register for voluntary membership.

Official registration in the provinces requires the completion of a registration form by OTs either on paper or online, as available. In keeping with the mandate of the provincial regulatory authorities of OTs across Canada, registration forms typically contain personal information, educational credentials and employment history details. The collection of these specific pieces of information tends to be common across jurisdictions. Other information collected on the registration form may vary according to the bylaws and business needs of respective provincial regulatory authorities.

The administrative data collected by provincial regulatory authorities and the CAOT is well suited to informing health human resource planning and management in Canada. Collecting and collating these data provides a unique opportunity to examine aggregate information on registered OTs in Canada, which is essential to identifying supply-based issues for future health human resources planning.

In consultation with provincial regulatory authorities, the CAOT and other stakeholders, CIHI developed a standardized set of data elements to capture supply-based information on the OTs workforce in Canada. These data elements cover the demographic, geographic, educational and employment characteristics of OTs across Canada. From this consultation, a data dictionary containing specific information on the development process, data elements and associated values, as well as definitions and rationale for collection, was created. The *Occupational Therapist Database Data Dictionary* is available for download on the CIHI website at [www.cihi.ca](http://www.cihi.ca).

The provincial regulatory authorities participating in the OTDB and the CAOT are the primary collectors of data compiled in the CIHI database. As such, the data collected on the annual registration form and submitted to CIHI for the OTDB are the property of the respective provincial regulatory authorities and the CAOT.

Under the agreement with CIHI, a portion of this information is submitted to CIHI once per year. CIHI and the regulatory authorities/CAOT jointly review the new data, applying rigorous principles of data quality assurance. Once data quality assurance is complete, CIHI adds the new data to the OTDB for analysis and reporting. This information will be collected year-on-year to provide a historical record of the OT workforce.

The Methodological Notes section in this publication provides more detail on CIHI's review process and data considerations. It is important for readers to understand how the data are collected, reviewed and reported by CIHI. This is true for two reasons: first, the statistics reported by CIHI will differ from the statistics reported by the regulatory authorities, even though the source of the data (the annual registration forms) is the same. Second, differences in the registration forms can impact the results and subsequent interpretation of the data. CIHI aims to highlight and explain these data considerations.

Any questions regarding the methodology may be sent to [otdb@cihi.ca](mailto:otdb@cihi.ca).



## Note to Readers

1. Data for the 2006 OT workforce in the province of Quebec were not available for this publication. Please note that when totals are provided they do not include Quebec.
2. Due to small cell sizes in the territories, the results for the OTs in the Yukon, the Northwest Territories and Nunavut have been grouped together for some of the analyses found in this publication.
3. The term *OT workforce* is used in this publication and accompanying documents to include registered OTs who were employed at the time of annual registration.
4. The provincial statistics from the OTDB have been reviewed and authorized by representatives at the provincial regulatory authorities responsible for the regulation and licensure of OTs. The territorial data have been reviewed and authorized by the Canadian Association of Occupational Therapists (CAOT).
5. CIHI figures on OTs will not be the same as figures published by provincial regulatory authorities or by the CAOT for the following reasons:
  - a. **Collection Period**—The statistics typically released by provincial authorities and the CAOT are year-end statistics that include all registrations received during the 12-month registration period. In contrast, CIHI collects data as of October 1 of the data collection year. In consultation with provincial authorities and the CAOT, this point-in-time data collection point was established to ensure timely and comprehensive information based on their respective registration periods.
  - b. **Reference Population**—For the OTDB, provincial regulatory authorities (data providers) submit data for “active” registrations received during the registration year. The active total presented in this report represents the number of OTs deemed eligible to work by the regulatory authority in that particular jurisdiction in that year. Specifically, active registration includes those registration categories that authorize a registrant, based on the assessment and issuance by a regulatory authority, to engage in professional practice, as defined by the relevant laws, regulations and/or policies associated with a specific jurisdiction. For the territories, active registrations include those OTs who have voluntarily registered with the CAOT during the registration year. As a result, they may not represent the maximum number of OTs in northern regions in 2006. Information on “inactive” registrants is not submitted to CIHI for the OTDB.
  - c. **Exclusions From CIHI Data**—Active registrants fall into three categories: *Employed in occupational therapy*; *Unemployed and seeking employment in occupational therapy*; and *Unemployed and not seeking employment in occupational therapy*. For this publication, CIHI removes unemployed registrants who fall into the latter two categories, as well as those OTs for whom employment status information is missing or unknown.
  - d. **Other Exclusions From CIHI Data**—CIHI statistics do not necessarily include OTs who are on leave (for example, maternity/paternity leave) as of October 1 of the data collection year.

- e. **CIHI Editing and Processing**—The CIHI database is not an amalgamation of provincial and CAOT data. When data files are submitted, CIHI attempts to remove those OTs who may register with more than one provincial regulatory authority. For example, if an OT has employment in both Alberta and British Columbia, he or she is required to register with both colleges. These registrants are called “secondary registrations” (or interprovincial duplicates). Duplicate information is removed by CIHI according to the methodology described in the Methodological Notes section of this publication. The removal of duplicate information avoids double-counting OTs across jurisdictions, while more accurately reflecting the primary jurisdiction of employment.
  - f. **Data Quality Processes**—Some jurisdictions perform their data quality review at the end of their registration period. As CIHI receives the data in October of the data collection year, it is possible that some of the data-quality activities of some jurisdictions are not yet completed. As a result, at the time of data submission, a jurisdiction may have records for which the information is “unknown” for some data elements. Although every reasonable effort is made to acquire the information at the time of data submission, the correction may not be reflected in the CIHI database.
  - g. **Territorial Duplicates**—Data submitted by CAOT for the territories do not include secondary registrations. Yukon, Northwest Territories and Nunavut data are based only on those registrants who are working and living in the territories.
6. CIHI, the provincial regulatory authorities and CAOT are continually working to improve data quality. This may impact the comparability of historical data in the future.
  7. The data presented in this publication are self-reported, which may lead to higher-than-expected “unknown” values if a substantial portion of OTs chose not to complete all fields on their annual registration form.
  8. For Manitoba, aggregate-level data for five-year age ranges as well as gender were provided by Manitoba Health.

## What Is an Occupational Therapist?

Occupational therapists (OTs) are regulated health care professionals who promote health and well-being by enabling individuals, groups and communities to participate in occupations that give meaning and purpose to their lives.<sup>1, 2</sup> The concept of occupation is wide and refers to “everything that people do during the course of everyday life”<sup>3</sup> such as self-care, play, work, study, volunteerism and leisure.

OTs provide services to people of all ages who, because of illness or disability that impacts their ability to feel, think and do,<sup>1</sup> and/or because of social, attitudinal, institutional, legislative and/or physical barriers, experience difficulties in participating in occupations.<sup>2, 4</sup> In collaboration with the clients, other professionals, families, caregivers and volunteers, the OT works to enhance ability or modify environmental barriers to facilitate participation.<sup>4</sup>

OTs are often employed or self-employed as direct service providers and also assume other functions such as coordinator, manager, researcher, program developer or educator.<sup>1</sup> Their work settings include community agencies, hospitals, chronic care facilities, rehabilitation centres, schools, clients’ homes and workplaces, social agencies and industry.

## Who's Who in Occupational Therapy?

### **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) is the national federation of occupational therapy regulators in Canada. ACOTRO was established in 1988 with a mandate to provide national leadership on regulatory matters concerning occupational therapy and the protection of the public. All 10 Canadian occupational therapy regulatory organizations belong to ACOTRO, which has granted each organization the mandate to protect the public, and the legal authority to regulate the practice of occupational therapy in its particular province. ACOTRO members regulate well over 12,000 OTs in Canada. Occupational therapy is not yet regulated in the territories.

ACOTRO members are accountable for regulating entry to practice through setting registration/licensure requirements; establishing and monitoring standards for practice and ethical conduct; implementing quality assurance programs such as continuing competency requirements to assure continued safe, quality practice; and addressing concerns raised about a registrant's practice or conduct through inquiry and discipline.<sup>5</sup>

### **Association of Canadian Occupational Therapy University Programs (ACOTUP)**

ACOTUP is a national organization that promotes and develops occupational therapy education and research with understanding of issues in a global context. ACOTUP objectives are: 1) act as the official body of the Canadian university programs of occupational therapy to achieve and uphold standards of education in occupational therapy; 2) act as the official body responsible for generating and promoting the exchange of ideas and philosophies in occupational therapy education; 3) promote and facilitate research related to occupational therapy education; 4) participate in establishing, maintaining and reviewing policies which have direct and/or indirect educational implications through representation to the Canadian Association of Occupational Therapists (CAOT); and 5) represent the federation of university programs in its relationships with universities and other national and international associations and organizations with educational and/or research mandates.<sup>6</sup>

### **Canadian Association of Occupational Therapists (CAOT)**

The Canadian Association of Occupational Therapists (CAOT), founded in 1926, is a national, non-profit professional organization. It strives to advance excellence in occupational therapy practice and to promote access to quality occupational therapy services for all Canadians. CAOT, along with its provincial and territorial affiliates, represents over 10,000 OTs and almost 1,100 students.<sup>7</sup> CAOT provides services, products, events and networking opportunities to assist OTs in achieving excellence in professional practice. In addition, CAOT provides national leadership to develop and promote the client-centred profession of occupational therapy, in Canada and internationally.<sup>8</sup>

### **World Federation of Occupational Therapists (WFOT)**

The World Federation of Occupational Therapists (WFOT) is the key international representative for OTs and occupational therapy around the world and the official international organization for the promotion of occupational therapy. Founded in 1952, WFOT currently has 66 member associations.<sup>9</sup>

# Supply of Occupational Therapists

## The Evolution of CIHI Data on Occupational Therapists

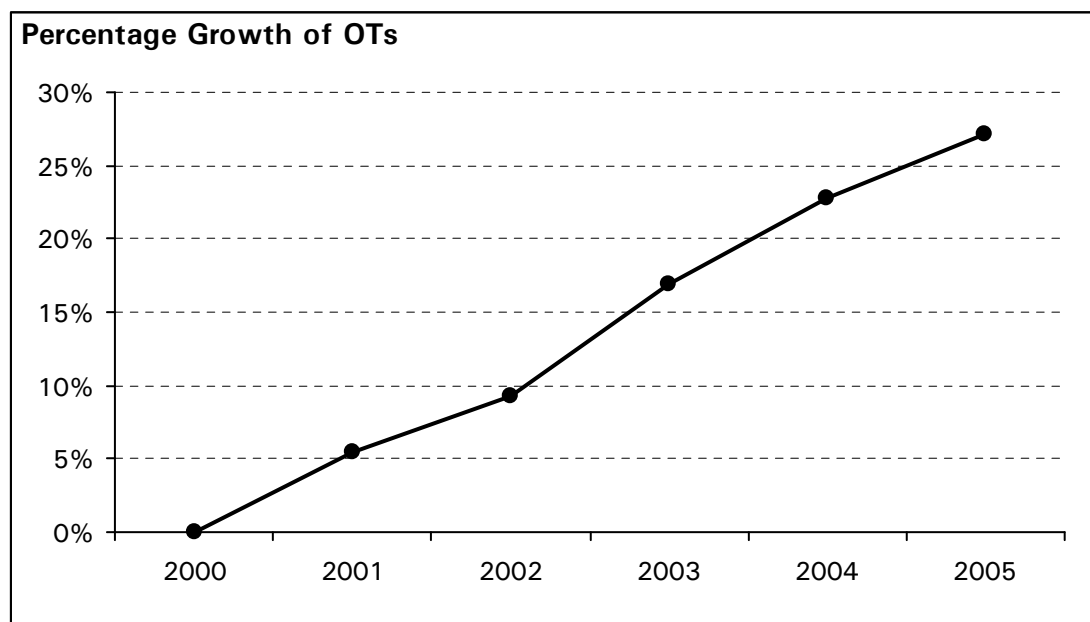
Prior to 2006, information on OTs was collected at an aggregate level by the Health Personnel Database (HPDB) at CIHI. The HPDB provides basic information on entry to the profession and the workforce for OTs, among 22 other health occupations. Although the HPDB provides informative analysis that can be used to compare across health occupations, it provides only a limited range of the desired information needs for health human resource planning. Because HPDB data are collected from a variety of sources, standardized, comparable data are not always available. Given these realities, the HPDB reports present informative but simple outputs. These limitations reinforce the need for future work in health human resource information development for all health care providers in Canada.

The newly developed 2006 Occupational Therapist Database (OTDB) provides a wide range of data elements available for analysis to address current and changing information needs. The OTDB data dictionary clearly articulates the data standard for the collection of information on the OT workforce across Canada, which allows for more rigorous data quality activities. With the richness of OTDB data, advanced analytical activities such as trending and forecasting will be possible in the years to come, resulting in value-added research. With time, the OTDB will be a source of advanced, policy-relevant reports informing ongoing health human resource planning efforts for occupational therapy.

## Number of Occupational Therapists in Canada (HPDB 2000 to 2005)

According to the historical data available from the Health Personnel Database (HPDB), the profession of occupational therapy has experienced a strong growth rate. The number of active OTs registered in Canada has increased steadily for an overall gain of over 27.2% since 2000 (Figure 1).

**Figure 1. Percentage Growth in the Number of Active Registered Occupational Therapists, Canada, 2000 to 2005**



**Notes:**

Figure 1 uses 2000 as the base year. Yearly figures are calculated as a percentage change from the 2000 total. The data source for this table is the Health Personnel Database (HPDB), which reports the number of active registered OTs, including the province of Quebec. This data table includes both regulated membership data (membership with a specific data provider is required as a condition of practice) for registrants from the provinces and voluntary membership data (registration with the data providers is not a condition of practice) for registrants from the territories. Data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of the *Health Personnel Trends in Canada, 1995 to 2004* publication.

**Source:** Health Personnel Database, Canadian Institute for Health Information.

Although the headcount of OTs has fluctuated over time, almost all the provinces and territories experienced similar growth since 2000. Nova Scotia, Alberta and the territories showed the greatest percentage increase, with over 42% growth, while Newfoundland and Labrador and Prince Edward Island demonstrated a decrease in the number of OTs over that time period (5.8% and 2.9%, respectively) (see Table 1).

**Table 1. Supply of Occupational Therapists, Canada, 2000 to 2005**

	2000	2001	2002	2003	2004	2005	Percent Change From 2000
<b>N.L.</b>	137	137	141	145	146	129	-5.8%
<b>P.E.I.</b>	34	35	38	34	35	33	-2.9%
<b>N.S.</b>	214	239	255	276	283	309	44.4%
<b>N.B.</b>	208	204	201	228	239	245	17.8%
<b>Que.</b>	2,487	2,618	2,749	2,877	3,126	3,288	32.2%
<b>Ont.</b>	3,196	3,375	3,540	3,803	3,905	4,002	25.2%
<b>Man.</b>	345	363	360	433	443	456	32.2%
<b>Sask.</b>	203	201	202	211	214	217	6.9%
<b>Alta.</b>	874	945	1,000	1,126	1,204	1,242	42.1%
<b>B.C.</b>	1,234	1,299	1,275	1,309	1,366	1,434	16.2%
<b>Y.T.</b>	9	9	12	7	10	13	44.4%
<b>N.W.T.</b>	7	9	10	13	13	10	42.9%
<b>Nun.</b>	..	..	..	..	..	..	
<b>Total</b>	<b>8,948</b>	<b>9,434</b>	<b>9,783</b>	<b>10,462</b>	<b>10,984</b>	<b>11,378</b>	<b>27.2%</b>

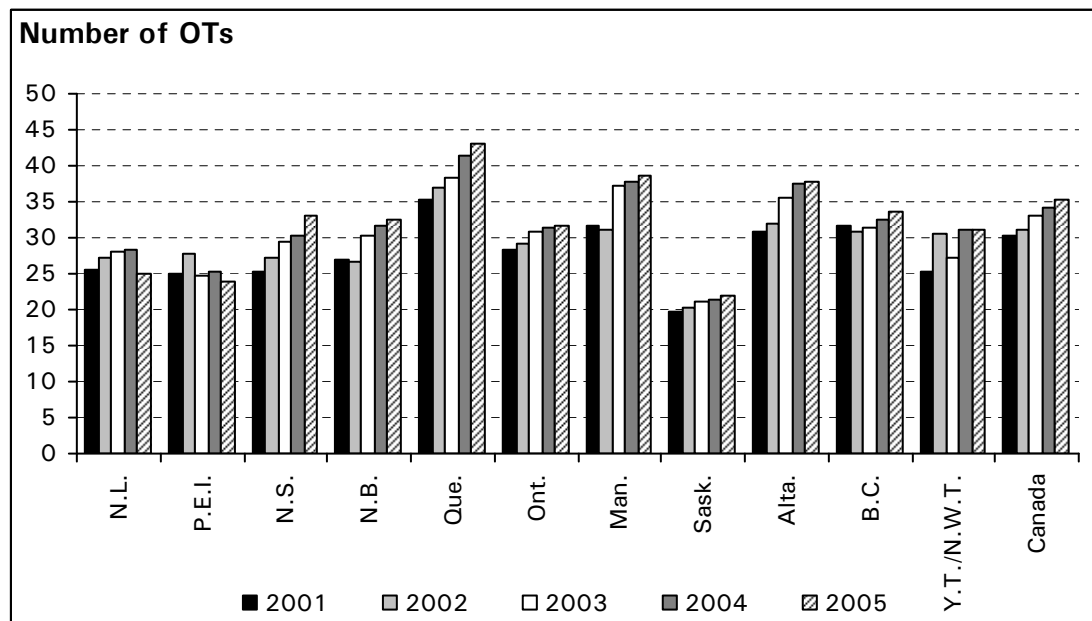
**Notes:**

The data source for this table is the Health Personnel Database (HPDB), which reports the number of active registered OTs, including the province of Quebec. This data table includes both regulated membership data (membership with a specific data provider is required as a condition of practice) for registrants from the provinces and voluntary membership data (registration with the data providers is not a condition of practice) for registrants from the territories. Data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of the *Health Personnel Trends in Canada, 1995 to 2004* publication.

**Source:** Health Personnel Database, Canadian Institute for Health Information.

The per-population supply of OTs in Canada has been increasing steadily since 2001 with some provincial variations (see Figure 2).

**Figure 2. Number of Occupational Therapists per 100,000 Population by Province/Territory of Registration, Canada, 2001 to 2005**



**Notes:**

Nunavut data are not available.

The data source for this table is the Health Personnel Database (HPDB), which reports the number of active registered OTs, including the province of Quebec. This data table includes both regulated membership data (membership with a specific data provider is required as a condition of practice) for registrants from the provinces and voluntary membership data (registration with the data providers is not a condition of practice) for registrants from the territories. Data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of the *Health Personnel Trends in Canada, 1995 to 2004* publication.

**Source:** Health Personnel Database, Canadian Institute for Health Information.



## 2006 OTDB: Occupational Therapist Workforce in Canada

This section of the report describes the OT workforce from the newly developed OTDB. This CIHI publication reports the number of OTs registered with a provincial regulatory authority or, in the territories, the number who have voluntary memberships with the CAOT. As this report focuses on the OT workforce in Canada, only those OTs who are employed are included in the analyses of 2006 Occupational Therapist Database (OTDB) data found in this report.

### Employed OTs

A total of 8,520 records representing the OT workforce in Canada were submitted by the provincial regulatory authorities (excluding Quebec) and the CAOT. These records indicate that 96.1% of the registrants were employed in occupational therapy (see Table 2). Only 2.4% of OTs were unemployed, while the employment status of 1.5 % was unknown.

**Table 2. Number of Occupational Therapists by Employment Status, Canada, 2006**

	Count	Percent
Employed in Occupational Therapy	8,189	96.1
Unemployed and Seeking Employment in Occupational Therapy	139	1.6
Unemployed and Not Seeking Employment in Occupational Therapy	67	0.8
Unknown	125	1.5
<b>Total</b>	<b>8,520</b>	<b>100</b>

**Notes:**

Quebec data were not available.

The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Secondary Registrations

CIHI also identifies and removes secondary registrations (interprovincial duplicates). Secondary registrations totalled 78 OTs (0.9%) (see Table 3). This group includes i) OTs who maintain Canadian registration while living outside of Canada or ii) OTs whose province of residence and/or province of primary employment is in a Canadian jurisdiction that is different from the province of registration (see Appendix A). (A detailed explanation of the secondary registration methodology can be found in the Methodological Notes section of this publication.) The data for these secondary registrations are then excluded from the analysis contained in this report. In this way, CIHI is better able to minimize the double-counting of OTs and report accurate head counts for the OT workforce in Canada.

In the case of the territories, where voluntary membership data are submitted by the CAOT, only those OTs working and residing in the same territory are included.

**Table 3. Number and Composition of Occupational Therapist Workforce by Province/Territory of Registration, Canada, 2006**

	Records Submitted by Jurisdiction	Identify and Remove Secondary Registrations	Remove Unemployed and Employment Status Unknown	Total
N.L.	140	0	0	140
P.E.I.	36	1	0	35
N.S.	322	3	2	317
N.B.	250	4	4	242
Que.	--	--		--
Ont.	4,094	24	190	3,880
Man.	457	1	2	454
Sask.	238	5	1	232
Alta.	1,498	27	68	1,403
B.C.	1,465	13	42	1,410
Y.T.	9	0	0	9
N.W.T.	9	0	0	9
Nun.	2	0	0	2
<b>Total</b>	<b>8,520</b>	<b>78</b>	<b>309</b>	<b>8,133</b>

Of the 78 secondary registrations identified in the 2006 data, the majority are registered in Alberta (34.6%), Ontario (30.8%) and B.C. (16.7%).<sup>i</sup>

Therefore, of the 8,520 records submitted by the regulatory authorities and the CAOT, 387 were excluded (78 secondary registrations plus 309 unemployed/unknown employment status), yielding a total of 8,133 records that represent the 2006 OT workforce in the analyses contained in this report.

### Notes:

-- Quebec data are not available.

Total does not include Quebec.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. Please review the Methodological Notes for more comprehensive information regarding the collection and comparability of OTDB data. Data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of the *Workforce Trends of Occupational Therapists in Canada, 2006*.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

i. These findings do not include all OTs currently outside the country: only those OTs choosing to maintain their Canadian registration while abroad are included.

### Number of Occupational Therapists (2006)

According to the OTDB, in 2006 there was a total of 8,133 employed OTs in Canada (excluding Quebec) (see Table 4).

**Table 4. Number of Occupational Therapists, Province/Territory, Canada, 2006**

N.L.	P.E.I.	N.S.	N.B.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Total
140	35	317	242	3,880	454	232	1,403	1,410	20	8,133

**Notes:**

Quebec data are not available.

Yukon, Northwest Territories and Nunavut numbers have been combined.

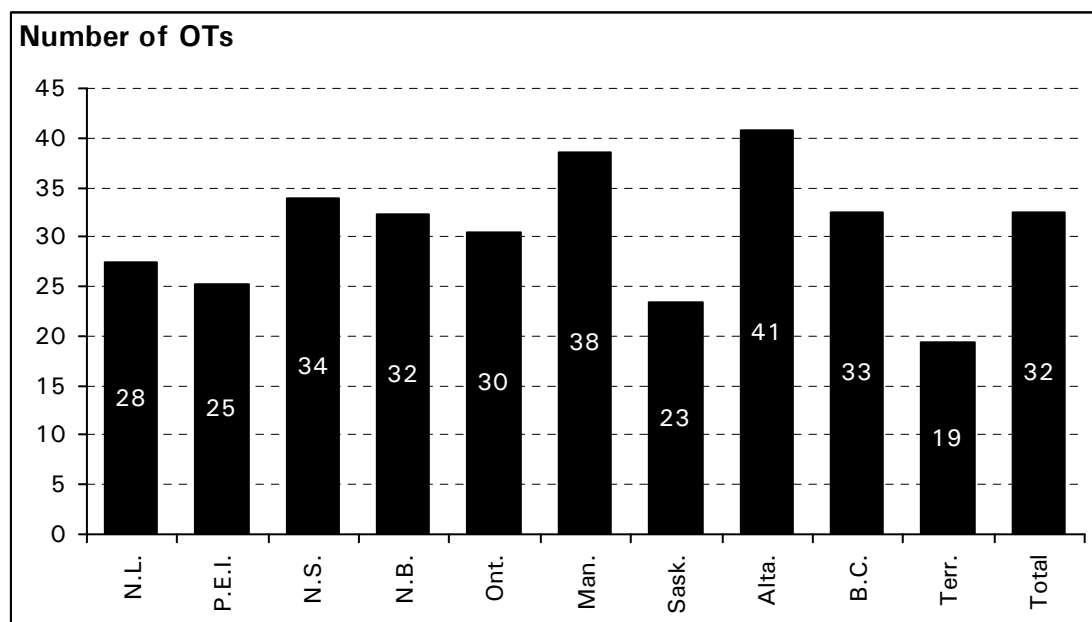
The total does not include Quebec.

CIHI data will differ from provincial/territorial statistics due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

As shown in Figure 3 below, the OTDB distribution of employed OTs per 100,000 population across Canada (excluding Quebec) varied between 19 in the territories and 41 in Alberta.

**Figure 3. Number of Occupational Therapists per 100,000 Population by Province/Territory, Canada, 2006**



**Notes:**

Quebec data are not available.

The territories include the Yukon, the Northwest Territories and Nunavut.

The total does not include Quebec.

Population statistics are based on 2006 data from Statistics Canada.

CIHI data will differ from provincial/territorial statistics due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

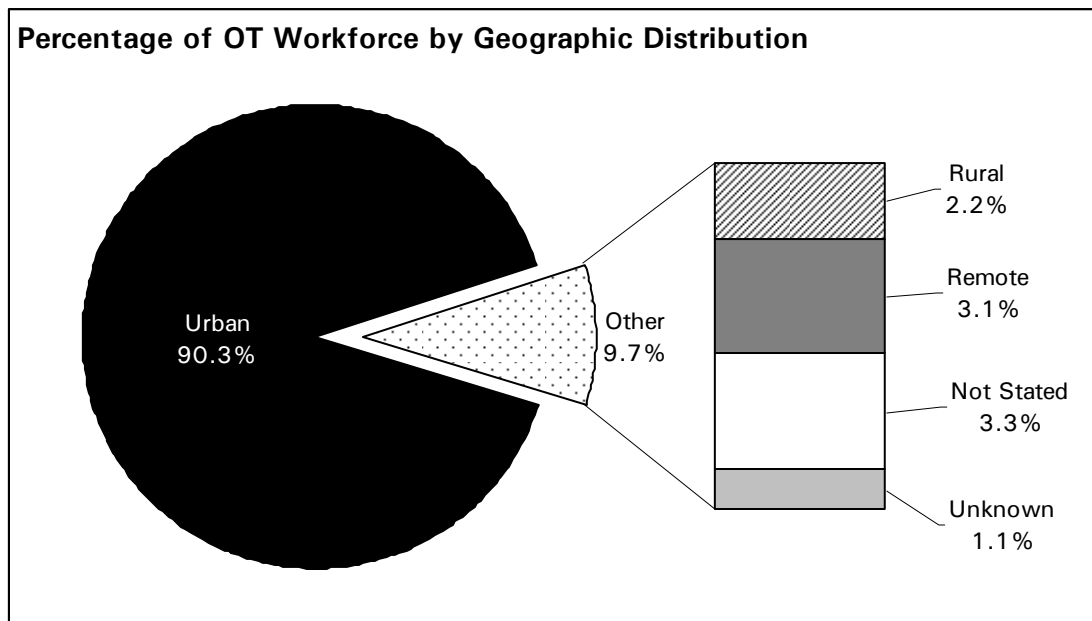
**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Geographic Distribution

### Urban/Rural Distribution

In 2006, 90.3% of the OT workforce (excluding Quebec) had primary employment in urban areas of Canada.

**Figure 4. Geographic Distribution of Occupational Therapist Workforce in Urban, Rural and Remote Regions, Canada, 2006**



**Notes:**

Quebec data are not available.

"Not stated" indicates that the postal code for primary employment was not provided.

"Unknown" indicates that the postal code for primary employment was provided but did not match with the Postal Code Conversion File (PCCF+) from Statistics Canada.

Postal code data were assigned to urban/rural/remote categories using the July 2006 release of Statistics Canada's Postal Code Conversion File (PCCF+).

