



Workforce Trends of Occupational Therapists in Canada, 2007

Health Human Resources



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Table of Contents

Preface	v
Acknowledgements	vii
Introduction	1
Highlights	3
Data Analysis	5
Methodological Overview.....	5
Notes to Readers	7
What Is an Occupational Therapist?	9
The Occupational Therapist Database.....	10
Supply of the Occupational Therapist Workforce.....	13
Demographic Trends for Occupational Therapists.....	15
Geographic Distribution	19
Educational Trends for Occupational Therapists	21
Employment Trends for Occupational Therapists.....	30
Methodological Notes.....	45
Background.....	45
Scope of the Data.....	46
Data Collection Methods.....	50
Data Processing Methods	54
Data Quality Assessment.....	57
Data Limitations	61
Privacy and Confidentiality	62
OTDB Workforce Products and Services	62
Provincial and Territorial Profiles	65
Appendix A—Identification of Secondary Registrations	87
Appendix B—Occupational Therapy Contact Information.....	99
Appendix C—Who’s Who in Occupational Therapy?.....	109
Appendix D—Educational Trends of Occupational Therapists.....	113
References	117

List of Tables

Table 1	Total Number and Composition of Occupational Therapist Workforce by Province/Territory of Registration, 2007	11
Table 2	Total Number of Occupational Therapists by Employment Status, Canada, 2006–2007	11
Table 3	Supply of Occupational Therapists, Province or Territory of Registration, Canada, 2006–2007	13
Table 4	Number and Percentage of Occupational Therapist Workforce by Gender, Province or Territory of Registration, Canada, 2007	15
Table 5	Average Age of Occupational Therapist Workforce by Province or Territory of Registration, 2006–2007	18
Table 6	Status of Canadian University Occupational Therapy Programs.....	22
Table 7	Number of Graduates of Accredited Programs in Occupational Therapy by School of Graduation, Canada, 1997 to 2007	27
Table 8	Number and Percentage Distribution of the Occupational Therapist Workforce by Employment Category for Primary Employment, Province or Territory of Registration, 2007	33
Table 9	Number and Percentage Distribution of Occupational Therapist Workforce by Employer Type for Primary Employment, Province of Registration, 2007.....	41
Table 10	Occupational Therapist Workforce Counts by Province or Territory of Registration, 2007	49
Table 11	Occupational Therapist Records Where Data Are Not Collected by Data Element and Province or Territory of Registration, Canada, 2006–2007	59
Table 12	Percentage of Occupational Therapist Records With Unknown Responses by Data Element and Province or Territory of Registration, Canada, 2007	60

List of Figures

Figure 1	Defining the CIHI OTDB Occupational Therapist Workforce in Selected Provinces and Territories, 2007.....	12
Figure 2	Number of Occupational Therapists per 100,000 Population by Province or Territory of Registration, Canada, 2006–2007	14
Figure 3	Percentage Distribution of Occupational Therapist Workforce by Gender and 10-Year Age Groupings, Canada, 2007	16
Figure 4	Percentage Distribution of Occupational Therapist Workforce by 10-Year Age Groupings, Province of Registration, 2007	17
Figure 5	Geographic Distribution of Occupational Therapist Workforce in Urban, Rural and Remote Regions, Canada, 2007	19
Figure 6	Geographic Distribution of Occupational Therapist Workforce in Urban and Rural/Remote Regions by Province of Registration, Canada, 2007	20
Figure 7	Timeline of Educational Trends in Occupational Therapy in Canada	21
Figure 8	Percentage Distribution of Occupational Therapist Workforce by Current Level of Education in Occupational Therapy, Canada, 2006–2007	23

List of Figures (cont'd)

Figure 9	Percentage Distribution of Level of Basic Education in Occupational Therapy by Year of Graduation From Basic Level of Education in Occupational Therapy, Canada, 2007.....	24
Figure 10	Percentage Distribution of the Occupational Therapist Workforce by Age at Graduation and Years Since Graduation From Basic Education in Occupational Therapy, Canada, 2007	25
Figure 11	Percentage Distribution of Occupational Therapist Workforce With Education in Other Than Occupational Therapy, Canada, 2007	26
Figure 12	Percentage Distribution of New Graduates in the Occupational Therapist Workforce by Average Age and Province or Territory of Registration, 2007 .	28
Figure 13	Percentage Distribution of New Graduates in the Occupational Therapist Workforce by Primary Employment Area of Practice, Selected Provinces and Territories, 2007	29
Figure 14	Percentage Distribution of Occupational Therapist Workforce by Number of Employers, Canada, 2007.....	30
Figure 15	Percentage Distribution of Occupational Therapist Workforce by Number of Employers, Province of Registration, 2007.....	31
Figure 16	Percentage Distribution of the Occupational Therapist Workforce by Primary and Secondary Employment Category, Canada, 2007	32
Figure 17	Percentage Distribution of New Graduates in the Occupational Therapist Workforce by Employment Category for Primary Employment, Canada, 2007.....	34
Figure 18	Percentage Distribution of Occupational Therapist Workforce by Age Group and Employment Category for Primary Employment, Canada, 2007	35
Figure 19	Percentage Distribution of Occupational Therapist Workforce by Full-Time Versus Part-Time Status for Primary and Secondary Employment, Selected Provinces of Registration, 2007	36
Figure 20	Percentage Distribution of the Occupational Therapist Workforce by Primary Employment Full-Time/Part-Time Status, Province of Registration, 2007.....	37
Figure 21	Percentage Distribution of the Occupational Therapist Workforce by Position for Primary Employment, Selected Provinces and Territories, 2007	38
Figure 22	Percentage Distribution of the Occupational Therapist Workforce by 10-Year Age Groupings and Position for Primary Employment, Selected Provinces and Territories, 2007	39
Figure 23	Percentage Distribution of the Occupational Therapist Workforce, Employer Type for Primary Employment, Selected Provinces and Territories, 2007	40
Figure 24	Percentage Distribution of the Occupational Therapist Workforce by Area of Practice for Primary Employment, Selected Provinces, 2007	42
Figure 25	Percentage Distribution of Occupational Therapist Workforce by Funding Source for Primary and Secondary Employment, Selected Provinces and Territories, 2007	43

List of Figures (cont'd)

Figure 26	Percentage Distribution of Internationally Educated Occupational Therapists by Country of Graduation for Basic Education in Occupational Therapy, Selected Provinces and Territories, 2007.....	44
Figure 27	Tracing Data Flow From Primary Data Collectors to CIHI	48
Figure 28	Twelve-Month Registration Periods by Province or Territory (CAOT) of Registration	49

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 fulfill this mandate, CIHI coordinates and promotes national health information standards and health indicators, develops and manages health databases and registries, funds and facilitates population health research and analysis, coordinates and develops education sessions and conferences and produces and disseminates health information research and analysis. The Occupational Therapist Database (OTDB) is one of the health databases developed and maintained by CIHI.

The Health Human Resources team at CIHI compiled this second edition of *Workforce Trends of Occupational Therapists in Canada*. This report contains information on the supply, demographics, geographic distribution, education and employment of occupational therapists (OTs) in Canada. All provincial regulatory authorities except for Quebec's have participated since 2006. Where possible, information on the supply and demographics of the workforce in Quebec have been provided by the CIHI Health Personnel Database (HPDB). Since currently OTs are not regulated in the territories, the Canadian Association of Occupational Therapists (CAOT) provided voluntary membership data for OTs in the Yukon, the Northwest Territories and Nunavut.

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

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

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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.

Introduction

In order to determine the number of health professionals required in any jurisdiction, it is necessary to understand the current supply and how that supply is changing. The Occupational Therapist Database (OTDB) is used by all levels of government, as well as researchers, stakeholders and advocacy groups, private and public organizations, media and occupational therapists (OTs), as a source of data on the size of the occupational therapy workforce in Canada. The information contained in the OTDB is a key requirement for effective human resource planning in the health care sector.

The Health Human Resources team of the Canadian Institute for Health Information (CIHI) is pleased to present *Workforce Trends of Occupational Therapists in Canada, 2007*. This report is the second annual CIHI publication focused solely on the OT workforce in Canada. This edition represents the continuation of a data series started in 2006 and compiled from administrative sources. It will eventually provide a useful historical perspective of the supply and distribution of OTs throughout Canada.

In this report, CIHI presents information on the OT workforce and the OT profession as a distinct health provider group. It is intended to provide a solid foundation for those with an interest in OT human resources planning in Canada. For 2007, the print version of the publication includes:

- A data analysis section for 2006–2007 OT data;
- A special insert entitled *Understanding the Supply of OTs in Canada—Examining Different Measurement Tools*; and
- A comprehensive Methodological Notes section.

In addition, CIHI is engaged in the development of four other new databases to further illustrate human resources in the Canadian health care system: physiotherapists, pharmacists, medical laboratory technologists and medical radiation technologists. These new databases will complement existing information gathered by CIHI on physicians and nurses in Canada.

We hope that this report will prove to be a useful foundation for those involved in human resources planning for OTs throughout Canada.

Highlights

Demographics

- Based on an average age of 38.9 years, OTs are a young health profession that is predominantly female (92.5%).

Education

- In 2007, there were more than 700 OTs who graduated from Canadian universities.
- Currently, 78.8% of OTs have a baccalaureate degree in occupational therapy, in contrast to 15.6% with a master's degree in occupational therapy.
- 8.1% of the OT workforce was educated outside of Canada, with just less than half of them having obtained their education in either the United States or the United Kingdom.

Employment/Practice Characteristics

- The majority of OTs are permanent employees (77.4%) working in direct patient care (84.5%), usually for one employer (80.5%) in a hospital/rehabilitation facility (47.8%), community-based setting (29.1%) or professional practice clinic/business (11.8%).
- 32.3% of OTs work on a part-time basis.
- 94.8% of OTs work primarily in urban areas of Canada.

Data Analysis

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). The OTDB provides detailed supply-based information at both the provincial and national levels. In 2006 and 2007, Quebec was unable to participate in the OTDB; data from the HPDB have been inserted to provide an estimation of the supply and demographics for Quebec only. The HPDB was also the source of the graduate data across Canadian universities.

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

Official registration in the provinces requires the completion of a registration form on an annual basis, in either written or electronic format. Registration forms typically contain details with respect to personal information, educational credentials and employment history. The collection of these specific pieces of information tends to be common across jurisdictions. Other information collected on the form may vary according to the bylaws and business needs of the respective provincial regulatory authority.

The administrative data collected by provincial regulatory authorities and the CAOT are well suited to informing health human resource planning and management in Canada. Collecting and collating these data provide a unique opportunity to examine aggregate information about OTs registered 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 OT workforce in Canada. These data elements cover demographic, geographic and distribution characteristics, as well as educational and employment details. 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.

The provincial regulatory authorities participating in the OTDB and the CAOT are the primary collectors of data compiled in the CIHI database. Therefore, 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 on an annual basis. CIHI and the regulatory authorities and the CAOT jointly review the new data and apply rigorous principles of data quality assurance. Once data quality assurance is complete, CIHI adds the new data to the OTDB for analysis and reporting. Over time, this information will provide a historical record of changes in the supply of the OT workforce on a year-to-year basis.

The Methodological Notes provide additional details on the review process and data considerations. It is important for readers to understand how the data are collected, reviewed and reported by CIHI since the statistics reported by CIHI will differ from those reported by the regulatory authorities, and because differences in the registration forms can affect the results and subsequent interpretation of the data. CIHI has made every effort to highlight and explain these data considerations.

Any questions regarding the methodology may be sent to otdb@cihi.ca.

Notes to Readers

1. Data for the OT workforce in the province of Quebec were not available for 2006 and 2007. When totals are provided, they do not include Quebec except for the supply and demographic results, where data from the HPDB have been inserted for the province of Quebec only.
2. Due to small cell sizes in the territories, the results for OTs in the Yukon, the Northwest Territories and Nunavut have been grouped together for some of the analyses found in this publication.
3. Due to provincial privacy considerations in Manitoba, aggregate-level data for five-year age ranges, as well as for gender, for the Manitoba OT workforce were provided by Manitoba Health.
4. The term “OT workforce” is used in this publication and accompanying documents to include active registered OTs who were employed at the time of annual registration.
5. The provincial statistics from the OTDB have been reviewed and validated for use by representatives at the provincial regulatory authorities responsible for the regulation and licensure of OTs. The territorial data have been reviewed and validated for use by the Canadian Association of Occupational Therapists (CAOT).
6. 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 regulatory authorities or the CAOT 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 regulatory authorities and the CAOT, this point-in-time data collection was established to ensure timely and comprehensive information in spite of the different registration periods.
 - b. **Reference population**—for the OTDB, provincial regulatory authorities 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. In the case of the territories, active registrations include those OTs who have voluntarily registered with the CAOT during the registration year and, as a result, may not represent the maximum number of OTs in these regions. Information on inactive registrants is not submitted to CIHI for the OTDB.
 - c. **Exclusions from CIHI data**—active registrants fall into three categories: employed, unemployed and seeking employment in occupational therapy and unemployed and not seeking employment in occupational therapy. For this publication, CIHI removes unemployed registrants falling into either of 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 simply an amalgamation of provincial regulatory authority and CAOT data. When data files are submitted, CIHI attempts to remove those records for OTs who may be registered with more than one provincial regulatory authority. For example, where an OT has employment in both Alberta and British Columbia, she or he is required to register with both colleges. These registrants are called secondary registrations or interprovincial duplicates. This duplicate information is removed by CIHI according to the methodology described in the Methodological Notes section of this publication in order to avoid double-counting and to more accurately reflect 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 for 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 the CAOT for the territories do not include secondary registrations/interprovincial duplicates. Data for the territories are based only on those registrants who are working and living in the territories.
7. CIHI, the provincial regulatory authorities and the CAOT are continually working to improve data quality; as such changes may impact the comparability of historical data in the future.
 8. The results in this report do not include data for which responses are unknown. Unless otherwise specified, the unknown responses were removed from the analyses and are not included in the total. Since the data presented in this publication are self-reported, higher-than-expected unknown values may occur where a substantial portion of occupational therapists chose not to complete all fields on the annual registration form. More detailed information on the missing values reported to the OTDB can be found in the Methodological Notes section of this report.

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.^{1,2} The concept of occupation is wide and refers to “everything that people do during the course of everyday life,”³ such as self-care, play, work, study, volunteer and leisure.

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

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.¹ Their work settings include community agencies, hospitals, chronic care facilities, rehabilitation centres, schools, homes and workplaces, social agencies and industry.

For more information on Who’s Who in Occupational Therapy, please see Appendix C.

The Occupational Therapist Database

Defining the OT Workforce in Canada

In this CIHI publication, “OT workforce” is defined as the total number of occupational therapists holding active registrations in Canada who are employed and are not considered secondary registrations or interprovincial duplicates. For more detailed information on the inclusion and exclusion criteria, please see the Methodological Notes.

Total Active Registrations in Canada

Provincial regulatory authorities provided data to CIHI for the OTDB for those OTs who held an active membership for 2007. This includes those specific membership categories authorizing a member as eligible to work in the particular jurisdiction in the particular year. In regard to the territories, data were provided by the CAOT for those OTs who reside and work there, and who chose to obtain a voluntary membership for 2007.

In 2007, a total of 8,736 records representing the total active registrations in Canada were submitted by the CAOT and provincial regulatory authorities, excluding Quebec.

Secondary Registrations

As indicated in Table 1 below, CIHI identified and removed secondary registrations/interprovincial duplicates, which totalled 72 OTs (0.8%).ⁱ This group includes OTs who maintain provincial registration while living outside of Canada or 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). These registrations are excluded from the analysis contained in this report in order to minimize double-counting and to report more accurate head counts. A detailed explanation of the secondary registration methodology can be found in the Methodological Notes section of this publication.

In regard to the territories, where voluntary membership data were submitted by the CAOT, only those OTs who were both working and residing in the same territory are included.

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

Table 1 Total Number and Composition of Occupational Therapist Workforce by Province/Territory of Registration, 2007

	Records Submitted by Jurisdiction	Remove Unemployed and Employment Status Unknown	Identify and Remove Secondary Registrations	Total
N.L.	145	1	0	144
P.E.I.	40	0	1	39
N.S.	346	13	7	326
N.B.	277	3	5	269
Que.	--	--	--	--
Ont.	4,202	93	22	4,087
Man.	469	5	1	463
Sask.	225	3	11	211
Alta.	1,471	15	9	1,447
B.C.	1,541	23	16	1,502
Y.T.	8	0	0	8
N.W.T.	10	1	0	9
Nun.	2	0	0	2
Total	8,736	157	72	8,507

Notes

-- Quebec data were 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.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Employed OTs

98.2% (8,507) of the registrants were employed, only 0.6% (51) were unemployed and the employment status was unknown for 1.2% (106) (see Table 2).

Table 2 Total Number of Occupational Therapists by Employment Status, Canada, 2006–2007

	2006		2007	
	Count	Percent	Count	Percent
Employed	8,133	96.4	8,507	98.2
Unemployed and Seeking Employment in Occupational Therapy	127	1.5	37	0.4
Unemployed and Not Seeking Employment in Occupational Therapy	63	0.7	14	0.2
Unknown	117	1.4	106 [†]	1.2
Total	8,440	100	8,664	100

Notes

Quebec data were not available.

Total does not include Quebec.

[†] Unknown includes *employed, on leave*, which was only collected in B.C. (n = 10).

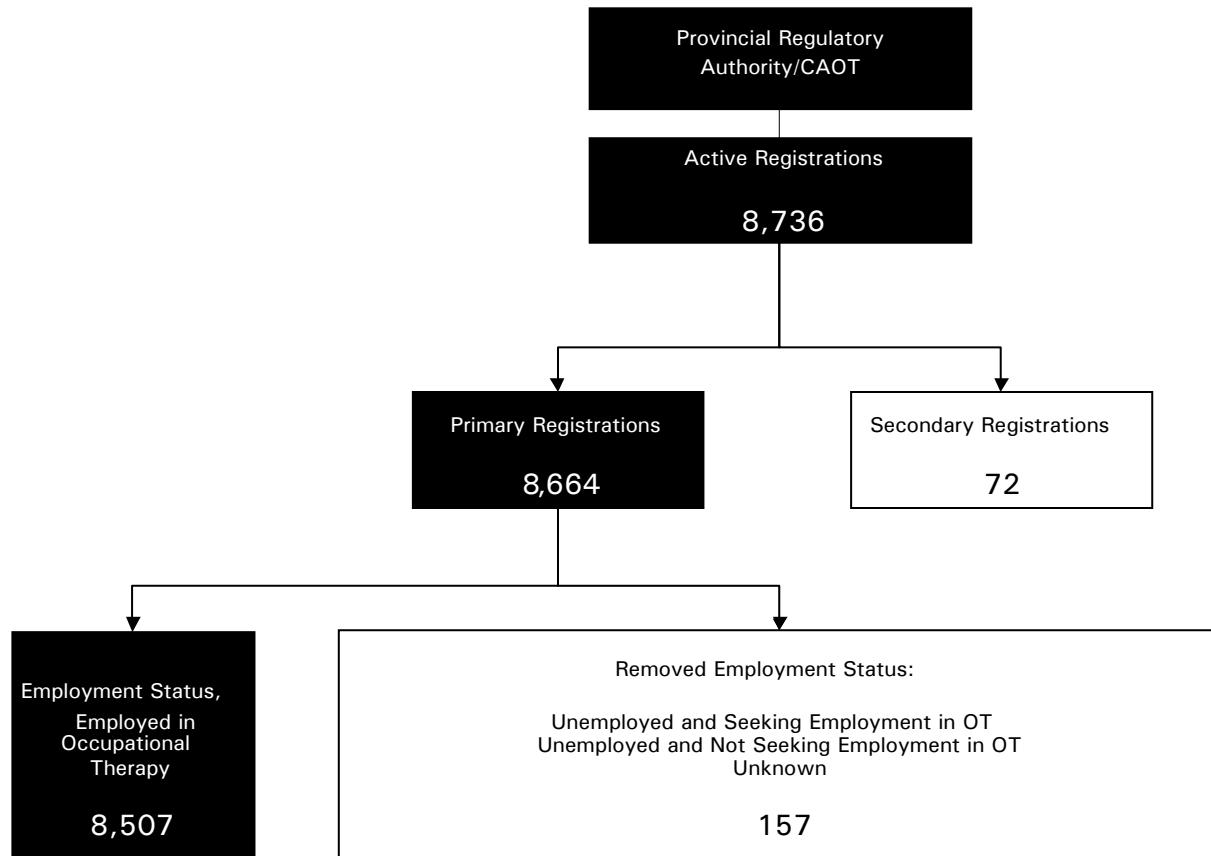
The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

To summarize, of the 8,736 records submitted by the regulatory authorities and the CAOT, a total of 229 were excluded (72 secondary registrations and 157 unemployed/unknown employment status), yielding a total of 8,507 records that represent the OT workforce in Canada for 2007 (see Figure 1).