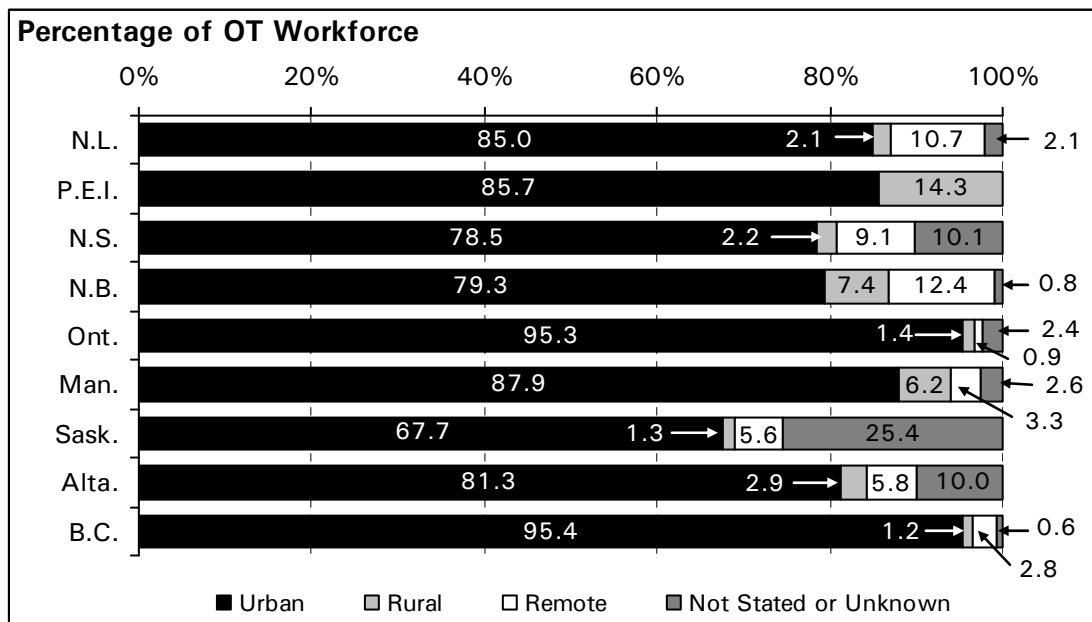
The "urban," "rural" and "remote" categories are based on a classification scheme developed by Statistics Canada. Please review the Methodological Notes for more comprehensive information.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

Within each province, the majority of primary employment for OTs was in urban areas. Within Ontario and B.C., the proportion in urban areas topped 95% (see Figure 5). For the 2006 data collection year, the proportion of “unknown” and “not stated” responses varies by province. Please note the percentage of “unknown” or “not stated” responses when interpreting the results.

For this analysis, urban areas are defined (in part) as communities with populations greater than 10,000 persons. Rural areas are in relatively close proximity to the urban areas. Remote areas are those communities with relatively little social and economic interaction with urban areas.

**Figure 5. Geographic Distribution of Occupational Therapist Workforce in Urban and Rural/Remote Regions by Province, 2006**



**Notes:**

Quebec data are not available.

Data for the territories was not included due to small cell sizes.

“Not stated” indicates that the postal code for primary employment was not provided.

“Unknown” indicates that the postal code for primary employment was provided but did not match with the Postal Code Conversion File (PCCF+) from Statistics Canada.

Postal code data were assigned to urban/rural/remote categories using the July 2006 release of Statistics Canada’s Postal Code Conversion File (PCCF+).

The “urban,” “rural” and “remote” categories are based on a classification scheme developed by Statistics Canada. Please review the Methodological Notes for more comprehensive information.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Demographic Trends of Occupational Therapists

### Gender

In Canada, OTs are predominately female (92.4%) (excluding Quebec). The gender split varies slightly by province and combined territories, with the highest percentage of male OTs located in Saskatchewan (11.6%) (see Table 5).

**Table 5. Number and Percentage of Occupational Therapist Workforce by Sex and Province/Territory of Registration, Canada, 2006**

	Female		Male		Total
	Count	Percent	Count	Percent	
<b>N.L.</b>	127	90.7	13	9.3	140
<b>P.E.I.</b>	**	**	*	*	35
<b>N.S.</b>	295	93.1	22	6.9	317
<b>N.B.</b>	230	95.0	12	5.0	242
<b>Ont.</b>	3,651	94.1	227	5.9	3,878
<b>Man.</b>	415	91.4	39	8.6	454
<b>Sask.</b>	205	88.4	27	11.6	232
<b>Alta.</b>	1,281	91.3	122	8.7	1,403
<b>B.C.</b>	1,263	89.6	147	10.4	1,410
<b>Territories</b>	**	**	*	*	20
<b>Total</b>	<b>7,467</b>	<b>92.4</b>	<b>609</b>	<b>7.6</b>	<b>8,131</b>

#### Notes

\* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

\*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.

Quebec data were not available.

The total does not include Quebec.

Two registrants did not provide information on gender and were excluded from this analysis (Ont., n = 2).

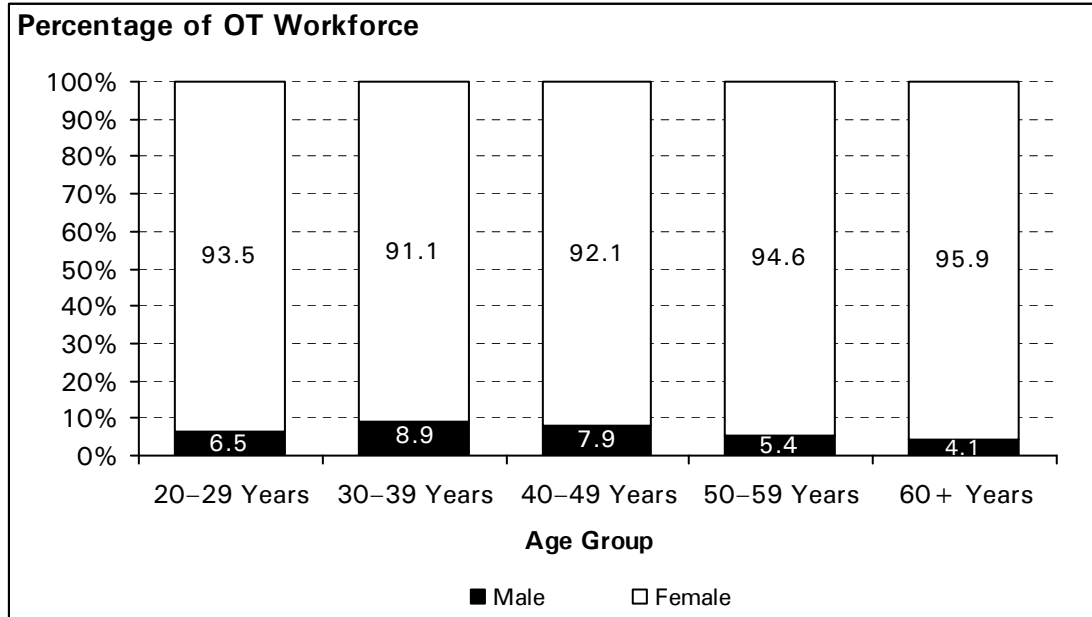
Aggregate totals for the gender of OTs in Manitoba were provided by Manitoba Health.

CIHI data will differ from provincial/territorial statistics due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Sources:** Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.

The distribution of female and male OTs across the 10-year age groupings is shown in Figure 6. The 60-and-up age range has the lowest percentage of males, at 4.1%.

**Figure 6. Percentage Distribution of Occupational Therapist Workforce by Sex and 10-Year Age Groupings, Canada, 2006**



**Notes:**

Quebec data are not available.

Gender information was not collected for 19 registrants in Manitoba and was not included in this figure.

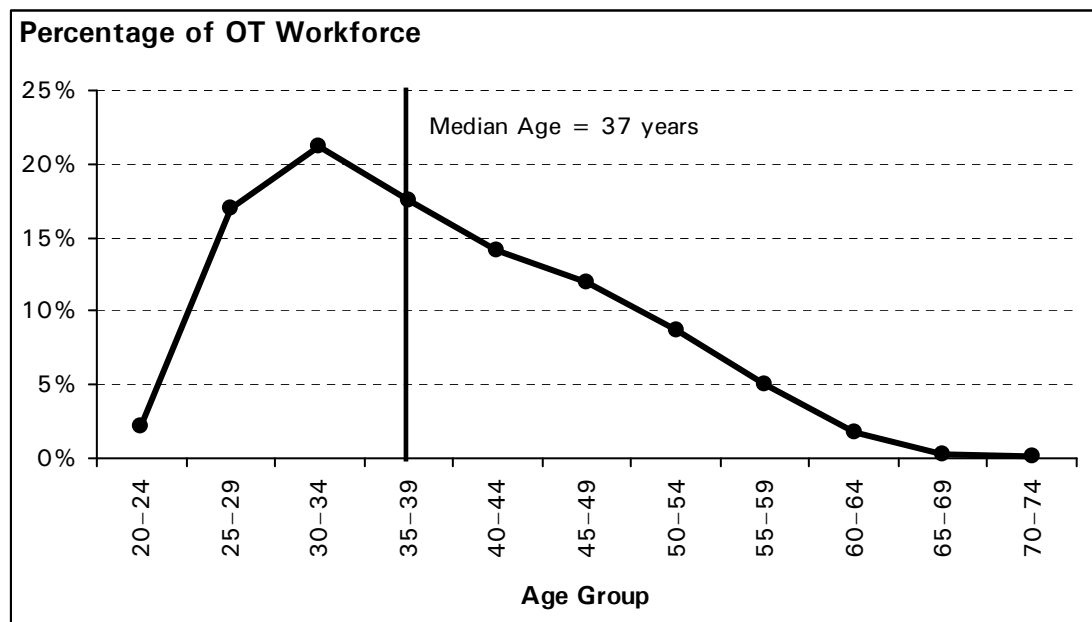
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

### Age Distribution

Figure 7 shows the age distribution of employed OTs in Canada (except Quebec), where the majority of OTs fall into the younger age categories. Although most OTs are between the ages of 30 and 34 years, the median age indicates that half are younger than 37 years and half are older than 37 years. Excluding Quebec, the average age of employed OTs in Canada is 38.7 years.

**Figure 7. Percentage Distribution of Occupational Therapist Workforce by Five-Year Age Groupings, Canada, 2006**



**Notes:**

Quebec data are not available.

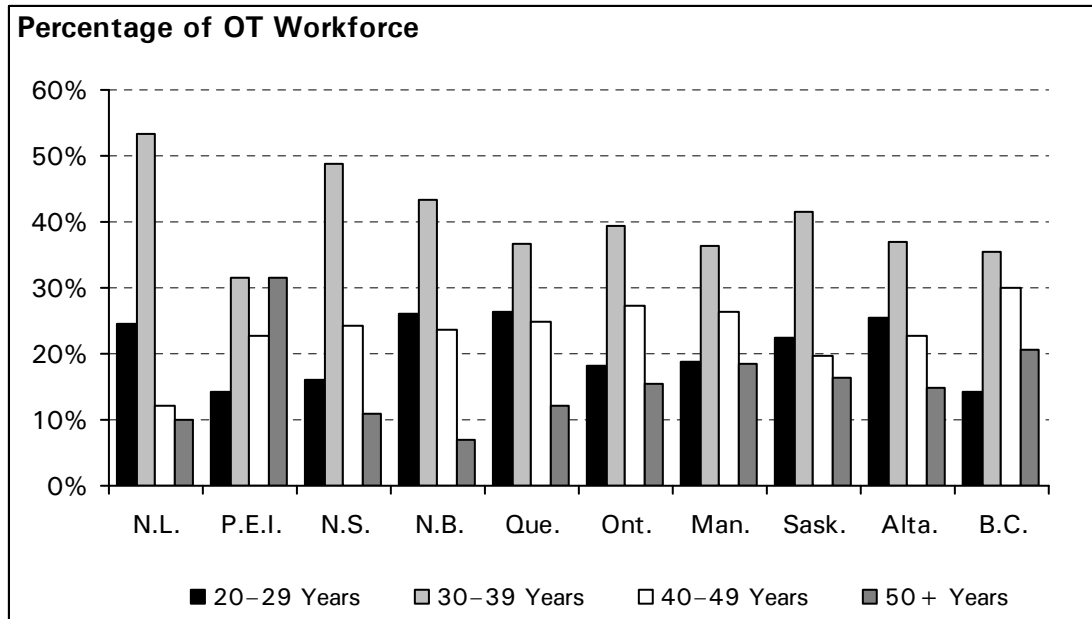
Aggregate totals for five-year age bands were provided by Manitoba Health for registrants in Manitoba. CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Sources:** Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.



The age distribution of OTs varies by province of registration. As shown in Figure 8, the younger age groupings form a higher percentage of the workforce in Newfoundland and Labrador, New Brunswick and Nova Scotia.

**Figure 8. Percentage Distribution of Occupational Therapist Workforce by 10-Year Age Groupings, Canada, 2006**



**Notes:**

Quebec data as of March 31, 2007, was obtained from the HPDB.

Territorial data are suppressed due to small cell sizes.

Aggregate totals for five-year age bands were provided by Manitoba Health for registrants in Manitoba.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Sources:** Occupational Therapist Database and Health Personnel Database, Canadian Institute for Health Information, and Manitoba Health.

**Table 6. Occupational Therapist Workforce Comparison of Age Categories by Province of Registration, Canada, 2006**

	< 35 Years	50+ Years	Ratio
N.L.	75	14	5.4
P.E.I.	10	11	0.9
N.S.	129	34	3.8
N.B.	126	17	7.4
Que.	1,668	445	3.7
Ont.	1,547	599	2.6
Man.	162	80	2.0
Sask.	113	38	3.0
Alta.	644	209	3.1
B.C.	458	289	1.6

**Notes:**

Quebec data as of March 31, 2007, were obtained from the Health Personnel Database.

Territorial data were suppressed due to small cell sizes.

Manitoba Health provided aggregate totals for five-year age bands for all registrants in Manitoba.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Sources:** Occupational Therapist Database and Health Personnel Database, Canadian Institute for Health Information and Manitoba Health.

*In Canada, 85.2% of the OT workforce is under the age of 50 (including Quebec). A provincial comparison of OTs aged 35 or less versus OTs aged 50 or greater finds that P.E.I. is the only province where there is a relatively even split between the two age groups. Most other provinces have a higher proportion of OTs under the age of 35 in the current workforce (see Table 6).*

## Educational Trends of Occupational Therapists

Occupational therapy education formally began in Canada with courses for war aides established after the First World War. In 1926, the University of Toronto opened a two-year combined diploma in occupational therapy and physiotherapy. A second combined program was opened at McGill University in 1950, followed by the first university-level occupational therapy program in French worldwide at the University of Montréal in 1954.<sup>2</sup>

The 1970s brought fundamental changes to the approach of occupational therapy education. At this time, a large proportion of graduates from the combined physiotherapy and occupational therapy programs were choosing careers in the former profession rather than the latter. In response to this trend, universities developed separate programs in occupational therapy to distinguish it as a unique university-level program and to encourage a higher proportion of graduates to choose a career in occupational therapy. At the same time, CAOT decided to accredit only baccalaureate programs in order to produce graduates with bachelor's degrees.

Since then, a body of knowledge in health, rehabilitation, occupational sciences and occupational therapy has emerged. OTs, like other health professionals, deal with increasingly acute and complex health situations. Interventions have improved, along with the development of technology that supports people living with health challenges. In addition, the diversity of populations and the diversification of health services contribute to the changing landscape of occupational therapy practice.<sup>2</sup>

To keep pace with these changes, as of 2010 all new graduates in occupational therapy will require a master's degree in occupational therapy to ensure that they have sufficient knowledge, skills and competencies for entry into occupational therapy practice. In anticipation of this new requirement, the University of Western Ontario pioneered the first entry-level occupational therapy master's degree program in Canada in 1998. As of September 2007, 10 of the 12 university programs in Canada offer entry into a master's degree program in occupational therapy (see Table 7).<sup>2</sup>

**Table 7. Status of Canadian University Occupational Therapy Programs as of June 2006**

University	BSc	MSc
Dalhousie University	✓	✓ <sup>†</sup>
Université Laval	✓	✓
Université de Montréal	✓	✓ <sup>‡</sup>
University of Ottawa		✓ <sup>§</sup>
McGill University		✓ <sup>††</sup>
Queen's University		✓
McMaster University		✓ <sup>‡‡</sup>
University of Toronto		✓
University of Western Ontario		✓
University of Manitoba		✓ <sup>§§</sup>
University of Alberta		✓ <sup>†††</sup>
University of British Columbia		✓ <sup>‡‡‡</sup>

**Notes:**

- † First class in September 2006, pending accreditation review prior to first class graduation October 2008.
  - ‡ 2008 start, pending final approval.
  - § Accreditation not yet completed for 2007 start. No admission at bachelor level; program accredited by CAOT.
  - †† 2007 start, pending final approval.
  - ‡‡ 2000 admitting.
  - §§ Began in 2003.
  - ††† September 2007. Application made to Advisory Committee on Health Delivery and Human Resources (ACHDHR).
  - ‡‡‡ Admission to BSc (OT) now suspended (last grads in 2005).
- This is a summary prepared by the Association of Canadian Occupational Therapy University Programs (ACOTUP) and reflects the status of the programs as of June 2006. Please consult individual university websites and calendars for specific admission information.

**Source:** Association of Canadian Occupational Therapy University Programs (ACOTUP).

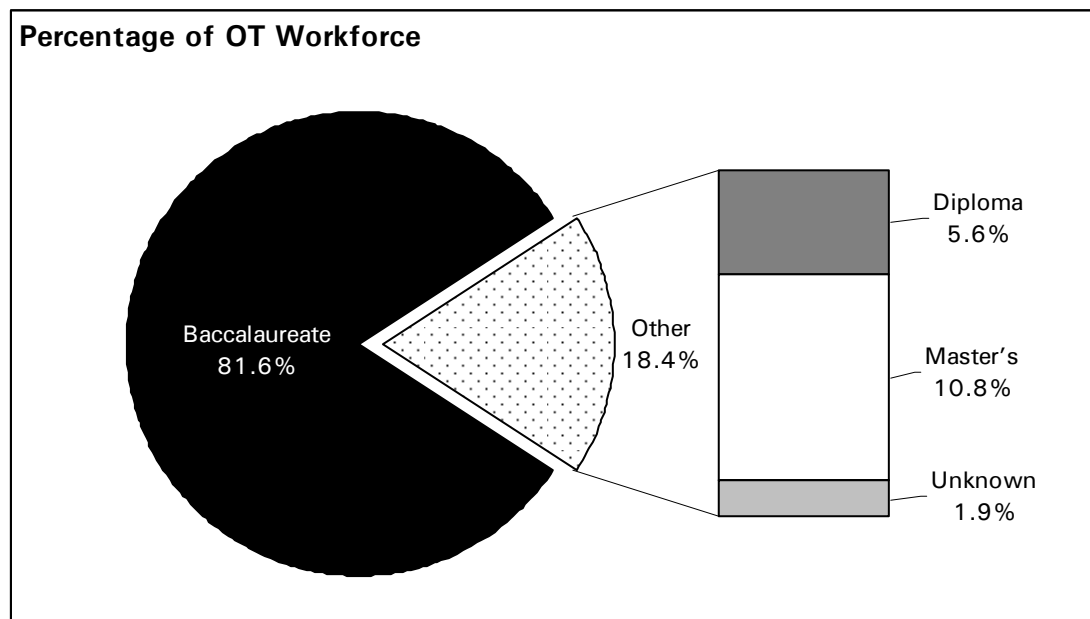
Canada is not alone in raising the requirement to a master level for entry to practice. The World Federation of Occupational Therapy (WFOT) has influenced this development by setting international standards for accreditation of occupational therapy education worldwide.<sup>2</sup> Internationally, Australia and the United Kingdom currently offer both bachelor and master level entry-to-practice programs. Starting this year, all programs in the United States are required to offer professional entry-level master's or doctorate degrees in order to receive or maintain academic accreditation from the Accreditation Commission of Occupational Therapy Education (ACOTE).<sup>10</sup>

## Education of Occupational Therapists

### Current Level of Education in Occupational Therapy

In 2006, the majority of OTs had a baccalaureate degree in occupational therapy (81.6%). Only 10.8% had a master's level degree, while 5.6% had a diploma (excluding Quebec) (see Figure 9).

**Figure 9. Percentage Distribution of Occupational Therapist Workforce by Current Level of Education in Occupational Therapy, Canada, 2006**



**Notes:**

Quebec data are not available.

There were 6 OTs with a doctorate degree in occupational therapy (0.07%)—not visible in this figure.

Current level of education is derived from the highest value reported for level of education in OT (basic level of education in OT and post-basic level of education in OT 1, 2 and 3).

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

### *Educational Path in Occupational Therapy*

The vast majority of OTs (95.7%) attain their basic level of education<sup>ii</sup> in occupational therapy and do not pursue further education in this field. Only 4.2% continue their studies in occupational therapy, and that group is made up primarily of those with a diploma (60%) or baccalaureate (40%) as their basic level of education.

A closer look at those who continue their studies in occupational therapy (4.2%) reveals that OTs with diplomas who choose to acquire more education in occupational therapy tend to advance from a diploma to a baccalaureate degree (93.6%), while a smaller number go on to complete a master's degree (6.4%). Of OTs with an initial degree in occupational therapy at the baccalaureate level, 79.4% tend to pursue a master's degree and 3.7% advance to get their doctorate (the remaining 16.9% pursue other/additional training at the baccalaureate level).

Over time, as the educational requirements for entry-level practice in occupational therapy have changed and different degree programs have become available, there has been a shift in the basic level of education for OTs. In keeping with the growing availability of master's degree programs, there is a corresponding shift among OTs towards progressively higher levels of education.

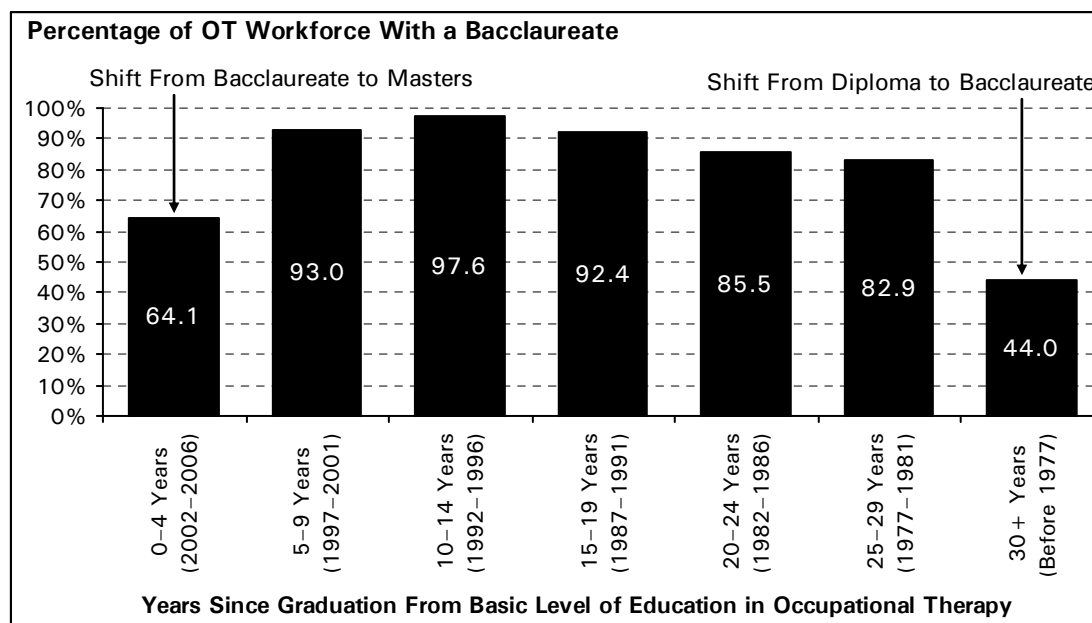
According to the OTDB, in the past decade, the number of baccalaureate degrees has fallen by 31%, while the number of people with a master's degree in occupational therapy has risen from 5.4% to 35.5% (an almost seven-fold increase). This current transition mirrors a similar transition three decades ago, when the minimum requirement rose from a diploma to a baccalaureate degree.

Figure 10 below shows the proportion of OTs graduating with a baccalaureate degree in five-year increments over the past 30 years. In the transition from entry-level diploma to baccalaureate degree, there was a marked jump (38.9%) in the proportion of baccalaureate degrees among those OTs who graduated 25 to 29 years ago (year of graduation between 1977 and 1981). Similarly, in the last five years (2002 to 2006), presumably with the impending move toward an entry-level professional master's degree in occupational therapy, there was a 28.9% decrease in the proportion of OTs graduating with a baccalaureate degree.

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ii. The initial education in occupational therapy was captured using the basic level of education in occupational therapy reported by registrants. Basic education includes any level of education that may have contributed in whole or in part to the entry-level requirements of the profession.

**Figure 10. Percentage Distribution of Occupational Therapist Workforce With a Bacclaureate Degree in Basic Education by Years Since Graduation (Year of Graduation) From Basic Level of Education in Occupational Therapy, Canada, 2006**



**Notes:**

Quebec data are not available.

The number of years since graduation in occupational therapy is determined by finding the difference between the current reporting year (2006) and the year of graduation from basic level of education in occupational therapy attained by the registrant.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

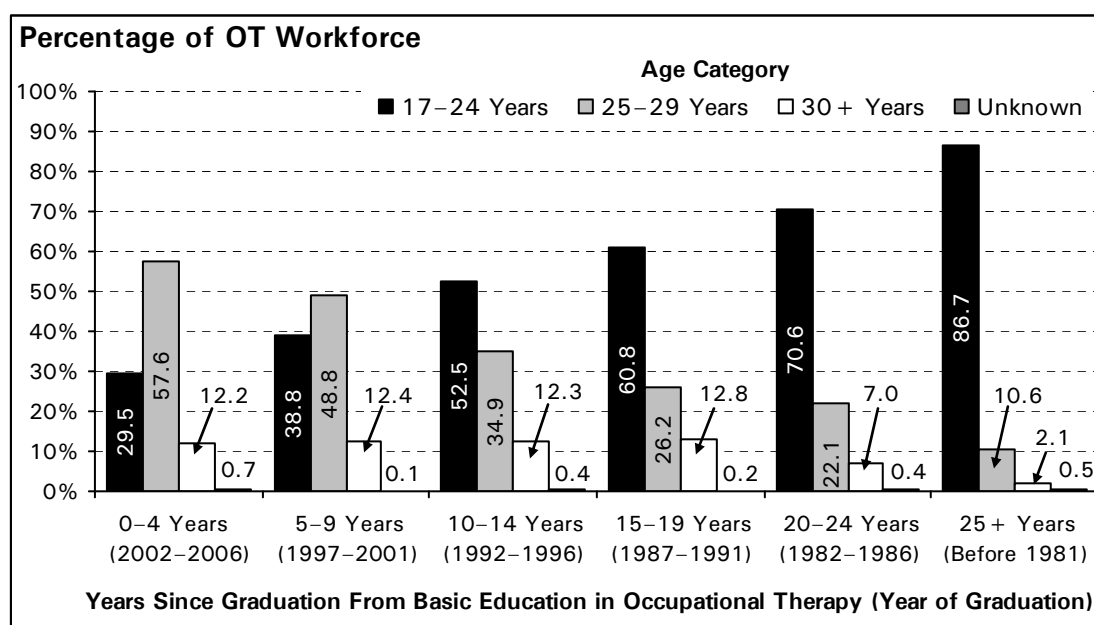
**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

### Age at Graduation From Basic Education

In 2006, the majority of OTs (57.6%) were between 25 and 29 years old when they graduated from their basic education; 29.5% were between the ages of 17 and 24 years. Consistent with the educational pattern outlined above, this is a reversal of the pattern that was seen in the late 70s, when 86.7% of OTs graduated between the ages of 17 and 24 years and only 10.6% graduated when they were between 25 and 29 years of age.

The trend in age at graduation shown in Figure 11 illustrates the effect of the change in requirements from a diploma to a bachelor’s degree to enter the profession.

**Figure 11. Percentage Distribution of the Occupational Therapist Workforce by Age Category and Years Since Graduation From Basic Education in Occupational Therapy, Canada, 2006**



**Notes:**

Quebec data are not available.  
 Manitoba Health provided aggregate totals for five-year age bands for registrants in Manitoba.  
 The number of years since graduation in occupational therapy is determined by finding the difference between the current reporting year (2006) and the year of graduation from basic level of education in occupational therapy attained by the registrant.  
 CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Sources:** Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.

### ***The Career Span of OTs***

*It is obvious that if students are required to obtain higher levels of education, they will need to spend more time in school and, as a result, will be older when they graduate. There is no question that OTs are older at graduation today than they were 30 years ago.*

*Research by the CAOT indicates that many experienced OTs leave the profession before the age of retirement, typically after 20 to 30 years of practice. In fact, experts in the field attribute the younger age profile of the profession to the attrition of older OTs. Most losses to membership within the CAOT occur among OTs when they reach between 45 and 55 years of age.<sup>2</sup>*

*Similar to other health professionals, there is little information on the retention of OTs in the workforce. It has been previously identified that the lack of senior-level positions requiring the title "occupational therapist" may be a factor that negatively affects promotion and retention within the OT workforce.<sup>2</sup>*

### **Education Outside of Occupational Therapy**

According to the 2006 OTDB data, only 4.2% of OTs continue their studies in occupational therapy (excluding Quebec, Newfoundland and Labrador and Saskatchewan). Where data are available, the findings indicate that one-third (32.5%) of OTs have other postsecondary education in fields outside occupational therapy.<sup>iii</sup>

The OTDB findings show that over 77.8% of these OTs have a baccalaureate degree in another discipline, while 11.8% have a master's degree, 9.1% have a diploma and 1.3% have a doctorate in a program other than occupational therapy.

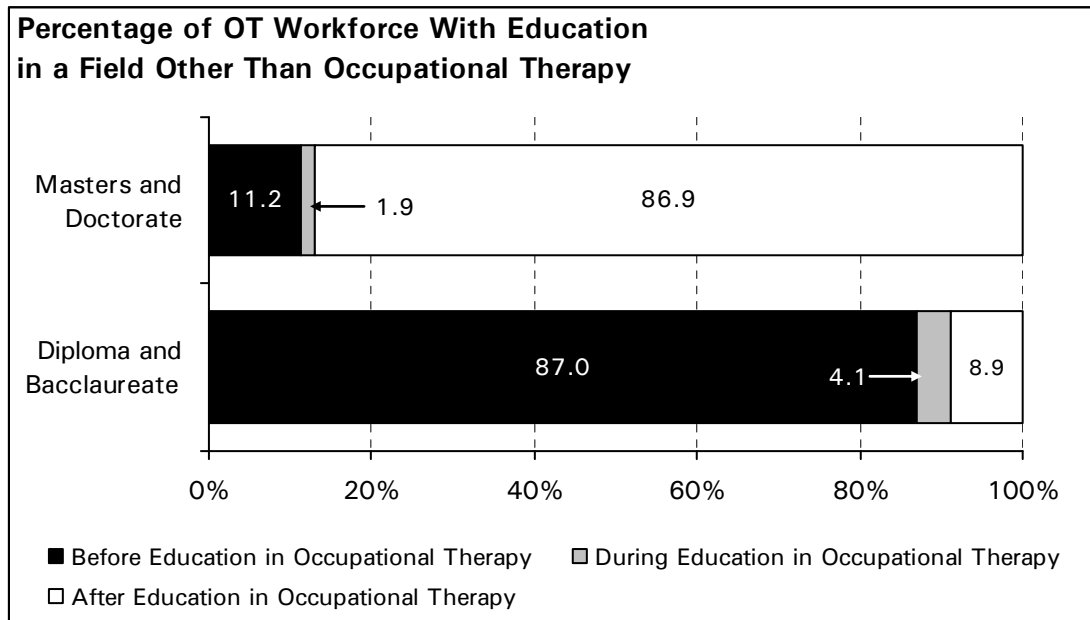
There is a clear pattern in the timing of the education in areas other than occupational therapy. Eighty-seven percent of those OTs who have a diploma or baccalaureate in another field graduated from their respective degree programs **before** they graduated from their basic level of education in occupational therapy. Conversely, 86.9% of those OTs with a master's or doctorate in a field outside of occupational therapy obtained their degrees after their graduation in occupational therapy (see Figure 12).

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iii. Information regarding education in areas other than occupational therapy were available for the 2006 workforce, except for in Newfoundland and Labrador, Quebec, Saskatchewan, Alberta and the territories.



**Figure 12. Percentage Distribution of the Occupational Therapist Workforce by the Timing of Education in a Field Other Than Occupational Therapy in Relation to Graduation for Basic Education in Occupational Therapy, Canada, 2006**



**Notes:**

Quebec data were not available.

Diploma and baccalaureate have been combined due to small cell sizes.

Master’s and doctorate have been combined due to small cell sizes.

Findings include P.E.I., Nova Scotia, New Brunswick, Ontario, Manitoba, B.C. and the territories.

Findings do not include data from Newfoundland and Labrador, Saskatchewan and Alberta, as education in other than occupational therapy was not collected in these jurisdictions.

Before, during and after education in occupational therapy were derived from the data elements *Year of Graduation From Basic Education* and *Year of Graduation for Education in Other Than OT 1*.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## New Grads

The number of graduates from accredited programs in occupational therapy has fluctuated over the past decade. According to the HPDB, Canadian universities have produced approximately 600 graduates per year (see Table 8). Estimates from the Association of Canadian Occupational Therapy University Programs (ACOTUP) state that Canadian occupational therapy programs produce approximately 700 graduates each year.<sup>11</sup> These graduate numbers are a reasonable estimation of the potential new supply to the OT workforce as, according to the CAOT, the attrition rate from occupational therapy programs is low.<sup>2</sup>

**Table 8. Number of Graduates of Accredited Programs in Occupational Therapy by School of Graduation, Canada, 1995 to 2005**

School	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
<b>N.S.</b>											
Dalhousie University	35	35	36	36	44	50	45	48	45	42	46
<b>Que.</b>	<b>200</b>	<b>194</b>	<b>200</b>	<b>130</b>	<b>176</b>	<b>165</b>	<b>185</b>	<b>111</b>	<b>180</b>	<b>178</b>	<b>180</b>
McGill University <sup>†</sup>	75	56	69	54	56	47	48	46	44	42	40
Université de Montréal	73	74	75	64	69	65	68	..	87	79	87
Université Laval	52	64	56	12 <sup>†</sup>	51	53	69	65	49	57	53
<b>Ont.</b>	<b>215</b>	<b>233</b>	<b>267</b>	<b>233</b>	<b>223</b>	<b>233</b>	<b>230</b>	<b>238</b>	<b>227</b>	<b>207</b>	<b>229</b>
McMaster University	56	54	64	58	57	59	57	50	52	47	47
Queen's University	32	38	36	35	37	36	34	42	46	39	35
University of Ottawa	22	28	20	33	21	33	28	42	47	21	32
University of Toronto	63	67	104	63	63	62	67	59	38	52	64
University of Western Ontario	42	46	43	44	45	43	44	45	44	48	51
<b>Man.</b>											
University of Manitoba	31	30	29	29	31	30	27	30	28	35	22
<b>Alta.</b>											
University of Alberta	75	75	77	70	76	69	78	73	144 <sup>§</sup>	91	..
<b>B.C.</b>											
University of British Columbia <sup>‡</sup>	34	37	31	34	39	37	36	..	35	40	39
<b>Canada</b>	<b>590</b>	<b>604</b>	<b>640</b>	<b>532</b>	<b>589</b>	<b>584</b>	<b>601</b>	<b>500</b>	<b>659</b>	<b>593</b>	<b>516</b>

### Notes:

This is a comprehensive list of schools offering occupational therapy programs.

.. Information not available.

† First graduating class from the new 3.5-year program.

‡ At the master's level, occupational therapy and physiotherapy programs are combined, resulting in a master's degree in rehabilitation sciences.

§ Graduated a double cohort.

The data source for this table is the Health Personnel Database (HPDB), which reports the graduates from accredited occupational therapy programs in Canada, including the province of Quebec. Data in this table should be used within the limitations noted in the Methodological Notes section of the *Health Personnel Trends in Canada, 1995 to 2004* publication.

**Source:** Health Personnel Database, Canadian Institute for Health Information.

As stated earlier, the number of schools offering programs in occupational therapy is expected to increase in coming years. Two new programs are anticipated in Quebec (l'Université de Sherbrooke and possibly l'Université du Québec à Trois-Rivières), and discussions are taking place to facilitate the introduction of a program in Saskatchewan.<sup>2</sup>

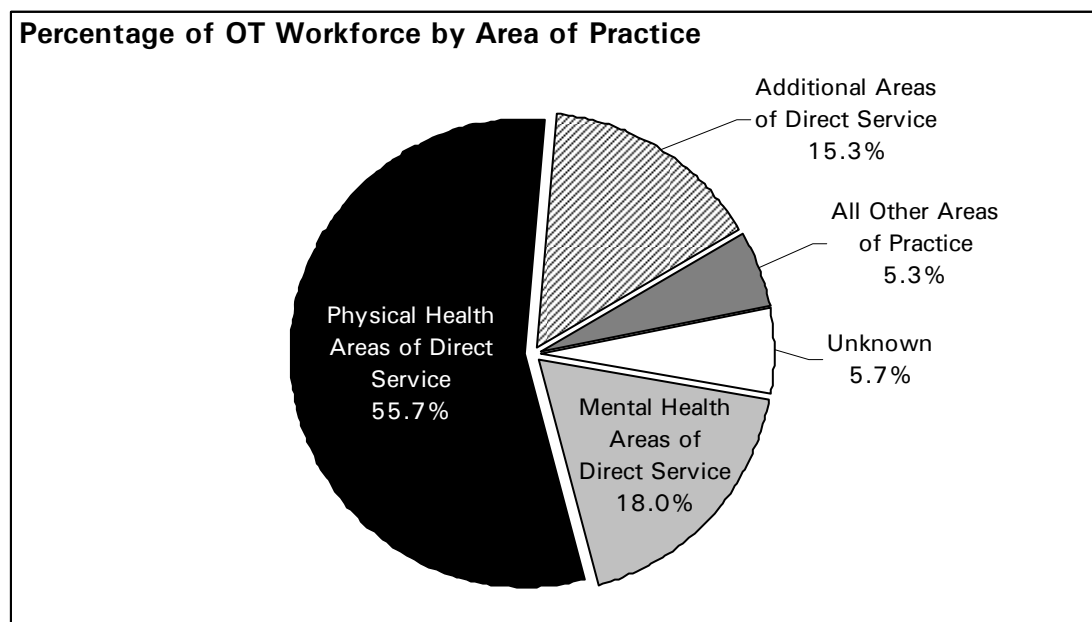
Within the 2006 OTDB, 7.7% (629) of employed OTs were classified as new graduates (that is, their year of graduation from basic education was in 2005 or 2006).

As expected, new grads are among the youngest OTs in the workforce with an average age of 26.7 years. New grads are within the age groups of 20 to 24 (83.2%) and 25 to 29 (29.5%).

**Area of Practice for New Grads**

Where the data were available, the findings suggest that overall, 89.0% of new grads enter the workforce employed in a direct service area of practice (physical health, 55.7%; mental health, 18.0%; and additional areas of direct service, 15.3%) (excludes Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta). Only 5.3% of new graduates were employed in an “other” area of practice, which in this case includes client management, administration, education or research, as well as other areas of practice not otherwise indicated (see Figure 13).

**Figure 13. Percentage Distribution of New Graduates in the Occupational Therapist Workforce by Primary Employment Area of Practice, Selected Provinces, 2006**



**Notes:**

- Quebec data are not available.
- Findings include data from P.E.I., New Brunswick, Ontario, Manitoba, B.C. and the three territories.
- Findings do not include data from Newfoundland and Labrador, Nova Scotia, Saskatchewan and Alberta, as the primary area of practice was not collected in these jurisdictions.
- “Mental health areas of direct service” include mental health.
- “Physical health areas of direct service” include neurological system, musculoskeletal system, cardiovascular and respiratory system, digestive/metabolic/endocrine system and general physical health.
- “Additional areas of direct service” include vocational rehabilitation, palliative care, health promotion and wellness and other areas of direct service.
- “All other areas of practice” include:
  - Areas of client management* include client service management and medical/legal-related client service management.
  - Areas of administration* include service administration.
  - Areas of education or research* include teaching and research.
  - Other areas of practice* include other areas of practice otherwise not specified.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

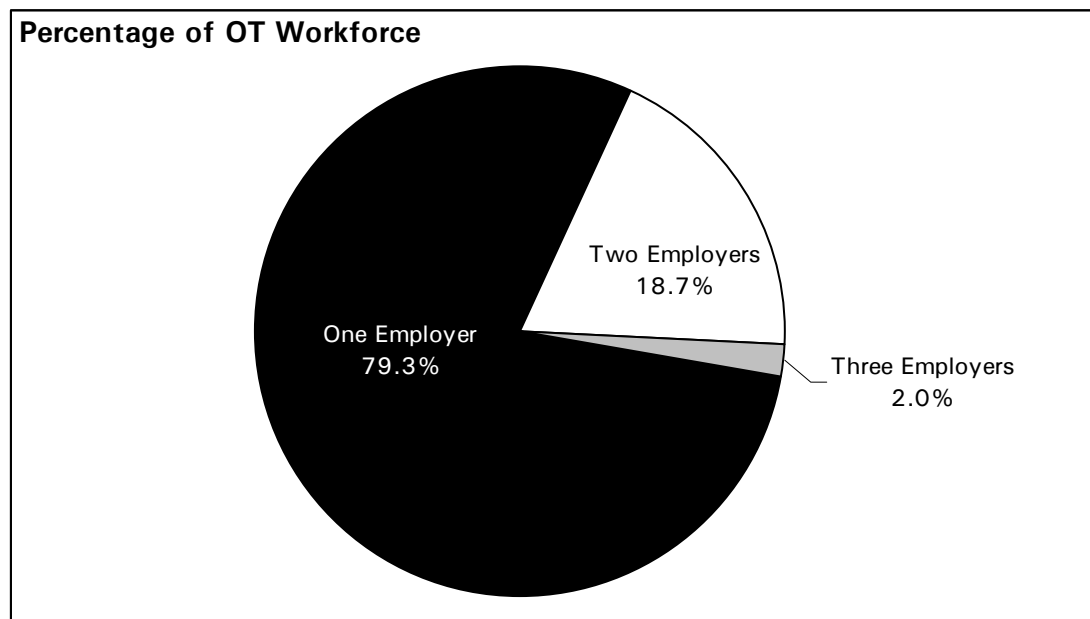
**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Employment Trends of Occupational Therapists

### Single Versus Multiple Employers

In Canada (excluding Quebec), most OTs work for a single employer. In 2006, 79.3% of OTs were employed with a single employer, 18.7% had two employers and 2.0% had three employers (see Figure 14).

**Figure 14. Percentage Distribution of Occupational Therapist Workforce With Multiple Employers, Canada, 2006**



**Notes:**

Quebec data are not available.

Findings include data from Newfoundland and Labrador, P.E.I., New Brunswick, Ontario, Manitoba and B.C. for one, two and three employers.

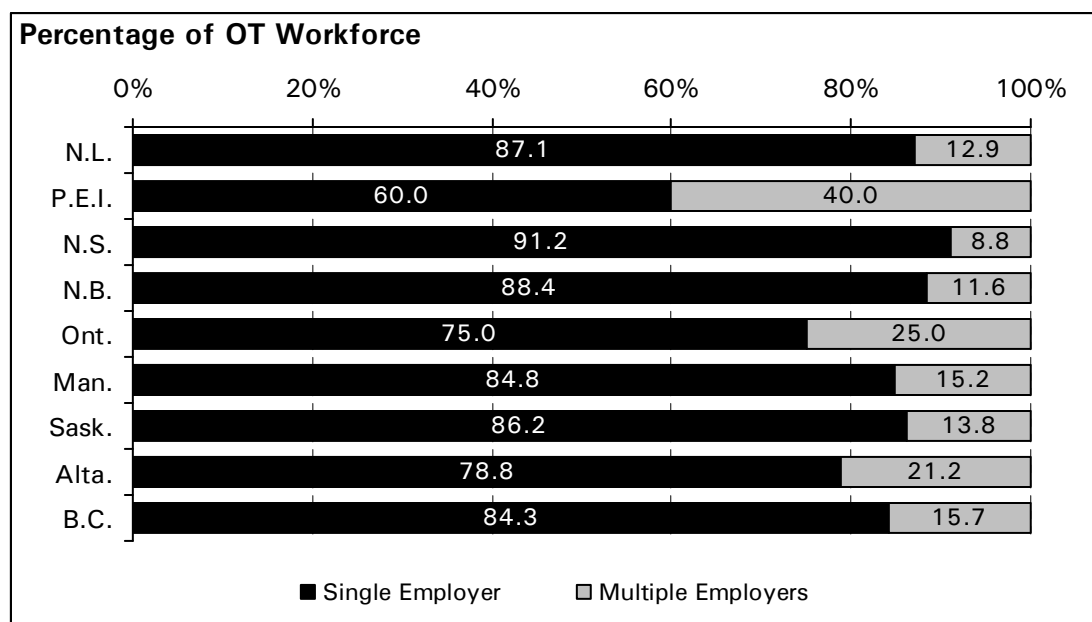
Alberta, Nova Scotia and Saskatchewan do not collect information on third employment and are not included in the calculation of "three employers."

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

There is significant regional variation on single- versus multiple-employer work environments for OTs. Comparison across the jurisdictions indicates that P.E.I. (40.0%), Ontario (25.0%) and Alberta (21.2%) have a higher-than-average proportion of OTs who have more than one employer. Those in Nova Scotia (8.8%), New Brunswick (11.6%) and Saskatchewan (13.8%) are less likely to have multiple employers (see Figure 15).

**Figure 15. Percentage Distribution of Occupational Therapist Workforce With Multiple Employment by Province, Canada, 2006**



**Note:**

Quebec data are not available.

Alberta, Nova Scotia and Saskatchewan do not collect information on third employment.

Data from the three territories were suppressed due to small cell sizes.

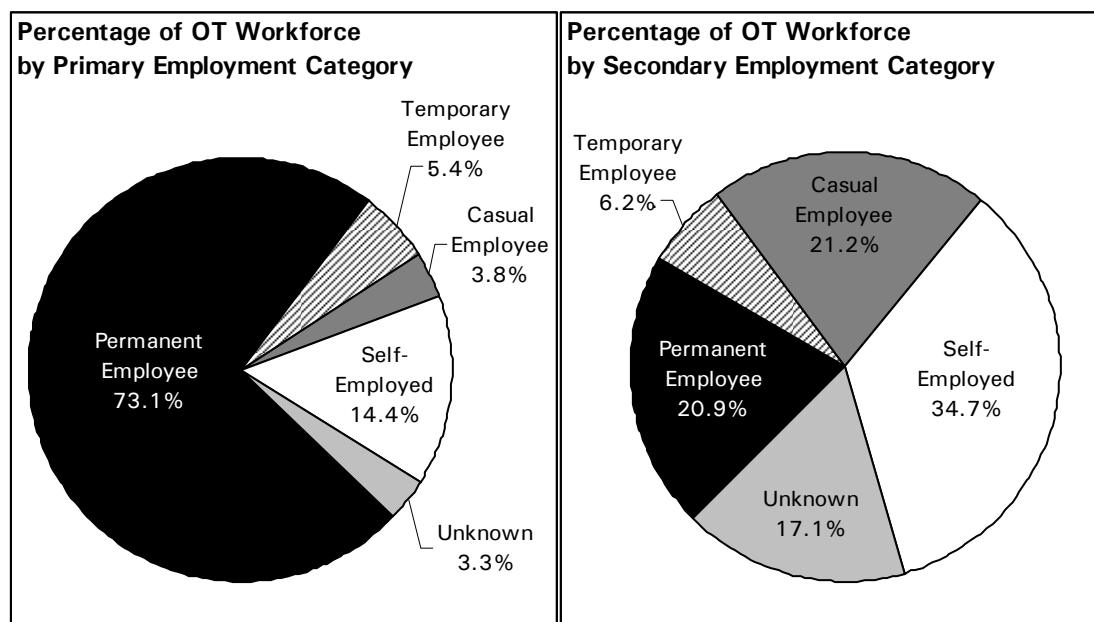
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Employment Category

Three-quarters of the OTs employed in Canada in 2006 were permanent employees for their primary employment<sup>iv</sup> (excluding Quebec). Only 14.4% of the workforce indicated self-employment as their primary employment category, while 34.7% of those reporting secondary employment were self-employed (see Figure 16).

**Figure 16. Percentage Distribution of the Occupational Therapist Workforce by Primary and Secondary Employment Category, Canada, 2006**



### Notes:

Quebec data were not available.

“Permanent employee”—status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

“Temporary employee”—status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

“Casual employee”—status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

“Self-employed”—a person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by a verbal or written agreement in which the self-employed individual agrees to perform specific work for a payer in return for payment. CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

iv. “Primary employment” is defined as the employment, with an employer or in a self-employed arrangement, that is associated with the highest number of usual weekly hours worked.

Across jurisdictions, the distribution of primary employment categories varies (see Table 9). For the 2006 data collection year, the proportion of “unknown” responses varies by province. Please note the percentage of “unknown” responses when interpreting the results.

**Table 9. Number and Percentage Distribution of the Occupational Therapist Workforce by Primary Employment Category by Province and Territories, Canada, 2006**

	Permanent Employee		Temporary or Casual Employee		Self-Employed		Unknown		Total
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
N.L.	112	80.0	13	9.3	14	10.0	1	0.7	140
P.E.I.	27	77.1	**	**	*	*	0	0.0	35
N.S.	232	73.2	38	12.0	36	11.4	11	3.5	317
N.B.	211	87.2	29	12.0	-	-	2	0.8	242
Ont.	2,672	68.9	348	9.0	839	21.6	21	0.5	3,880
Man.	368	81.1	49	10.8	28	6.2	9	2.0	454
Sask.	161	69.4	17	7.3	19	8.2	35	15.1	232
Alta.	1,080	77.0	99	7.1	61	4.3	163	11.6	1,403
B.C.	1,069	75.8	147	10.4	172	12.2	22	1.6	1,410
Territories	13	65.0	*	*	*	*	3	15.0	20
<b>Total</b>	<b>5,945</b>	<b>73.1</b>	<b>748</b>	<b>9.2</b>	<b>1,173</b>	<b>14.4</b>	<b>266</b>	<b>3.3</b>	<b>8,133</b>

**Notes:**

\* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

\*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.

- Data not available. Findings do not include the value “self-employed” for employment category for N.B. as it was not provided to CIHI.

Quebec data are not available.

Temporary and casual were combined due to small cell sizes.

“Permanent employee”—status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

“Temporary employee”—status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

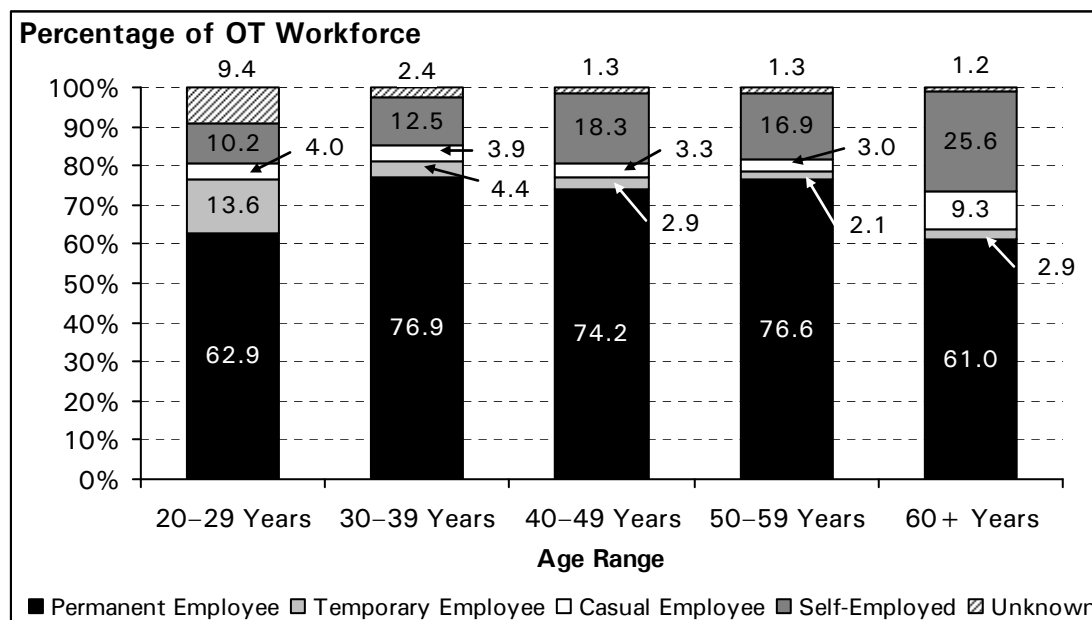
“Casual employee”—status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

“Self-employed”—a person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by a verbal or written agreement in which the self-employed individual agrees to perform specific work for a payer in return for payment. CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

An examination of the employment categories by age group reveals that the youngest (20 to 29 years) and oldest (60 years and up) OTs are in temporary, casual or self-employed positions. When comparing across the age groups, a larger proportion of OTs between the ages of 20 and 29 years occupy temporary positions, whereas those 60 years and older occupy a higher proportion of casual positions. The findings also indicate that as age increases, so does the proportion of self-employed OTs, with the proportion steadily increasing from 10.2% to 25.6% (see Figure 17).

**Figure 17. Percentage Distribution of Occupational Therapist Workforce by Age Group and Employment Category, Canada, 2006**



**Notes:**

Quebec data are not available.

Manitoba Health provided aggregate totals for five-year age bands for registrants in Manitoba.

“Permanent employee”—status with employer is permanent with an indeterminate duration (no specified end date) of employment and guaranteed or fixed hours of work per week.

“Temporary employee”—status with employer is temporary with fixed duration of employment, based on a defined start and end date, and guaranteed or fixed hours of work per week.

“Casual employee”—status with employer is on an as-needed basis, with employment that is not characterized by a guaranteed or fixed number of hours per week.

“Self-employed”—a person who engages independently in the profession, operating his or her own economic enterprise. The individual may be the working owner of an incorporated or unincorporated business or professional practice, or an individual in a business relationship characterized by a verbal or written agreement in which the self-employed individual agrees to perform specific work for a payer in return for payment.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Sources:** Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.

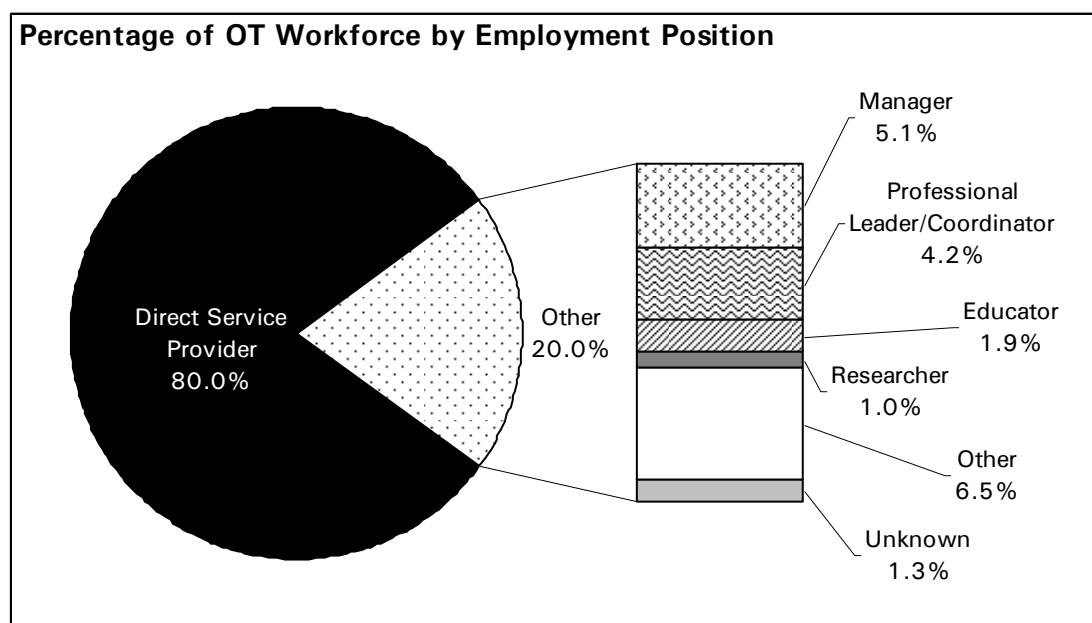


### Employment Position

The employment position refers to the OTs main role within his or her primary place of work. For registrants who have multiple roles within their primary place of work, the employment position is reflective of the role associated with the most worked hours.

Where data were available, the distribution of the positions for primary employment indicates that 80.0% of OTs are employed as direct service providers (excluding Newfoundland and Labrador, Saskatchewan and Quebec). The remaining 20.0% are employed as managers (5.1%), professional leaders/coordinators (4.2%), educators (1.9%), researchers (1.0%) or other positions (6.5%), with 1.3% unknown (see Figure 18).