Figure 1 Defining the CIHI OTDB Occupational Therapist Workforce in Selected Provinces and Territories, 2007



Source
Occupational Therapist Database, Canadian Institute for Health Information.

Supply of the Occupational Therapist Workforce

From 2006 to 2007, the OT workforce grew in Canada, reaching a total of 12,296 active OTs registered and employed in Canada, including Quebec. The highest growth was in New Brunswick and P.E.I.

Table 3 Supply of Occupational Therapists, Province or Territory of Registration, Canada, 2006–2007

	2006	2007
N.L.	140	144
P.E.I.	35	39
N.S.	317	326
N.B.	242	269
Que.	3,653	3,789
Ont.	3,880	4,087
Man.	454	463
Sask.	232	211
Alta.	1,403	1,447
B.C.	1,410	1,502
Y.T.	9	8
N.W.T.	9	9
Nun.	2	2
Canada	11,786	12,296

Please note:

Supply and demographic information for Quebec in 2007 was sourced from the CIHI Health Personnel Database; 3,789 OTs registered in Quebec were included in these results.

Notes

Canada total includes Quebec.

The Quebec data presented in this table were taken from the HPDB, which reports the number of active registered OTs (2006 data as of March 31, 2007; 2007 data as of March 31, 2008). Therefore, the data for Quebec may include different membership categories for registrants. The Quebec data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide*.

Sources

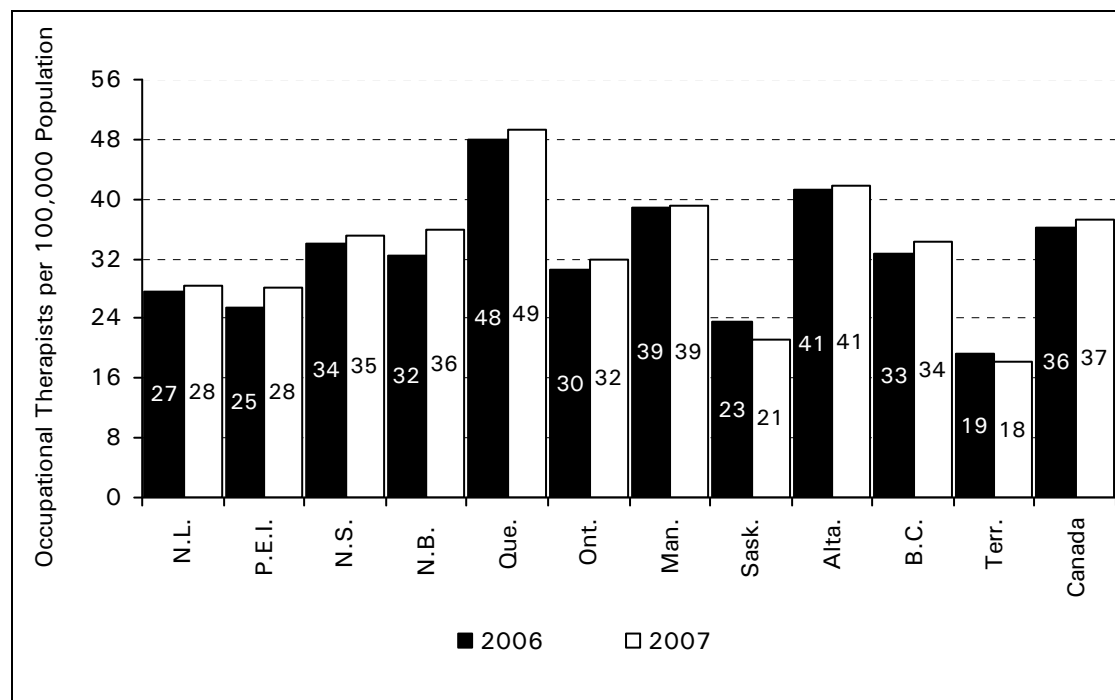
Occupational Therapist Database, Health Personnel Database, Canadian Institute for Health Information.

In 2007, Saskatchewan had the lowest supply of OTs in the provinces with only 21 per 100,000 population, similar to the territories with a lower ratio of 18 OTs per 100,000 population. Among the other provinces, there was a range in the per population ratio, from a low of 28 to a high of 49. Supply data were provided by the participating regulatory authorities and the CAOT, as well as the Ordre des ergothérapeutes du Québec. See Figure 2.

Understanding the Supply of Occupational Therapists in Canada: Examining Different Measurement Tools.

Using information for “total weekly hours worked” from selected provinces, the use of head counts as a precise measure of the supply of the OT workforce is explored in this special topic report.

Figure 2 Number of Occupational Therapists per 100,000 Population by Province or Territory of Registration, Canada, 2006–2007



Notes

Canada total includes Quebec.

The Quebec data presented in this table were taken from the HPDB, which reports the number of active registered OTs (2006 data as of March 31, 2007; 2007 data as of March 31, 2008). Therefore, the data for Quebec may include different membership categories for registrants. The Quebec data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide*.

Population statistics are based on data from Statistics Canada (Quarterly Demographic Estimates, Statistics Canada, catalogue no. 91-002-X).

Sources

Occupational Therapist Database, Health Personnel Database, Canadian Institute for Health Information; Demographic Estimates, Statistics Canada.

Demographic Trends for Occupational Therapists

Gender

In 2007, the OT workforce was predominantly female (92.5%), which reflects the same overall gender distribution in 2006 (92.6%), including data for Quebec. The gender split varies slightly by province and combined territories, with the highest percentage of male OTs located in Saskatchewan (12.3%). See Table 4 below.

Table 4 Number and Percentage of Occupational Therapist Workforce by Gender, Province or Territory of Registration, Canada, 2007

	Female		Male		Total
	Count	Percent	Count	Percent	
N.L.	132	91.7	12	8.3	144
P.E.I.	**	**	*	*	39
N.S.	301	92.3	25	7.7	326
N.B.	252	93.7	17	6.3	269
Que.	3,528	93.1	261	6.9	3,789
Ont.	3,848	94.2	239	5.8	4,087
Man.	410	91.7	43	8.3	453
Sask.	185	87.7	26	12.3	211
Alta.	1,311	90.6	136	9.4	1,447
B.C.	1,335	88.9	167	11.1	1,502
Terr.	**	**	*	*	18
Canada	11,352	92.5	933	7.5	12,285

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.

Canada total includes Quebec.

The Quebec data presented in this table were taken from the HPDB, which reports the number of active registered OTs (2006 data as of March 31, 2007; 2007 data as of March 31, 2008). Therefore, the data for Quebec may include different membership categories for registrants. The Quebec data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide*.

Aggregate totals for the *gender* of OTs in Manitoba were provided by Manitoba Health (n = 453).

The results do not include data for which responses were unknown.

Percentage unknown: Territories (1, 12.5%), total (1, <0.1%).

CIHI data will differ from provincial and territorial statistics due to the CIHI collection, processing and reporting methodology.

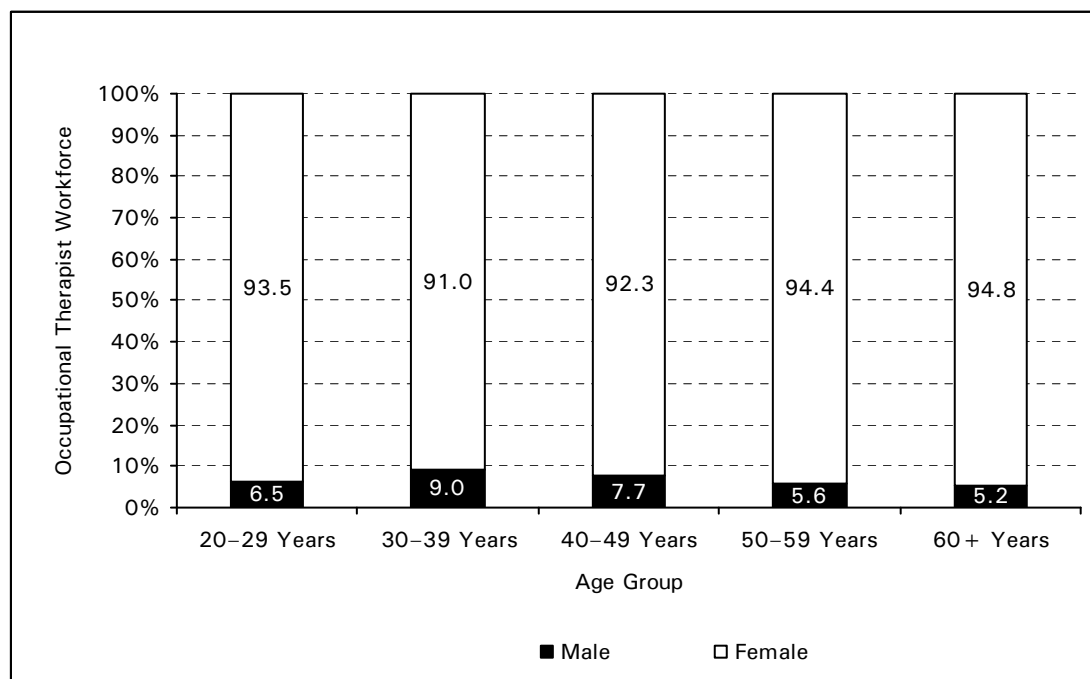
The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Sources

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

The distribution of female and male OTs across 10-year age groupings is shown in Figure 3 and includes Quebec. Although the proportion of males in the workforce is small, the highest percentage of males (9.0%) is in the 30-to-39-year age group.

Figure 3 Percentage Distribution of Occupational Therapist Workforce by Gender and 10-Year Age Groupings, Canada, 2007



Notes

The Quebec data presented in this table were taken from the HPDB, which reports the number of active registered OTs (2006 data as of March 31, 2007; 2007 data as of March 31, 2008). Therefore, the data for Quebec may include different membership categories for registrants. The Quebec data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide*.

The results do not include data for which responses were unknown.

Percentage unknown for *age*: total (9, 0.1%).

Percentage unknown for *gender*: total (1, <0.1%).

Aggregate totals for age bands were provided by Manitoba Health for registrants in Manitoba (n = 453).

CIHI data will differ from provincial and 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.

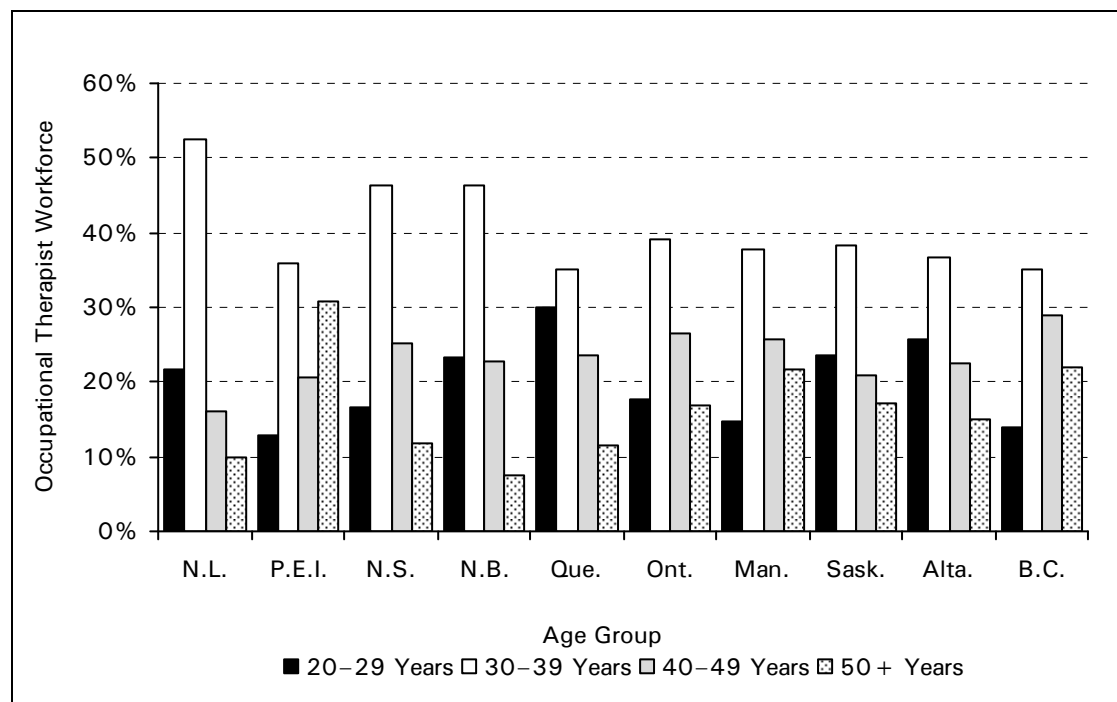
Sources

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

Age Distribution

The age distribution of OTs has remained stable since 2006. Figure 4 below shows the age distribution across Canada, including Quebec, where in each province the majority of OTs fall into the 30-to-39 years of age category.

Figure 4 Percentage Distribution of Occupational Therapist Workforce by 10-Year Age Groupings, Province of Registration, 2007



Notes

The Quebec data presented in this table were taken from the HPDB, which reports the number of active registered OTs (2007 data as of March 31, 2008). Therefore, the data for Quebec may include different membership categories for registrants. The Quebec data in this table are useful for some purposes, but should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide*.

Territorial data are suppressed due to small cell sizes.

Aggregate totals for age bands were provided by Manitoba Health for registrants in Manitoba (n = 453).

The results do not include data for which responses were unknown.

Percentage unknown for age: Newfoundland and Labrador (1, 0.7%), Nova Scotia (2, 0.6%), Manitoba (2, 0.5%), Alberta (2, 0.1%), total (9, 0.1%).

CIHI data will differ from provincial and 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, Health Personnel Database, Canadian Institute for Health Information, and Manitoba Health.

As indicated in Table 5 below, the average age of OTs in 2007 was 38.9 years, up only slightly from the previous year (38.7 years). The two provinces having an average age in the 40s, which is higher than the national average, were P.E.I. (41.5 years) and B.C. (40.8 years). While the data suggest that there were substantial differences in the Northwest Territories and Nunavut, it is important to note that due to the small populations in these regions, small shifts in the numbers may yield large percentage differences, which may exaggerate the actual increase/decrease.

Table 5 Average Age of Occupational Therapist Workforce by Province or Territory of Registration, 2006–2007

	2006		2007	
	Average Age (Years)	Difference From Canada	Average Age (Years)	Difference From Canada
N.L.	35.5	-3.2	36.0	-2.9
P.E.I.	42.0	3.3	41.5	2.7
N.S.	37.6	-1.1	37.8	-1.1
N.B.	35.6	-3.1	36.1	-2.8
Ont.	38.9	0.2	39.1	0.2
Man.	39.4	0.7	39.1	0.2
Sask.	37.3	-1.4	37.8	-1.1
Alta.	37.4	-1.3	37.5	-1.4
B.C.	40.5	1.8	40.8	1.9
Y.T.	41.4	2.7	38.9	0.0
N.W.T.	33.7	-5.0	33.6	-5.3
Nun.	28.5	-10.2	29.0	-9.9
Canada	38.7	–	38.9	–

Notes

– Not applicable.

Quebec data were not available.

Total does not include Quebec.

Average age for the Manitoba workforce was provided by Manitoba Health (n = 453).

The results do not include data for which responses were unknown.

Percentage unknown for *age*: Newfoundland and Labrador (1, 0.7%), Nova Scotia (2, 0.6%), Manitoba (2, 0.5%), Alberta (2, 0.1%), the Yukon (1, 12.5%), Nunavut (1, 50%), Canada (9, 0.1%).

CIHI data will differ from provincial and 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

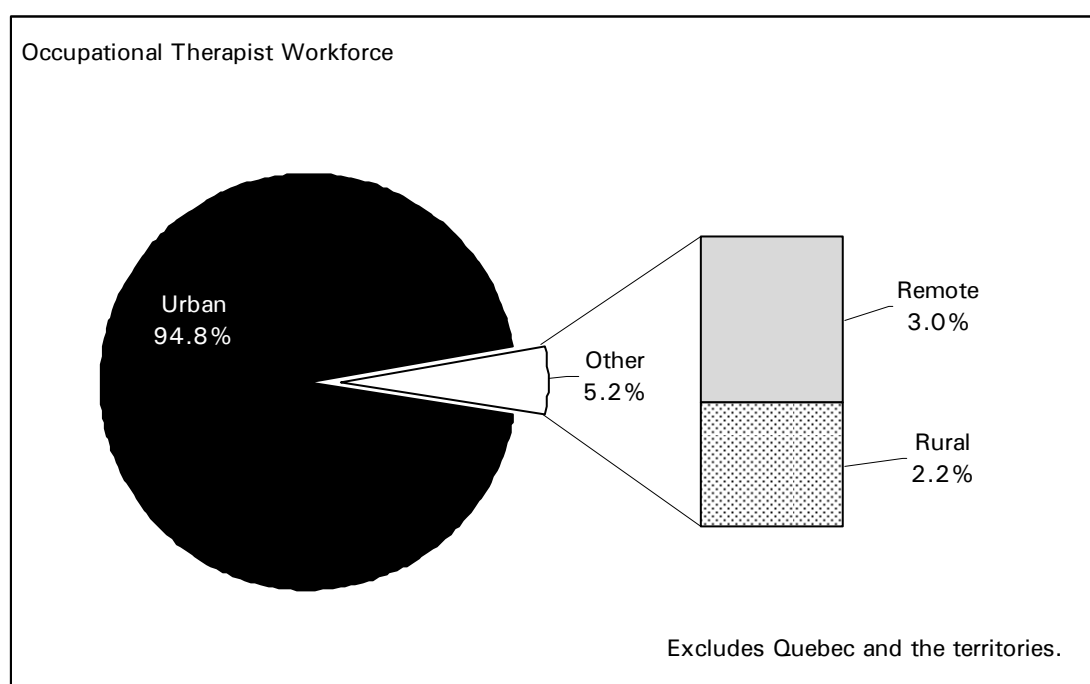
Occupational Therapist Database, Canadian Institute for Health Information, and Manitoba Health.

Geographic Distribution

Urban/Rural Distribution

Figure 5 shows that the majority of the OT workforce (94.8%), excluding Quebec, had primary employment in urban areas of Canada, leaving a small percentage with employers situated in rural (2.2%) and remote (3.0%) regions. For this analysis, urban areas are communities with populations greater than 10,000 persons, rural areas are in relatively close proximity to urban areas and remote areas are those communities with relatively little social and economic interaction with urban areas. For more information on this geographic classification scheme, please see the Methodological Notes section of this report.

Figure 5 Geographic Distribution of Occupational Therapist Workforce in Urban, Rural and Remote Regions, Canada, 2007



Notes

Quebec data were not available.

Not stated and *unknown* responses were removed from the above analysis and are not included in the total.

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.

The results do not include data for which responses were unknown.

Percentage unknown: total (81, 1%).

Percentage not stated: total (236, 2.8%).

Postal code data were assigned to urban/rural/remote categories using the April 2007 release of Statistics Canada's 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.

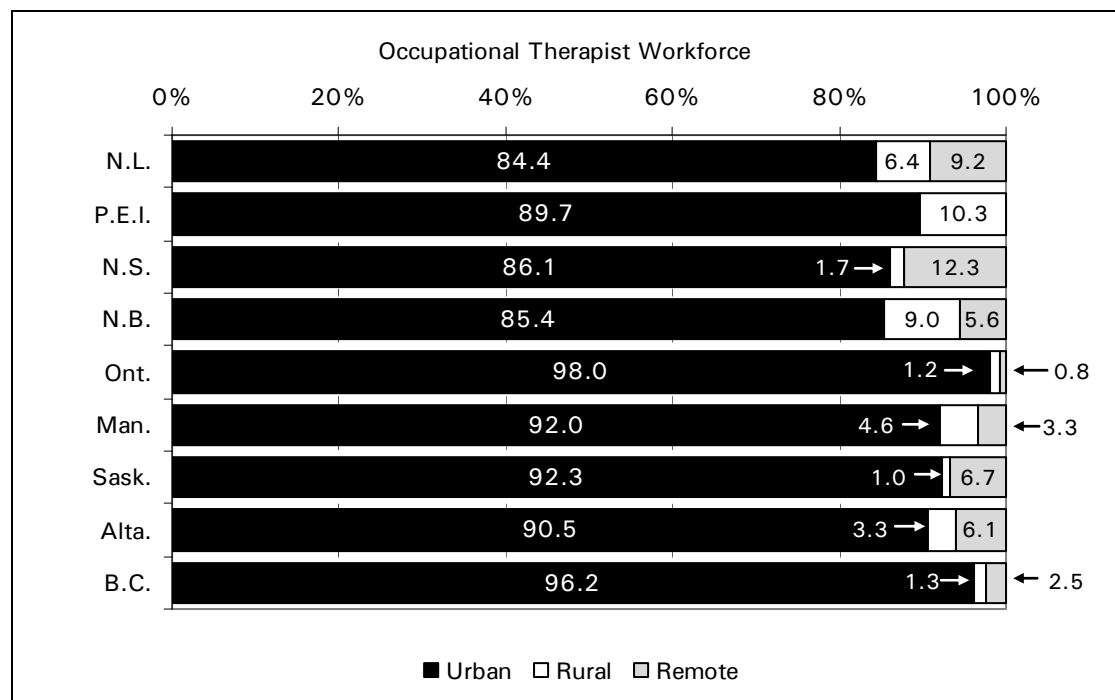
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Within each province, the majority of primary employers for OTs were located in urban areas. In the case of Ontario (98.0%) and B.C. (96.2%), the figure topped the national average of 94.8%, excluding Quebec (see Figure 6).

Figure 6 Geographic Distribution of Occupational Therapist Workforce in Urban and Rural/Remote Regions by Province of Registration, Canada, 2007



Notes

Quebec data were not available.

Not stated and unknown responses were removed from the above analysis.

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.

Percentage unknown: New Brunswick (1, 0.4%), Ontario (46, 1.2%), Manitoba (5, 1.1%), Alberta (17, 1.2%), B.C. (11, 0.7%).

Percentage not stated: Newfoundland and Labrador (3, 2.1%), Nova Scotia (24, 7.6%), New Brunswick (1, 0.4%), Ontario (135, 3.3%), Manitoba (6, 1.3%), Saskatchewan (3, 1.4%), Alberta (56, 3.9%).

Postal code data were assigned to urban/rural/remote categories using the April 2007 release of Statistics Canada’s 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.

CIHI data will differ from provincial and 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.

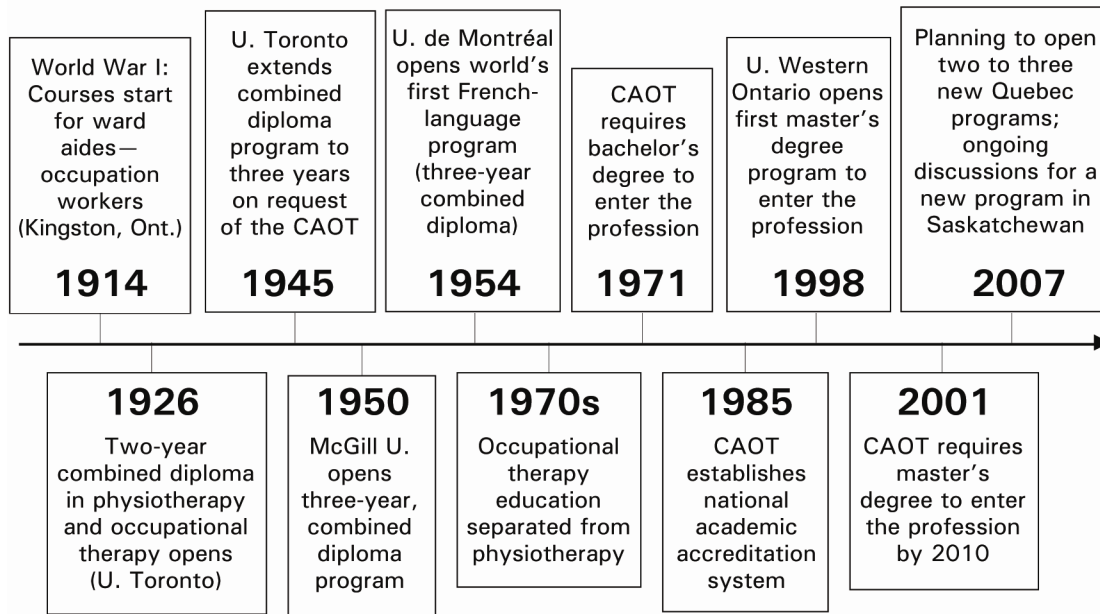
Source

Occupational Therapist Database, Canadian Institute for Health Information.

Educational Trends for Occupational Therapists

As described in Figure 7 below, there have been some significant changes in the entry-to-practice requirements in education for OTs in Canada over the past 30 years. For more information on these trends, see Appendix D.

Figure 7 Timeline of Educational Trends in Occupational Therapy in Canada



Note

Adapted from E. A. Townsend and H. J. Palatajko, *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being, and Justice Through Occupation* (Ottawa, Ont.: CAOT Publications ACE, 2007).

As of September 2008, 10 university programs in Canada offered a master's degree program in occupational therapy (see Table 6).²

Table 6 Status of Canadian University Occupational Therapy Programs

University	BSc	MSc
Dalhousie University		✓
Université Laval	✓	✓†
Université de Montréal	✓	✓
Université du Québec à Trois-Rivières	✓‡	✓
Sherbrooke University	✓§	✓§
University of Ottawa		✓††
McGill University	✓§§	✓‡‡
Queen's University		✓
McMaster University		✓
University of Toronto		✓
University of Western Ontario		✓
University of Manitoba		✓
University of Alberta		✓
University of British Columbia		✓

Notes

† 2009 start, pending final approval.

‡ September 2008 start.

§ Combined BSc–MSc degree program, pending accreditation prior to first cohort class graduation of 2011.

†† Implementation of the master's program, September 2007. Program accredited by the CAOT. The last BSc cohort will graduate in 2009.

‡‡ 2009 start.

§§ The last year of current accreditation is 2008–2009.

This is a summary prepared by the Association of Canadian Occupational Therapy University Programs (ACOTUP) and reflects the status of the programs as of May 2008. Please consult individual university web sites and calendars for specific admission information, as this information is updated frequently.

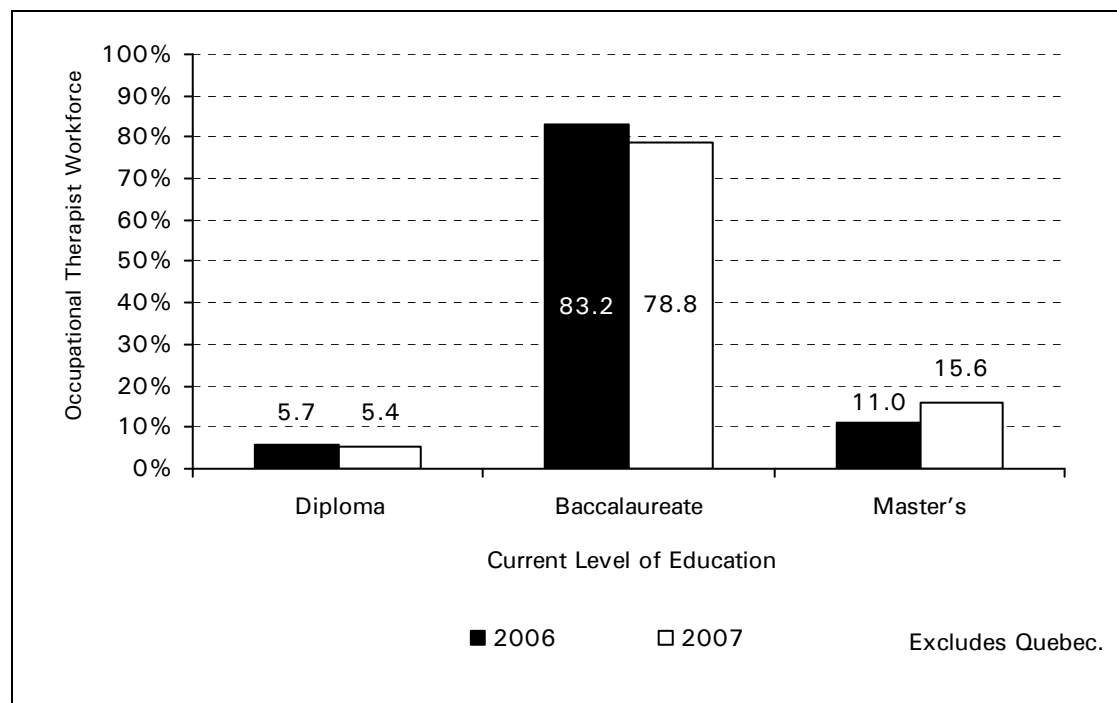
Source

Association of Canadian Occupational Therapy University Programs.

Current Level of Education in Occupational Therapy

In 2007, the majority of OTs held a baccalaureate degree in occupational therapy (78.8%), slightly down from 2006 (83.2%). Since 2006, those with diplomas have remained relatively stable, while in contrast, the number of OTs with master's-level degrees has increased by almost 5% (from 882 to 1,323). Although the numbers are small, the number of OTs with a doctorate degree has more than doubled, going from 6 in 2006 to 15 in 2007.

Figure 8 Percentage Distribution of Occupational Therapist Workforce by Current Level of Education in Occupational Therapy, Canada, 2006–2007



Notes

Quebec data were not available.

Not shown in this figure: in 2006, there were 6 OTs with a doctorate degree in occupational therapy (0.07%). In 2007, there were 15 OTs with a doctorate degree in occupational therapy (0.2%).

The results do not include data for which responses were unknown.

Percentage unknown: 2006 (152, 1.9%), 2007 (3, <0.1%).

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*).

Post basic education in OT #3 is not collected by B.C., Newfoundland and Labrador, and the territories.

CIHI data will differ from provincial and 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.

Further Education in Occupational Therapy

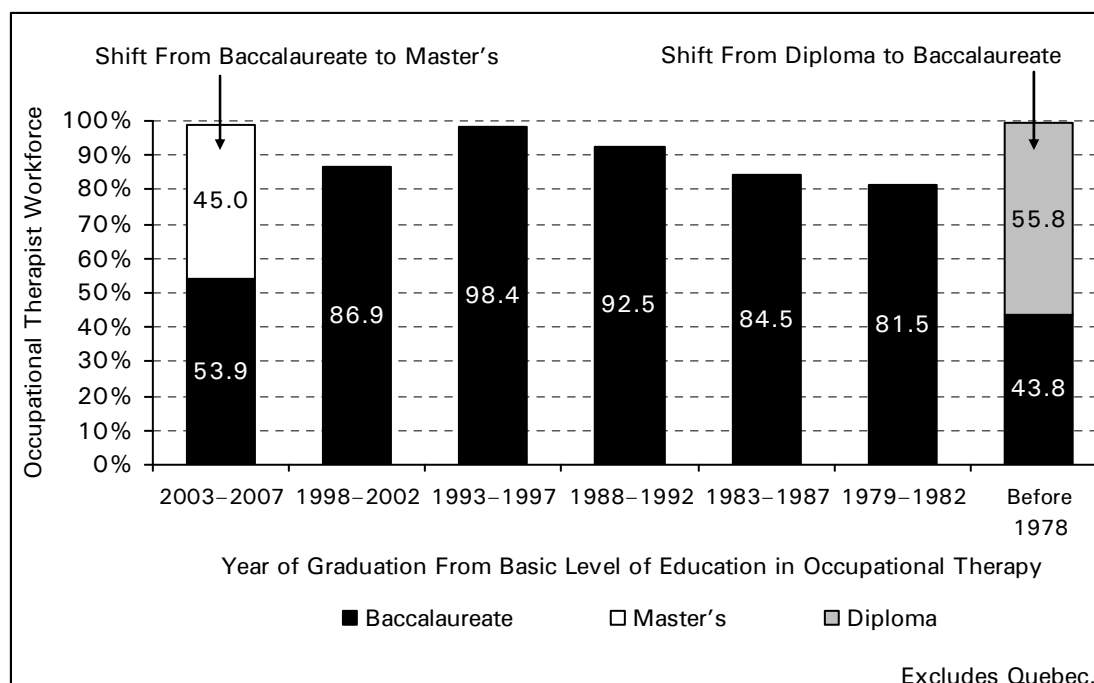
In 2007, the vast majority of OTs (93.4%) attained their basic level of educationⁱⁱ in occupational therapy and did not pursue further education within the field; only 6.6% continued their studies.

In spite of this small number of OTs pursuing higher education in occupational therapy (6.6%), the shift towards higher degrees in the workforce as a whole is evident from the trends in the level of basic education over time (see Figure 9). Based on the year of graduation for the current workforce, it is evident that the level of education is shifting, given the recent increase in the entry-level requirements for practising in Canada.

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.

Between 2003 and 2007, a growing percentage of OTs attained their master’s degree in occupational therapy (45.0%). During the same period, there was a drop in the number of OTs graduating with a baccalaureate degree in occupational therapy (53.9%). A similar trend resulting from a shift in the level of education was seen in the late 1970s and early 1980s when, increasingly, more OTs were graduating with a baccalaureate degree in occupational therapy (from 43.8% to 81.5%) and fewer numbers of OTs were graduating with diplomas.

Figure 9 Percentage Distribution of Level of Basic Education in Occupational Therapy by Year of Graduation From Basic Level of Education in Occupational Therapy, Canada, 2007



Notes

Quebec data were not available.

The results do not include data for which responses were unknown.

Percentage unknown for years since graduation: total (12, 0.1%).

Percentage unknown for *level of basic education*: total (12, 0.1%).

The number of years since graduation in occupational therapy was determined by finding the difference between the current reporting year (2007) and the *year of graduation from basic level of education in occupational therapy* attained by the registrant.

CIHI data will differ from provincial and 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.

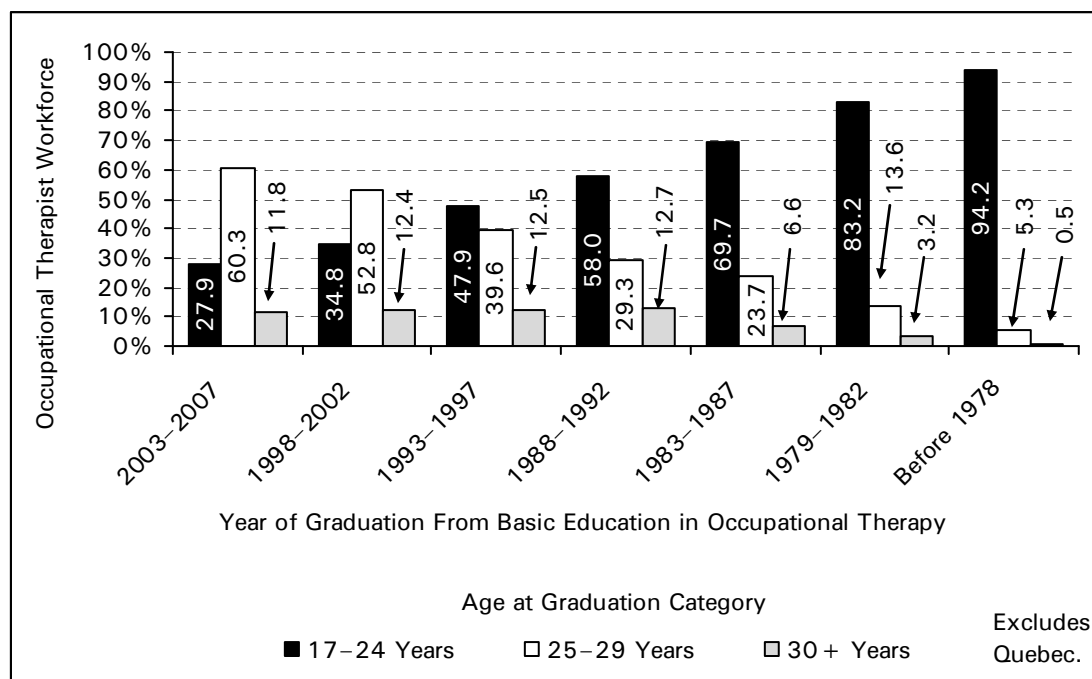
Source

Occupational Therapist Database, Canadian Institute for Health Information.

Age at Graduation From Basic Education

Over the past 30 years, the age of OTs at graduation from basic education in occupational therapy has increased consistently. Recently, the majority of OTs (60.3%) were in their mid-to-late 20s, and only 27.9% were under the age of 25 years. In the late 1970s, this pattern was reversed when the vast majority of OT graduates (94.2%) were between the ages of 17 and 24 years, and only 5.3% were in their mid-to-late 20s. See Figure 10 below.

Figure 10 Percentage Distribution of the Occupational Therapist Workforce by Age at Graduation and Years Since Graduation From Basic Education in Occupational Therapy, Canada, 2007



Notes

Quebec data were not available.
 Manitoba Health provided aggregate totals for five-year age bands for registrants in Manitoba (n = 453). The results do not include data for which responses were unknown.
 Percentage unknown for *age category*: total (12, 0.1%).
 Percentage unknown for *year of graduation from basic education in OT*: total (9, 0.1%).
 CIHI data will differ from provincial and 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.

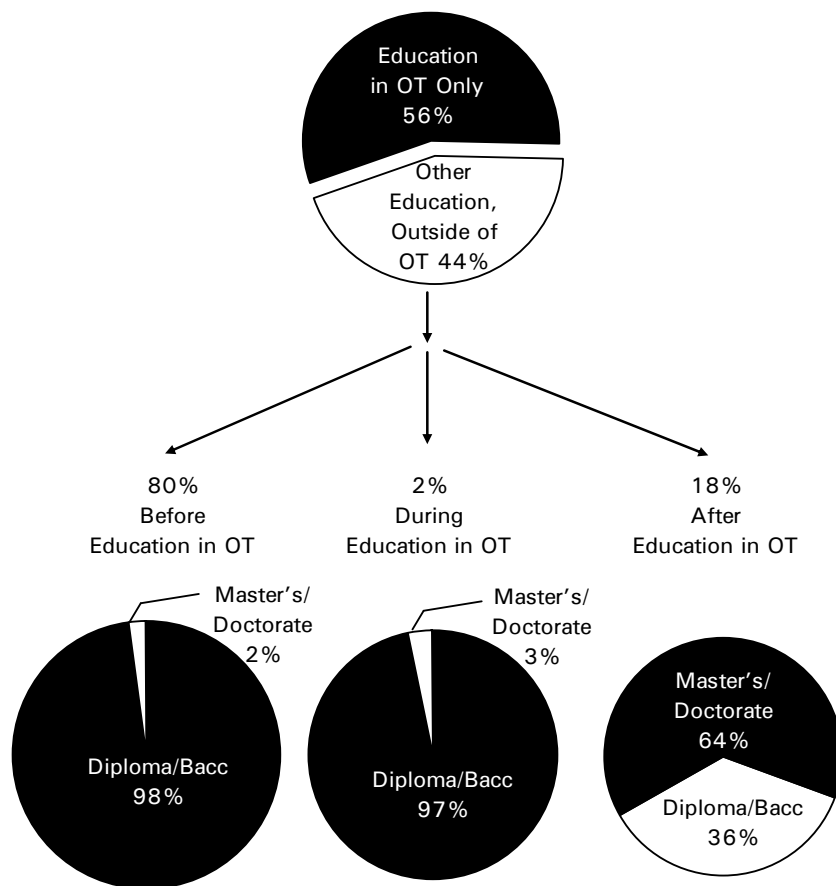
Sources

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

Education Outside of Occupational Therapy

The OTDB findings show that almost half of OTs (44%) have postsecondary education in fields outside of occupational therapy, in addition to their occupational therapy degree. Most attain degrees in other areas of study **before** their education in occupational therapy (80%), while a smaller percentage complete their degrees **after** their education in occupational therapy (18%). See Figure 11 below.

Figure 11 Percentage Distribution of Occupational Therapist Workforce With Education in Other Than Occupational Therapy, Canada, 2007



Excludes Quebec and Newfoundland and Labrador.

Notes

Quebec data were not available.
 Findings do not include Newfoundland and Labrador as *education in other than OT* was not collected.
 The results do not include data for which responses were unknown. Unknown responses were removed from the above analysis and are not included in the total.
 Percentage unknown: total (1, 0.2%).
Diploma and *baccalaureate* have been combined due to small cell sizes.
Master's and *doctorate* have been combined due to small cell sizes.
 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 and 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.

In 2007, out of the 80% of OTs that completed their education outside of occupational therapy **prior** to their occupational therapy degree, the vast majority (98%) had already received their education at the diploma or baccalaureate level, while only a small number had previously completed a master's or doctorate degree (2%).

Similarly, out of the 2% of OTs (107) that had obtained a degree in occupational therapy and a degree in a field outside of OT at the **same time**, most were graduating with a diploma or baccalaureate (97%); only a few received their master's or doctorate (3%) concurrently with their degree in OT.

Finally, out of the 18% of OTs who attained a degree in a field of study other than occupational therapy **after** their education in occupational therapy, two-thirds had pursued education at the master's and doctorate level (64%) and the remaining one-third had obtained degrees at the diploma or baccalaureate level (36%).

New Grads

Canadian universities graduated more than 700 OTs in 2007, most of whom attended universities in Ontario and Quebec (see Table 7).