**Figure 18. Percentage Distribution of the Occupational Therapist Workforce by Primary Employment Position, Selected Provinces, 2006**



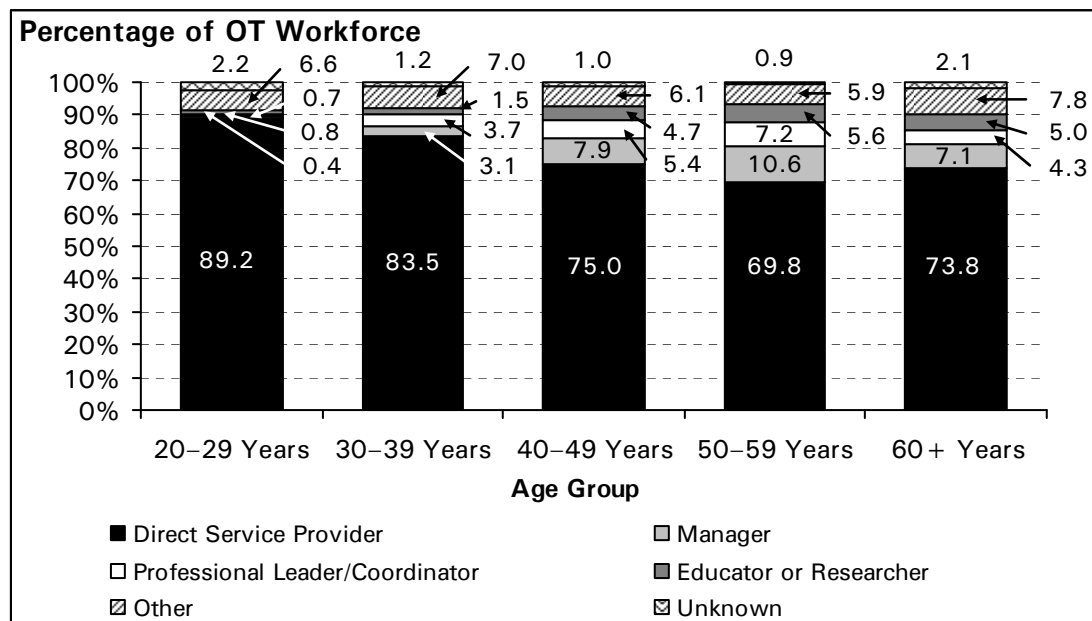
**Notes:**

Quebec data are not available.  
 Findings include data from P.E.I., Nova Scotia, New Brunswick, Ontario, Manitoba, B.C. and the territories. Findings do not include data from Newfoundland and Labrador and Saskatchewan; the primary position was not collected in these jurisdictions.  
 Alberta data were not included due to a high proportion of missing values for the primary position.  
 CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

The primary employment position of the OT workforce changes slightly as age increases. The vast majority of younger OTs—who are most likely at the beginning of their careers—are employed as direct service providers (89.2%). With increasing age, the proportion of managers, professional leaders/coordinators, educators or researchers increases. At the age of 60 years and older, there is a decrease in these roles and a corresponding increase in “other positions” (not otherwise specified) and in “direct service” (see Figure 19).

**Figure 19. Percentage Distribution of the Occupational Therapist Workforce by 10-Year Age Groupings and Primary Employment Position, Selected Provinces, 2006**



**Notes:**

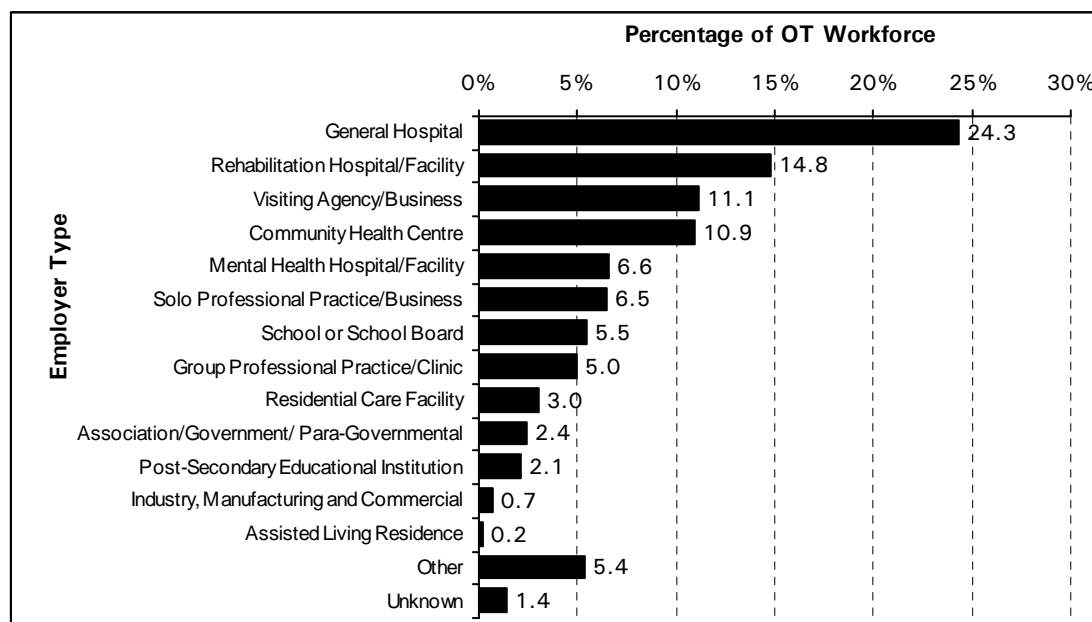
Quebec data are not available.  
 Manitoba Health provided aggregate totals for five-year age bands for registrants in Manitoba.  
 Findings include data from P.E.I., Nova Scotia, New Brunswick, Ontario, Manitoba and B.C. and the territories.  
 Findings do not include data from Newfoundland and Labrador and Saskatchewan; the primary position was not collected in these jurisdictions.  
 Alberta data were not included due to a high proportion of missing values for the primary position.  
 CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Sources:** Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.

### Employer Type

Where data were available, the findings suggest that hospitals accounted for just under half of the employers of the Canadian OT workforce (excluding Newfoundland and Labrador, Saskatchewan and Quebec). General hospitals (24.3%) were the most frequent employer, followed by rehabilitation hospitals/facilities (14.8%) (see Figure 20).

**Figure 20. Percentage Distribution of the Occupational Therapist Workforce Primary Employer Type, Selected Provinces, 2006**



**Notes:**

Quebec data are not available.

Findings include data from P.E.I., New Brunswick, Ontario, Manitoba and B.C.

Findings do not include data from Newfoundland and Labrador and Saskatchewan; the primary employer type was not collected in these jurisdictions.

Alberta, Nova Scotia and territorial data were not included due to a high proportion of missing values for the primary employer type.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

As shown below in Table 10, the results vary across provinces that collect information on employer type.

**Table 10. Number and Percentage Distribution of Occupational Therapist Workforce by Primary Employer Type and Province of Registration, Selected Provinces, 2006**

	Hospital		Community		Professional		Other		Unknown		Total
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
P.E.I.	18	51.4	10	28.6	*	*	**	**	0	0.0	35
N.B.	130	53.7	91	37.6	**	**	**	**	0	0.0	242
Ont.	1,785	46.0	1,146	29.5	436	11.2	460	11.9	53	1.4	3,880
Man.	223	49.1	122	26.9	38	8.4	62	13.7	9	2.0	454
B.C.	592	42.0	484	34.3	202	14.3	108	7.7	24	1.7	1,410
<b>Total</b>	<b>2,749</b>	<b>45.6</b>	<b>1,853</b>	<b>30.8</b>	<b>692</b>	<b>11.5</b>	<b>641</b>	<b>10.7</b>	<b>86</b>	<b>1.4</b>	<b>6,021</b>

**Notes:**

\* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.

\*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.

Quebec data are not available.

Findings include data from P.E.I., New Brunswick, Ontario, Manitoba and B.C.

Findings do not include data from Newfoundland and Labrador and Saskatchewan, as the primary employer type was not collected in these jurisdictions.

Alberta, Nova Scotia and territorial data are not included due to a high proportion of missing values for the primary employer type.

"Hospital" includes general hospital, rehabilitation hospital/facility and mental health hospital/facility.

"Community" includes residential care facility, assisted living residence, community health centre, visiting agency/business and school or school board.

"Professional practice" includes group professional practice/clinic and solo professional practice/business.

"Other" includes postsecondary educational institution, association/government/para-governmental, industry, manufacturing and commercial and other employer types not otherwise specified.

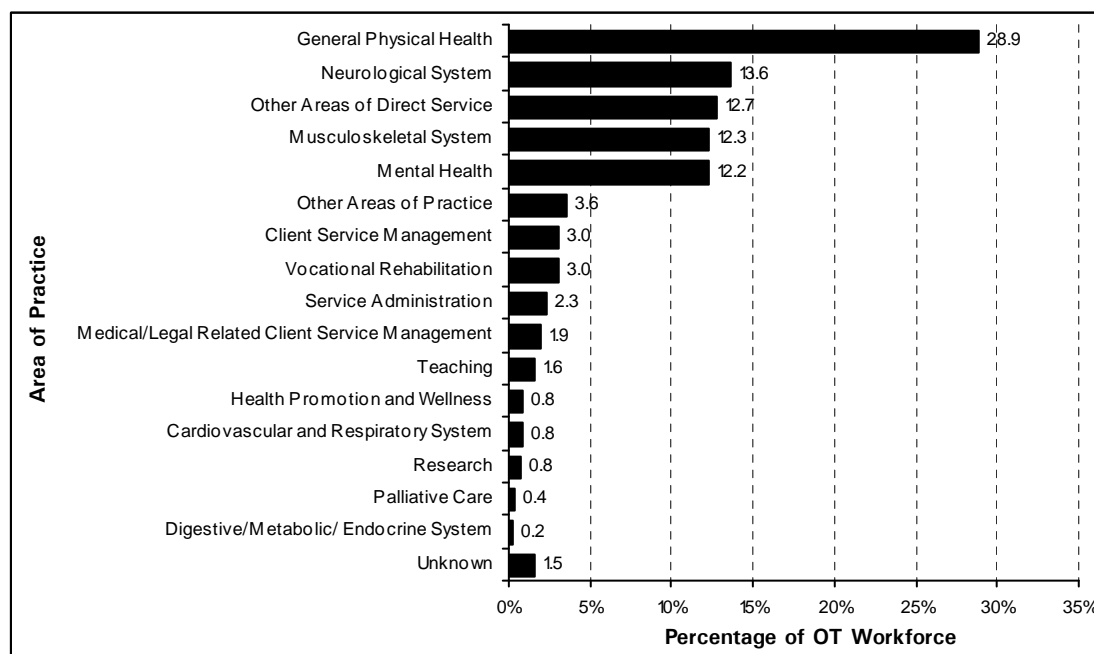
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

### Area of Practice

The area of practice reflects the major focus of activities in primary employment for the OT workforce. Investigation of the area of practice for primary employment of OTs reveals that the major focus of activities was in areas of direct service (83.4%) (excluding Newfoundland and Labrador, Nova Scotia, Saskatchewan, Alberta and Quebec). As shown below, the top five areas of practice included general physical health (28.9%), neurological system (13.6%), other areas of direct service (not otherwise specified) (12.7%), mental health (12.2%) and musculoskeletal system (12.3%) (see Figure 21).

**Figure 21. Percentage Distribution of the Occupational Therapist Workforce by Primary Area of Practice, Selected Provinces, 2006**



**Notes:**

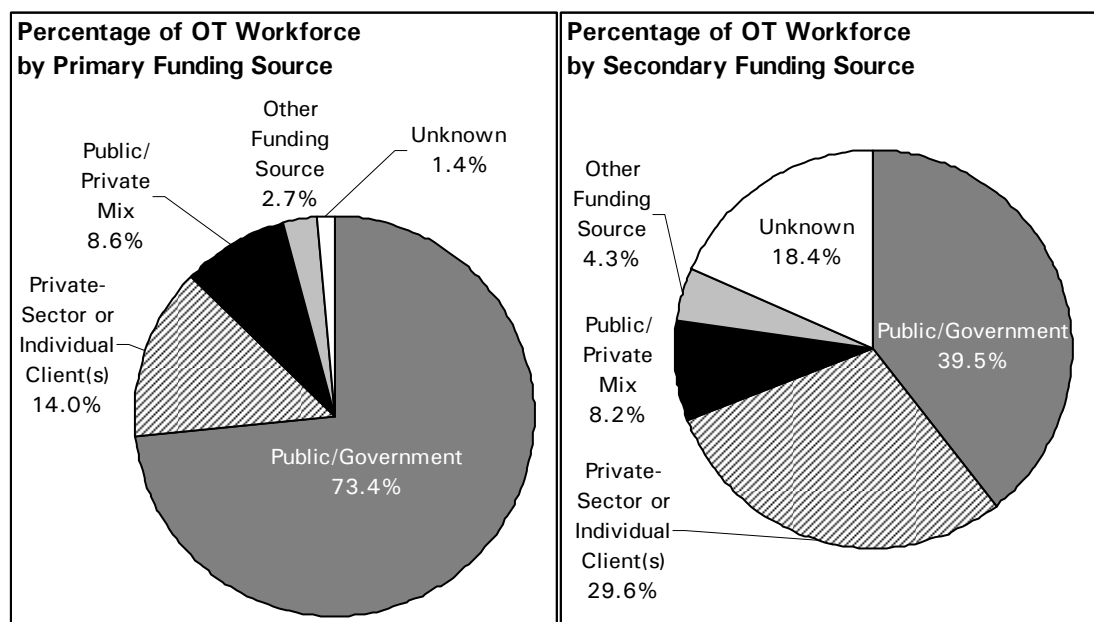
Quebec data are not available.  
 Findings include data from P.E.I., New Brunswick, Ontario, Manitoba, B.C. and the territories.  
 Findings do not include data from Newfoundland and Labrador, Nova Scotia, Saskatchewan and Alberta as the primary area of practice was not collected in these jurisdictions.  
 CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Employment Funding Source

Where data are available, the findings indicate that public/government is the funding source for 73.4% of primary employment for the OT workforce (excluding Newfoundland and Labrador, Nova Scotia, New Brunswick, Quebec, Saskatchewan and Alberta). There is more balance between private and public funding of the OT workforce among secondary employment. As discussed earlier, many OTs who have secondary employment were self-employed (34.7%), which suggests that most OT self-employment may be in the private sector (see Figure 22).

**Figure 22. Percentage Distribution of Occupational Therapist Workforce Primary and Secondary Employment Funding Source, Selected Provinces, 2006**



### Notes:

Quebec data are not available.

Findings include data from P.E.I., Ontario, Manitoba, B.C. and the territories.

Findings do not include data from Newfoundland and Labrador, Nova Scotia, New Brunswick, Saskatchewan and Alberta as the primary funding source was not collected in these jurisdictions.

Ontario and B.C. include auto insurance and other types of insurance within the value "private sector or individual clients."

"Public/government"—the public sector is the main source of funding for employed activities.

"Private sector or individual client(s)"—a private sector entity or an individual client is the primary source of funding for employed activities.

"Public/private mix"—funding for employed activities is derived from a mixture of public and private sources.

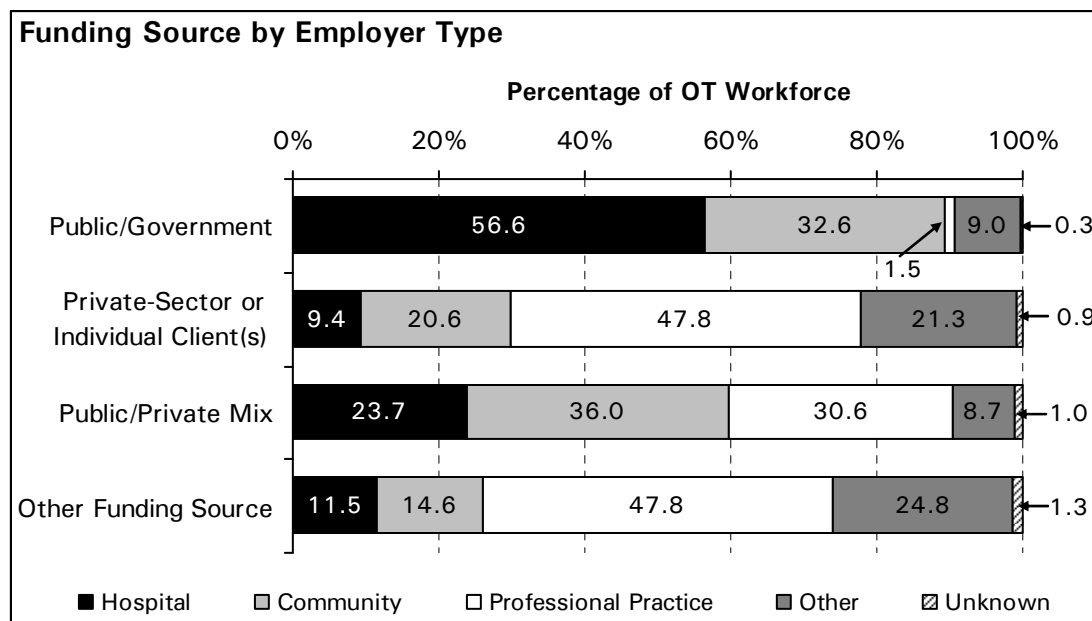
"Other funding source"—funding source not otherwise described.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

OTs with public/government funding sources are employed by hospitals (56.6%) and the community (32.6%). OTs funded by private-sector or individual clients work mostly in professional practice settings (47.8%). Those with a public/private mix work in hospital (23.7%), community (36.0%) and professional practice (30.6%) (see Figure 23).

**Figure 23. Percentage Distribution of Occupational Therapist Workforce Primary Employment Funding Source by Primary Employer Type, Selected Provinces, 2006**



**Notes:**

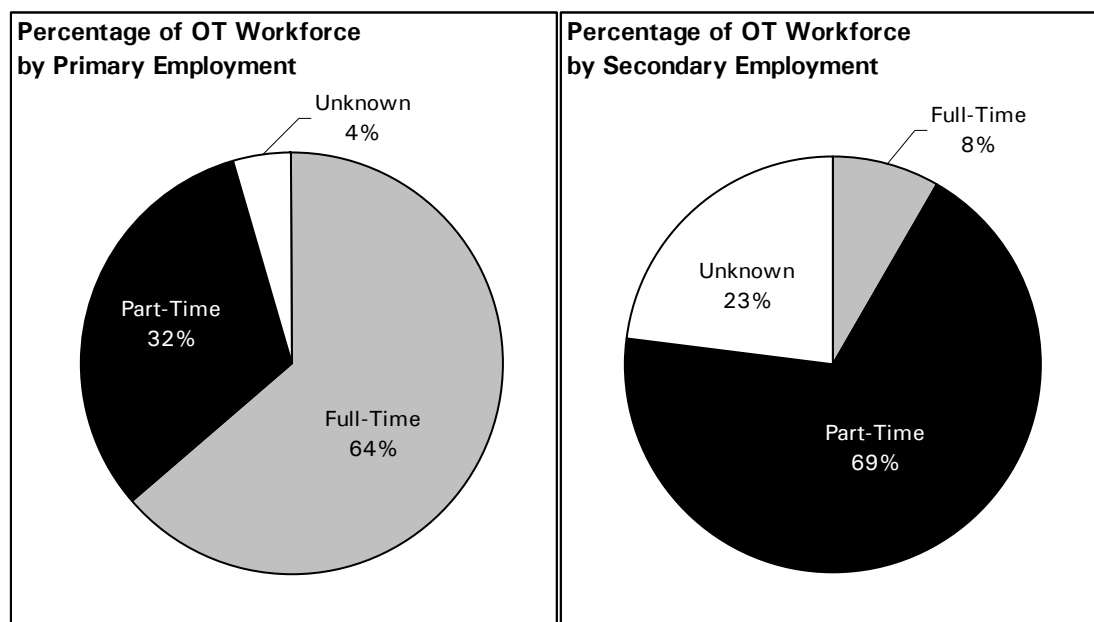
Quebec data are not available.  
 Findings include data from P.E.I., Ontario, Manitoba, B.C. and the territories.  
 Findings do not include data from Newfoundland and Labrador, Nova Scotia, New Brunswick, Saskatchewan and Alberta as the primary funding source was not collected in these jurisdictions.  
 "Public/government"—the public sector is the main source of funding for employed activities.  
 "Private sector or individual client(s)"—a private sector entity or an individual client is the primary source of funding for employed activities.  
 "Public/private mix"—funding for employed activities is derived from a mixture of public and private sources.  
 "Other funding source"—funding source not otherwise described.  
 "Hospital" includes general hospital, rehabilitation hospital/facility and mental health hospital/facility.  
 "Community" includes residential care facility, assisted living residence, community health centre, visiting agency/business and school or school board.  
 "Professional practice" includes group professional practice/clinic and solo professional practice/business.  
 "Other" includes postsecondary educational institution, association/government/para-governmental, industry, manufacturing and commercial and other employer types not otherwise specified.  
 CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Full-Time, Part-Time Status

For primary employment, almost two-thirds (64%) of the OT workforce is employed on a full-time basis (excluding Quebec). Of those who have secondary employment, the majority (69%) are employed part-time for their secondary employment (see Figure 24). Please note the percentage of “unknown” responses when interpreting the results for secondary employment.

**Figure 24. Percentage Distribution of Occupational Therapist Workforce Primary and Secondary Full-Time Versus Part-Time Employment Status, Canada, 2006**



### Notes:

Quebec data are not available.

“Full-time”—official status with employer is full-time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

“Part-time”—official status with employer is part-time, or usual hours of work are less than 30 hours per week.

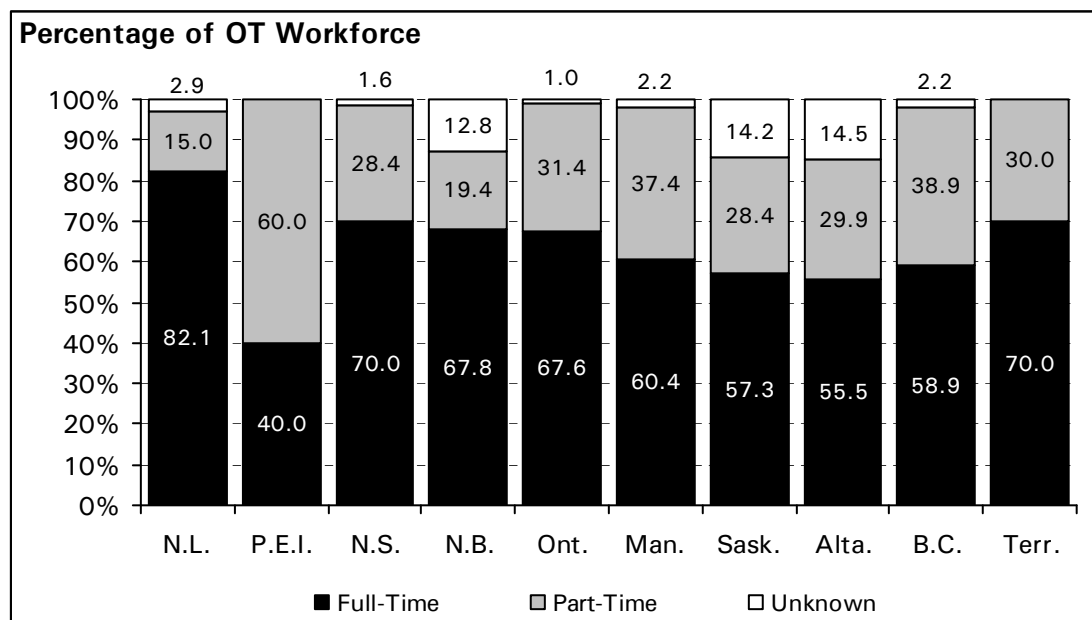
CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.



Looking at primary employment alone, the provincial and territorial data vary. The provinces of Newfoundland and Labrador and P.E.I. represent the extremes of full-time versus part-time employment. In Canada, P.E.I. has the highest percentage of its workforce employed part-time for primary employment (60.0%), whereas Newfoundland and Labrador has the lowest proportion working part-time (15.0%) (see Figure 25). These results primarily reflect the fact that P.E.I. also has the highest proportion of OTs with multiple employers (40.0%) (see Figure 15).

**Figure 25. Percentage Distribution of the Occupational Therapist Workforce by Primary Employment Full-Time/Part-Time Status, Provinces and Territories, Canada, 2006**



**Notes:**

Quebec data are not available.

Data are combined for the Yukon, the Northwest Territories and Nunavut.

“Full-time”—official status with employer is full-time or equivalent, or usual hours of work are equal to or greater than 30 hours per week.

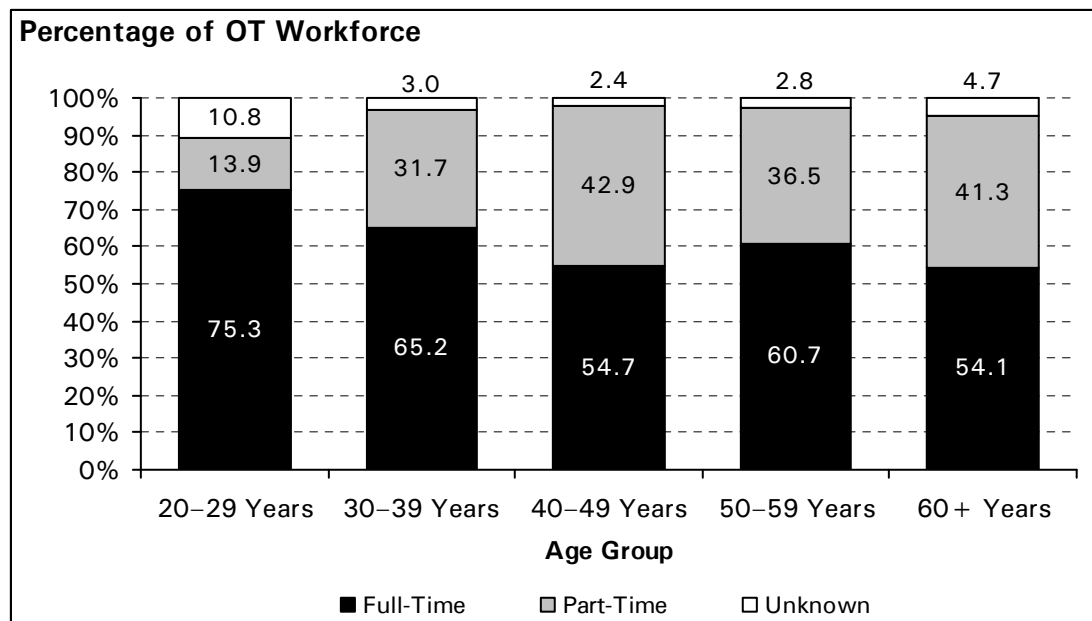
“Part-time”—official status with employer is part-time, or usual hours of work are less than 30 hours per week.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

The distribution of full-time versus part-time employed OTs across age groups shows that as age increases, so does the proportion of OTs who work part-time. This finding may reflect OTs looking for work/family balance as they begin having families. As the data show, starting at the 30-to-39 age group, there is a fairly clear shift toward part-time employment that grows slightly higher as one moves through the older age groups (see Figure 26).

**Figure 26. Percentage Distribution of Occupational Therapist Workforce by Primary Employment, Full-Time/Part-Time Status and 10-Year Age Groupings, Canada, 2006**



**Notes:**

Quebec data are not available.

Manitoba Health provided aggregate totals for five-year age bands for registrants in Manitoba.

CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

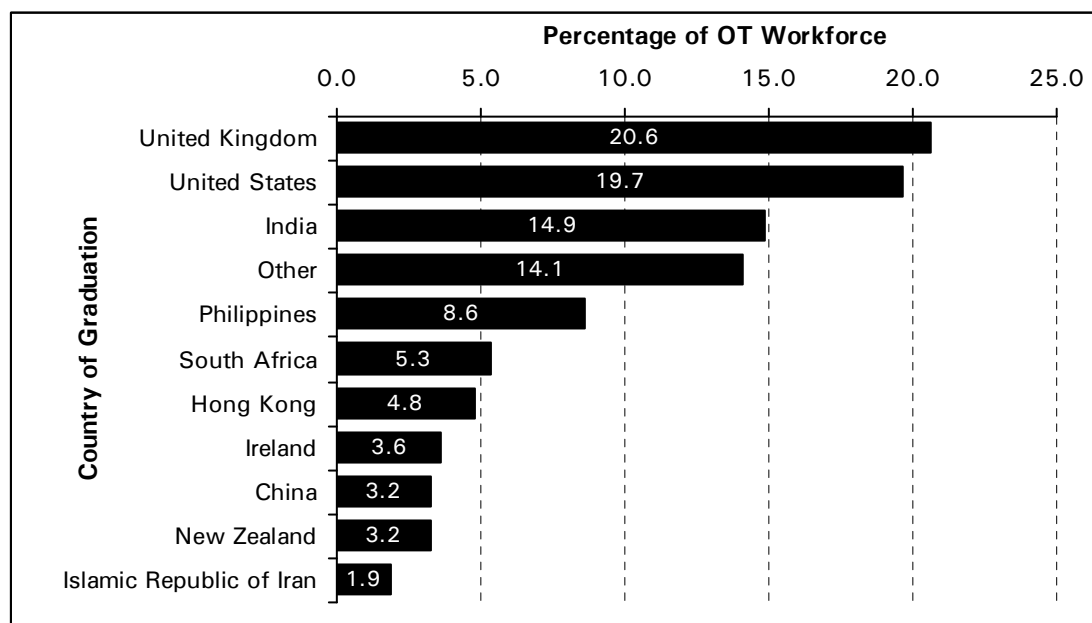
**Sources:** Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.

### Internationally Educated Occupational Therapists (IEOTs)

In Canada, where a significant proportion of population growth is due to immigration, the influence of IEOTs is a factor to consider when estimating the current and future supply of OTs. IEOTs play a role in the accurate planning for future health human resources.

Where data were available, the findings suggest that IEOTs in Canada obtained their basic education in occupational therapy from a variety of industrialized and developing countries (see Figure 27) (excluding Nova Scotia, Alberta and Quebec). The top three countries of graduation of IEOTs account for over half of the IEOTs. They are the U.K. (20.6%), the U.S. (19.7%) and India (14.9%).