Table 7 Number of Graduates of Accredited Programs in Occupational Therapy by School of Graduation, Canada, 1997 to 2007

School	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
N.S.											
Dalhousie University	36	36	44	50	50	47	45	42	46	54	55
Que.	200	130	176	165	185	111	180	178	180	205	200
McGill University [†]	69	54	56	47	48	46	44	42	40	59	46
Université de Montréal	75	64	69	65	68	..	87	79	87	92	89
Université Laval	56	12 [†]	51	53	69	65	49	57	53	54	65
Ont.	267	233	223	233	230	238	227	207	229	298	275
McMaster University	64	58	57	59	57	50	52	47	48	49	52
Queen's University	36	35	37	36	34	42	46	39	35	93 [§]	51
University of Ottawa	20	33	21	33	28	42	47	21	32	32	38
University of Toronto	104	63	63	62	67	59	38	52	64	74	85
University of Western Ontario	43	44	45	43	44	45	44	48	51	50	49
Man.											
University of Manitoba	29	29	31	30	27	30	28	35	22	40	42
Alta.											
University of Alberta	77	70	76	69	78	73	144 [§]	91	82	92	92
B.C.											
University of British Columbia [‡]	31	34	39	37	36	..	32	37	34	39	39
Canada	640	532	589	584	606	499	656	590	594	728	703

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.

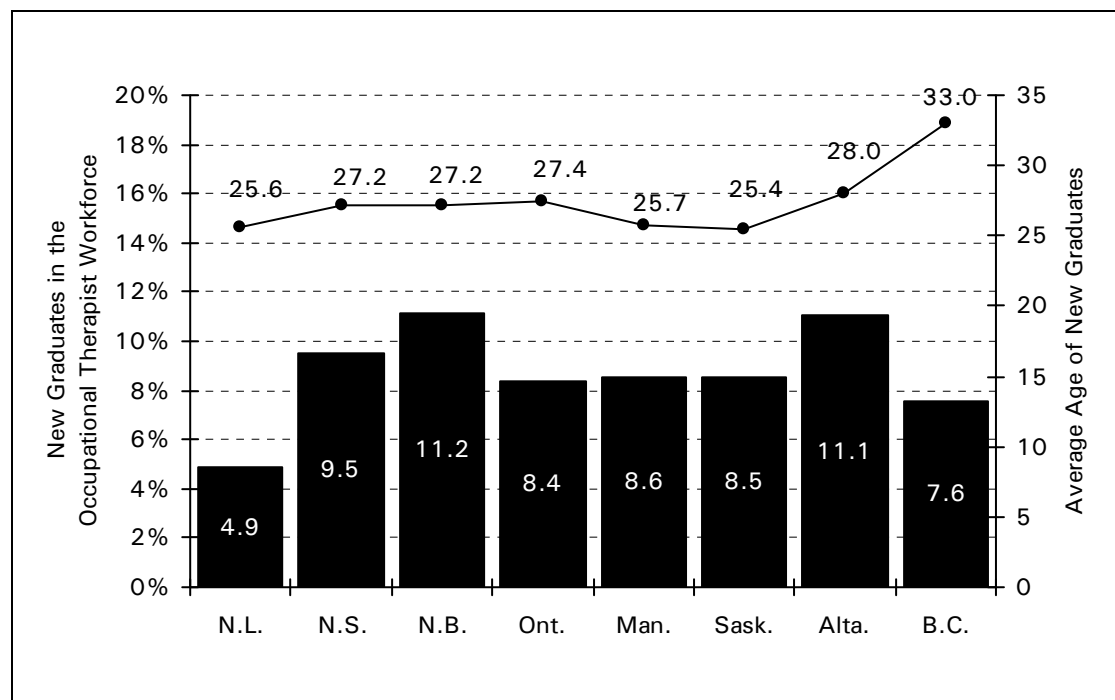
Data for 1997 to 2005 come from the HPDB, which reports the graduates from accredited occupational therapy programs in Canada, including the province of Quebec. Data in this table should be used within the limitations noted in the Methodological Notes section of *Canada's Health Care Providers, 1997 to 2006, A Reference Guide*.

Sources

1997 to 2005: Health Personnel Database, Canadian Institute for Health Information; 2006 and 2007 data: individual schools' and universities' registrar's office or administration.

In 2007, 8.8% of the OT workforce (746) was classified as new graduates,ⁱⁱⁱ with Newfoundland and Labrador having the lowest percentage in their workforce (4.9%), in contrast to New Brunswick (11.2%) and Alberta (11.1%), which had the highest percentage of new graduates in their workforce. See Figure 12 below.

Figure 12 Percentage Distribution of New Graduates in the Occupational Therapist Workforce by Average Age and Province or Territory of Registration, 2007



Notes

Quebec data were not available.
 Average age findings do not include 43 registrants in Manitoba.
 Findings for Prince Edward Island and the territories were suppressed due to small cell sizes.
 The results do not include data for which responses were unknown.
 Percentage unknown for new graduates: Manitoba (8, 1.7%).
 Percentage unknown for age for new graduates: Alberta (2, 1.3%).
 CIHI data will differ from provincial and 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.

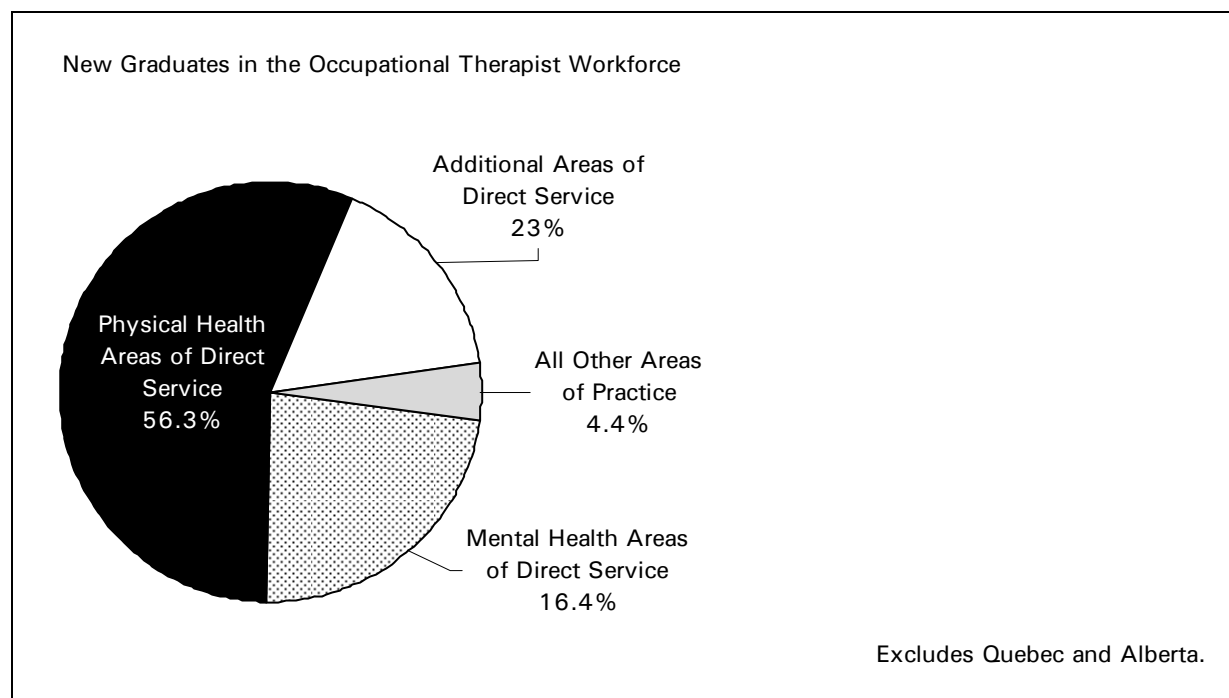
As expected, excluding Quebec, P.E.I. and the territories, new grads were among the youngest OTs in the workforce, with an average age of 26.8 years across Canada. The average age of the new graduates employed in each of the jurisdictions ranged from 28.0 years in Alberta to 33.0 years in B.C.

iii. New graduates have a year of graduation from basic education in 2006 or 2007.

Area of Practice for New Graduates

Excluding Quebec and Alberta, in 2007 the vast majority (95.6%) of new OT graduates entered the workforce in a direct service area of practice such as physical health (56.3%), mental health (16.4%) and additional areas of direct service (23%). Just more than four percent (4.4%) of new graduates were employed in another area of practice, which would include 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 and Territories, 2007



Notes

Quebec data were not available.

Findings do not include data from Alberta, as the primary area of practice was not collected.

The results do not include data for which responses were unknown.

Percentage unknown for new graduates: total (12, 0.1%).

Percentage unknown for *primary employment area of practice* for new graduates: total (37, 6.31%).

Mental health areas of direct service include *mental health* only.

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 and 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

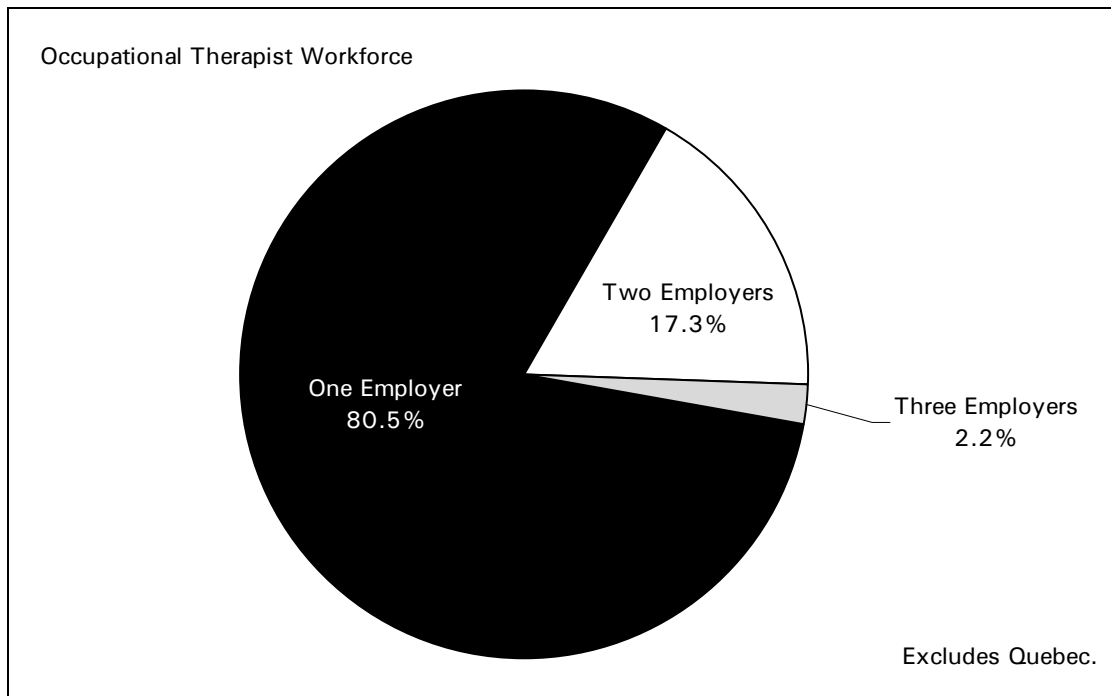
Occupational Therapist Database, Canadian Institute for Health Information.

Employment Trends for Occupational Therapists

Single Versus Multiple Employers

Figure 14 below shows that in 2007, excluding Quebec, most OTs in Canada worked for a single employer (80.5%), while 17.3% had two employers and 2.2% had three employers.

Figure 14 Percentage Distribution of Occupational Therapist Workforce by Number of Employers, Canada, 2007



Notes

Quebec data were not available.

The results do not include data for which responses were unknown.

Percentage unknown: total (79, 0.9%).

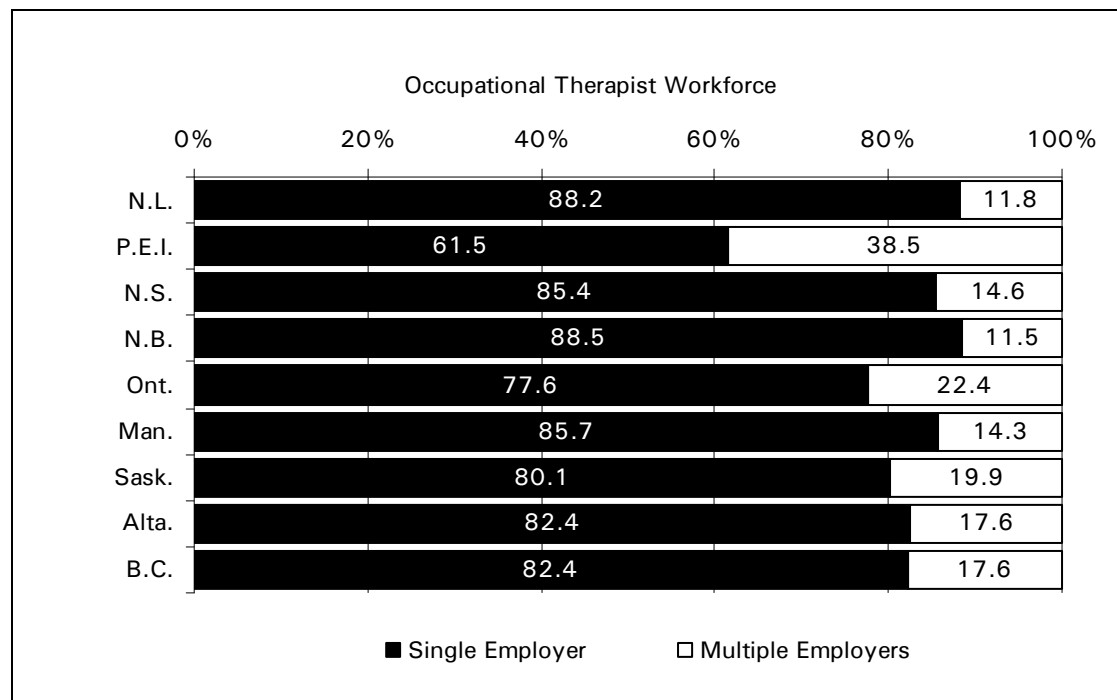
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

There is substantial regional variation for single- versus multiple-employer work environments for OTs. P.E.I. (38.5%) had a higher-than-average proportion of OTs with more than one employer, and in both Newfoundland and Labrador (11.8%) and New Brunswick (11.5%) OTs were less likely to have multiple employers (see Figure 15).

Figure 15 Percentage Distribution of Occupational Therapist Workforce by Number of Employers, Province of Registration, 2007



Notes

Quebec data were not available.

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

The results do not include data for which responses were unknown.

Percentage unknown: Nova Scotia (4, 1.2%); Ontario (73, 1.8%).

CIHI data will differ from provincial and 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

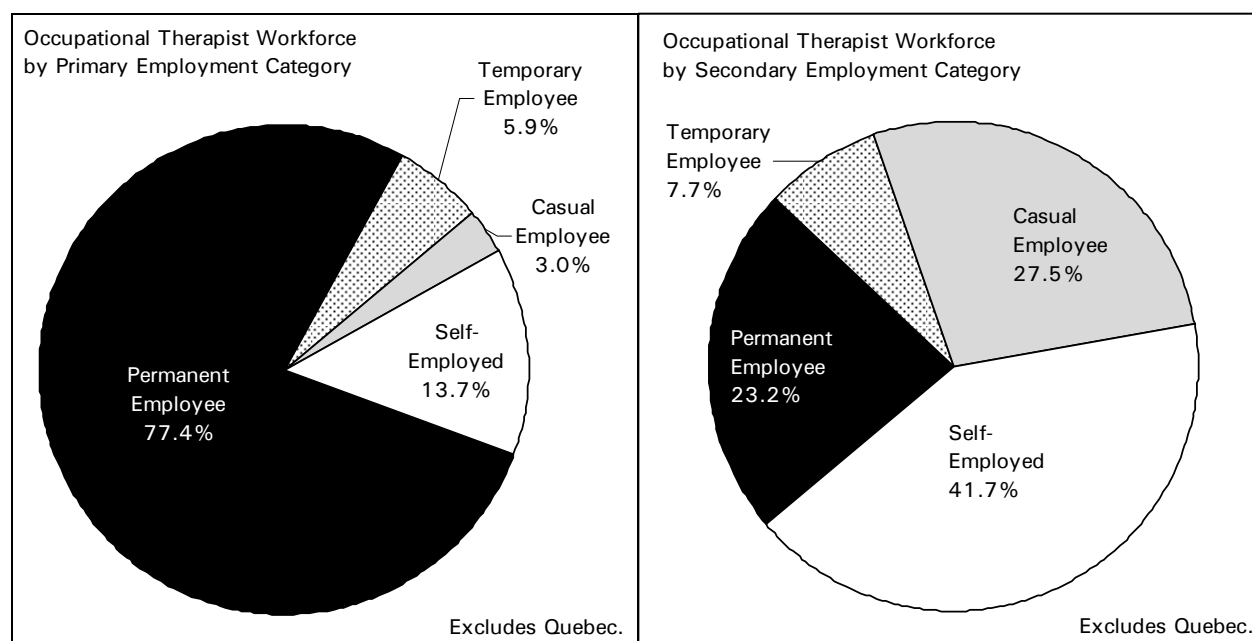
Occupational Therapist Database, Canadian Institute for Health Information.

Employment Category

In 2007, over three-quarters of the OTs employed in Canada (77.4%) were permanent employees for their primary employment^{iv} (excluding Quebec). Only 13.7% of the workforce indicated they were self-employed and 3.0% were employed on a casual basis.

The percentage of OTs employed as permanent employees dropped to 23.2% for those having a second employment and, accordingly, there were substantial increases in the proportion of OTs working as either self-employed (41.7%) or casual employees (27.5%). See Figure 16.

Figure 16 Percentage Distribution of the Occupational Therapist Workforce by Primary and Secondary Employment Category, Canada, 2007



Notes

Quebec data were not available.

The results do not include data for which responses were unknown.

Percentage unknown for *primary employment category*: total (130, 1.5%).

Percentage unknown for *secondary employment category*: total (112, 6.8%).

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 and 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, excluding Quebec, the distribution of employment categories for primary employment varies. As indicated in Table 8, the percentage of permanent employees tops 90% in Alberta (91.3%), which also has the lowest percentage of temporary or casual employees (3.4%). The largest proportion of self-employed OTs is in Ontario (20.2%), which is substantially higher than the other jurisdictions.

Table 8 Number and Percentage Distribution of the Occupational Therapist Workforce by Employment Category for Primary Employment, Province or Territory of Registration, 2007

	Permanent Employee		Temporary or Casual Employee		Self-Employed		Total
	Count	Percent	Count	Percent	Count	Percent	
N.L.	116	80.6	17	11.8	11	7.6	144
P.E.I.	**	**	9	23.1	*	*	39
N.S.	244	75.8	49	15.2	29	9.0	322
N.B.	245	91.4	23	8.6	0	0.0	268
Ont.	2,846	71.1	348	8.7	811	20.2	4,005
Man.	379	83.8	50	11.1	23	5.1	452
Sask.	174	83.3	21	10.0	14	6.7	209
Alta.	1,311	91.3	49	3.4	76	5.3	1,436
B.C.	1,132	76.1	177	11.9	178	12.0	1,487
Terr.	**	**	0	0.0	*	*	15
Total	6,486	77.4	743	8.9	1,148	13.7	8,377

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.

Findings do not include the value self-employed for employment category for New Brunswick as it was not provided to CIHI.

Quebec data were not available.

Total does not include Quebec.

The territories were combined due to small cell sizes.

The results do not include data for which responses were unknown.

Percentage unknown: Nova Scotia (4, 1.2%); New Brunswick (1, 0.4%); Ontario (82, 2.0%); Manitoba (11, 2.4%); Saskatchewan (2, 0.9%); Alberta (11, 0.8%); B.C. (15, 1.0%); the Yukon (2, 25.0%); the Northwest Territories (2, 22.2%); total (130, 1.5%).

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.