**Figure 27. Percentage Distribution of Internationally Educated Occupational Therapists by Country of Graduation for Basic Education in Occupational Therapy, Canada, 2006**



**Notes:**

Quebec data were not available.  
 Findings include data from Newfoundland and Labrador, P.E.I., New Brunswick, Ontario, Manitoba, Saskatchewan, B.C. and the territories.  
 Findings do not include data from Alberta and Nova Scotia as the country of graduation for basic education in occupational therapy is not collected.  
 CIHI data will differ from provincial/territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.



## Methodological Notes

The following information should be used to ensure a clear understanding of the basic concepts that define the data provided in this publication, of the underlying methodology of the data collection and of key aspects of data quality.

This information will provide a better understanding of the strengths and limitations of the data and of how data can be effectively used and analyzed. This information is of particular importance when making comparisons with other data sources, and especially when drawing conclusions regarding changes over time.

The Canadian Institute for Health Information is founded upon the principles of data quality, privacy and confidentiality. Data collection, processing, analysis and dissemination are each guided by CIHI's commitment to ensuring good quality data in a privacy-sensitive manner. Further details regarding CIHI's privacy principles are available in the document *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Health Information*, which may be obtained from the CIHI website.

## Background

### Purpose of This Report

The Canadian Institute for Health Information is publishing this first annual report to provide readers with the most recent statistics on the OT workforce. The supply and distribution information included in this publication will be used by a wide variety of governmental and non-governmental organizations to better understand the changing supply and distribution of the OT workforce. This information will contribute to policy formulation and decision-making, particularly at the national and provincial/territorial levels.

This publication includes current information on the demographics, geography, education and employment of the OT workforce. Analyses are supplemented with detailed information about the data collection process, pertinent limitations of the current data and an explanation of the analytical methods.

### Value of the Information

The supply and distribution information presented here is a key component to health human resource planning at the national and provincial/territorial levels. Any planning or projection of the number of health professionals required for a particular jurisdiction must begin with an understanding of the current supply, and how that supply is changing.

The presentation of clear, objective data and data analysis enables informed decision-making and supports policy formulation.

## History

Policy reports and research papers have consistently demonstrated that there is very little standardized national data on health professionals in Canada, except for physicians and regulated nursing professions. Based on consultation with federal, provincial and territorial ministries of health, the profession of occupational therapy was identified for such data development.

## Focus

### Population of Interest

The population of interest for the OTDB is all OTs registering with a regulatory authority within a Canadian province or territory.

### Population of Reference

For the purpose of the OTDB, the population of reference includes all OTs submitting active registrations<sup>v</sup> with a Canadian provincial licensing authority. It also includes active voluntary registrations with the Canadian Association of Occupational Therapists (CAOT) for those who reside and are employed in the territories (Yukon, Northwest Territories or Nunavut). For any given year, the population includes those who register between the start of the individual regulatory authority/CAOT registration period and October 1.

## Data Inclusions

Data collected for the OTDB include:

- Registration information from the provincial registrars (except Quebec for the 2006 data year) and the Canadian Association of Occupational Therapists (CAOT) for data pertaining to the territories. The CIHI Health Personnel Database (HPDB) was used as the source of data on the OT Workforce in Quebec, when applicable;
- All active registrations received by the provincial regulatory authority and CAOT before October 1, 2006;<sup>vi</sup> and
- OTs who are on temporary leave (such as maternity/paternity leave or short-term illness/injury leave) and have maintained their active registration with their provincial regulatory authority, or with CAOT for registrants residing and working in the territories.

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v. CIHI has created definitions for active and inactive registrations, which guide the data providers in their data submission to the OTDB.

- An “active” registration is a professional practice licence that authorizes a registrant, based on the assessment and issuance by a regulatory authority or CAOT, to engage in professional practice, as defined by the relevant laws, regulations and/or policies associated with a specific jurisdiction.
- An “inactive” registration is a type of registration that does not permit a registrant to engage in professional practice without further consideration and/or licensure by the regulatory authority or CAOT, within a particular jurisdiction, as defined by the relevant laws, regulations and/or policies associated with a specific jurisdiction. This type of registration includes, for example, honorary, student, life non-practising, and non-practising registrations.

vi. CIHI reports data only from registrations that are determined to be *primary registrations*. The definition and method used to identify primary registrations are included in the Data Processing Methods section of the Methodological Notes.

## Data Exclusions

Data collected for the OTDB exclude:

- Data from the province of Quebec (except for data provided to the HPDB) as l'Ordre des ergothérapeutes du Québec did not provide data to the OTDB for the 2006 collection year;
- OTs residing and working in the territories who choose not to obtain a voluntary membership with CAOT;
- OTs who register with a provincial regulatory authority after October 1, 2006; and
- OTs with an inactive registration type.

## Data Flow From Primary Data Collector to CIHI

On an annual basis, the regulatory authorities collect membership data as part of their registration/licensing process. To satisfy their internal business needs, they collect data on members applying for all categories of active and inactive registration.

Because the purpose of the database is to gain information on the OT workforce in Canada, the population of reference for the OTDB focuses on OTs who are currently authorized to engage in practice—in other words, OTs with “active” registration types as of October 1, 2006.

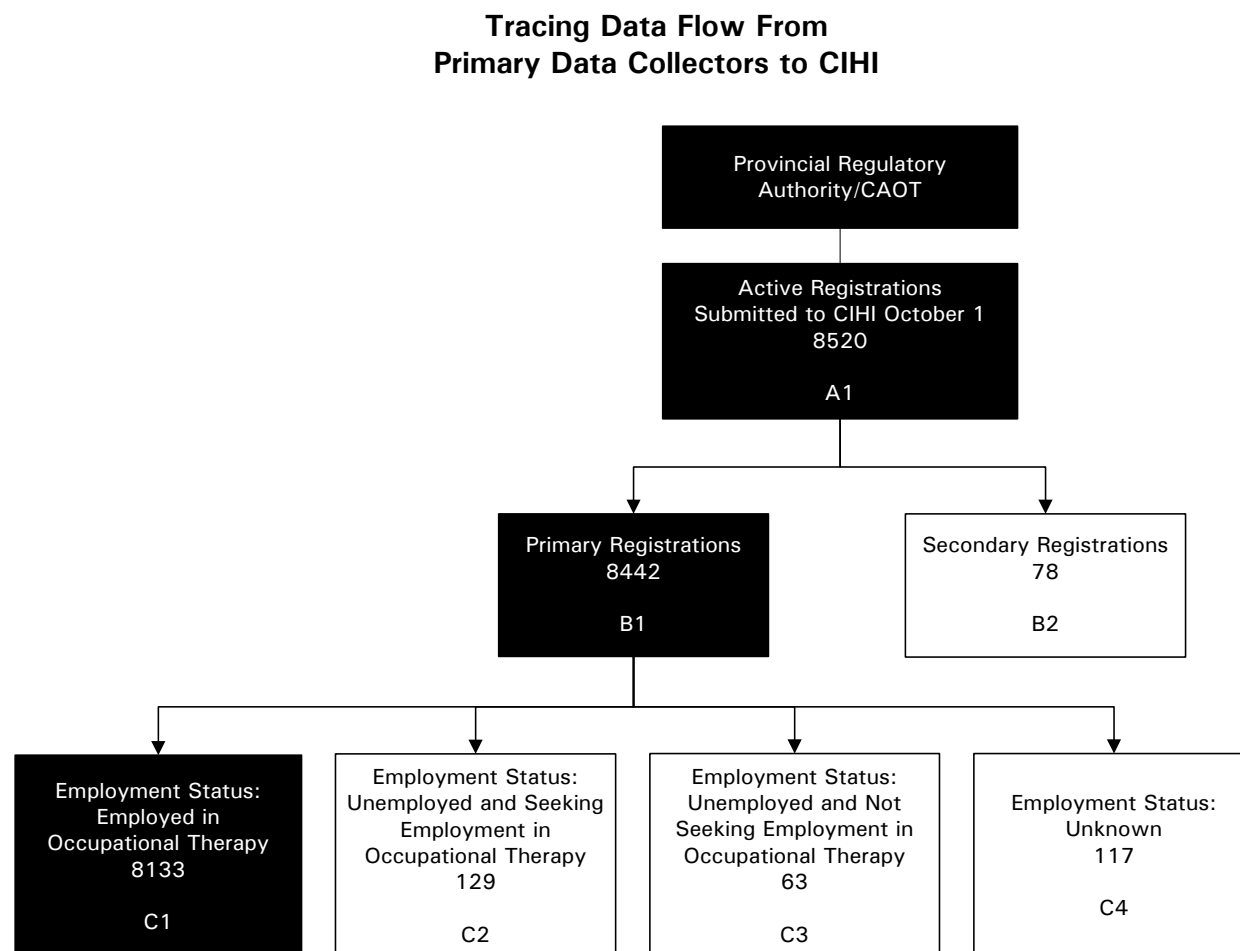
Since the data collected by the provincial regulatory authorities is wider in scope than the population of reference for the OTDB, a filtering methodology is applied by CIHI from the point of data collection and through data processing, targeting the relevant records meeting the criteria of the population of reference for the OTDB and keeping those who meet the information needs to be addressed in the annual report for the analysis.

Figure 28 illustrates how the data flow when applying this methodology for provincial regulatory authorities. Explanations of each step within the data flow are provided below. For more details about the data collection, please see the Data Collection Methods section.

### *Note: Territorial Data*

This methodology is not applicable for the territorial data, as all registrants from the territories are employed and considered primary registrations. Data for registrants in the territories include only those individuals who reside and are employed in the territories. As such, the data submitted by CAOT include only primary registrations. In addition, the CAOT collects voluntary registrations for OTs residing and working in the Northwest Territories, Nunavut and the Yukon, since there are no regulatory authorities in the territories. Since registration is voluntary in the territories, it is expected that those registering with the CAOT are, in fact, employed in occupational therapy.

Figure 28. Tracing Data Flow to CIHI Data



Source: Occupational Therapist Database, Canadian Institute for Health Information.

The total number of registrations submitted to an occupational therapy regulatory authority is comprised of “active” and “inactive” registration types.

### *Active Registrations*

**Box A1:** Of all the registrations received by the occupational therapy regulatory authority, only the “active” registrations as October 1 are submitted to CIHI.

**Box B1:** Represents the primary registrations, where the province of registration reflects registrants’ primary jurisdiction of practice (see also explanation on Box B2 below).

**Box B2:** OTs in Canada can work in more than one jurisdiction concurrently as long as they register with the proper authorities, which give them authorization to practise in their respective jurisdictions. Since one of the primary purposes of the OTDB is to have an accurate representation of the size of the OT workforce in Canada, it is important to prevent double-counting of provincial OTs who work in more than just one jurisdiction. This box represents the secondary registrations (interprovincial duplicates). The methodology that identifies primary and secondary registrations is explained in detail in the Data Processing Methods section.



**Boxes C1 to C4:** In most cases, statistics produced by provincial/territorial regulatory authorities include all active-practising registrations, regardless of employment status. In contrast, CIHI statistics typically include only those registrants explicitly stating their employment status in occupational therapy (Box C1). Those OTs who were not employed and seeking employment in occupational therapy (Box C2), those not employed and not seeking employment in occupational therapy (Box C3) and those failing to state their employment status (Box C4), are excluded from the final statistics.

The results of the above CIHI methodology of selecting registrants for inclusion in the publication is also presented below in Table 11 by province/territories (see also Appendix A).

**Table 11. OTDB Occupational Therapist Workforce Counts by Province/Territory, 2006**

	N.L.	P.E.I.	N.S.	N.B.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Total
Total Active Registrants Submitted to CIHI	140	36	322	250	4,094	457	238	1,498	1,465	20	8,520
Primary Registrants	140	35	319	246	4,070	456	233	1,471	1,452	20	8,442
Employed in Occupational Therapy	140	35	317	242	3,880	454	232	1,403	1,410	20	8,133

**Notes:**

Quebec data are not available.

Territorial data are combined.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

**“Point-in-Time” Data Collection**

Data collection begins at the onset of the data providers’ respective annual registration periods and ends on October 1. Based on discussions with the data providers, this collection period was identified as the period that captures most of the registrants renewing or applying for membership, including new graduates writing the CAOT exam in July.

The registration periods for provincial and territorial (CAOT) jurisdictions for the 2006 registration year are presented in Figure 29.

**Figure 29. Twelve-Month Registration Periods by Province and Territory (CAOT) of Registration, 2006**

Registration Year		2005										2006											
		Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	
March 1–Feb. 28	N.L.	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
May 1–April 30	P.E.I.			xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
June 1–May 31	N.S.				xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
April 1–March 31	N.B.			xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
April 1–March 31	Que.			xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
June 1–May 31	Ont.				xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
June 1–May 31	Man.				xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
March 31–Feb. 28	Sask.	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
March 31–Feb. 28	Alta.	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
July 1–June 30	B.C.					xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
Oct. 1–Sept. 30	CAOT								xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

The “point-in-time” approach to data collection provides a snapshot of the OT workforce across jurisdictions. Using the same “point-in-time” consistently over the years will enable comparability in time, which is useful for trending. However, this approach may not capture the entire year-end totals for all workforces equally in every province and territory. Depending on the jurisdiction, the October 1 cut-off date may not allow for inclusion of those OTs who register later in the registration period.

### **How CIHI Defines the OT Workforce for the 2006 OTDB**

As highlighted earlier, the population of reference for CIHI includes OTs who hold an active registration with a provincial regulatory authority or CAOT as of October 1. By carefully selecting the reporting population for the OT workforce, CIHI is able to provide standardized comparable data that are suitable for analysis and trending purposes.

The population of reference for reporting by provincial regulatory authorities and the CAOT may differ from CIHI reports because of differences such as a) the timeframe used; b) the inclusion of registration types (active, inactive and others); c) the employment status (employed versus unemployed); and d) secondary registrations (interprovincial duplicates).

Discrepancies between CIHI publications and data presented by provincial regulatory authorities and CAOT (OTDB data providers) are often the result of these differences. We therefore caution our readers to be mindful of these differences when comparing OTDB data and related reporting with other data holdings and publications.

## **Data Collection Methods**

### **Data Sources**

The data sources for the OTDB are the provincial regulatory authorities and CAOT. Annual registration with a regulatory body is mandatory for OTs wishing to work within the provinces. Since there are no regulatory bodies in the territories, OTs working in the Northwest Territories, Nunavut and the Yukon may choose to obtain a voluntary membership with the CAOT. In some cases, OTs working in the territories may be required by their employer to register with the CAOT.

### **Data Collection**

Paper or online registration forms completed by the registrant for registration/licensing purposes are the usual methods of primary data collection for the provincial regulatory authorities and the CAOT.

Once in electronic format, an extract of the data is prepared for submission to CIHI. Only those data elements defined in the OTDB data dictionary (available for download at [www.cihi.ca](http://www.cihi.ca)) are submitted to CIHI. The data extract must conform to the specifications of the OTDB, as outlined in the *Occupational Therapy Database Data Submissions Specifications Manual* (available for download at [www.cihi.ca](http://www.cihi.ca)). These data are transmitted from the data provider to CIHI via a secure online system or sent on CD or DVD using a secure bonded courier.

A letter of agreement governs CIHI's collection of OT data. Each year, provincial regulatory authorities and the CAOT, with the exception of Quebec for 2006, will review the core set of elements each data provider collects on their registration form. Under the current agreement, each data provider agrees to make every reasonable effort to collect and submit the 78 data elements for each registrant according to the definitions outlined in the OTDB data dictionary.

Contact information for each jurisdiction is provided in Appendix B.

## **Key Concepts and Definitions**

Only data elements used in the analysis of this publication are described below. For a complete list of data elements in the OTDB, as well as definitions, please visit the CIHI website to download the *Occupational Therapist Database Data Dictionary* ([www.cihi.ca](http://www.cihi.ca)).

### *Demographics*

#### **Gender**

The reported sexual category of a registrant, at the time of registration or renewal, used for administrative purposes.

#### **Year of Birth**

Year of birth of the registrant.

### *Geography*

#### **Province/Territory of Residence**

The province/territory of residence at the time of registration or renewal.

#### **Country of Residence**

The country of residence at the time of registration or renewal.

#### **Province of Registration**

The province of registration based on the jurisdiction or organization submitting OT data.

### *Education*

#### **Level of Basic Education in Occupational Therapy**

Initial educational program used to prepare an OT for practice. This refers to initial education in occupational therapy used, in whole or in part, for consideration of licensure as an OT in Canada.

#### **Year of Graduation for Basic Education in Occupational Therapy**

Year of completion of initial educational program used to prepare an OT for practice.

#### **Country of Graduation for Basic Education in Occupational Therapy**

Name of country of completion of initial educational program used to prepare an OT for practice.

**Level of Post-Basic Education in Occupational Therapy (1, 2, 3)**

Other postsecondary education achieved in occupational therapy which resulted in a degree (this includes any post-basic occupational therapy education leading to a degree, for example, “bridging” or “upgrade” education).

**Year of Graduation for Post-Basic Education in Occupational Therapy (1, 2, 3)**

Year of completion of post-basic education in occupational therapy.

**Level of Education in a Field Other Than Occupational Therapy (1, 2)**

Level of postsecondary education completed in a field of study outside occupational therapy.

**Year of Graduation for Education in Other Than Occupational Therapy (1, 2)**

Year of completion of education in a field other than occupational therapy.

**Current Level of Education in Occupational Therapy**

The current level of education in occupational therapy is derived from the data elements: Level of Basic Education in Occupational Therapy and Level of Post-Basic Education in Occupational Therapy (1, 2, 3). The current level of education in occupational therapy represents the highest level of education in occupational therapy reported by the registrant.

**Years Since Graduation in Occupational Therapy**

The years since graduation in occupational therapy is derived from the data elements: Year of Graduation for Basic Education in Occupational Therapy and Year of Graduation for Post-Basic Education in Occupational Therapy (1, 2, 3). The year of graduation associated with the highest level of education in occupational therapy reported by the registrant is selected. This year is used to derive the difference between the current reporting year (that is, 2006) and the year of graduation for the highest level of education in occupational therapy attained by the registrant.

*Employment***Employment Status**

A registrant’s work status (employed or unemployed) at the time of registration or renewal.

**Employment Category (for Primary and Secondary Employment)**

Employment category at the time of registration or renewal.

**Full-Time/Part-Time Status (for Primary and Secondary Employment)**

The official status with an employer, or if official status is unknown, the classification of status based on usual hours worked, at the time of registration or renewal.

**Province/Territory of Employment (for Primary Employment)**

The province/territory of employment at the time of registration or renewal.

**Country of Employment (for Primary Employment)**

The country of primary employment at the time of registration or renewal.

**Postal Code of Employment (for Primary Employment)**

The postal code assigned by Canada Post for registrant's employment at the time of registration or renewal. The postal code reflects the site where service is delivered, when available, with the employer or business office postal code provided as an alternate (for example, if the employer or business office location is different from the site where service is delivered, and only the employer or business office postal code is available). This refers to the location where the registrant is directly engaged in an occupational therapy area of practice: direct service; client management; administration; education; or research.

**Position (for Primary Employment)**

The main role within the primary, secondary or third employment (for registrants with multiple roles within primary employment, reflects the role associated with the most worked hours) at the time of registration or renewal.

**Employer Type (for Primary Employment)**

The type of employer (whether an employee or self-employed) at the time of registration or renewal. This is at the site where service is delivered. Service delivery level refers to the location where the registrant is directly engaged in an occupational therapy area of practice: direct service; client management; administration; education; or research.

**Area of Practice (for Primary Employment)**

The major focus of activities in employment at the time of registration or renewal.

**Usual Weekly Hours of Work (for Primary, Secondary and Third Employment)**

The total usual (that is, typical or average) weekly hours of work in employment related to practice at the time of registration or renewal. For registrants in an employee-employer employment category, hours indicated are inclusive of all practice hours, but should not exceed the hours (including overtime) for which a registrant is scheduled/approved and recognized. For registrants in a self-employed employment category, hours indicated are inclusive of all practice hours (for example, travel time, preparation and service provision).

**Funding Source (for Primary and Secondary Employment)**

The main funding source for employment at the time of registration or renewal.

**Data Processing Methods***File Processing*

Once provincial regulatory authority and CAOT data files are received by CIHI, all records undergo two stages of processing before inclusion in the national database.

The first stage of processing ensures that data are in the proper format and that all responses pass specific validity and logic checks. If the submitted data do not match the standardized CIHI codes, an exception report and data file summary (identifying and explaining the errors) are sent to the data provider. In addition, the data also undergo tests to check for a logical relationship between specific fields. For example, an error is identified in the exception report if year of graduation is less than year of birth.

Errors are reviewed jointly by CIHI and the respective data provider representative. The data provider then corrects the data and resubmits its data file to CIHI, where it is reviewed again. In cases where the data provider is not able to make the corrections, CIHI may make the corrections directly to the OTDB data, with the explicit consent of the provider. If a correction cannot be made, the code is changed to the appropriate default missing value.

### *Identification of Secondary Registrations*

Once the file has passed all validity and logic checks, the second stage of processing begins. As OTs are able to register simultaneously in more than one jurisdiction, a methodology was developed to identify (or “flag”) OTs living outside of Canada or OTs registered in more than one province or territory.

To accurately count the number of OTs registered and working in Canada, it is necessary to identify records that do not reflect the primary jurisdiction of employment.

For instance, there are administrative incentives for OTs to maintain their Canadian OT licences while living and/or working outside of the country. Therefore, an OT living abroad may continue to register with a Canadian OT regulatory authority each year, even though she/he may have no intention of returning to Canada in the next 12 months. CIHI must identify these OTs living abroad and remove their data from analysis, as CIHI reports only on the OT workforce in Canada.

For those living and working in Canada, CIHI must also identify registrations that do not reflect the primary jurisdiction of practice. For example, similar to the international situation identified above, there are administrative incentives for OTs to maintain their provincial OT licence while living and/or working in another Canadian jurisdiction. Therefore, an OT may continue to register in one province while living and/or working in another. To include both of these registrations in analyses would be double-counting. Therefore, CIHI evaluates each registration to ensure that it reflects the primary jurisdiction of practice. These secondary registrations are also termed “interprovincial duplicates.”

All data received from the provincial regulatory authorities and CAOT are kept in the OTDB; however, secondary registrations are excluded from the annual publication, media release and ad hoc queries. Primary registrations are defined as records meeting the following conditions:

Province/country of residence is either in Canada or “unknown.”

- For OTs employed in occupational therapy, province of employment equals province of registration; if province of employment is “unknown,” then province of residence equals province of registration; or
- For OTs not employed in occupational therapy (or for OTs with an employment status of “unknown”), province of residence equals province of registration; if province of residence is “unknown,” then province of registration is accepted.

See Appendix A for the flow diagram illustrating the process for identification of secondary registrations.

Such a method can introduce certain errors. For example:

- (1) An OT living in the U.S. but working in Canada will be removed erroneously as “living abroad;” and
- (2) An OT registered and employed in a Canadian province (for example, Alberta) decides to provide short-term relief staffing in another province (for example, B.C.). When registering with the B.C. provincial occupational therapy regulatory authority, this OT may provide her/his temporary residence information in B.C. As a result, he or she will be double-counted.

## **Analytical Methods**

### *Northwest Territories, Nunavut and Yukon Data*

The methodology detailed above regarding the identification of secondary registration does not apply to the data received from the CAOT for the territories. CAOT data submission to CIHI includes only those members with voluntary active registration who work and reside in the territories.

### *Urban/Rural Statistics*

For analytical purposes, urban areas are defined (in part) as communities with populations greater than 10,000 people and are labelled by Statistics Canada as either a “census metropolitan area” (CMA) or a “census agglomeration” (CA). “Rural/remote” is equated with those communities outside the CMA/CA boundaries and is referred to as “rural and small town” (RST) by Statistics Canada.

Rural and small-town (RST) communities are further subdivided by identifying the degree to which they are influenced (in terms of social and economic integration) by larger urban centers (that is, the CMAs and CAs). Metropolitan Influenced Zone (MIZ) categories disaggregate the RST population into four subgroups: Strong MIZ, Moderate MIZ, Weak MIZ and No MIZ. These urban/rural/remote categories are applied to communities (cities, town, villages, etc.) that can be equated with the Statistics Canada designation “census subdivision” (CSD).

The CMA/CA and Metropolitan Influenced Zone (MIZ) categories were collapsed for the purpose of this report. These categories may be interpreted in the following simple manner: CMA/CA = large urban centre (urban); Strong/Moderate MIZ = small towns and rural areas located relatively close to larger urban centers (rural); and Weak/No MIZ = small towns, rural and remote communities distant from large urban centers (remote).

Details of the RST and MIZ classification schemes can be found in McNiven et al. (2000),<sup>12</sup> du Plessis et al. (2001)<sup>13</sup> and CIHI (2002).<sup>14</sup>

## Data Suppression

To safeguard the privacy and confidentiality of data received by CIHI, guidelines have been developed to govern the publication and release of health information.

To ensure the anonymity of individual OTs, cells with cell counts from 1 to 4 are suppressed in the data tables presented in this publication. CIHI is committed to protecting the confidential information of each OT.

In the tables presented in this publication, cells with a value from 1 to 4 have been replaced by a single asterisk (\*). However, presenting accurate row and column totals also necessitates the suppression of a second value to prevent the reader from determining the suppressed value through subtraction. Therefore, in each row and column with a suppressed value, a second value is suppressed as well. Generally, the next smallest value is chosen for additional suppression. However, if the second value suppressed is greater than 4, it must be replaced by a different symbol. In this case, the OT publication uses a double asterisk (\*\*). Note: Cell suppression does not apply to missing values (not collected, not applicable and unknown) in the data tables.

These policies also govern CIHI's release of data through ad hoc queries and special analytical studies.

## Symbols

Standard symbols and numerical presentations are used wherever possible in this report. The standard symbols include:

- \* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- \*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.
- Data are not applicable or do not exist.
- .. Data are not currently collected by CIHI.
- n/s Data are not submitted to CIHI.

Other symbols, when necessary, are footnoted at the bottom of the respective tables or figures.



## Data Quality Assessment

To ensure a high level of accuracy and usefulness in data dissemination, the Data Quality department at CIHI has developed a framework for assessing and reporting the quality of data contained in CIHI's databases and registries. The framework focuses upon the five dimensions of data quality: timeliness, accuracy, usability, comparability and relevance. Timeliness, usability and relevance are described briefly in the following paragraph. Accuracy and comparability are then described in further detail, as they relate more closely to the data processing routine.

Timeliness is achieved by collecting data at a point-in-time, which was agreed upon by the data providers, and which reflects a majority of total records; this allows CIHI to analyze and release the data in a timely manner. Usability comprises the availability and documentation of the data and the ease of interpretation. The Methodological Notes section contributes to the usability dimension, as the limitations of data interpretation are outlined in detail. The relevance of the data set includes the adaptability and value of the data when used by decision-makers, policy developers, researchers and the media.

### Accuracy

Accuracy is an assessment of how well the data reflect reality. For the OTDB, this is an assessment of how closely the data presented in this publication reflect the population of reference: all OTs in Canada as of October 1 who have an active registration with a provincial regulatory authority or the CAOT in the territories.

Provincial regulating authorities and the CAOT collect these data for administrative purposes. It is through a mutual agreement that these data are submitted to CIHI for research and analysis. Consequently, it is important to note that the level of accuracy and completeness necessary to meet the financial and administrative requirements of a registry can differ from that required for research. An extensive mapping exercise took place collaboratively with each data provider to ensure alignment between the data collected on the registration forms and the data elements of the CIHI OTDB data dictionary. When discrepancies were detected, these differences were documented and accounted for in the analysis (when applicable) and described in the methodological notes or footnotes. Several data providers were also able to include CIHI definitions of some of the data elements and/or values in their registration guides, facilitating a higher level of data accuracy.

The following section outlines where caution must be applied when analyzing data presented in *Workforce Trends of Occupational Therapists in Canada, 2006*.

### Under-Coverage

Under-coverage results when data that should be collected for the database are not included.

The absence of data from Quebec is the largest source of under-coverage for the 2006 OTDB. Based on HPDB data, Quebec historically accounts for the largest number of OTs in Canada.

In the first year of the OTDB, not all data providers were able to align their registration forms to the data elements and values outlined in the OTDB data dictionary. As a result, some provinces and territories were not able to collect some data elements. Within the analysis of these data elements, those provinces/territories are not represented (see Table 12).