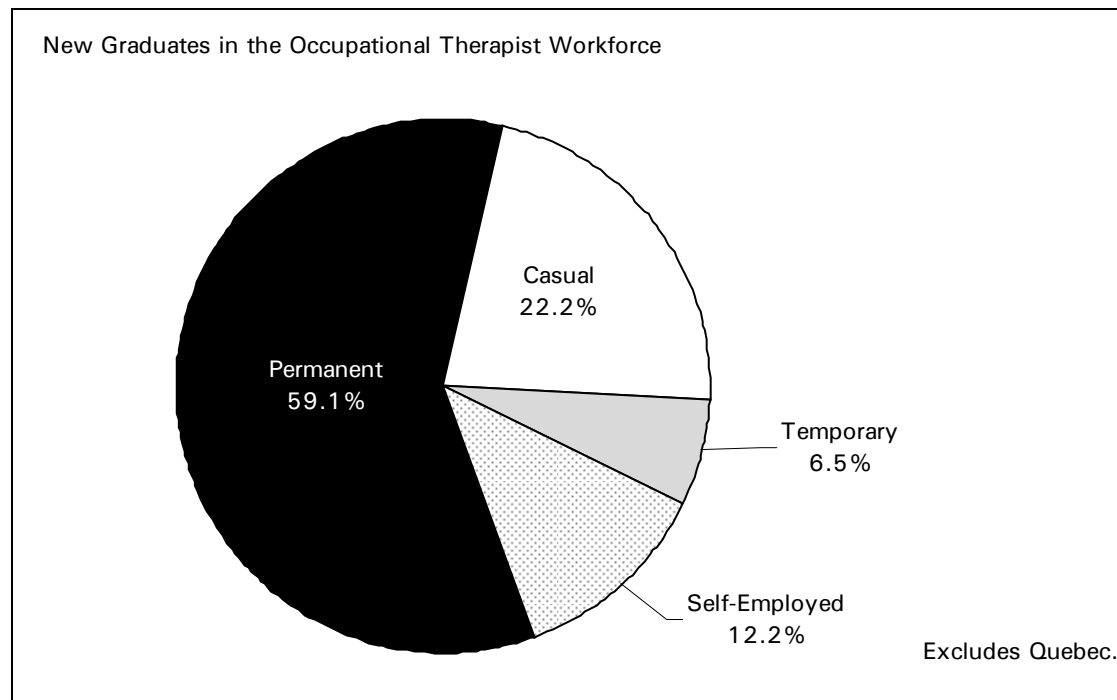
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Figure 17 indicates that just over one-half of new graduates are employed in permanent positions (59.1%), and less than one-quarter work as casual employees (22.2%).

Figure 17 Percentage Distribution of New Graduates in the Occupational Therapist Workforce by Employment Category for Primary Employment, Canada, 2007



Notes

Quebec data were not available.

The results do not include data for which responses were unknown.

Percentage unknown: total (34, 4.6%).

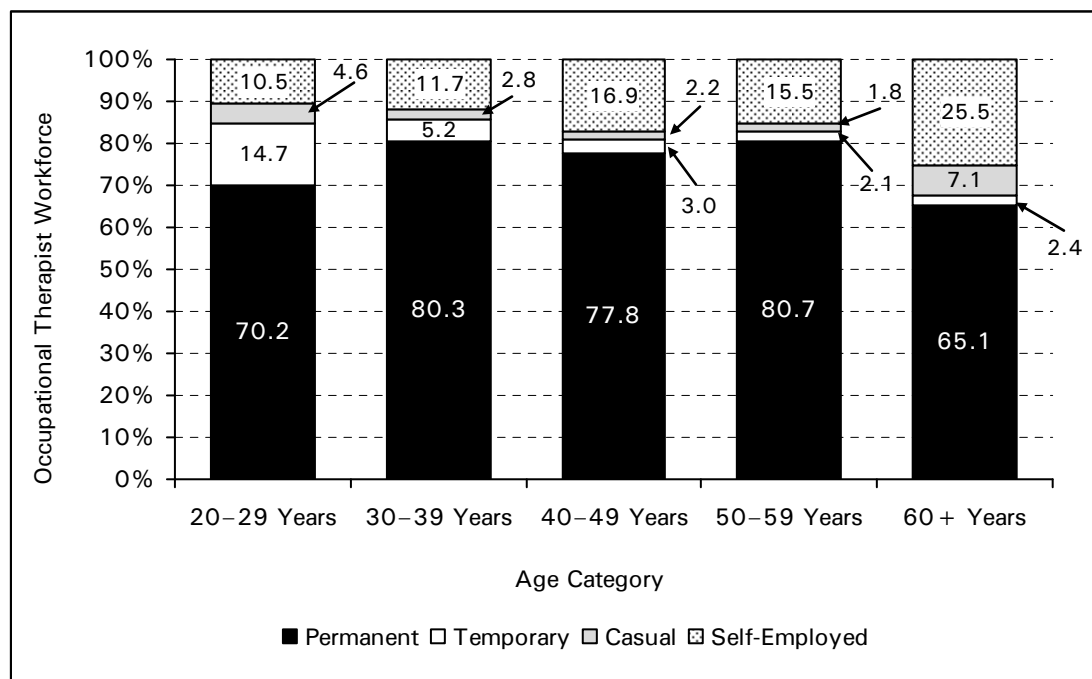
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

An examination of the employment categories by age group reveals that self-employment increases with age, going from only 10.5% in the youngest age group to just over one-quarter of the oldest age group (25.5%). Also, while younger OTs (20 to 29 years of age) make up the largest proportion of temporary employees (14.7%), OTs who are in the oldest age category (60 years and up) are more likely to hold casual positions than any other age group (7.1%). See Figure 18.

Figure 18 Percentage Distribution of Occupational Therapist Workforce by Age Group and Employment Category for Primary Employment, Canada, 2007



Notes

Quebec data were not available.

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

The results do not include data for which responses were unknown.

Percentage unknown for *employment category (primary employment)*: total (130, 1.5%).

Percentage unknown for *age*: total (9, 0.1%).

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 and 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.

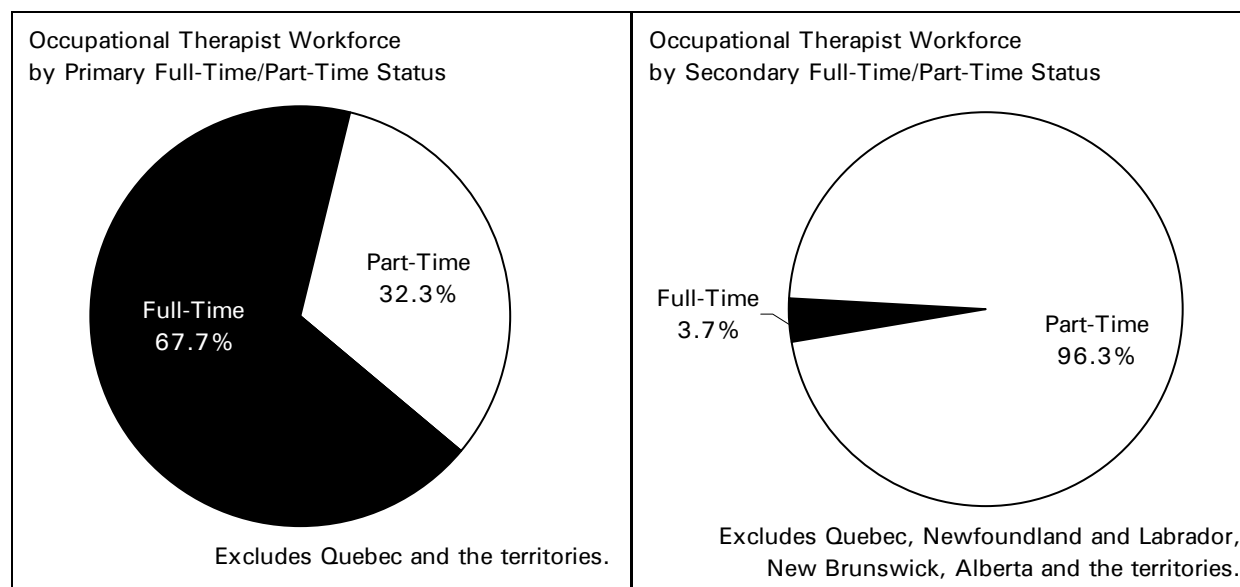
Sources

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

Full-Time, Part-Time Status

Based on self-reported information for primary employment, two-thirds of the OT workforce (67.7%) are employed on a full-time basis and one-third (32.3%) are employed on a part-time basis in Canada, excluding Quebec and the territories. See Figure 19.

Figure 19 Percentage Distribution of Occupational Therapist Workforce by Full-Time Versus Part-Time Status for Primary and Secondary Employment, Selected Provinces of Registration, 2007



Notes

Quebec data were not available.

Primary employment full-time/part-time status does not include the territories due to a high proportion of missing values.

Secondary employment full-time/part-time status does not include Newfoundland and Labrador, New Brunswick, Alberta and the territories due to a high proportion of missing values.

The results do not include data for which responses were unknown.

Percentage unknown for *primary employment full-time/part-time status*: total (192, 2.3%).

Percentage unknown for *secondary employment full-time/part-time status*: total (101, 7.6%).

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.

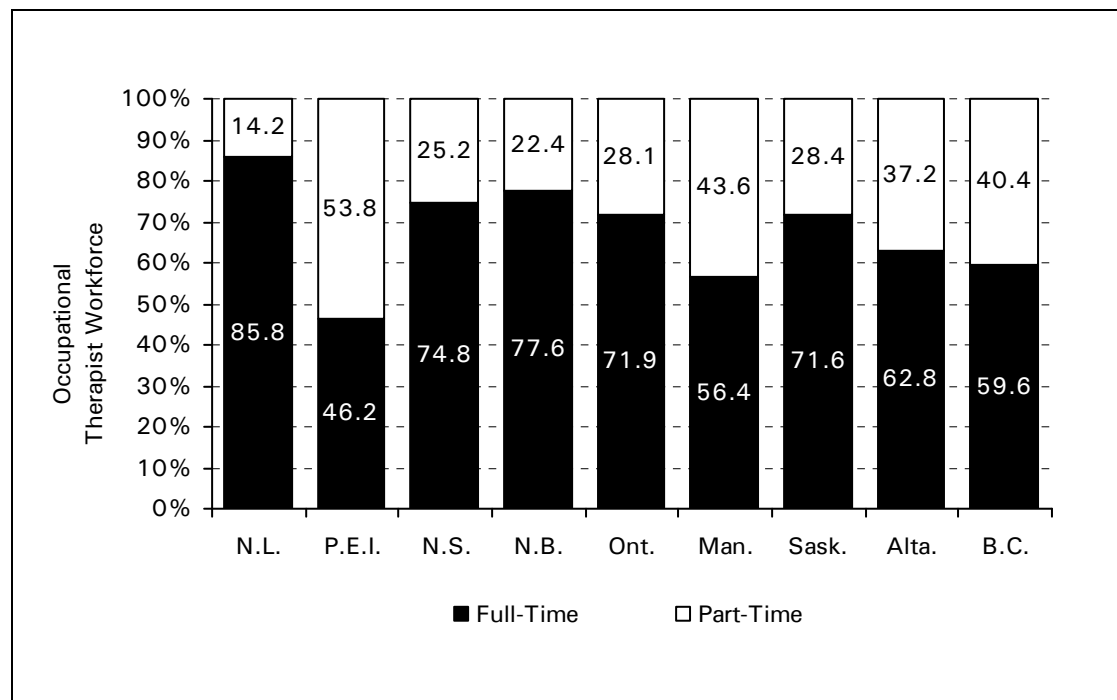
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

The provinces of Newfoundland and Labrador and P.E.I. represent the opposite ends of the full-time versus part-time employment spectrum, in that P.E.I. has the highest percentage of its workforce employed part-time for primary employment (53.8%), whereas Newfoundland and Labrador has the lowest proportion working part-time (14.2%). See Figure 20.

Figure 20 Percentage Distribution of the Occupational Therapist Workforce by Primary Employment Full-Time/Part-Time Status, Province of Registration, 2007



Notes

Quebec data were not available.

Findings from the territories were suppressed due to small cell sizes.

The results do not include data for which responses were unknown.

Percentage unknown: Newfoundland and Labrador (3, 2.1%); Nova Scotia (4, 1.2%); New Brunswick (24, 8.9%); Ontario (87, 2.1%); Manitoba (7, 1.5%); Saskatchewan (2, 0.9%); Alberta (39, 2.7%); B.C. (23, 1.5%).

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 and 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.

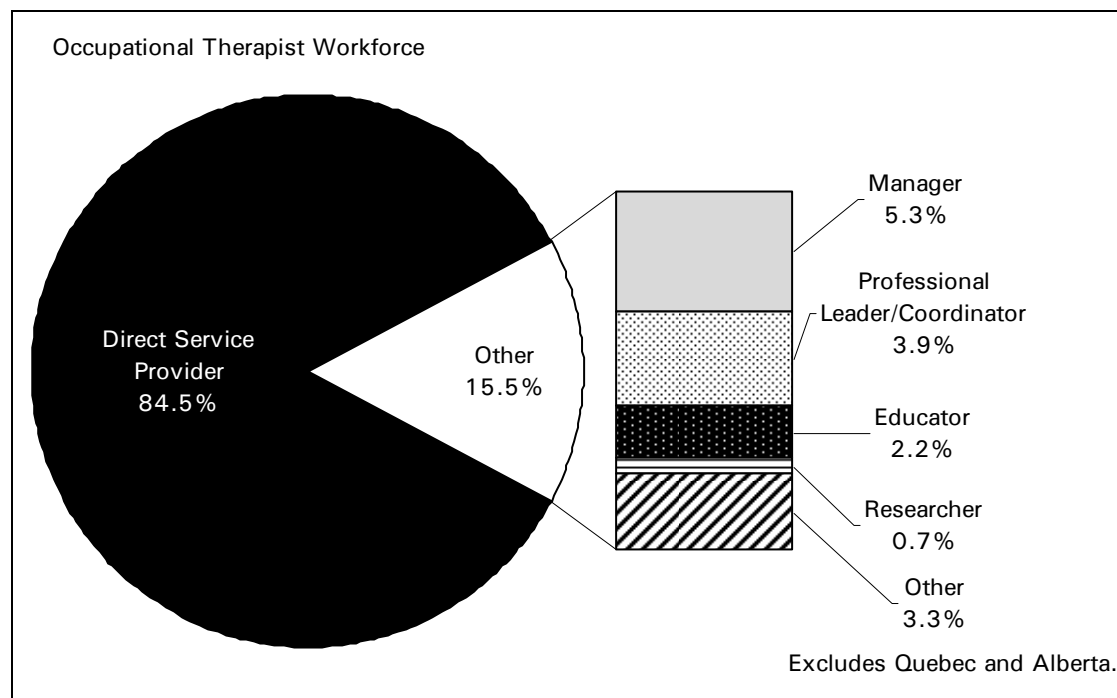
Source

Occupational Therapist Database, Canadian Institute for Health Information.

Employment Position

Figure 21 below illustrates the employment position for OTs, which refers to their main role within their primary place of work. For registrants who have multiple roles within their primary place of work, it reflects the role associated with the greatest number of hours worked. Excluding Quebec and Alberta, 84.5% of OTs are employed as direct service providers, while the remaining 15.5% are employed as managers (5.3%), professional leaders/coordinators (3.9%), educators (2.2%), researchers (0.7%) or in other positions (3.3%).

Figure 21 Percentage Distribution of the Occupational Therapist Workforce by Position for Primary Employment, Selected Provinces and Territories, 2007



Notes

Quebec data were not available.

Alberta data were not included due to a high proportion of missing values for *position for primary employment*.

The results do not include data for which responses were unknown.

Percentage unknown: total (193, 2.7%).

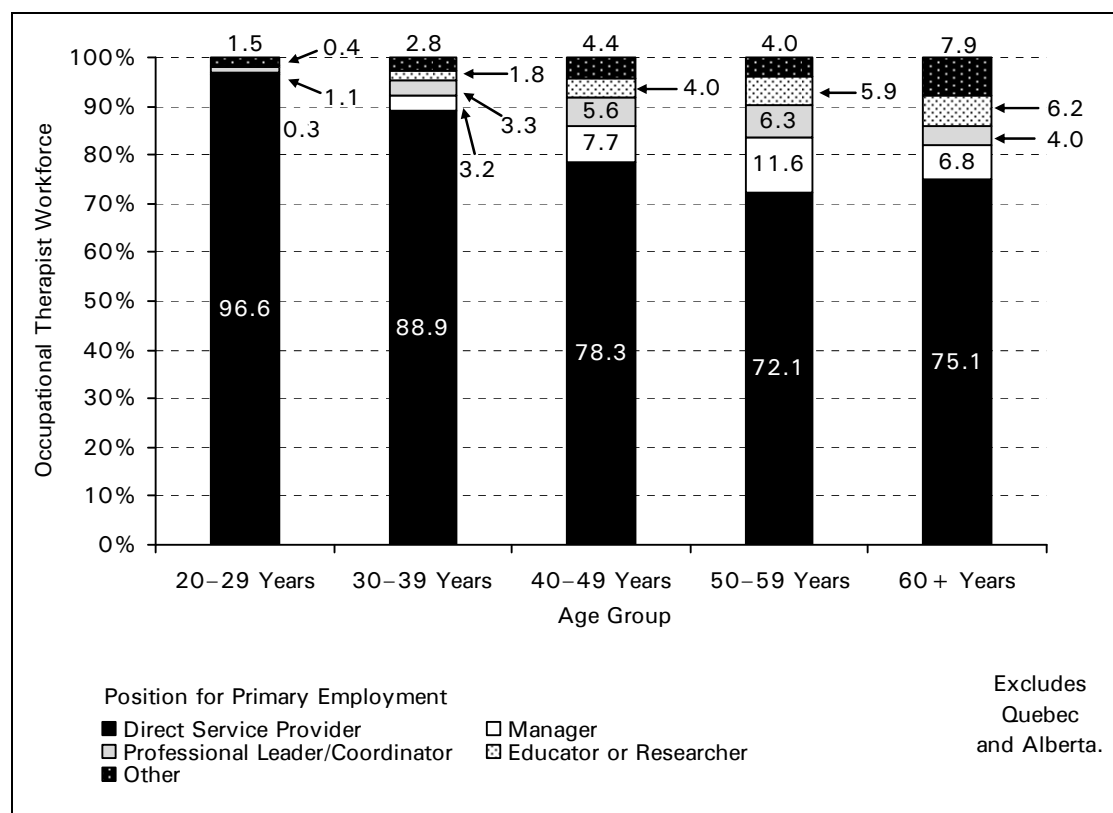
CIHI data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology. The Methodological Notes provide more comprehensive information regarding the collection and comparability of OTDB data.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

The position of the OT workforce changes for primary employment slightly as age increases. The vast majority of younger OTs (96.6%), who are most likely to be at the beginning of their careers, are employed as direct service providers. As age increases, the proportion of managers, professional leaders/coordinators, educators or researchers also increases. By the age of 60 years and older, there is an increase in other positions (not otherwise specified) and in direct service. See Figure 22.

Figure 22 Percentage Distribution of the Occupational Therapist Workforce by 10-Year Age Groupings and Position for Primary Employment, Selected Provinces and Territories, 2007



Notes

Quebec data were not available.
 Manitoba Health provided aggregate totals for five-year age bands for registrants in Manitoba (n = 453).
 Alberta data were not included due to a high proportion of missing values for *position for primary employment*.
 The results do not include data for which responses were unknown.
 Percentage unknown for *position for primary employment*: total (193, 2.7%).
 Percentage unknown for age (*year of birth*): total (9, 0.1%).
 CIHI data will differ from provincial and 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.

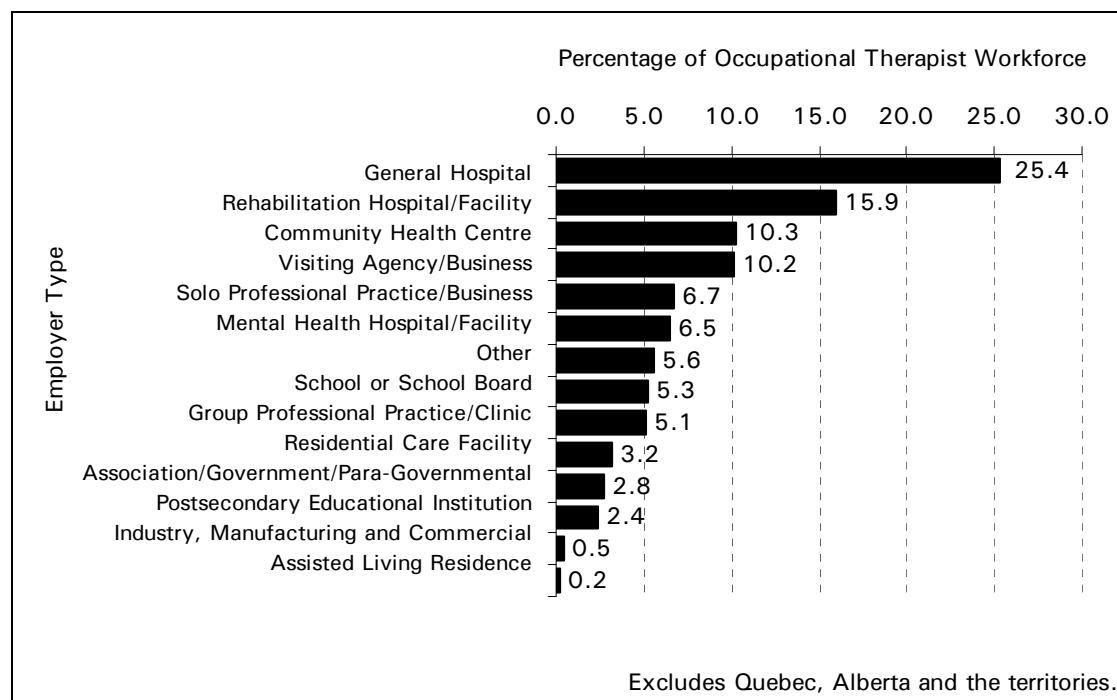
Sources

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

Employer Type

Figure 23 illustrates that hospitals, which include general hospitals (25.4%), rehabilitation hospitals/facilities (15.9%) and mental health hospitals/facilities (6.5%), accounted for just under half of the employers for primary employment of the OT workforce (excluding Alberta, Quebec and the territories).

Figure 23 Percentage Distribution of the Occupational Therapist Workforce, Employer Type for Primary Employment, Selected Provinces and Territories, 2007



Notes

Quebec data were not available.

Alberta and territorial data were not included due to a high proportion of missing values for *the employer type (primary employment)*.

The results do not include data for which responses were unknown.

Percentage unknown: total (203, 2.9%).

CIHI data will differ from provincial and 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 OTs among the different employer types varies across Canada as shown in Table 9. B.C. has the lowest percentage of its OT workforce employed in hospital settings (43.1%) and the second highest percentage employed in community settings (33.6%), second only to New Brunswick (40.1%). In contrast, Newfoundland and Labrador has the highest percentage of its workforce employed in hospitals (64.7%) and the lowest employed in a community setting (10.1%).

Table 9 Number and Percentage Distribution of Occupational Therapist Workforce by Employer Type for Primary Employment, Province of Registration, 2007

	Hospital		Community		Professional Practice		Other		Total
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
N.L.	90	64.7	14	10.1	23	16.5	12	8.6	139
P.E.I.	20	51.3	10	25.6	*	*	**	**	39
N.S.	176	54.7	35	10.9	37	11.5	74	23.0	322
N.B.	139	51.7	108	40.1	*	*	**	**	269
Ont.	1,866	47.5	1,152	29.3	462	11.7	452	11.5	3,932
Man.	228	50.8	125	27.8	31	6.9	65	14.5	449
Sask.	113	55.4	47	23.0	22	10.8	22	10.8	204
B.C.	639	43.1	498	33.6	213	14.4	134	9.0	1,484
Total	3,271	47.8	1,989	29.1	806	11.8	772	11.3	6,838

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.

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

Total does not include Quebec, Alberta and the territories.

The results do not include data for which responses were unknown.

Percentage unknown: Newfoundland and Labrador (5, 3.5%); Nova Scotia (4, 1.2%); Ontario (155, 3.8%); Manitoba (14, 3.0%);

Saskatchewan (7, 3.3%); B.C. (18, 1.2%); total (203, 2.9%).

Quebec data were not available.

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 and 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.

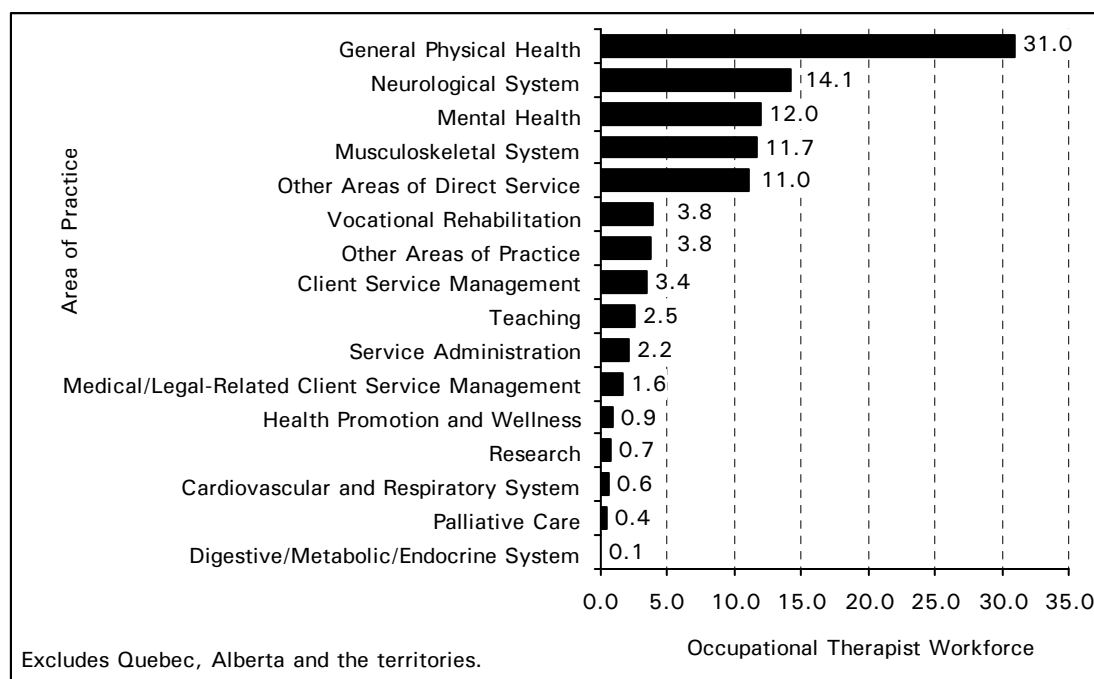
Source

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 in Canada. Excluding Quebec, Alberta and the territories, the major focus of activities was in areas of direct service (85.5%). The top five areas of practice were general physical health (31.0%), neurological system (14.1%), mental health (12.0%), musculoskeletal system (11.7%) and other areas of direct service (not otherwise specified) (11.0%). See Figure 24.

Figure 24 Percentage Distribution of the Occupational Therapist Workforce by Area of Practice for Primary Employment, Selected Provinces, 2007



Notes

Quebec data were not available.

Findings do not include data from Alberta, as the *primary employment area of practice* was not collected.

Findings from the territories were suppressed due to small cell sizes.

The results do not include data for which responses were unknown.

Percentage unknown: total (158, 2.2%).

CIHI data will differ from provincial and 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.

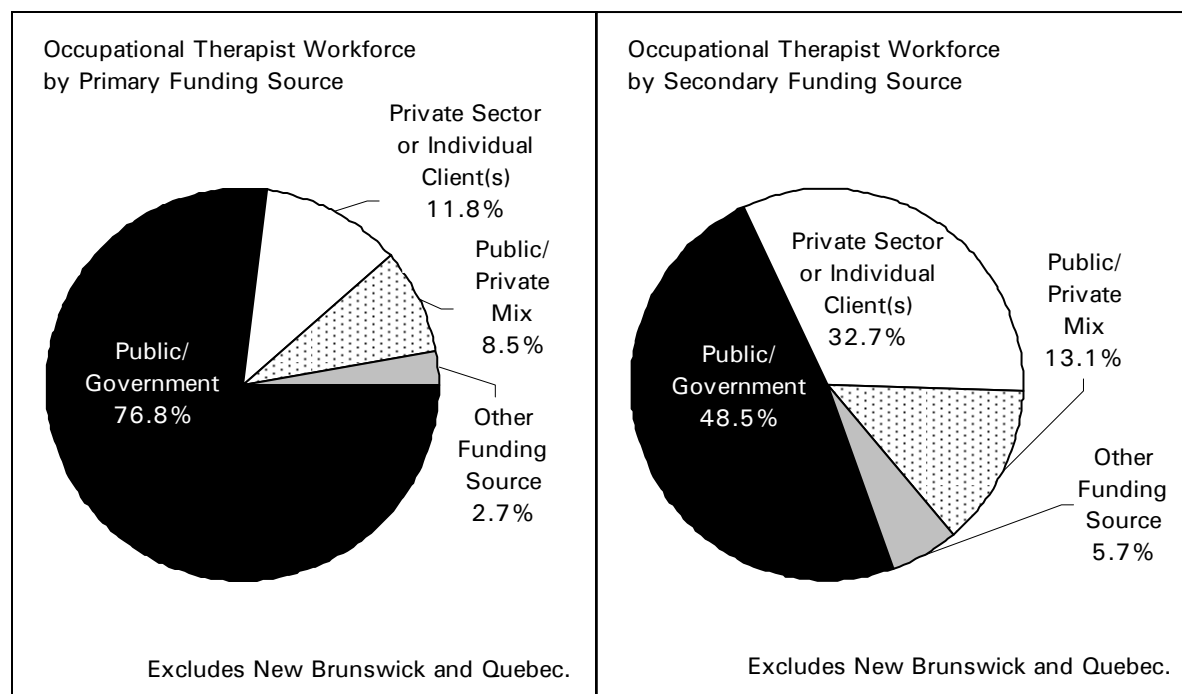
Source

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 76.8% of primary employment for the OT workforce. Among secondary employment, there is a more even split between private and public funding. See Figure 25.

Figure 25 Percentage Distribution of Occupational Therapist Workforce by Funding Source for Primary and Secondary Employment, Selected Provinces and Territories, 2007



Notes

Quebec data were not available.
 Findings do not include data from New Brunswick as the *primary employment funding source* was not collected.
 The results do not include data for which responses were unknown.
 Percentage unknown for *primary employment funding source*: total (190, 2.2%).
 Percentage unknown for *secondary employment funding source*: total (106, 7.1%).
 Ontario and B.C. include auto insurance and other types of insurance within the 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 and 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.

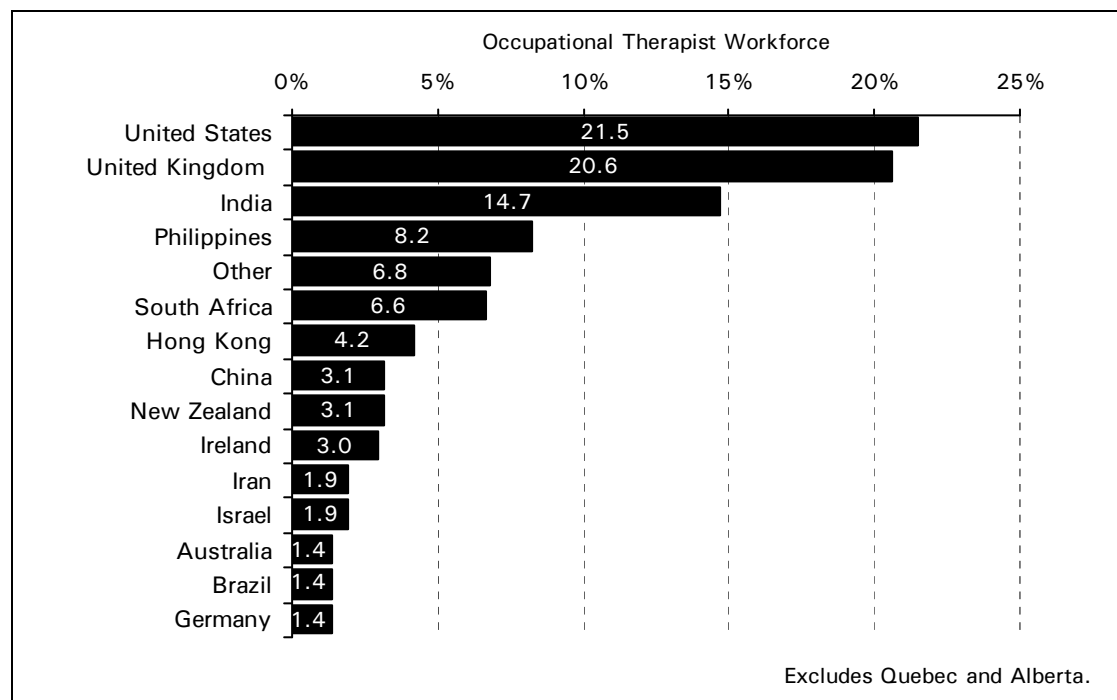
Source

Occupational Therapist Database, Canadian Institute for Health Information.

Internationally Educated Occupational Therapists

In 2007, 8.1%, or 572, of the OTs in Canada (excluding Quebec and Alberta) were educated outside of Canada. The findings suggest that these OTs obtained their basic education in occupational therapy from a variety of industrialized and developing countries. The top three countries of graduation accounted for over half of the graduates: U.S. (21.5%), U.K. (20.6%) and India (14.7%). See Figure 26.

Figure 26 Percentage Distribution of Internationally Educated Occupational Therapists by Country of Graduation for Basic Education in Occupational Therapy, Selected Provinces and Territories, 2007



Notes

Quebec data were not available.
 Findings do not include data from Alberta, as the *country of graduation for basic education in occupational therapy* is not collected.
 Percentage unknown for *country of graduation for basic education in occupational therapy*: total (189, 2.2%)
 CIHI data will differ from provincial and 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

These notes outline the basic concepts behind the data provided in this publication and the underlying methodology of the data collection, as well as key aspects of data quality. They will help to provide a better understanding of the strengths and limitations of the data and show how the data can be used effectively. This information is of particular importance when comparisons are made with data from other sources and in regard to conclusions based on changes over time.

The Canadian Institute for Health Information relies on superior principles of data quality, privacy and confidentiality. CIHI's commitment to ensuring the collection of quality data in a privacy-sensitive manner is applied to data collection, processing, analysis and dissemination. For further details regarding CIHI's privacy principles outlined in *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Health Information*, go to www.cihi.ca.

Background

Purpose of This Report

This is the second edition of *Workforce Trends of Occupational Therapists in Canada*. It will provide the reader with the most recent statistics on the occupational therapist workforce, including information on demographic, geographic, educational and employment dimensions. Analyses are supplemented with detailed information about the data collection process, pertinent limitations of the current data and an explanation of the analytical methods.

The information in this publication will be used by a wide variety of government and non-government organizations to better understand the changing supply and distribution of occupational therapists throughout Canada. Accordingly, it will contribute to policy formulation and decision-making at both the pan-Canadian and provincial/territorial level.

Value of the Information

The supply and distribution information presented here is a key component to health human resource planning at the pan Canadian 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 data available on health professionals on a national basis, with the exception of physicians and regulated nursing professionals. Based on consultations with federal and provincial/territorial ministries of health, the profession of occupational therapy has been identified as a priority for the development of such data. The collection of data from across Canada for the Occupational Therapist Database (OTDB) began in 2006.

Scope of the Data

Population of Interest

The population of interest includes all OTs registering with a regulatory authority within a Canadian province or territory.

Population of Reference

The population of reference includes all OTs who submit active registrations 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 (the Yukon, the Northwest Territories or Nunavut).

Period of Reference

For any given year, the population includes those OTs who register between the start of the registration period for the provincial regulatory authority and territorial government/CAOT registration period and October 1.

Data Inclusions

Data collected for the OTDB include:

- Registration information from the provincial registrars (except Quebec for 2006 and 2007) and the CAOT for data pertaining to the territories. When appropriate, the CIHI HPDB was used as the source of data for Quebec;
- All active registrations received by the provincial regulatory authority and the CAOT before October 1, 2007;^v and
- Depending on the individual business processes, some provinces and territories include 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 the CAOT for registrants residing and working in the territories.

v. 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 do not include:

- Data from the province of Quebec except where provided to the HPDB, because l'Ordre des ergothérapeutes du Québec did not provide data to the OTDB for 2006 or 2007;
- OTs residing and working in the territories who chose not to obtain a voluntary membership with the CAOT;
- OTs who register with a provincial regulatory authority after October 1, 2007; and
- OTs with an inactive registration type.

Data Flow From Primary Data Collector to CIHI

As part of their registration/licensing process, the regulatory authorities collect membership data on an annual basis. They collect data for all members applying for active and inactive registration.

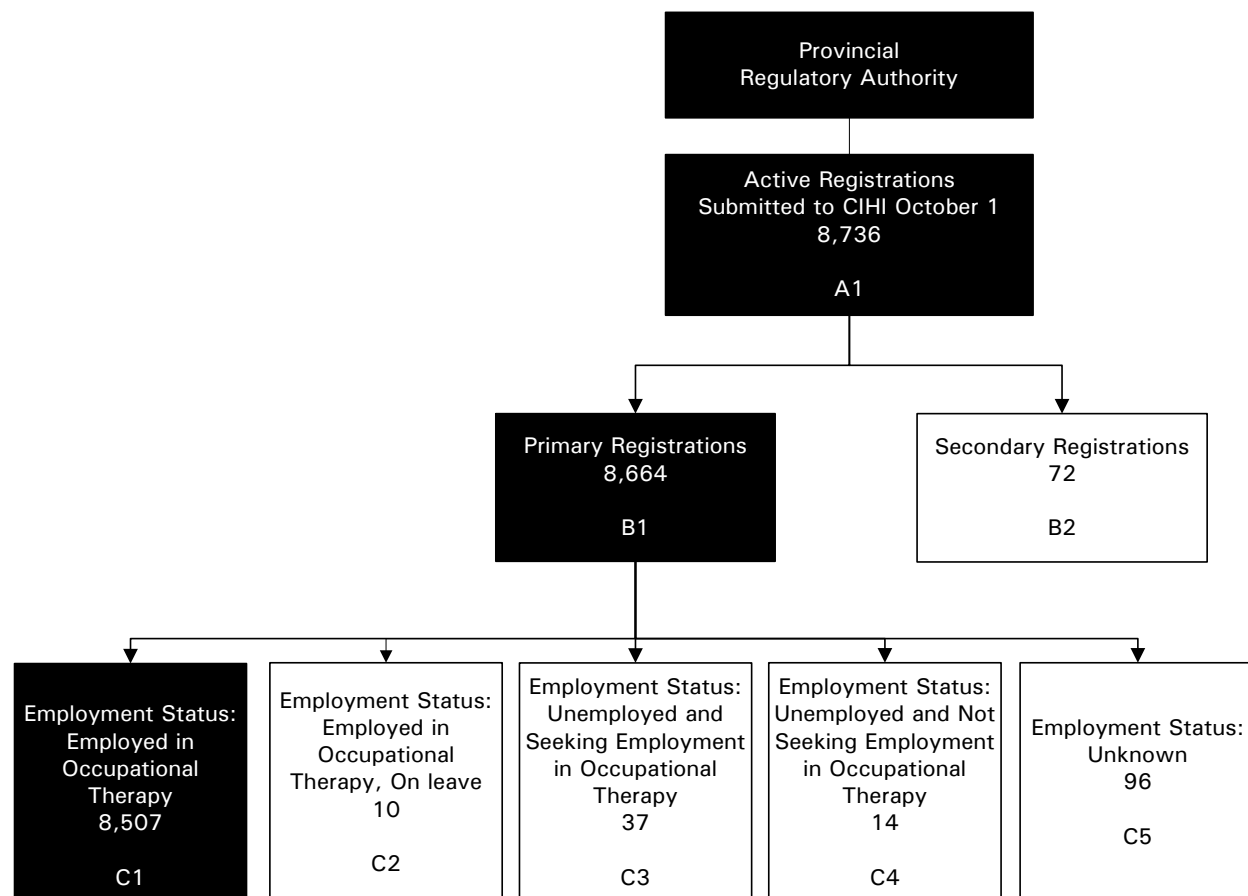
The purpose of this database is to gain information on the OT workforce in Canada, and so the population of reference for the OTDB focuses on OTs who are currently authorized to engage in practice, meaning that they have active registration as of October 1, 2007.

Since the data collected by the provincial regulatory authorities are wider in scope than the population of reference for the OTDB, a filtering methodology is applied by CIHI from the point of data collection through data processing. It targets the relevant records that meet the criteria for the population of reference for the OTDB and also meets the information needs addressed in the annual report for the analysis.

Figure 27 illustrates the data flow when this methodology is applied. Explanations of each step within the data flow are provided in the text following the diagram.

Note in Regard to Territorial Data

This methodology is not applicable for the data regarding the territories (the Yukon, the Northwest Territories and Nunavut) because all registrants in these areas are employed and considered primary registrations. Data for registrants in the territories include only those individuals who reside and are employed in the territories. Therefore, the data submitted by the CAOT include only primary registrations. In addition, since there are no regulatory authorities in the territories, the CAOT collects voluntary registrations for OTs residing and working there, and so it is expected that those OTs who register with the CAOT are, in fact, employed in occupational therapy.

Figure 27 Tracing Data Flow From Primary Data Collectors to CIHI

Source
Occupational Therapist Database, Canadian Institute for Health Information.

The total number of registrations submitted to an occupational therapy regulatory authority is composed of both active and inactive registration types.

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

Box B1: Represents the primary registrations where the province of registration reflects the registrant's primary jurisdiction of practice (see also Box B2 below).

Box B2: OTs in Canada can work in more than one jurisdiction concurrently as long as they are registered/authorized by the proper authorities. In the interests of preventing double-counting of OTs who work in more than just one jurisdiction, this box represents the secondary registrations or interprovincial duplicates. The methodology that identifies primary and secondary registrations is explained in detail in the Data Processing Methods section.