**Table 12. Occupational Therapist Records Where Data Are “Not Collected” by Data Element and Province/Territory of Registration, Canada, 2006**

	Province/Territory of Registration												
	N.L.	P.E.I.	N.S.	N.B.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Gender						4.2%							
Year of Birth						4.2%							
Level of Basic Education in Occupational Therapy													
Year of Graduation for Basic Education in Occupational Therapy													
Country of Graduation for Basic Education in Occupational Therapy			X					X					
Level of Post-Basic Education in Occupational Therapy 1	X						X						
Year of Graduation for Post-Basic Education in Occupational Therapy 1	X						X						
Level of Post-Basic Education in Occupational Therapy 2	X						X						
Year of Graduation for Post-Basic Education in Occupational Therapy 2	X						X						
Level of Post-Basic Education in Occupational Therapy 3	X				X		X		X	X	X	X	
Year of Graduation for Post-Basic Education in Occupational Therapy 3	X				X		X		X	X	X	X	
Level of Education in Other Than Occupational Therapy 1	X						X	X					
Year of Graduation for Education in Other Than Occupational Therapy 1	X						X	X					
Level of Education in Other Than Occupational Therapy 2	X						X	X					
Year of Graduation for Education in Other Than Occupational Therapy 2	X						X	X					
Primary Employment Category													
Primary Position	X						X						
Primary Employer Type	X						X						
Primary Area of Practice	X		X				X	X					
Primary Employment Funding Source	X		X	X			X	X					
Primary Full-Time/Part-Time Status													
Secondary Employment Category							X						
Secondary Full-Time/Part-Time Status													
Urban vs. Rural													

**Note:** “X” indicates that the percentage of “not collected” was 100.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

### Over-Coverage

Over-coverage is the inclusion of data beyond the target population.

OTs on leave are defined as those who are temporarily on leave for reasons such as maternity/paternity leave, education leave or short-term illness or injury. Depending on the jurisdiction, OTs may have the option to register as active or inactive, or to not register at all. However, if OTs choose to register as active and submit employment information, they will be included in the workforce numbers when they are in fact not working.

## Non-Response

In the OTDB, the item non-response refers to the percentage of unknown responses for each data element, as presented in Table 13.

**Table 13. Percentage of Occupational Therapist Records With “Unknown” Responses by Data Element and Province/Territory of Registration, Canada, 2006**

	Province/Territory of Registration											
	N.L.	P.E.I.	N.S.	N.B.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Gender (%)	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Year of Birth (%)	71.4	0.0	0.6	0.0	0.1	0.9	0.0	0.0	0.0	11.1	0.0	0.0
Level of Basic Education in Occupational Therapy (%)	1.4	0.0	0.0	0.0	1.5	2.0	3.4	4.3	1.6	33.3	0.0	50.0
Year of Graduation for Basic Education in Occupational Therapy (%)	0.0	0.0	0.3	0.0	1.8	2.0	0.0	4.2	1.6	33.3	0.0	50.0
Country of Graduation for Basic Education in Occupational Therapy (%)	0.0	0.0	..	3.3	1.9	2.2	2.6	..	12.7	33.3	0.0	50.0
Level of Post-Basic Education in Occupational Therapy 1 (%)	..	0.0	0.0	0.0	1.7	0.0	..	0.0	0.0	33.3	0.0	0.0
Year of Graduation for Post-Basic Education in Occupational Therapy 1 (%)	..	0.0	0.3	0.0	1.8	0.0	..	0.0	0.0	33.3	0.0	0.0
Level of Post-Basic Education in Occupational Therapy 2 (%)	..	0.0	0.0	0.0	0.0	0.0	..	0.0	0.0	33.3	0.0	0.0
Year of Graduation for Post-Basic Education in Occupational Therapy 2 (%)	..	0.0	0.0	0.0	0.0	0.0	..	0.0	0.0	33.3	0.0	0.0
Level of Post-Basic Education in Occupational Therapy 3 (%)	..	0.0	0.0	0.0	..	0.0	..	0.0	..	..	..	..
Year of Graduation for Post-Basic Education in Occupational Therapy 3 (%)	..	0.0	0.0	0.0	..	0.0	..	0.0	..	..	..	..
Level of Education in Other Than Occupational Therapy 1 (%)	..	0.0	0.0	0.0	0.6	0.0	..	..	56.7	33.3	0.0	0.0
Year of Graduation for Education in Other Than Occupational Therapy 1 (%)	..	0.0	1.3	0.0	0.9	0.2	..	..	0.0	33.3	0.0	0.0
Level of Education in Other Than Occupational Therapy 2 (%)	..	0.0	0.0	0.0	0.2	0.0	..	..	7.1	33.3	0.0	0.0
Year of Graduation for Education in Other Than Occupational Therapy 2 (%)	..	0.0	0.3	0.0	0.2	0.0	..	..	0.0	33.3	0.0	0.0
Primary Employment Category (%)	0.7	0.0	3.5	0.8	0.5	2.0	15.1	11.6	1.6	33.3	0.0	0.0
Primary Position (%)	..	0.0	0.0	0.0	1.1	2.9	..	60.8	1.8	33.3	0.0	0.0
Primary Employer Type (%)	..	0.0	27.4	0.0	1.4	2.0	..	35.1	1.7	44.4	0.0	0.0
Primary Area of Practice (%)	..	0.0	..	3.3	1.2	2.2	..	..	1.7	44.4	0.0	0.0
Primary Employment Funding Source (%)	..	0.0	..	..	1.1	2.0	..	..	1.8	33.3	0.0	0.0
Primary Full-Time/Part-Time Status (%)	2.9	0.0	1.6	12.8	1.0	2.2	14.2	14.5	2.2	0.0	0.0	0.0
Secondary Employment Category (%)	0.0	0.0	0.0	0.0	5.7	0.2	..	3.5	0.5	44.4	11.1	0.0
Secondary Full-Time/Part-Time Status (%)	10.7	0.0	0.0	3.7	6.1	0.0	5.2	7.5	0.6	33.3	11.1	0.0
Urban vs. Rural (%)	0.7	0.0	0.9	0.4	1.4	0.7	0.4	1.1	0.6	0.0	11.1	0.0

**Note:** .. Not collected/submitted.

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Definitions for Missing Values

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values:

- “Not collected” means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information;
- “Unknown” indicates that the information was not provided by the registrant; and
- “Not applicable” states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the “province of residence” is not applicable.

### *Data Quality Methodology for “Unknown” and “Not Applicable”*

CIHI has implemented the following validation and correction methodology for the appropriate use of the missing values “unknown” and “not applicable:”

- If a registrant has provided valid data to one or more data elements within the same education or employment grouping and some of the other related elements are missing values, then the value “unknown”(rather than “not applicable”) is appropriate; and
- If a registrant has not provided any data for all data elements within the same education or employment grouping, the value “not applicable”(rather than “unknown”) is appropriate.

For OTs not currently employed in occupational therapy, all employment data in the OTDB are coded as “not applicable.” The format of Table 13 removes all OTs not currently employed in occupational therapy, so that “unknown” values accurately represent non-response for the OT workforce.

Some of the results with a large percentage of missing values were not included in the Data Analysis section of this publication or in the data tables available on our website ([www.cihi.ca](http://www.cihi.ca)) because of their questionable accuracy, which limits their usability and opens the door to erroneous interpretations. In other cases, the number of missing values is clearly identified in the analysis and footnoted for explanation when necessary.

## **Comparability**

Comparability measures how well the current-year data compare to data from previous years, and how data from the OTDB compare to OT data found in other sources.

### *Historical Data*

This publication presents OT data for the registration year 2006. Previous data years are only available in aggregate counts from the HPDB at CIHI.

## **Data Limitations**

### *General Comparability*

- *The Northwest Territories, Nunavut and the Yukon*—OTDB captures only those OTs who reside and are employed in the territories and voluntarily register with the CAOT. Therefore, these counts may exclude temporary relief workers or those who register only with provincial regulatory authorities.

### *Demographics*

#### **Year of Birth**

- *Manitoba*—College of Occupational Therapists of Manitoba (COTM) provides record-level information on year of birth only for registrants who have given their consent to share this information with CIHI. For registrants who do not consent, the value “not collected” is submitted by COTM. Manitoba Health provides CIHI with aggregate totals for five-year age bands for OTs in Manitoba.

## Gender

- *Manitoba*—COTM provides record-level information on gender only for registrants who have given their consent to share this information with CIHI. For registrants who do not consent, the value “not collected” is submitted by COTM. Manitoba Health provides CIHI with aggregate totals for gender distribution of OTs in Manitoba.

## Education

### Level of Education in Other Than Occupational Therapy 1, 2

- *Territories*—CAOT records up to three degrees in areas other than occupational therapy on its registration forms. CAOT submits the two most recent degrees to CIHI.
- *New Brunswick*—New Brunswick Association of Occupational Therapists (NBAOT) records up to four degrees in areas other than occupational therapy on its registration form. NBAOT submits the two most recent degrees to CIHI.

## Employment

### Employment Status—Prospective Employment

The OTDB provides a snapshot of the OT workforce as of October 1. In order to determine the employment status for those who are unemployed at the time of their registration but have prospective employment, CIHI, in agreement with the data providers, has adopted the following approach:

- If an OT is eligible to practise before October 1 of a given year and the expected start date of employment is before October 1, the employment status is recorded as “employed in occupational therapy” and any employment information provided is submitted to CIHI; and
- If an OT is eligible to practise before October 1 of a given year, but his or her expected employment start date is after October 1, the employment status is reported as “unemployed and seeking employment in occupational therapy.”

In cases where a registrant does not submit employment information, data providers assign the value “unemployed and seeking employment in occupational therapy.”

### Employment Status—On Leave

The 2006 OTDB does not specifically identify registrants who are on leave. Business processes regarding members on leave vary between data providers in terms of the range of data collected and options for registration types. CIHI is working with the data providers to enhance the OTDB data dictionary so that, in the future, employment status “on leave” may be collected.

### Funding Sources for Primary, Secondary and Third Employment

Funding sources for occupational therapy services present slight variations for Ontario and B.C. with regard to “private-sector or individual clients.” At this time, the OTDB data dictionary does not define values specifically for “auto insurance” and “other” types of insurance. For Ontario and B.C., these two specific values are collected to address particular information needs for these jurisdictions. Within the OTDB, these values are assigned to the CIHI value “private-sector or individual clients.”



## **Provincial/Territorial Profiles**





## Newfoundland and Labrador—Occupational Therapist Workforce

		Newfoundland and Labrador	2006	
		2006	N.L.	Canada
<b>OTs Employed in Occupational Therapy</b>		140		8,133
<b>Gender<sup>†</sup></b>	Male	13	9.3%	7.6%
	Female	127	90.7%	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	35.5		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	75	53.6%	40.2%
	35–49 Years	50	35.7%	43.5%
	50+ Years	14	10.0%	15.9%
	Missing Values	1	0.7%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	115	82.1%	63.6%
	Part-Time	21	15.0%	32.1%
	Employed—Status Unknown	4	2.9%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	112	80.0%	73.1%
	Temporary	13	9.3%	5.4%
	Casual	0	0.0%	3.8%
	Self-Employed	14	10.0%	14.4%
	Missing Values	1	0.7%	3.3%
<b>Employer Type<sup>†</sup></b>	Not Collected	-	-	-
<b>Area of Practice<sup>§</sup></b>	Not Collected	-	-	-
<b>Position<sup>††</sup></b>	Not Collected	-	-	-
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	122	87.1%	79.3%
	Multiple Employers	18	12.9%	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	9	6.4%	5.6%
	Baccalaureate	121	86.4%	81.6%
	Master's	8	5.7%	10.8%
	Doctorate	0	0.0%	0.1%
	Missing Values	2	1.4%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	132	94.3%	69.0%
	Foreign-Trained	8	5.7%	6.5%
	Missing Values	0	0.0%	24.6%

### Notes:

- Data not available.

† The Canada total does not include Quebec.

‡ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan, Alberta and the territories.

§ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.

†† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.

‡‡ The Canada total does not include Quebec and the territories.

### Missing values:

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: “not collected” means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information; “unknown” indicates that the information was not provided by the registrant; and “not applicable” states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the “province of residence” is not applicable.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

Source: Occupational Therapist Database, Canadian Institute for Health Information.

## Prince Edward Island—Occupational Therapist Workforce

		Prince Edward Island	2006	
		2006	P.E.I.	Canada
<b>OTs Employed in Occupational Therapy</b>		35		8,133
<b>Gender<sup>†</sup></b>	Male	*	*	7.6%
	Female	**	**	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	42		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	10	28.6%	40.2%
	35–49 Years	14	40.0%	43.5%
	50+ Years	11	31.4%	15.9%
	Missing Values	0	0.0%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	14	40.0%	63.6%
	Part-Time	21	60.0%	32.1%
	Employed—Status Unknown	0	0.0%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	27	77.1%	73.1%
	Temporary	*	*	5.4%
	Casual	*	*	3.8%
	Self-Employed	*	*	14.4%
	Missing Values	0	0.0%	3.3%
<b>Employer Type<sup>†</sup></b>	Hospital	19	54.3%	45.7%
	Community	10	28.6%	30.8%
	Professional Practice	*	*	11.5%
	Other	**	**	10.6%
	Missing Values	0	0.0%	1.4%
<b>Area of Practice<sup>§</sup></b>	Mental Health Areas of Direct Service	**	**	12.4%
	Physical Health Areas of Direct Service	21	60.0%	55.6%
	Additional Areas of Direct Service	6	17.1%	16.9%
	Areas of Client Management	0	0.0%	5.0%
	Areas of Administration	0	0.0%	2.3%
	Areas of Education or Research	0	0.0%	2.4%
	Other Area of Practice	*	*	3.6%
	Missing Values	0	0.0%	1.5%
<b>Position<sup>††</sup></b>	Manager	*	*	5.1%
	Professional Leader/Coordinator	*	*	4.2%
	Direct Service Provider	32	91.4%	80.0%
	Educator or Researcher	0	0.0%	2.9%
	Other	0	0.0%	6.5%
	Unknown	0	0.0%	1.3%
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	21	60.0%	79.3%
	Multiple Employers	14	40.0%	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	**	**	5.6%
	Baccalaureate	28	80.0%	81.6%
	Master's	*	*	10.8%
	Doctorate	0	0.0%	0.1%
	Missing Values	0	0.0%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	**	**	69.0%
	Foreign-Trained	*	*	6.5%
	Missing Values	0	0.0%	24.6%

(see notes on next page)

**Notes:**

- \* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- \*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The Canada total does not include Quebec.
- ‡ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan, Alberta and the territories.
- § The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.
- †† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.
- ‡‡ The Canada total does not include Quebec and the territories.

**Missing values:**

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: "not collected" means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information; "unknown" indicates that the information was not provided by the registrant; and "not applicable" states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the "province of residence" is not applicable.

**Employer type:**

"Hospital" includes general hospital, rehabilitation hospital/facility and mental health hospital/facility.

"Community" includes residential care facility, assisted living residence, community health centre, visiting agency/business and school or school board.

"Professional practice" includes group professional practice/clinic and solo professional practice/business.

"Other" includes postsecondary educational institution, association/government/para-governmental, industry, manufacturing and commercial and other employer types not otherwise specified.

**Area of practice:**

"Mental health areas of direct service" include mental health.

"Physical health areas of direct service" include neurological system, musculoskeletal system, cardiovascular and respiratory system, digestive/metabolic/endocrine system and general physical health.

"Additional areas of direct service" include vocational rehabilitation, palliative care, health promotion and wellness and other areas of direct service.

"Areas of client management" include client service management and medical/legal-related client service management.

"Areas of administration" include service administration.

"Areas of education or research" include teaching and research.

"Other areas of practice" include other areas of practice otherwise not specified.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Nova Scotia—Occupational Therapist Workforce

		Nova Scotia	2006	
		2006	N.S.	Canada
<b>OTs Employed in Occupational Therapy</b>		317		8,133
<b>Gender<sup>†</sup></b>	Male	22	6.9%	7.6%
	Female	295	93.1%	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	37.6		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	129	40.7%	40.2%
	35–49 Years	152	47.9%	43.5%
	50+ Years	34	10.7%	15.9%
	Missing Values	2	0.6%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	222	70.0%	63.6%
	Part-Time	90	28.4%	32.1%
	Employed—Status Unknown	5	1.6%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	232	73.2%	73.1%
	Temporary	38	12.0%	5.4%
	Casual	0	0.0%	3.8%
	Self-Employed	36	11.4%	14.4%
	Missing Values	11	3.5%	3.3%
<b>Employer Type<sup>†</sup></b>	General Hospital	22	6.9%	24.3%
	Rehabilitation Hospital/Facility	34	10.7%	14.8%
	Mental Health Hospital/Facility	37	11.7%	6.6%
	Residential Care Facility	17	5.4%	3.0%
	Assisted Living Residence	0	0.0%	0.2%
	Community Health Centre	18	5.7%	10.9%
	Visiting Agency/Business	0	0.0%	11.1%
	Group Professional Practice/Clinic	47	14.8%	5.0%
	Solo Professional Practice/Business	0	0.0%	6.5%
	Post-Secondary Educational Institution	16	5.0%	2.1%
	School or School Board	0	0.0%	5.5%
	Association/Government/Para-Governmental	**	**	2.4%
	Industry, Manufacturing and Commercial	*	*	0.7%
	Other	24	7.6%	5.4%
Missing Values	87	27.4%	1.4%	
<b>Area of Practice<sup>§</sup></b>	Not Collected	-	-	-
<b>Position<sup>††</sup></b>	Manager	27	8.5%	5.1%
	Professional Leader/Coordinator	0	0.0%	4.2%
	Direct Service Provider	64	20.2%	80.0%
	Educator	10	3.2%	1.9%
	Researcher	20	6.3%	1.0%
	Other	196	61.8%	6.5%
	Missing Values	0	0.0%	1.3%
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	289	91.2%	79.3%
	Multiple Employers	28	8.8%	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>1</sup></b>	Diploma	7	2.2%	5.6%
	Baccalaureate	293	92.4%	81.6%
	Master's	17	5.4%	10.8%
	Doctorate	0	0.0%	0.1%
	Missing Values	0	0.0%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Not Collected	317	100.0%	24.6%

(see notes on next page)

**Notes:**

- Data not available.
- \* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- \*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The Canada total does not include Quebec.
- ‡ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan, Alberta and the territories.
- § The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.
- †† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.
- ‡‡ The Canada total does not include Quebec and the territories.

**Missing values:**

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: “not collected” means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information; “unknown” indicates that the information was not provided by the registrant; and “not applicable” states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the “province of residence” is not applicable.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI’s collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## New Brunswick – Occupational Therapist Workforce

		New Brunswick	2006	
		2006	N.B.	Canada
<b>OTs Employed in Occupational Therapy</b>		242		8,133
<b>Gender<sup>†</sup></b>	Male	12	5.0%	7.6%
	Female	230	95.0%	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	35.6		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	126	52.1%	40.2%
	35–49 Years	99	40.9%	43.5%
	50+ Years	17	7.0%	15.9%
	Missing Values	0	0.0%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	164	67.8%	63.6%
	Part-Time	47	19.4%	32.1%
	Employed – Status Unknown	31	12.8%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	211	87.2%	73.1%
	Temporary	29	12.0%	5.4%
	Casual	0	0.0%	3.8%
	Self-Employed	-	-	-
	Missing Values	2	0.8%	3.3%
<b>Employer Type<sup>‡</sup></b>	General Hospital	94	38.8%	24.3%
	Rehabilitation Hospital/Facility	32	13.2%	14.8%
	Mental Health Hospital/Facility	*	*	6.6%
	Residential Care Facility	7	2.9%	3.0%
	Assisted Living Residence	0	0.0%	0.2%
	Community Health Centre	5	2.1%	10.9%
	Visiting Agency/Business	63	26.0%	11.1%
	Group Professional Practice/Clinic	15	6.2%	5.0%
	Solo Professional Practice/Business	0	0.0%	6.5%
	Post-Secondary Educational Institution	*	*	2.1%
	School or School Board	16	6.6%	5.5%
	Association/Government/Para-Governmental	*	*	2.4%
	Industry, Manufacturing and Commercial	0	0.0%	0.7%
	Other	*	*	5.4%
Missing Values	0	0.0%	1.4%	
<b>Area of Practice<sup>§</sup></b>	Mental Health Areas of Direct Service	15	6.2%	12.4%
	Physical Health Areas of Direct Service	180	74.4%	55.6%
	Additional Areas of Direct Service	30	12.4%	16.9%
	Areas of Client Management	0	0.0%	5.0%
	Areas of Administration	0	0.0%	2.3%
	Areas of Education or Research	0	0.0%	2.4%
	Other Area of Practice	9	3.7%	3.6%
	Missing Values	8	3.3%	1.5%
<b>Position<sup>††</sup></b>	Manager	**	**	5.1%
	Professional Leader/Coordinator	0	0.0%	4.2%
	Direct Service Provider	229	94.6%	80.0%
	Educator or Researcher	0	0.0%	2.9%
	Other	*	*	6.5%
	Unknown	0	0.0%	1.3%
<b>Multiple Employment Status<sup>‡‡</sup></b>	Single Employer	214	88.4%	79.3%
	Multiple Employers	28	11.6%	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	6	2.5%	5.6%
	Baccalaureate	225	93.0%	81.6%
	Master's	11	4.5%	10.8%
	Doctorate	0	0.0%	0.1%
	Missing Values	0	0.0%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	234	96.7%	69.0%
	Foreign-Trained	0	0.0%	6.5%
	Missing Values	8	3.3%	24.6%

(see notes on next page)

**Notes:**

- Data not available. Findings do not include the value "self-employed" for employment category for NB as it was not provided to CIHI.
- \* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- \*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The Canada total does not include Quebec.
- ‡ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan, Alberta and the territories.
- § The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.
- †† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.
- ‡‡ The Canada total does not include Quebec and the territories.

**Missing values:**

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: "not collected" means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information; "unknown" indicates that the information was not provided by the registrant; and "not applicable" states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the "province of residence" is not applicable.

**Area of practice:**

"Mental health areas of direct service" include mental health.

"Physical health areas of direct service" include neurological system, musculoskeletal system, cardiovascular and respiratory system, digestive/metabolic/endocrine system and general physical health.

"Additional areas of direct service" include vocational rehabilitation, palliative care, health promotion and wellness and other areas of direct service.

"Areas of client management" include client service management and medical/legal-related client service management.

"Areas of administration" include service administration.

"Areas of education or research" include teaching and research.

"Other areas of practice" include other areas of practice otherwise not specified.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Ontario – Occupational Therapist Workforce

		Ontario	2006	
		2006	Ont.	Canada
<b>OTs Employed in Occupational Therapy</b>		3,880		8,133
<b>Gender<sup>†</sup></b>	Male	227	5.9%	7.6%
	Female	3,651	94.1%	92.2%
	Missing Values	2	0.1%	0.2%
<b>Average Age<sup>†</sup></b>	Years	38.9		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	1,547	39.9%	40.2%
	35–49 Years	1,729	44.6%	43.5%
	50+ Years	599	15.4%	15.9%
	Missing Values	5	0.1%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	2,623	67.6%	63.6%
	Part-Time	1,220	31.4%	32.1%
	Employed – Status Unknown	37	1.0%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	2,672	68.9%	73.1%
	Temporary	246	6.3%	5.4%
	Casual	102	2.6%	3.8%
	Self-Employed	839	21.6%	14.4%
	Missing Values	21	0.5%	3.3%
<b>Employer Type<sup>†</sup></b>	General Hospital	872	22.5%	24.3%
	Rehabilitation Hospital/Facility	652	16.8%	14.8%
	Mental Health Hospital/Facility	261	6.7%	6.6%
	Residential Care Facility	56	1.4%	3.0%
	Assisted Living Residence	13	0.3%	0.2%
	Community Health Centre	318	8.2%	10.9%
	Visiting Agency/Business	526	13.6%	11.1%
	Group Professional Practice	166	4.3%	5.0%
	Solo Professional Practice/Clinic	270	7.0%	6.5%
	Post-Secondary Educational Inst.	100	2.6%	2.1%
	School or School Board	233	6.0%	5.5%
	Association/Government/Para-Government	94	2.4%	2.4%
	Industry, Manufacturing and Commercial	34	0.9%	0.7%
	Other	232	6.0%	5.4%
Missing Values	53	1.4%	1.4%	
<b>Area of Practice<sup>§</sup></b>	Mental Health	474	12.2%	12.2%
	Neurological System	578	14.9%	13.6%
	Musculoskeletal System	547	14.1%	12.3%
	Cardiovascular and Respiratory System	41	1.1%	0.8%
	Digestive/Metabolic/Endocrine System	14	0.4%	0.2%
	General Physical Health	1,029	26.5%	28.9%
	Vocational Rehabilitation	64	1.6%	3.0%
	Palliative Care	15	0.4%	0.4%
	Health Promotion and Wellness	27	0.7%	0.8%
	Other Areas of Direct Service	518	13.4%	12.7%
	Client Service Management	131	3.4%	3.0%
	Medical/Legal Related Client Service Mgt	75	1.9%	1.9%
	Service Administration	85	2.2%	1.9%
	Teaching	78	2.0%	1.6%
	Research	36	0.9%	0.8%
	Other Areas of Practice	121	3.1%	3.6%
	Missing Values	47	1.2%	1.5%
<b>Position<sup>††</sup></b>	Manager	207	5.3%	5.1%
	Professional Leader/Coordinator	160	4.1%	4.2%
	Direct Service Provider	3,205	82.6%	80.0%
	Educator	88	2.3%	1.9%
	Researcher	35	0.9%	1.0%
	Other	143	3.7%	6.5%
	Missing Values	42	1.1%	1.3%
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	2,908	74.9%	79.3%
	Multiple Employers	971	25.0%	20.7%
	Missing Values	1	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	228	5.9%	5.6%
	Baccalaureate	2,890	74.5%	81.6%
	Master's	700	18.0%	10.8%
	Doctorate	5	0.1%	0.1%
	Missing Values	57	1.5%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	3,428	88.4%	69.0%
	Foreign-Trained	379	9.8%	6.5%
	Missing Values	73	1.9%	24.6%

(see notes on next page)



**Notes:**

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†† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.

‡‡ The Canada total does not include Quebec and the territories.

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Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI’s collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## Manitoba—Occupational Therapist Workforce

		Manitoba	2006	
		2006	Man.	Canada
<b>OTs Employed in Occupational Therapy</b>		454		8,133
<b>Gender<sup>†</sup></b>	Male	39	8.6%	7.6%
	Female	415	91.4%	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	39.4		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	162	35.7%	40.2%
	35–49 Years	189	41.6%	43.5%
	50+ Years	80	17.6%	15.9%
	Missing Values	23	5.1%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	274	60.4%	63.6%
	Part-Time	170	37.4%	32.1%
	Employed—Status Unknown	10	2.2%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	368	81.1%	73.1%
	Temporary	39	8.6%	5.4%
	Casual	10	2.2%	3.8%
	Self-Employed	28	6.2%	14.4%
	Missing Values	9	2.0%	3.3%
<b>Employer Type<sup>†</sup></b>	General Hospital	134	29.5%	24.3%
	Rehabilitation Hospital/Facility	53	11.7%	14.8%
	Mental Health Hospital/Facility	36	7.9%	6.6%
	Residential Care Facility	25	5.5%	3.0%
	Assisted Living Residence	0	0.0%	0.2%
	Community Health Centre	34	7.5%	10.9%
	Visiting Agency/Business	41	9.0%	11.1%
	Group Professional Practice	**	**	4.4%
	Solo Professional Practice/Clinic	24	5.3%	6.5%
	Post-Secondary Educational Inst.	16	3.5%	2.1%
	School or School Board	22	4.8%	5.5%
	Association/Government/Para-Government	15	3.3%	2.4%
	Industry, Manufacturing and Commercial	*	*	0.7%
Other	30	6.6%	5.4%	
Missing Values	9	2.0%	1.4%	
<b>Area of Practice<sup>§</sup></b>	Mental Health Areas of Direct Service	69	15.2%	12.4%
	Physical Health Areas of Direct Service	223	49.1%	55.6%
	Additional Areas of Direct Service	78	17.2%	16.9%
	Areas of Client Management	12	2.6%	5.0%
	Areas of Administration	18	4.0%	2.3%
	Areas of Education or Research	15	3.3%	2.4%
	Other Area of Practice	29	6.4%	3.6%
	Missing Values	10	2.2%	1.5%
<b>Position<sup>††</sup></b>	Manager	22	4.8%	5.1%
	Professional Leader/Coordinator	16	3.5%	4.2%
	Direct Service Provider	368	81.1%	80.0%
	Educator or Researcher	12	2.6%	2.9%
	Other	23	5.1%	6.5%
	Unknown	13	2.9%	1.3%
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	385	84.8%	79.3%
	Multiple Employers	69	15.2%	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	17	3.7%	5.6%
	Baccalaureate	400	88.1%	81.6%
	Master's	37	8.1%	10.8%
	Doctorate	0	0.0%	0.1%
Missing Values	0	0.0%	1.9%	
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	416	91.6%	69.0%
	Foreign-Trained	28	6.2%	6.5%
	Missing Values	10	2.2%	24.6%

(see notes on next page)

**Notes:**

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- § The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.
- †† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.
- ‡‡ The Canada total does not include Quebec and the territories.

**Missing values:**

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**Area of practice:**

“Mental health areas of direct service” include mental health.

“Physical health areas of direct service” include neurological system, musculoskeletal system, cardiovascular and respiratory system, digestive/metabolic/endocrine system and general physical health.

“Additional areas of direct service” include vocational rehabilitation, palliative care, health promotion and wellness and other areas of direct service.

“Areas of client management” include client service management and medical/legal-related client service management.

“Areas of administration” include service administration.

“Areas of education or research” include teaching and research.

“Other areas of practice” include other areas of practice otherwise not specified.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI’s collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Sources:** Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.

## Saskatchewan—Occupational Therapist Workforce

		Saskatchewan	2006	
		2006	Sask.	Canada
<b>OTs Employed in Occupational Therapy</b>		232		8,133
<b>Gender<sup>†</sup></b>	Male	27	11.6%	7.6%
	Female	205	88.4%	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	37.3		38.7
<b>Age Breakdown<sup>†</sup></b>	<35 Years	113	48.7%	40.2%
	35–49 Years	81	34.9%	43.5%
	50+ Years	38	16.4%	15.9%
	Missing Values	0	0.0%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	133	57.3%	63.6%
	Part-Time	66	28.4%	32.1%
	Employed—Status Unknown	32	13.8%	4.4%
	Missing Values	1	0.4%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	161	69.4%	73.1%
	Temporary	**	**	5.4%
	Casual	*	*	3.8%
	Self-Employed	19	8.2%	14.4%
	Missing Values	35	15.1%	3.3%
<b>Employer Type<sup>‡</sup></b>	Not Collected	-	-	-
<b>Area of Practice<sup>§</sup></b>	Not Collected	-	-	-
<b>Position<sup>††</sup></b>	Not Collected	-	-	-
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	200	86.2%	79.3%
	Multiple Employers	32	13.8%	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	**	**	5.6%
	Baccalaureate	203	87.5%	81.6%
	Master's	*	*	10.8%
	Doctorate	0	0.0%	0.1%
	Missing Values	8	3.4%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	210	90.5%	69.0%
	Foreign-Trained	16	6.9%	6.5%
	Missing Values	6	2.6%	24.6%

### Notes:

- Data not available.

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‡ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan, Alberta and the territories.

§ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.

†† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.

††† The Canada total does not include Quebec and the territories.

### Missing values:

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Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI's collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

Source: Occupational Therapist Database, Canadian Institute for Health Information.

## Alberta—Occupational Therapist Workforce

		Alberta	2006	
		2006	Alta.	Canada
<b>OTs Employed in Occupational Therapy</b>		1,403		8,133
<b>Gender<sup>†</sup></b>	Male	122	8.7%	7.6%
	Female	1,281	91.3%	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	37.4		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	644	45.9%	40.2%
	35–49 Years	550	39.2%	43.5%
	50+ Years	209	14.9%	15.9%
	Missing Values	0	0.0%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	779	55.5%	63.6%
	Part-Time	420	29.9%	32.1%
	Employed—Status Unknown	204	14.5%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	1,080	77.0%	73.1%
	Temporary	0	0.0%	5.4%
	Casual	99	7.1%	3.8%
	Self-Employed	61	4.3%	14.4%
	Missing Values	163	11.6%	3.3%
<b>Employer Type<sup>†</sup></b>	General Hospital	346	24.7%	24.3%
	Rehabilitation Hospital/Facility	95	6.8%	14.8%
	Mental Health Hospital/Facility	31	2.2%	6.6%
	Residential Care Facility	73	5.2%	3.0%
	Assisted Living Residence	0	0.0%	0.2%
	Community Health Centre	71	5.1%	10.9%
	Visiting Agency/Business	153	10.9%	11.1%
	Group Professional Practice	8	0.6%	5.0%
	Solo Professional Practice/Clinic	0	0.0%	6.5%
	Post-Secondary Educational Inst.	27	1.9%	2.1%
	School or School Board	54	3.8%	5.5%
	Association/Government/Para-Government	53	3.8%	2.4%
	Industry, Manufacturing and Commercial	0	0.0%	0.7%
Other	0	0.0%	5.4%	
Missing Values	492	35.1%	1.4%	
<b>Area of Practice<sup>§</sup></b>	Not Collected	-	-	-
<b>Position<sup>††</sup></b>	Manager	33	2.4%	5.1%
	Professional Leader/Coordinator	51	3.6%	4.2%
	Direct Service Provider	434	30.9%	80.0%
	Educator	22	1.6%	1.9%
	Researcher	**	**	1.0%
	Other	*	*	6.5%
	Missing Values	853	60.8%	1.3%
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	1,105	78.8%	79.3%
	Multiple Employers	297	21.2%	20.7%
	Missing Values	1	0.1%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	*	*	5.6%
	Baccalaureate	1,328	94.7%	81.6%
	Master's	11	0.8%	10.8%
	Doctorate	*	*	0.1%
	Missing Values	60	4.3%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Not Collected	-	-	-

(see notes on next page)

**Notes:**

- Data not available.
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**Missing values:**

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: “not collected” means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information; “unknown” indicates that the information was not provided by the registrant; and “not applicable” states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the “province of residence” is not applicable.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI’s collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

## British Columbia – Occupational Therapist Workforce

		British Columbia	2006	
		2006	B.C.	Canada
<b>OTs Employed in Occupational Therapy</b>		1,410		8,133
<b>Gender<sup>†</sup></b>	Male	147	10.4%	7.6%
	Female	1,263	89.6%	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	40.5		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	458	32.5%	40.2%
	35–49 Years	663	47.0%	43.5%
	50+ Years	289	20.5%	15.9%
	Missing Values	0	0.0%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	831	58.9%	63.6%
	Part-Time	548	38.9%	32.1%
	Employed – Status Unknown	31	2.2%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	1,069	75.8%	73.1%
	Temporary	60	4.3%	5.4%
	Casual	87	6.2%	3.8%
	Self-Employed	172	12.2%	14.4%
	Missing Values	22	1.6%	3.3%
<b>Employer Type<sup>†</sup></b>	General Hospital	345	24.5%	24.3%
	Rehabilitation Hospital/Facility	155	11.0%	14.8%
	Mental Health Hospital/Facility	92	6.5%	6.6%
	Residential Care Facility	93	6.6%	3.0%
	Assisted Living Residence	0	0.0%	0.2%
	Community Health Centre	297	21.1%	10.9%
	Visiting Agency/Business	35	2.5%	11.1%
	Group Professional Practice	105	7.4%	5.0%
	Solo Professional Practice/Clinic	97	6.9%	6.5%
	Post-Secondary Educational Inst.	11	0.8%	2.1%
	School or School Board	59	4.2%	5.5%
	Association/Government/Para-Government	30	2.1%	2.4%
	Industry, Manufacturing and Commercial	6	0.4%	0.7%
	Other	61	4.3%	5.4%
Missing Values	24	1.7%	1.4%	
<b>Area of Practice<sup>§</sup></b>	Mental Health	176	12.5%	12.2%
	Neurological System	189	13.4%	13.6%
	Musculoskeletal System	129	9.1%	12.3%
	Cardiovascular and Respiratory System	*	*	0.8%
	Digestive/Metabolic/Endocrine System	*	*	0.2%
	General Physical Health	414	29.4%	28.9%
	Vocational Rehabilitation	79	5.6%	3.0%
	Palliative Care	8	0.6%	0.4%
	Health Promotion and Wellness	16	1.1%	0.8%
	Other Areas of Direct Service	182	12.9%	12.7%
	Service Administration	36	2.6%	1.9%
	Client Service Management	42	3.0%	3.0%
	Medical/Legal Related Client Service Mgt	39	2.8%	1.9%
	Teaching	8	0.6%	1.6%
	Research	7	0.5%	0.8%
	Other Areas of Practice	56	4.0%	3.6%
	Missing Values	24	1.7%	1.5%
<b>Position<sup>††</sup></b>	Manager	56	4.0%	5.1%
	Professional Leader/Coordinator	86	6.1%	4.2%
	Direct Service Provider	1,174	83.3%	80.0%
	Educator	12	0.9%	1.9%
	Researcher	7	0.5%	1.0%
	Other	50	3.5%	6.5%
	Unknown	25	1.8%	1.3%
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	1,188	84.3%	79.3%
	Multiple Employers	222	15.7%	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	162	11.5%	5.6%
	Baccalaureate	1,133	80.4%	81.6%
	Master's	93	6.6%	10.8%
	Doctorate	0	0.0%	0.1%
	Missing Values	22	1.6%	1.9%
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	1,141	80.9%	69.0%
	Foreign-Trained	90	6.4%	6.5%
	Missing Values	179	12.7%	24.6%

(see notes on next page)

**Notes:**

- \* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- \*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The Canada total does not include Quebec.
- ‡ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan, Alberta and the territories.
- § The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.
- †† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.
- ‡‡ The Canada total does not include Quebec and the territories.

**Missing values:**

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: “not collected” means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information; “unknown” indicates that the information was not provided by the registrant; and “not applicable” states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the “province of residence” is not applicable.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI’s collection, processing and reporting methodologies.

Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.



## Territories (Northwest Territories, Yukon and Nunavut)— Occupational Therapist Workforce

		Territories	2006	
		2006	Territories	Canada
<b>OTs Employed in Occupational Therapy</b>		20		8,133
<b>Gender<sup>†</sup></b>	Male	*	*	7.6%
	Female	**	**	92.2%
	Missing Values	0	0.0%	0.2%
<b>Average Age<sup>†</sup></b>	Years	36.4		38.7
<b>Age Breakdown<sup>†</sup></b>	< 35 Years	**	**	40.2%
	35–49 Years	12	60.0%	43.5%
	50 Years +	*	*	15.9%
	Missing Values	1	5.0%	0.4%
<b>Full-Time/Part-Time Status<sup>†</sup></b>	Full-Time	14	70.0%	63.6%
	Part-Time	6	30.0%	32.1%
	Employed—Status Unknown	0	0.0%	4.4%
	Missing Values	0	0.0%	0.0%
<b>Employment Category<sup>†</sup></b>	Permanent	13	65.0%	73.1%
	Temporary	*	*	5.4%
	Casual	0	0.0%	3.8%
	Self-Employed	*	*	14.4%
	Missing Values	3	15.0%	3.3%
<b>Employer Type<sup>†</sup></b>	Hospital	7	35.0%	45.7%
	Community	*	*	30.8%
	Professional Practice	*	*	11.5%
	Other	*	*	10.6%
	Unknown	4	20.0%	1.4%
<b>Area of Practice<sup>§</sup></b>	Mental Health Areas of Direct Service	0	0.0%	12.4%
	Physical Health Areas of Direct Service	8	40.0%	55.6%
	Additional Areas of Direct Service	*	*	16.9%
	Areas of Client Management	*	*	5.0%
	Areas of Administration	*	*	2.3%
	Areas of Education or Research	0	0.0%	2.4%
	Other Area of practice	0	0.0%	3.6%
	Missing value	6	30.0%	1.5%
<b>Position<sup>††</sup></b>	Manager	0	0.0%	5.1%
	Professional Leader/Coordinator	*	*	4.2%
	Direct Service Provider	15	75.0%	80.0%
	Educator or Researcher	0	0.0%	2.9%
	Other	*	*	6.5%
	Unknown	*	*	1.3%
<b>Multiple Employment Status<sup>††</sup></b>	Single Employer	**	**	79.3%
	Multiple Employers	*	*	20.7%
	Missing Values	0	0.0%	0.0%
<b>Current Education in Occupational Therapy<sup>†</sup></b>	Diploma	0	0.0%	5.6%
	Baccalaureate	16	80.0%	81.6%
	Master's	*	*	10.8%
	Doctorate	0	0.0%	0.1%
	Missing Values	*	*	1.9%
<b>Place of Graduation<sup>†</sup></b>	Canadian-Trained	15	75.0%	69.0%
	Foreign-Trained	*	*	6.5%
	Missing Values	*	*	24.6%

(see notes on next page)

**Notes:**

- \* Value suppressed in accordance with CIHI privacy policy; cell value is from 1 to 4.
- \*\* Value suppressed to ensure confidentiality; cell value is 5 or greater.
- † The Canada total does not include Quebec.
- ‡ The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan, Alberta and the territories.
- § The Canada total does not include Newfoundland and Labrador, Nova Scotia, Quebec, Saskatchewan and Alberta.
- †† The Canada total does not include Newfoundland and Labrador, Quebec, Saskatchewan and Alberta.
- ‡‡ The Canada total does not include Quebec and the territories.

**Missing values:**

Missing values are values attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. There are three situations which correspond to the following CIHI missing values: “not collected” means that the information is not collected by the data provider on the registration form, or that a data provider cannot submit the information; “unknown” indicates that the information was not provided by the registrant; and “not applicable” states that the data element is not relevant to the situation of the registrant. For example, if an OT resides in the U.S., the “province of residence” is not applicable.

**Employer type:**

“Hospital” includes general hospital, rehabilitation hospital/facility and mental health hospital/facility.

“Community” includes residential care facility, assisted living residence, community health centre, visiting agency/business and school or school board.

“Professional practice” includes group professional practice/clinic and solo professional practice/business.

“Other” includes postsecondary educational institution, association/government/para-governmental, industry, manufacturing and commercial and other employer types not otherwise specified.

**Area of practice:**

“Mental health areas of direct service” include mental health.

“Physical health areas of direct service” include neurological system, musculoskeletal system, cardiovascular and respiratory system, digestive/metabolic/endocrine system and general physical health.

“Additional areas of direct service” include vocational rehabilitation, palliative care, health promotion and wellness and other areas of direct service.

“Areas of client management” include client service management and medical/legal-related client service management.

“Areas of administration” include service administration.

“Areas of education or research” include teaching and research.

“Other areas of practice” include other areas of practice otherwise not specified.

Totals may not equal 100% due to rounding.

Statistics released by CIHI will differ from statistics released by provincial regulatory authorities due to CIHI’s collection, processing and reporting methodologies.

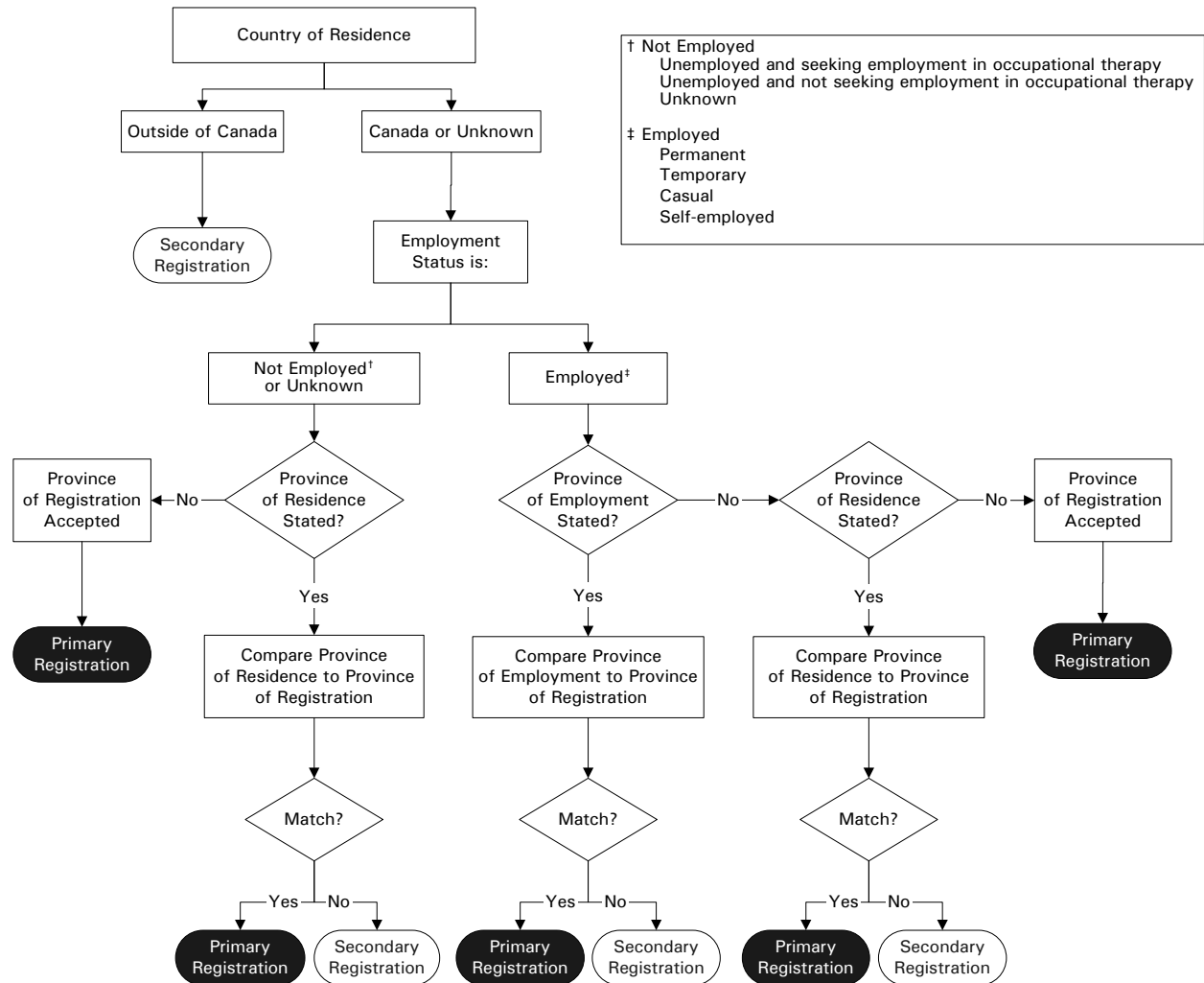
Additional methodological information is available at [otdb@cihi.ca](mailto:otdb@cihi.ca).

**Source:** Occupational Therapist Database, Canadian Institute for Health Information.

**Appendix A**  
**Identification of Secondary Registrations**



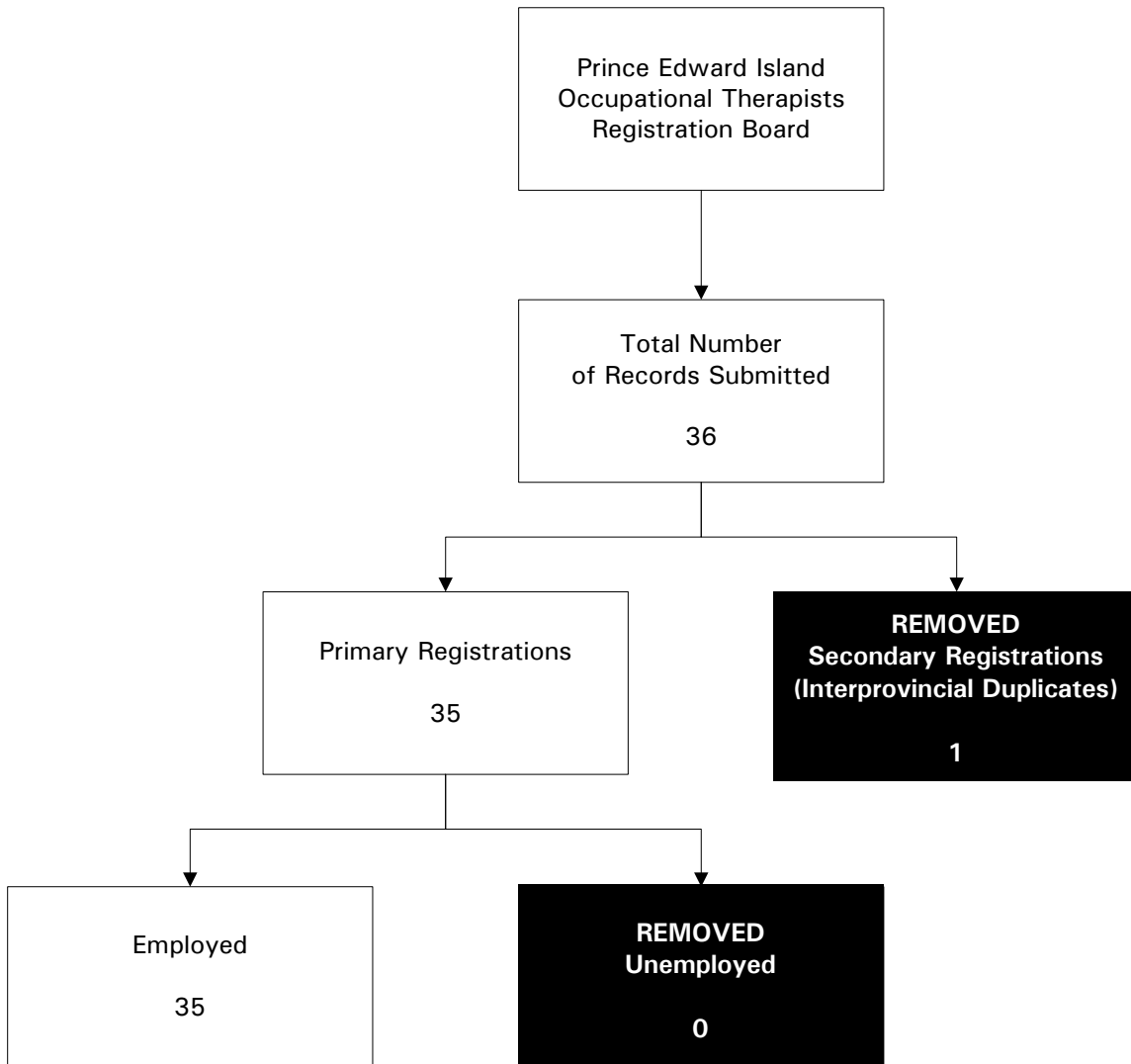
### Occupational Therapy Database Identification of Secondary Registrations for Provincial Data



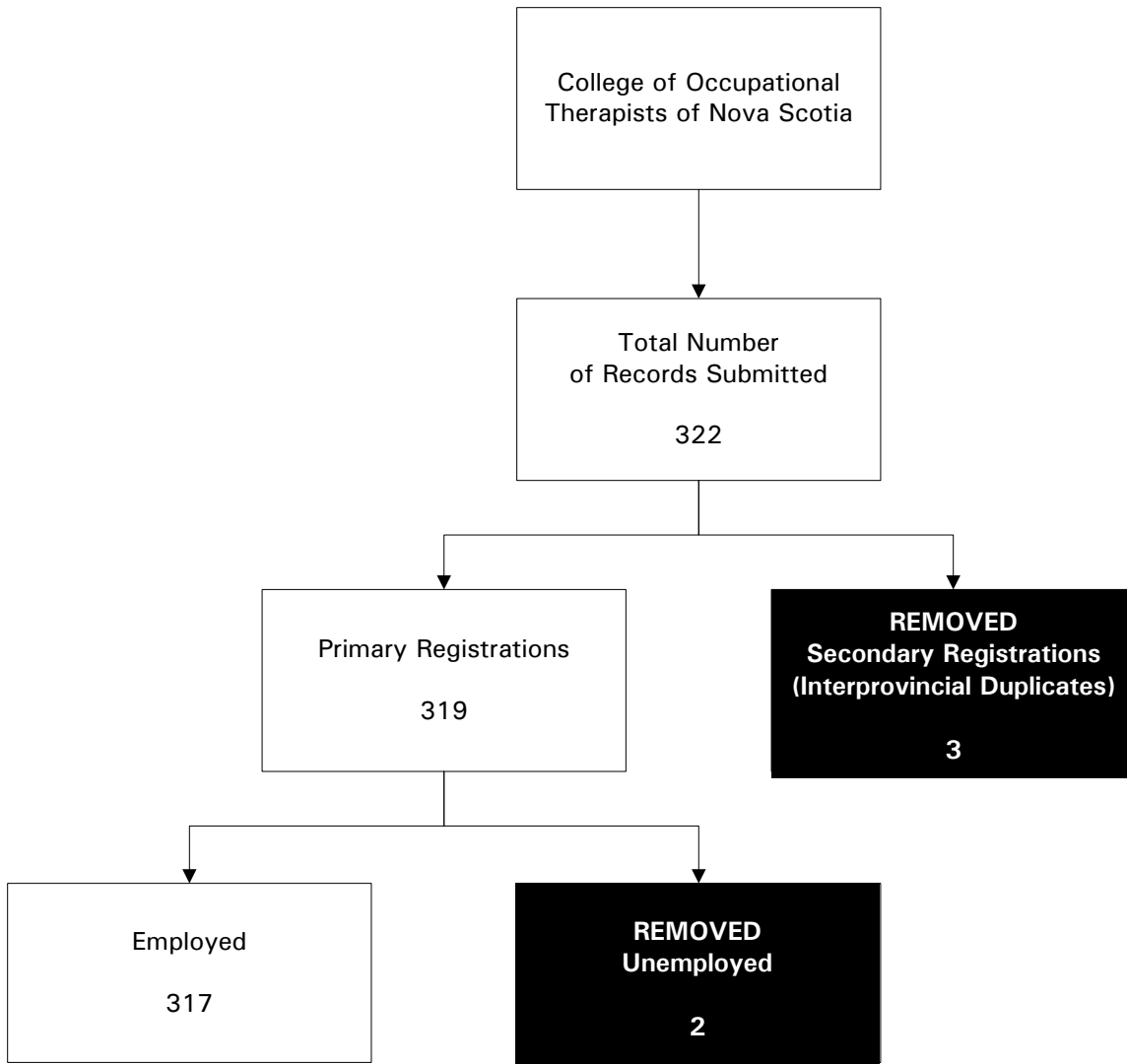
† Not Employed  
 Unemployed and seeking employment in occupational therapy  
 Unemployed and not seeking employment in occupational therapy  
 Unknown

‡ Employed  
 Permanent  
 Temporary  
 Casual  
 Self-employed

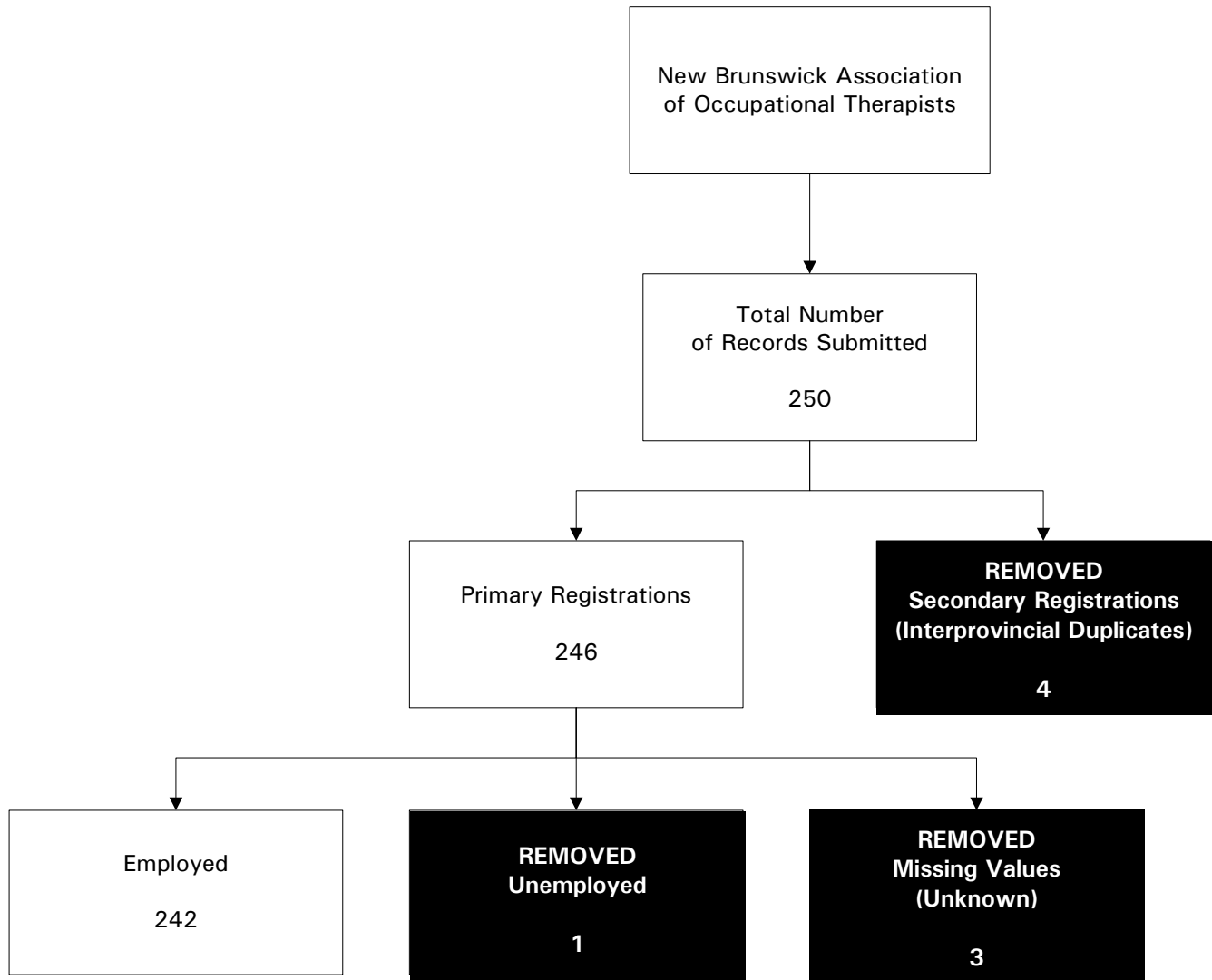
### Data Flow From Prince Edward Island Occupational Therapists Registration Board to CIHI