Boxes C1 to C5: In most cases, statistics produced by provincial regulatory authorities and territorial government include all active, practising registrations, regardless of employment status. In contrast, CIHI statistics typically include only those registrants who explicitly state their employment status in occupational therapy (Box C1). Those OTs who are on leave, employed outside of occupational therapy, unemployed or whose employment status is unknown are excluded from the final statistics in Box C2 to C5.

The results of this CIHI methodology are also presented below in Table 10 by province or territory of registration (see also Appendix A).

Table 10 Occupational Therapist Workforce Counts by Province or Territory of Registration, 2007

	N.L.	P.E.I.	N.S.	N.B.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Total
Total Active Registrants Submitted to CIHI	145	40	346	277	4,202	469	225	1,471	1,541	20	8,736
Primary Registrants	145	39	339	272	4,180	468	214	1,462	1,525	20	8,664
Employed in Occupational Therapy	144	39	326	269	4,087	463	211	1,447	1,502	19	8,507

Notes

Quebec data were not available.
 Total does not include Quebec.
 Territorial data are combined.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Point-in-Time Data Collection

The point-in-time approach to data collection provides a snapshot of the OT workforce across jurisdictions. Using the same one consistently will enable comparability in time, which is necessary for the accurate determination of a trend. However, depending on the jurisdiction, this approach may not capture the entire year-end totals equally in every province and territory.

Data collection begins at the onset of the data provider’s respective annual registration period and ends on October 1. 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 2007 registration year are presented in Figure 28.

Figure 28 Twelve-Month Registration Periods by Province or Territory (CAOT) of Registration

Registration Year		2006										2007										
		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
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
June 1–May 31	N.S.				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
April 1–March 31	Que.			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
June 1–May 31	Man.				xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
March 1–Feb. 28	Sask.	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
March 1–Feb. 28	Alta.	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
Oct. 1–Sept. 30	CAOT								xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

Source

Provincial regulatory authorities and the Canadian Association of Occupational Therapists.

How CIHI Defines the OT Workforce

By carefully selecting the reporting population for the OT workforce, CIHI is able to provide standardized comparable data suitable for analysis and trending purposes. As explained previously, population of reference includes all OTs who hold active registration authorizing them to practise as of October 1, 2007. The population of reference for reporting by provincial regulatory authorities and the CAOT may differ for various reasons, such as differences in the time frame used, inclusion of other registration types (such as inactive and others), differences in employment status (employed versus unemployed) and the inclusion of secondary registrations. Discrepancies between the data in the CIHI publications and data presented by provincial regulatory authorities and the 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 with other data holdings and publications.

Data Collection Methods

Data Sources

The sources of data for the OTDB are the provincial regulatory authorities and the CAOT, who collect the data in written or electronic format. Annual registration with a regulatory body is mandatory for OTs seeking employment within the provinces. Since there are no regulatory bodies in the territories, OTs working there may choose to obtain a voluntary membership with the CAOT, or in some cases they 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 *Occupational Therapist Database Data Dictionary* (available at www.cihi.ca) are submitted to CIHI. The data extract must conform to the specifications of the OTDB, as outlined in the *Occupational Therapist Database Data Submissions Specifications Manual* (available at www.cihi.ca).

A letter of agreement governs CIHI's collection of OT data. Each year, those provincial regulatory authorities and the CAOT participating in the OTDB will review the core set of elements each data provider collects on its 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 *Occupational Therapist Database Data Dictionary*.

Contact information for the provincial regulatory authorities and the CAOT 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 (www.cihi.ca) to download the *Occupational Therapist Database Data Dictionary*.

Demographics

Gender

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

Age

Derived from the year of birth for the registrant.

Geography

Province/Territory of Residence

At the time of registration or renewal.

Country of Residence

At the time of registration or renewal.

Province/Territory of Registration

Based on the jurisdiction or organization submitting OT data.

Education

Level of Basic Education in Occupational Therapy

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 where initial educational program used to prepare an OT for practice was completed.

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 of 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

This represents the highest and the most recently acquired level of education in occupational therapy reported by the registrant.

It 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). If level of post-basic education in occupational therapy (1, 2, 3) exists, then the level of basic education in occupational therapy is compared to the level of post-basic education in occupational therapy (1, 2, 3). Whichever one is greater becomes the current level of education. If the level of basic education is the same as the level of post-basic education (1, 2, 3) then whichever one is acquired later becomes the current level of education. However, if the level of post-basic education in occupational therapy (1, 2, 3) does not exist, then the level of basic education in occupational therapy becomes the level of current education.

Years Since Graduation in Occupational Therapy

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 (2007) 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)

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 the usual number of hours worked at the time of registration or renewal.

Province/Territory of Employment (for Primary Employment)

At the time of registration or renewal.

Country of Employment (for Primary Employment)

At the time of registration or renewal.

Postal Code of Employment (for Primary Employment)

The postal code for primary employment is used to derive the geographic distribution of the workforce into urban, rural and remote areas using the PCCF file from Statistics Canada. For more information on the methodology used for this geographic classification scheme please see the Analytical Methods section within the Methodological Notes.

The postal code assigned by Canada Post for registrant's employment at the time of registration or renewal. It reflects the site where service is delivered 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 at the time of registration or renewal. For registrants with multiple roles within primary employment, it reflects the role associated with the greatest number of hours worked.

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 such as 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.

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

The total weekly hours of work that are typical 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 for which a registrant is scheduled/approved and recognized (including overtime). For registrants in a self-employed employment category, hours indicated are inclusive of all practice hours, such as 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.

Urban/Rural/Remote (for Primary Employment)

Please see the definition for Postal Code of Employment (for Primary Employment).

Data Processing Methods

File Processing

Once data files are received by CIHI, all records undergo two stages of processing before they are included in the national database. The first ensures that data are in the proper format and that all responses pass specific validity and logic tests. If the data submitted do not match the standardized CIHI codes, an exception report and data file summary (identifying and explaining the errors) is sent to the data provider. In addition, the data are tested for a logical relationship between specific fields. (For example, an error is identified in the exception report if the year of graduation is earlier than the year of birth.)

Errors are reviewed jointly by CIHI and the respective data provider representative. In cases where the data provider is not able to make the corrections, CIHI may make them directly 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 tests, the second stage of processing begins. Since OTs are able to register simultaneously in more than one jurisdiction, a methodology has been developed to identify those who are living outside of Canada or are registered in more than one province or territory in order to ensure an accurate count of the number of those registered and working in Canada only. For example, there are administrative incentives for OTs to maintain their Canadian occupational therapy license while living and/or working outside of the country. An OT living abroad may continue to register with a Canadian regulatory authority each year, even though she or he may have no intention of returning to Canada in the subsequent 12-month period. CIHI must identify those who are living abroad and remove their data from analysis since it only reports on the occupational therapist workforce within Canada.

For those living and working in Canada, CIHI must also identify registrations that do not reflect the primary jurisdiction of practice. Similar to the international situation, there are administrative incentives for OTs to maintain their provincial or territorial occupational therapy licence while living and/or working in another Canadian jurisdiction. To avoid double-counting, CIHI evaluates each registration to ensure that it reflects the primary jurisdiction of practice. These secondary registrations are also termed interprovincial duplicates and are not included in the annual publication, media releases 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 identifying secondary registrations.

The methodology for the removal of secondary registrations/interprovincial duplicates has remained relatively consistent over time. However, it is not without its limitations. For example, an OT living in the United States but working in Canada will be erroneously removed as living abroad. Also, where an OT is registered and employed in a Canadian province and decides to provide short-term relief staffing in another province, the temporary residence information may result in a double count.

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 as communities with populations that are 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.

RST communities are further subdivided by identifying the degree to which they are influenced in terms of social and economic integration by larger urban centres. Metropolitan influenced zone (MIZ) categories disaggregate the RST population into four subgroups: strong, moderate, weak and none. These urban/rural/remote categories are applied to those communities (cities, town, villages) that can be equated with the Statistics Canada designation census subdivision (CSD).

For the purpose of this report, the CMA/CA and MIZ categories were collapsed and 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 centres (rural)

Weak/no MIZ = small towns, rural and remote communities distant from large urban centres (remote)

Details of the RST and MIZ classification scheme can be found in McNiven et al.,⁵ du Plessis et al.⁶ and CIHI.⁷

Missing Values for Urban/Rural Statistics:

Missing values listed in the urban/rural statistics signify a sum of not stated and unknown responses. If the data provider has not submitted a postal code for a registrant, then it is coded as not stated. If the data provider has submitted a postal code for a registrant, but it does not match with the PCCF, then it is coded as unknown.

Data Suppression

CIHI is committed to protecting the confidential information of each OT. Guidelines have been developed to govern the publication and release of health information in order to safeguard the privacy and confidentiality of the data received by CIHI. These policies also govern CIHI's release of data through *ad hoc* queries and special analytical studies.

To ensure the anonymity of individual OTs, cells with counts from 1 to 4 are suppressed in the data tables presented in this publication and 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 also suppressed, which generally is the next smallest value. 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 (such as not collected, not applicable and unknown) in the data tables.

Symbols

Wherever possible, standard symbols and numerical presentations are used in this report:

- * 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 not currently collected.

When necessary, other symbols are footnoted at the bottom of the respective tables or figures.

Data Quality Assessment

To ensure a high level of accuracy and usefulness, CIHI developed a framework for assessing and reporting the quality of data contained in its databases and registries. This framework focuses on the five dimensions of data quality: timeliness, usability, relevance, accuracy and comparability. The Methodological Notes section outlines the limitations of data interpretation in detail. Briefly, they are as follows:

Timeliness is achieved by collecting data at a point in time determined and 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 includes the availability and documentation of the data and the ease of interpretation.

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 is an assessment of how well the data reflect reality or how closely the data presented in this publication reflect the population of reference—specifically, those OTs in Canada as of October 1 who have an active registration with a provincial regulatory authority or with the CAOT in regard to the territories.

Comparability measures how well the data for the current year compare to the data from previous years and how data from the OTDB compare to data from other sources. This publication presents OT data for the 2006 and 2007 registration years. Previous data years are only available in aggregate counts from the Health Personnel Database at CIHI.

It is important to note that the levels of accuracy and completeness necessary to meet the financial and administrative requirements of a registry can differ from those 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 *Occupational Therapist Data Dictionary*. When discrepancies were detected, these differences were documented and accounted for in the analysis and described in either the methodological notes or the footnotes. In some cases, data providers included CIHI definitions of some of the data elements and/or values in their registration guides, which facilitated a higher level of data accuracy.

Definitions for Missing Values

Missing values are those attributed in instances where a data provider is unable to provide information for a registrant for a specific data element. This involves three potential situations:

- Not collected—where the information is not collected by the data provider on the registration form, or a data provider cannot submit the information;
- Unknown—where the information was not provided by the registrant; and
- Not applicable—where the data element is not relevant to the situation of the registrant (for example, where an OT resides in the United States, province of residence is not applicable).

For the missing values unknown and not applicable, CIHI implemented the following validation and correction methodology:

- Where a registrant has provided valid data to one or more data elements within the same education or employment grouping and other related elements are missing values, then the value unknown (rather than not applicable) is appropriate;
- Where 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; and
- For OTs not currently employed in occupational therapy, all employment data in the OTDB are coded as not applicable. The format of Table 12 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 because their questionable accuracy 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.

Under Coverage

The following section outlines where caution must be applied when analyzing data presented in this report. In 2007, the second 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; therefore, those provinces and territories are not represented (see Table 11).

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

Quebec data—given that historically, Quebec accounts for the largest number of OTs in Canada, the absence of data from Quebec is the largest source of under coverage for the 2007 OTDB; the data used in this report are based on information from the HPDB.

OTs working in the territories—since OTs are not regulated in the territories (the Yukon, the Northwest Territories and Nunavut), then unless required by their employer, they have the choice to register or not with the CAOT. Therefore the data submitted to CIHI by the CAOT may not represent all OTs working in the territories.

Table 11 Occupational Therapist Records Where Data Are Not Collected by Data Element and Province or Territory of Registration, Canada, 2006–2007

	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.		
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	
Gender											4.2%	9.3%													
Year of Birth											4.2%	9.3%													
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	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											X												
Year of Graduation for Post-Basic Education in Occupational Therapy 2	X	X											X												
Level of Post-Basic Education in Occupational Therapy 3	X	X							X				X			X	X	X	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	X	X	X	X	X	X	X	X
Level of Education in Other Than Occupational Therapy 1	X	X											X		X										
Year of Graduation for Education in Other Than Occupational Therapy 1	X	X											X		X										
Level of Education in Other Than Occupational Therapy 2	X	X											X		X										
Year of Graduation for Education in Other Than Occupational Therapy 2	X	X											X		X										
Primary Employment Category																									
Primary Position	X												X												
Primary Employer Type	X												X												
Primary Area of Practice	X				X								X		X	X									
Primary Employment Funding Source	X				X		X	X					X		X										
Primary Full-Time/Part-Time Status																									
Secondary Employment Category													X												
Secondary Full-Time/Part-Time Status																									
Urban Versus Rural (Based on Postal Code of Primary Employment)																									

Notes

X indicates that the percentage of not collected was 100.

† For Manitoba, in 2006 and 2007, a percentage of the registrants did not provide their gender or year of birth to the OTDB. The percentage was 4.2% in 2006 and 9.3% in 2007.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Over Coverage

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

Over coverage may occur where an OT is on leave for a certain reason (such as maternity/paternity leave, education leave or short-term illness or injury); she or he may have the option to register as active or inactive, or to not register at all. However, those who choose to register as active and submit employment information will be included in the workforce numbers when, in fact, they are 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 12.

Table 12 Percentage of Occupational Therapist Records With Unknown Responses by Data Element and Province or Territory of Registration, Canada, 2007

	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.		
	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	2006	2007	
Gender (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.5	0.0	0.0	0.0	0.0
Year of Birth (%)	0.7	0.7	0.0	0.0	0.6	0.6	0.0	0.0	0.1	0.0	0.9	3.0	0.0	0.0	0.0	0.1	0.0	0.0	11.1	12.5	0.0	0.0	0.0	50.0	
Level of Basic Education in Occupational Therapy (%)	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	0.0	2.0	1.7	3.4	0.5	4.3	0.0	1.6	0.0	33.3	12.5	0.0	22.2	50.0	0.0	
Year of Graduation for Basic Education in Occupational Therapy (%)	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	1.8	0.0	2.0	1.7	0.0	0.0	4.2	0.0	1.6	0.0	33.3	12.5	0.0	33.3	50.0	0.0	
Country of Graduation for Basic Education in Occupational Therapy (%)	0.0	0.0	0.0	0.0	..	0.3	3.3	3.0	1.9	0.0	2.2	1.9	2.6	0.0	..	..	12.7	11.1	33.3	12.5	0.0	33.3	50.0	0.0
Level of Post-Basic Education in Occupational Therapy 1 (%)	..	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.0	0.0	..	0.5	0.0	0.0	0.0	0.0	33.3	12.5	0.0	0.0	0.0	0.0	
Year of Graduation for Post-Basic Education in Occupational Therapy 1 (%)	..	0.0	0.0	0.0	0.3	0.0	0.0	0.0	1.8	0.0	0.0	0.0	..	1.0	0.0	0.0	0.0	0.0	33.3	37.5	0.0	0.0	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	0.0	0.0	0.0	..	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	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	0.0	0.0	0.0	..	0.0	0.0	0.0	0.0	0.0	33.3	37.5	0.0	0.0	0.0	0.0
Level of Post-Basic Education in Occupational Therapy 3 (%)	..	..	0.0	0.0	0.0	0.0	0.0	0.0	..	0.0	0.0	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	0.0	..	0.0	0.0	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	0.0	0.0	0.0	0.6	0.0	0.0	0.0	..	0.0	..	0.1	0.6	0.0	33.3	0.0	0.0	0.0	0.0	0.0
Year of Graduation for Education in Other Than Occupational Therapy 1 (%)	..	..	0.0	0.0	1.3	46.3	0.0	0.0	0.9	0.4	0.2	0.2	..	0.0	..	0.8	0.0	0.0	33.3	25.0	0.0	0.0	0.0	0.0
Level of Education in Other Than Occupational Therapy 2 (%)	..	..	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	..	0.0	..	0.0	0.1	0.0	33.3	0.0	0.0	0.0	0.0	0.0
Year of Graduation for Education in Other Than Occupational Therapy 2 (%)	..	..	0.0	0.0	0.3	0.3	0.0	0.0	0.2	0.1	0.0	0.0	..	0.0	..	0.1	0.0	0.0	33.3	37.5	0.0	0.0	0.0	0.0
Primary Employment Category (%)	0.7	0.0	0.0	0.0	3.5	1.2	0.8	0.4	0.5	2.0	2.0	2.4	14.7	1.0	11.6	0.8	1.6	1.0	33.3	25.0	0.0	22.2	0.0	0.0	
Primary Position (%)	..	2.1	0.0	0.0	0.0	0.0	0.0	0.0	1.1	3.7	2.9	2.8	..	2.4	60.8	48.5	1.8	1.1	33.3	25.0	0.0	22.2	0.0	0.0	
Primary Employer Type (%)	..	3.5	0.0	0.0	27.4	1.2	0.0	0.0	1.4	3.8	2.0	3.0	..	3.3	35.1	100	1.7	1.2	44.4	25.0	0.0	22.2	0.0	0.0	
Primary Area of Practice (%)	..	8.3	0.0	0.0	..	1.5	3.3	3.4	1.2	2.3	2.2	2.4	..	1.9	..	..	1.7	1.2	44.4	25.0	0.0	22.2	0.0	0.0
Primary Employment Funding Source (%)	..	0.7	0.0	0.0	..	3.1	..	..	1.1	3.4	2.0	2.2	..	1.0	..	0.6	1.8	1.1	33.3	25.0	0.0	22.2	0.0	0.0
Primary Full-Time/Part-Time Status (%)	2.9	2.1	0.0	0.0	1.6	1.2	12.8	8.9	1.0	2.1	2.2	1.5	13.8	1.0	14.5	2.7	2.2	1.5	0.0	12.5	0.0	22.2	0.0	0.0	
Secondary Employment Category (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	5.7	2.2	0.2	0.4	..	0.0	3.5	0.8	0.5	0.3	44.4	50.0	11.1	0.0	0.0	0.0	
Secondary Full-Time/Part-Time Status (%)	10.7	9.7	0.0	0.0	0.0	0.0	3.7	4.8	6.1	2.3	0.0	0.4	5.2	0.0	7.5	3.0	0.6	0.4	33.3	37.5	11.1	0.0	0.0	0.0	
Urban Versus Rural (%) (Based on Postal Code of Primary Employment)	1.4	0.0	25.0	0.0	9.2	7.4	0.4	0.4	1.0	3.3	2.0	1.3	25.0	1.4	8.8	3.9	0.0	0.0	44.4	50.0	11.1	44.4	0.0	0.0	

Note

.. Not collected/submitted.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Data Limitations

The Northwest Territories, Nunavut and the Yukon (2006–2007)

The 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 are only registered with provincial regulatory authorities.

Demographics

Year of Birth

- *Manitoba (2006–2007)*—College of Occupational Therapists of Manitoba (COTM) provides record-level information 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. In 2006, the non-consent rate was 4.2%, and it was 9.3% in 2007.

Gender

- *Manitoba (2006–2007)*—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 (2006–2007)*—the CAOT records up to three degrees in areas other than occupational therapy on its registration forms and submits the two most recent degrees to CIHI.
- *New Brunswick (2006–2007)*—New Brunswick Association of Occupational Therapists (NBAOT) records up to four degrees in areas other than occupational therapy on its registration form and submits the two most recent degrees to CIHI.

Level of Basic Education in Occupational Therapy, and Level of Post-Basic Education in Occupational Therapy 1, 2, 3

In 2007, CIHI proposed the addition of two new values to these two education-related data elements. Research master's and professional master's were added to the existing master's unspecified value in order to make the distinction between those graduating from entry-level OT programs versus research-based OT programs. At the present time, business processes for the collection of these new values vary across data providers. CIHI is working with the data providers to enhance the *OTDB Data Dictionary* so that these values may be collected in the future.

Employment

Employment Status—On Leave

The 2006–2007 OTDB does not specifically identify registrants who are on leave. Business processes 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 employment status on leave may be collected in the future. In 2007, information on registrants who were employed but on leave was only available from B.C.

Funding Sources for Primary, Secondary and Third Employment

For 2006 and 2007, funding sources for occupational therapy services presented slight variations for Ontario and B.C. in 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.

Privacy and Confidentiality

The Privacy Secretariat at CIHI has developed a set of guidelines to safeguard the privacy and confidentiality of data received by CIHI. These policies govern the release of data in publications, media releases, the CIHI website and through ad hoc requests and special studies. The documents entitled *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Health Information* and the *Occupational Therapist Database Privacy Impact Assessment* can be found on the CIHI website (www.cihi.ca).