### Data Flow From College of Occupational Therapists of Nova Scotia to CIHI

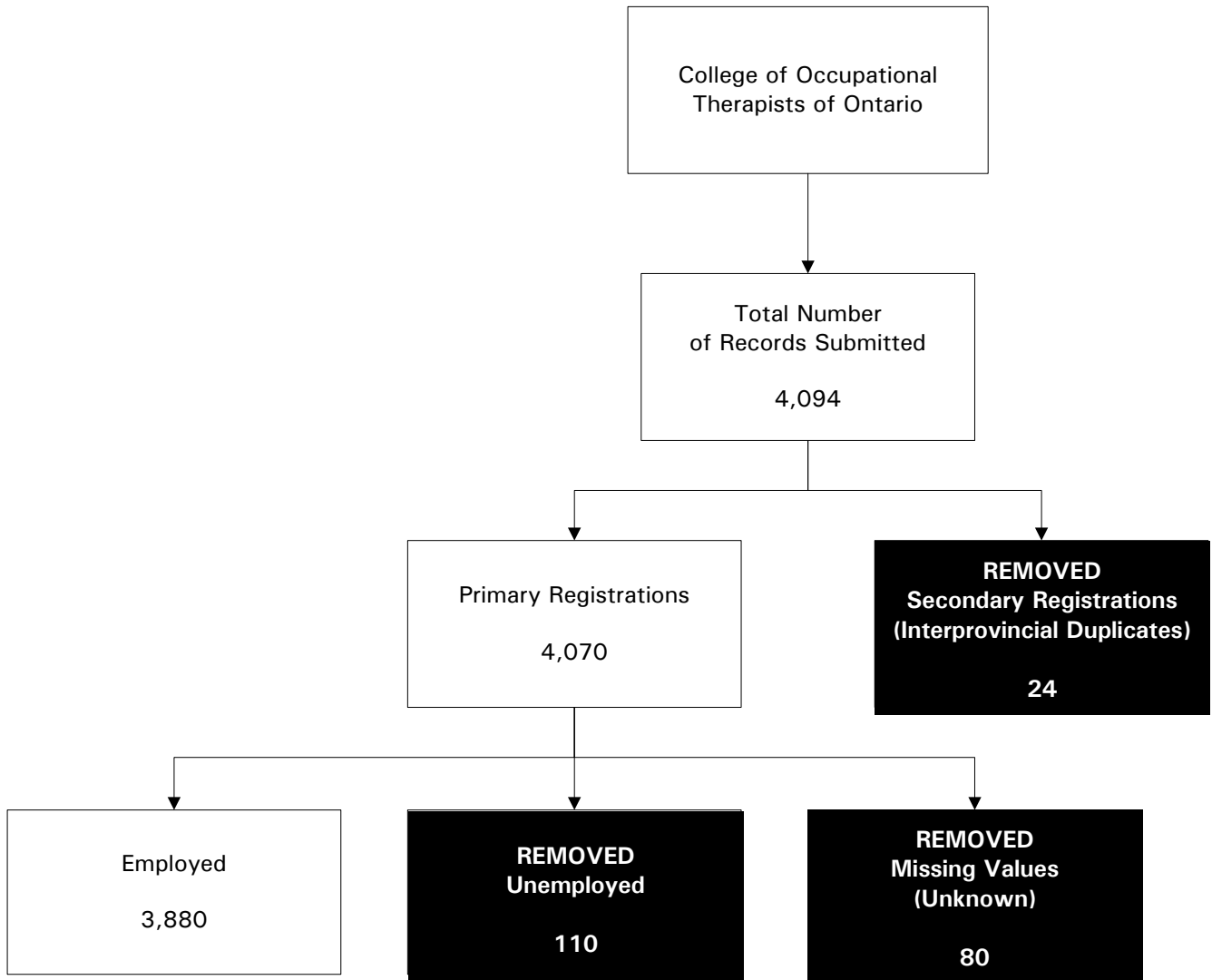


### Data Flow From New Brunswick Association of Occupational Therapists to CIHI

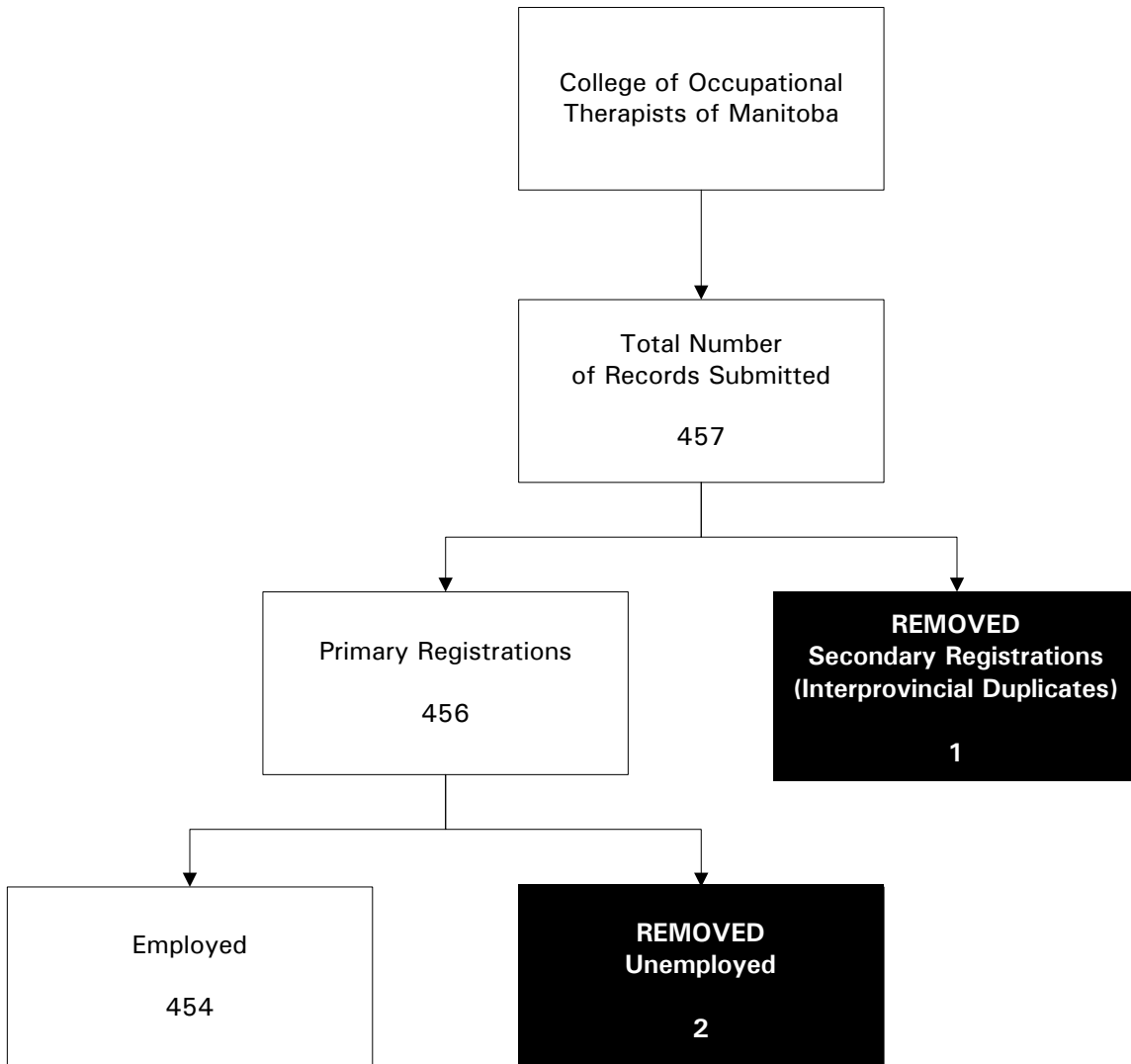




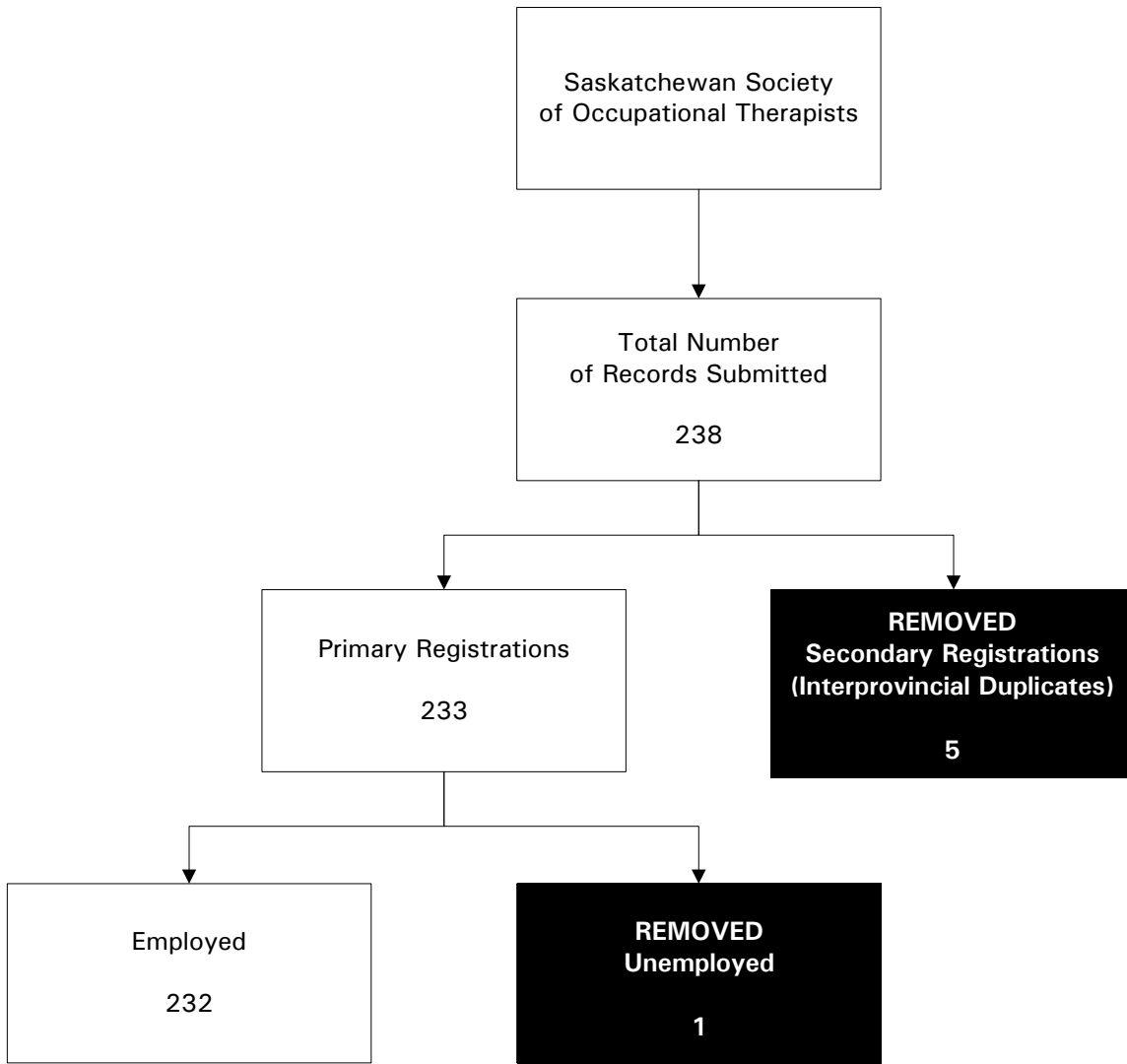
### Data Flow From College of Occupational Therapists of Ontario to CIHI



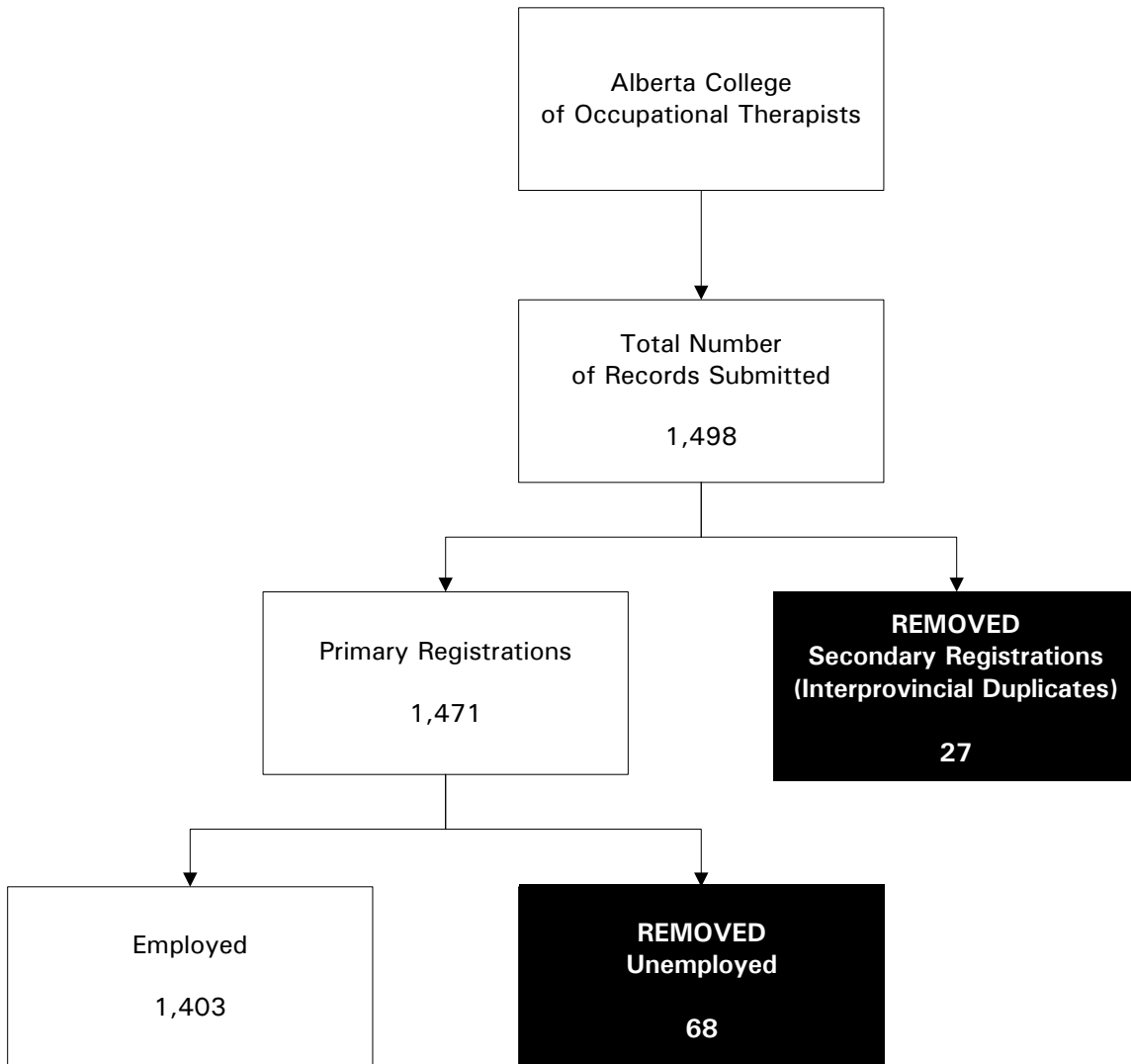
### Data Flow From College of Occupational Therapists of Manitoba to CIHI



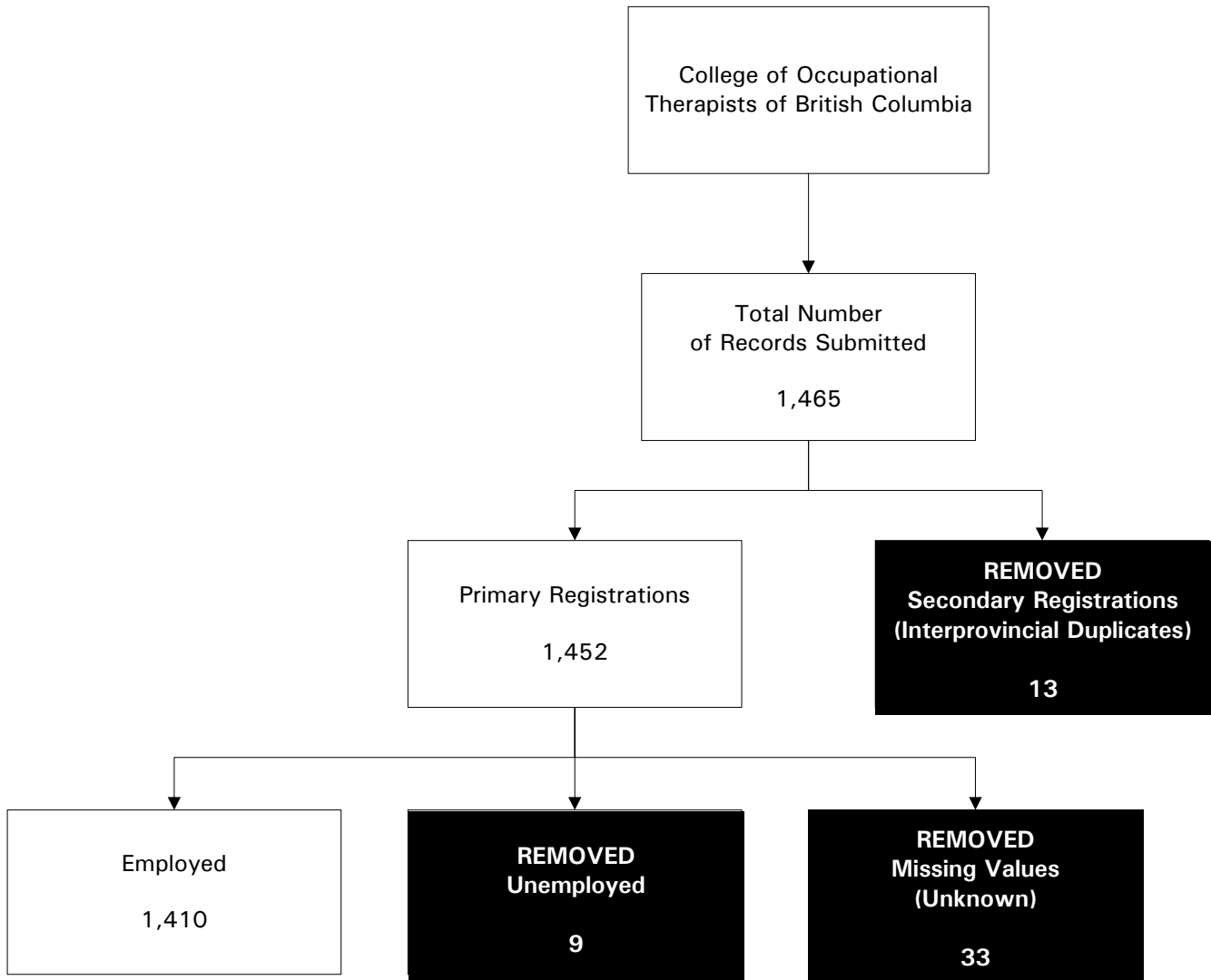
### Data Flow From Saskatchewan Society of Occupational Therapists to CIHI



### Data Flow From Alberta College of Occupational Therapists to CIHI



### Data Flow From College of Occupational Therapists of British Columbia to CIHI





**Appendix B**  
**Occupational Therapy Contact Information**





## **Provincial Regulatory Authorities and National Association**

### **Newfoundland and Labrador**

#### **Newfoundland and Labrador Occupational Therapy Board**

P.O. Box 23076  
St. John's, NL A1B 4J9

### **Prince Edward Island**

#### **Prince Edward Island Occupational Therapists Registration Board**

Queen Elizabeth Hospital  
60 Riverside Drive  
P.O. Box 6600  
Charlottetown, PE C1A 8T5  
Website: [www.peiot.org](http://www.peiot.org)

### **Nova Scotia**

#### **College of Occupational Therapists of Nova Scotia**

Halifax Shopping Centre  
7001 Mumford Road, Suite 819  
Halifax, NS B3L 2H8  
Website: [www.cotns.ca](http://www.cotns.ca)

### **New Brunswick**

#### **New Brunswick Association of Occupational Therapists**

49 West Avenue  
Sackville, NB E4L 4P2  
Website: [www.nbaot.org](http://www.nbaot.org)

### **Quebec**

#### **L'Ordre des ergothérapeutes du Québec**

2021, avenue Union, Bureau 920  
Montréal, QC H3A 2S9  
Website: [www.oeq.org](http://www.oeq.org)

### **Ontario**

#### **College of Occupational Therapists of Ontario**

20 Bay Street, Suite 900  
Toronto, ON M5J 2N8  
Website: [www.coto.org](http://www.coto.org)

### **Manitoba**

#### **College of Occupational Therapists of Manitoba**

7-120 Maryland Street  
Winnipeg, MB R3G 1L1  
Website: [www.cotm.ca](http://www.cotm.ca)

## **Saskatchewan**

### **Saskatchewan Society of Occupational Therapists**

P.O. Box 9089

Saskatoon, SK S7K 7E7

Website: [www.ssot.sk.ca](http://www.ssot.sk.ca)

## **Alberta**

### **Alberta College of Occupational Therapists**

8657-51 Avenue, Suite 302

Edmonton, AB T6E 6A8

Website: [www.acot.ca](http://www.acot.ca)

## **British Columbia**

### **College of Occupational Therapists of British Columbia**

645 Fort Street, Suite 219

Victoria, BC V8W 1G2

Website: [www.cotbc.org](http://www.cotbc.org)

## **National (Including Territories)**

### **Canadian Association of Occupational Therapists**

CTC Building

1125 Colonel By Drive, Suite 3400

Ottawa, ON K1S 5R1

Website: [www.caot.ca](http://www.caot.ca)

## Provincial/Territorial Professional Occupational Therapy Organizations

### Newfoundland and Labrador

#### Newfoundland and Labrador Association of Occupational Therapists

P.O. Box 5423

St. John's, NL A1C 5W2

Website: [www.nlaot.ca](http://www.nlaot.ca)

### Prince Edward Island

#### Prince Edward Island Occupational Therapy Society

P.O. Box 2248, Stn Central

Charlottetown, PE C1A 8B9

Website: [www.peiot.org](http://www.peiot.org)

### Nova Scotia

#### Nova Scotia Society of Occupational Therapists

7001 Mumford Road

Halifax Shopping Centre, Suite 819 (Box 11)

Halifax, NS B3L 2H8

Website: [www.nssot.ca](http://www.nssot.ca)

### New Brunswick

#### New Brunswick Association of Occupational Therapists

P.O. Box 20175

Fredericton, NB E3B 7A2

Website: [www.nbaot.org](http://www.nbaot.org)

### Quebec

#### L'Ordre des ergothérapeutes du Québec

2021 avenue Union, Bureau 920

Montréal, QC H3A 2S9

Website: [www.oeq.org](http://www.oeq.org)

### Ontario

#### Ontario Society of Occupational Therapists

55 Eglinton Avenue East, Suite 210

Toronto, ON M4P 1G8

Website: [www.osot.on.ca](http://www.osot.on.ca)

### Manitoba

#### Manitoba Society of Occupational Therapists

7-120 Maryland Avenue

Winnipeg, MB R3G 1L1

Website: [www.msot.mb.ca](http://www.msot.mb.ca)

## **Saskatchewan**

### **Saskatchewan Society of Occupational Therapists**

P.O. Box 9089  
Saskatoon, SK S7K 7E7  
Website: [www.ssot.sk.ca](http://www.ssot.sk.ca)

## **Alberta**

### **Society of Alberta Occupational Therapists**

302A, 8657-51 Avenue  
Edmonton, AB T6E 6A8  
Website: [www.saot.ca](http://www.saot.ca)

## **British Columbia**

### **British Columbia Society of Occupational Therapists**

1755 West Broadway, Suite 402  
Vancouver, BC V6J 4S5  
Website: [www.bcsot.org](http://www.bcsot.org)

## **Northwest Territories/Nunavut**

### **Northern Association of Occupational Therapists**

c/o Life Care Planning Ltd.  
P.O. Box 2031  
Yellowknife, NT X1A 2P5

## **Yukon**

### **Association of Yukon Occupational Therapists**

25 Aishihik  
Whitehorse, YT Y1A 3R6

The provincial professional associations, along with CAOT and the Canadian Occupational Therapy Foundation (COTF) make up the Occupational Therapy Professional Alliance of Canada (PAC).

### **Canadian Association of Occupational Therapists**

CTTC Building, Suite 3400  
1125 Colonel By Drive  
Ottawa, ON K1S 5R1  
Website: [www.caot.ca](http://www.caot.ca)

### **Canadian Occupational Therapy Foundation**

CTTC Building, Suite 3401  
1125 Colonel By Drive  
Ottawa, ON K1S 5R1  
Website: [www.cotfcanada.org](http://www.cotfcanada.org)

## Canadian University Occupational Therapy Programs Accredited by the Canadian Association of Occupational Therapists

### Nova Scotia

#### Dalhousie University

School of Occupational Therapy  
Faculty of Health Professions  
Forrest Building, Room 215  
5869 University Avenue  
Halifax, NS B3H 3J5  
Website: [www.occupationaltherapy.dal.ca](http://www.occupationaltherapy.dal.ca)

### Quebec

#### Université de Montréal

École de réadaptation  
Programme d'ergothérapie  
Case postale 6128, Succ. Centreville  
Montréal, QC H3C 3J7  
Website: [www.readap.umontreal.ca](http://www.readap.umontreal.ca)

#### McGill University

School of Physical and Occupational Therapy  
Occupational Therapy Program  
Davis House, 3654 Promenade Sir William Osler  
Montreal, QC H3G 1Y5  
Website: [www.medicine.mcgill.ca/spot](http://www.medicine.mcgill.ca/spot)

#### Université Laval

Programme d'ergothérapie  
Département de réadaptation  
Cité universitaire  
Pavillon Ferdinand-Vandry, Bureau 3269  
Québec, QC G1K 7P4  
Website: [www.ulaval.ca/sg/PR/C1/1.456.11.html](http://www.ulaval.ca/sg/PR/C1/1.456.11.html)

### Ontario

#### University of Toronto

Department of Occupational Science and Occupational Therapy  
160–500 University Avenue  
Toronto, ON M5G 1V7  
Website: [www.ot.utoronto.ca](http://www.ot.utoronto.ca)

#### University of Western Ontario

School of Occupational Therapy  
Faculty of Health Sciences  
1201 Western Road  
Room 2555, Elborn College  
London, ON N6G 1H1  
Website: [www.uwo.ca/fhs/ot](http://www.uwo.ca/fhs/ot)

### **McMaster University**

School of Rehabilitation Science  
Faculty of Health Sciences  
Institute for Applied Health Sciences  
1400 Main Street West  
Hamilton, ON L8S 1C7  
Website: [www.fhs.mcmaster.ca/rehab](http://www.fhs.mcmaster.ca/rehab)

### **Queen's University**

Occupational Therapy Program  
School of Rehabilitation Therapy  
Faculty of Health Sciences  
Louise D. Acton Building  
31 George Street  
Kingston, ON K7L 3N6  
Website: [www.rehab.queensu.ca](http://www.rehab.queensu.ca)

### **University of Ottawa**

Occupational Therapy Program  
Faculty of Health Sciences  
School of Rehabilitation Sciences  
451 Smyth Road  
Ottawa, ON K1H 8M5  
Website: [www.health.uottawa.ca/sr/presr.htm](http://www.health.uottawa.ca/sr/presr.htm)

### **Manitoba**

#### **University of Manitoba**

School of Medical Rehabilitation  
Department of Occupational Therapy  
R106–771 McDermot Avenue  
Winnipeg, MB R3E 0T6  
Website: [www.umanitoba.ca/medrehab/ot/index.html](http://www.umanitoba.ca/medrehab/ot/index.html)

### **Alberta**

#### **University of Alberta**

Department of Occupational Therapy  
Faculty of Rehabilitation Medicine  
2–64 Corbett Hall  
Edmonton, AB T6G 2G4  
Website: [www.ot.ualberta.ca](http://www.ot.ualberta.ca)

### **British Columbia**

#### **University of British Columbia**

Department of Occupational Science and Occupational Therapy  
T325, 2211 Wesbrook Mall  
Vancouver, BC V6T 2B5  
Website: [www.ot.med.ubc.ca](http://www.ot.med.ubc.ca)

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13. V. Du Plessis et al., "Definitions of Rural," *Rural and Small Town Canada Analysis Bulletin* 3, 3 (November, 2001): catalogue no. 21-006-XIE.
14. Canadian Institute for Health Information, *Supply and Distribution of Registered Nurses in Rural and Small Town Canada*, (Ottawa: CIHI, 2002).