OTDB Workforce Products and Services

The following publications relevant to this report may be downloaded in electronic (PDF) format, free of charge, at www.cihi.ca:

- *Workforce Trends of Occupational Therapists in Canada, 2007*
- *Understanding the Supply of Occupational Therapists in Canada: Examining Different Measurement Tools* (2007)
- *Workforce Trends of Occupational Therapists in Canada, 2006*
- *Occupational Therapist Database Data Dictionary*, version 1.0 (for data elements and definitions)
- *Occupational Therapist Database Data Submission Specifications Manual*, version 1.0 (for file specifications for the data elements sent by the provincial regulatory authorities and CAOT)

Request for Services

CIHI completes *ad hoc* requests and special analytical projects on a cost-recovery basis using data from the OTDB. Such requests are short queries that generally can be handled through standard reports and do not require major programming resources, while special analytical projects require project planning and the commitment of extra resources.

For an estimate of the costs associated with these products and services, please contact:

OTDB Program Lead, Health Human Resources
Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6

Phone: 613-241-7860

Fax: 613-241-8120

Email: otdb@cihi.ca

Website: www.cihi.ca

Provincial and Territorial Profiles

Newfoundland and Labrador—Occupational Therapist Workforce

		Newfoundland and Labrador		2007	
		2006	2007	N.L.	Canada
OTs Employed in Occupational Therapy		140	144		8,507
Gender^{†, ‡}	Male	13	12	8.3%	7.9%
	Female	127	132	91.7%	92.0%
	Missing Values	0	0	0.0%	0.1%
Average Age^{†, ‡}	Years	35.5	36.0		38.9
Age Breakdown^{†, ‡}	< 35 Years	75	72	50.0%	39.4%
	35 to 49 Years	50	57	39.6%	43.2%
	50+ Years	14	14	9.7%	17.1%
	Missing Values	1	1	0.7%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	115	121	84.0%	66.2%
	Part-Time	21	20	13.9%	31.6%
	Missing Values	4	3	2.1%	2.3%
Employment Category[‡]	Permanent	112	116	80.6%	76.2%
	Temporary	13	16	11.1%	5.8%
	Casual	0	*	*	2.9%
	Self-Employed	14	**	**	13.5%
	Missing Values	1	0	0.0%	1.5%
Employer Type[§]	Hospital	–	90	62.5%	46.4%
	Community	–	14	9.7%	28.2%
	Professional Practice	–	23	16.0%	11.4%
	Other	–	12	8.3%	11.0%
	Not Collected	140	0	0.0%	0.0%
	Missing Values	–	5	3.5%	2.9%
Area of Practice[§]	Mental Health Areas of Direct Service	–	16	11.1%	11.7%
	Physical Health Areas of Direct Service	–	74	51.4%	56.3%
	Additional Areas of Direct Service	–	31	21.5%	15.8%
	Areas of Client Management	–	*	*	4.9%
	Areas of Administration	–	*	*	2.1%
	Areas of Education or Research	–	*	*	3.2%
	Other Area of Practice	–	*	*	3.7%
	Not Collected	140	0	0.0%	0.0%
	Missing Values	–	12	8.3%	2.3%
Position[§]	Manager	–	*	*	5.1%
	Professional Leader/Coordinator	–	*	*	3.9%
	Direct Service Provider	–	126	87.5%	82.1%
	Educator	–	*	*	2.1%
	Researcher	–	0	0.0%	0.6%
	Other	–	8	5.6%	3.2%
	Not Collected	140	0	0.0%	0.0%
	Missing Values	–	3	2.1%	2.8%
Multiple Employment Status[‡]	Single Employer	122	127	88.2%	79.8%
	Multiple Employers	18	17	11.8%	19.3%
	Missing Values	0	0	0.0%	0.9%
Current Education in Occupational Therapy[‡]	Diploma	9	8	5.6%	5.4%
	Baccalaureate	121	124	86.1%	78.8%
	Master's	8	12	8.3%	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	2	0	0.0%	<0.1%
Place of Graduation[§]	Canadian-Trained	132	137	95.1%	89.2%
	Internationally Educated	8	7	4.9%	8.1%
	Missing Values	0	0	0.0%	2.7%

(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.
- † Manitoba aggregate counts were provided by Manitoba Health.
- ‡ The Canada total does not include Quebec.
- § The Canada total does not include Quebec and Alberta.

For 2007, only the College of Occupational Therapists of Manitoba provided data for *professional master's* as a level of *current education in OT*.

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 by sending an email message to otdb@cihi.ca.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Prince Edward Island – Occupational Therapist Workforce

		Prince Edward Island		2007	
		2006	2007	P.E.I.	Canada
OTs Employed in Occupational Therapy		35	39		8,507
Gender ^{†, ‡}	Male	*	*	*	7.9%
	Female	**	**	**	92.0%
	Missing Values	0	0	0.0%	0.1%
Average Age ^{†, ‡}	Years	42.0	41.5		38.9
Age Breakdown ^{†, ‡}	< 35 Years	10	12	30.8%	39.4%
	35 to 49 Years	14	15	38.5%	43.2%
	50+ Years	11	12	30.8%	17.1%
	Missing Values	0	0	0.0%	0.2%
Full-Time/Part-Time Status [‡]	Full-Time	14	18	46.2%	66.2%
	Part-Time	21	21	53.8%	31.6%
	Missing Values	0	0	0.0%	2.3%
Employment Category [‡]	Permanent	27	26	66.7%	76.2%
	Temporary	*	6	15.4%	5.8%
	Casual	*	*	*	2.9%
	Self-Employed	*	*	*	13.5%
	Missing Values	0	0	0.0%	1.5%
Employer Type [§]	Hospital	19	20	51.3%	46.4%
	Community	10	10	25.6%	28.2%
	Professional Practice	*	*	*	11.4%
	Other	**	**	**	11.0%
	Missing Values	0	0	0.0%	2.9%
Area of Practice [§]	Mental Health Areas of Direct Service	**	**	**	11.7%
	Physical Health Areas of Direct Service	21	23	59.0%	56.3%
	Additional Areas of Direct Service	6	6	15.4%	15.8%
	Areas of Client Management	0	0	0.0%	4.9%
	Areas of Administration	0	0	0.0%	2.1%
	Areas of Education or Research	0	0	0.0%	3.2%
	Other Area of Practice	*	*	*	3.7%
Missing Values	0	0	0.0%	2.3%	
Position [§]	Manager	*	*	*	5.1%
	Professional Leader/Coordinator	*	*	*	3.9%
	Direct Service Provider	32	35	89.7%	82.1%
	Educator	0	0	0.0%	2.1%
	Researcher	0	0	0.0%	0.6%
	Other	0	0	0.0%	3.2%
	Missing Values	0	0	0.0%	2.8%
Multiple Employment Status [‡]	Single Employer	21	24	61.5%	79.8%
	Multiple Employers	14	15	38.5%	19.3%
	Missing Values	0	0	0.0%	0.9%
Current Education in Occupational Therapy [‡]	Diploma	**	*	*	5.4%
	Baccalaureate	28	31	79.5%	78.8%
	Master's	*	*	*	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	0	0	0.0%	0.2%
Missing Values	0	0	0.0%	<0.1%	
Place of Graduation [§]	Canadian-Trained	**	**	**	89.2%
	Internationally Educated	*	*	*	8.1%
	Missing Values	0	0	0.0%	2.7%

(see notes on next page)

Notes

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

† Manitoba aggregate counts were provided by Manitoba Health.

‡ The Canada total does not include Quebec.

§ The Canada total does not include Quebec and Alberta.

For 2007, only the College of Occupational Therapists of Manitoba provided data for *professional master's* as a level of *current education in OT*.

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 by sending an email message to otdb@cihi.ca.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Nova Scotia – Occupational Therapist Workforce

		Nova Scotia		2007	
		2006	2007	N.S.	Canada
OTs Employed in Occupational Therapy		317	326		8,507
Gender^{†, ‡}	Male	22	25	7.7%	7.9%
	Female	295	301	92.3%	92.0%
	Missing Values	0	0	0.0%	0.1%
Average Age^{†, ‡}	Years	37.6	37.8		38.9
Age Breakdown^{†, ‡}	< 35 Years	129	132	40.5%	39.4%
	35 to 49 Years	152	154	47.2%	43.2%
	50+ Years	34	38	11.7%	17.1%
	Missing Values	2	2	0.6%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	222	241	73.9%	66.2%
	Part-Time	90	81	24.8%	31.6%
	Missing Values	5	4	1.2%	2.3%
Employment Category[‡]	Permanent	232	244	74.8%	76.2%
	Temporary	38	43	13.2%	5.8%
	Casual	0	6	1.8%	2.9%
	Self-Employed	36	29	8.9%	13.5%
	Missing Values	11	4	1.2%	1.5%
Employer Type[§]	General Hospital	22	106	32.5%	24.7%
	Rehabilitation Hospital/Facility	34	30	9.2%	15.4%
	Mental Health Hospital/Facility	37	40	12.3%	6.3%
	Residential Care Facility	17	15	4.6%	3.1%
	Assisted Living Residence	0	*	*	0.2%
	Community Health Centre	18	9	2.8%	10.0%
	Visiting Agency/Business	0	6	1.8%	9.8%
	Group Professional Practice/Clinic	47	20	6.1%	4.9%
	Solo Professional Practice/Business	0	17	5.2%	6.5%
	Postsecondary Educational Institution	16	19	5.8%	2.3%
	School or School Board	0	*	*	5.1%
	Association/Government/Para-Governmental	**	13	4.0%	2.7%
	Industry, Manufacturing and Commercial	*	5	1.5%	0.5%
	Other	24	37	11.3%	5.5%
Missing Values	87	4	1.2%	2.9%	
Area of Practice[§]	Mental Health Areas of Direct Service	–	65	19.9%	11.7%
	Physical Health Areas of Direct Service	–	138	42.3%	56.3%
	Additional Areas of Direct Service	–	52	16.0%	15.8%
	Areas of Client Management	–	14	4.3%	4.9%
	Areas of Administration	–	21	6.4%	2.1%
	Areas of Education or Research	–	18	5.5%	3.2%
	Other Area of Practice	–	13	4.0%	3.7%
	Not Collected	317	0	0.0%	0.0%
Missing Values	–	5	1.5%	2.3%	
Position[§]	Manager	27	23	7.1%	5.1%
	Professional Leader/Coordinator	0	20	6.1%	3.9%
	Direct Service Provider	64	250	76.7%	82.1%
	Educator	10	14	4.3%	2.1%
	Researcher	20	6	1.8%	0.6%
	Other	196	9	2.8%	3.2%
	Missing Values	0	4	1.2%	2.8%

(cont'd on next page)

Nova Scotia—Occupational Therapist Workforce (cont'd)

		Nova Scotia		2007	
		2006	2007	N.S.	Canada
Multiple Employment Status [†]	Single Employer	289	275	84.4%	79.8%
	Multiple Employers	28	47	14.4%	19.3%
	Missing Values	0	4	1.2%	0.9%
Current Education in Occupational Therapy [‡]	Diploma	7	5	1.5%	5.4%
	Baccalaureate	293	301	92.3%	78.8%
	Master's	17	20	6.1%	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	0	0	0.0%	<0.1%
Place of Graduation [§]	Canadian-Trained	–	310	95.1%	89.2%
	Internationally Educated	–	15	4.6%	8.1%
	Not Collected	317	0	0.0%	0.0%
	Missing Values	–	1	0.3%	2.7%

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.

† Manitoba aggregate counts were provided by Manitoba Health.

‡ The Canada total does not include Quebec.

§ The Canada total does not include Quebec and Alberta.

For 2007, only the College of Occupational Therapists of Manitoba provided data for *professional master's* as a level of *current education in OT*.

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 by sending an email message to otdb@cihi.ca.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

New Brunswick—Occupational Therapist Workforce

		New Brunswick		2007	
		2006	2007	N.B.	Canada
OTs Employed in Occupational Therapy		242	269		8,507
Gender^{†, ‡}	Male	12	17	6.3%	7.9%
	Female	230	252	93.7%	92.0%
	Missing Values	0	0	0.0%	0.1%
Average Age^{†, ‡}	Years	35.6	36.1		38.9
Age Breakdown^{†, ‡}	< 35 Years	126	125	46.5%	39.4%
	35 to 49 Years	99	124	46.1%	43.2%
	50+ Years	17	20	7.4%	17.1%
	Missing Values	0	0	0.0%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	164	190	70.6%	66.2%
	Part-Time	47	55	20.4%	31.6%
	Missing Values	31	24	8.9%	2.3%
Employment Category[‡]	Permanent	211	245	91.1%	76.2%
	Temporary	29	23	8.6%	5.8%
	Casual	0	0	0.0%	2.9%
	Self-Employed	0	0	0.0%	13.5%
	Missing Values	2	1	0.4%	1.5%
Employer Type[§]	General Hospital	94	103	38.3%	24.7%
	Rehabilitation Hospital/Facility	32	32	11.9%	15.4%
	Mental Health Hospital/Facility	*	*	*	6.3%
	Residential Care Facility	7	7	2.6%	3.1%
	Assisted Living Residence	0	0	0.0%	0.2%
	Community Health Centre	5	6	2.2%	10.0%
	Visiting Agency/Business	63	95	35.3%	9.8%
	Group Professional Practice/Clinic	15	15	5.6%	4.9%
	Solo Professional Practice/Business	0	0	0.0%	6.5%
	Postsecondary Educational Institution	*	*	*	2.3%
	School or School Board	16	0	0.0%	5.1%
	Association/Government/Para-Governmental	*	*	*	2.7%
	Industry, Manufacturing and Commercial	0	0	0.0%	0.5%
	Other	*	*	*	5.5%
Missing Values	0	0	0.0%	2.9%	
Area of Practice[§]	Mental Health Areas of Direct Service	15	18	6.7%	11.7%
	Physical Health Areas of Direct Service	180	202	75.1%	56.3%
	Additional Areas of Direct Service	30	30	11.2%	15.8%
	Areas of Client Management	0	0	0.0%	4.9%
	Areas of Administration	0	0	0.0%	2.1%
	Areas of Education or Research	0	0	0.0%	3.2%
	Other Area of Practice	9	10	3.7%	3.7%
	Missing Values	8	9	3.3%	2.3%
Position[§]	Manager	**	12	4.5%	5.1%
	Professional Leader/Coordinator	0	0	0.0%	3.9%
	Direct Service Provider	229	254	94.4%	82.1%
	Educator	0	*	*	2.1%
	Researcher	0	0	0.0%	0.6%
	Other	*	*	*	3.2%
	Missing Values	0	0	0.0%	2.8%
Multiple Employment Status[‡]	Single Employer	214	238	88.5%	79.8%
	Multiple Employers	28	31	11.5%	19.3%
	Missing Values	0	0	0.0%	0.9%
Current Education in Occupational Therapy[‡]	Diploma	6	6	2.2%	5.4%
	Baccalaureate	225	251	93.3%	78.8%
	Master's	11	12	4.5%	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	0	0	0.0%	0.2%
Missing Values	0	0	0.0%	<0.1%	
Place of Graduation[§]	Canadian-Trained	234	261	97.0%	89.2%
	Internationally Educated	0	0	0.0%	8.1%
	Missing Values	8	8	3.0%	2.7%

(see notes on next page)

Notes

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‡ The Canada total does not include Quebec.

§ The Canada total does not include Quebec and Alberta.

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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.

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Source

Occupational Therapist Database, Canadian Institute for Health Information.

Ontario—Occupational Therapist Workforce

		Ontario		2007	
		2006	2007	Ont.	Canada
OTs Employed in Occupational Therapy		3,880	4,087		8,507
Gender^{†, ‡}	Male	227	239	5.8%	7.9%
	Female	3,651	3,848	94.2%	92.0%
	Missing Values	2	0	0.0%	0.1%
Average Age^{†, ‡}	Years	38.9	39.1		38.9
Age Breakdown^{†, ‡}	< 35 Years	1,547	1,613	39.5%	39.4%
	35 to 49 Years	1,729	1,784	43.7%	43.2%
	50+ Years	599	690	16.9%	17.1%
	Missing Values	5	0	0.0%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	2,623	2,876	70.4%	66.2%
	Part-Time	1,220	1,124	27.5%	31.6%
	Missing Values	37	87	2.1%	2.3%
Employment Category[‡]	Permanent	2,672	2,846	69.6%	76.2%
	Temporary	246	252	6.2%	5.8%
	Casual	102	96	2.3%	2.9%
	Self-Employed	839	811	19.8%	13.5%
	Missing Values	21	82	2.0%	1.5%
Employer Type[§]	General Hospital	872	900	22.0%	24.7%
	Rehabilitation Hospital/Facility	652	704	17.2%	15.4%
	Mental Health Hospital/Facility	261	262	6.4%	6.3%
	Residential Care Facility	56	53	1.3%	3.1%
	Assisted Living Residence	13	11	0.3%	0.2%
	Community Health Centre	318	323	7.9%	10.0%
	Visiting Agency/Business	526	520	12.7%	9.8%
	Group Professional Practice/Clinic	166	165	4.0%	4.9%
	Solo Professional Practice/Business	270	297	7.3%	6.5%
	Postsecondary Educational Institution	100	98	2.4%	2.3%
	School or School Board	233	245	6.0%	5.1%
	Association/Government/Para-Governmental	94	112	2.7%	2.7%
	Industry, Manufacturing and Commercial	34	20	0.5%	0.5%
	Other	232	222	5.4%	5.5%
Missing Values	53	155	3.8%	2.9%	
Area of Practice[§]	Mental Health	474	485	11.9%	11.7%
	Neurological System	578	602	14.7%	13.8%
	Musculoskeletal System	547	541	13.2%	11.5%
	Cardiovascular and Respiratory System	41	32	0.8%	0.6%
	Digestive/Metabolic/Endocrine System	14	6	0.1%	0.1%
	General Physical Health	1,029	1,138	27.8%	30.3%
	Vocational Rehabilitation	64	75	1.8%	3.7%
	Palliative Care	15	18	0.4%	0.4%
	Health Promotion and Wellness	27	28	0.7%	0.8%
	Other Areas of Direct Service	518	493	12.1%	10.8%
	Service Administration	85	101	2.5%	2.1%
	Client Service Management	131	154	3.8%	3.3%
	Medical/Legal-Related Client Service Management	75	82	2.0%	1.6%
	Teaching	78	79	1.9%	2.4%
	Research	36	34	0.8%	0.7%
	Other Areas of Practice	121	124	3.0%	3.7%
	Missing Values	47	95	2.3%	2.3%
Position[§]	Manager	207	217	5.3%	5.1%
	Professional Leader/Coordinator	160	148	3.6%	3.9%
	Direct Service Provider	3,205	3,312	81.0%	82.1%
	Educator	88	90	2.2%	2.1%
	Researcher	35	29	0.7%	0.6%
	Other	143	139	3.4%	3.2%
	Missing Values	42	152	3.7%	2.8%
Multiple Employment Status[‡]	Single Employer	2,908	3,113	76.2%	79.8%
	Multiple Employers	971	901	22.0%	19.3%
	Missing Values	1	73	1.8%	0.9%

(cont'd on next page)

Ontario—Occupational Therapist Workforce (cont'd)

		Ontario		2007	
		2006	2007	Ont.	Canada
Current Education in Occupational Therapy [†]	Diploma	228	213	5.2%	5.4%
	Baccalaureate	2,890	2,933	71.8%	78.8%
	Master's	700	930	22.8%	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	5	11	0.3%	0.2%
	Missing Values	57	0	0.0%	<0.1%
Place of Graduation [§]	Canadian-Trained	3,428	3,676	89.9%	89.2%
	Internationally Educated	379	411	10.1%	8.1%
	Not Collected	0	0	0.0%	0.0%
	Missing Values	73	0	0.0%	2.7%

Notes

[†] Manitoba aggregate counts were provided by Manitoba Health.

[‡] The Canada total does not include Quebec.

[§] The Canada total does not include Quebec and Alberta.

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Source

Occupational Therapist Database, Canadian Institute for Health Information.

Manitoba—Occupational Therapist Workforce

		Manitoba		2007	
		2006	2007	Man.	Canada
OTs Employed in Occupational Therapy		454	463		8,507
Gender^{†, ‡}	Male	39	43	9.3%	7.9%
	Female	396	410	88.6%	92.0%
	Not Collected	19	0	0.0%	0.0%
	Missing Values	0	10	2.2%	0.1%
Average Age^{†, ‡}	Years	39.4	40.4		38.9
Age Breakdown^{†, ‡}	<35 Years	162	150	32.4%	39.4%
	35 to 49 Years	189	201	43.4%	43.2%
	50+ Years	80	98	21.2%	17.1%
	Not Collected	19	0	0.0%	0.0%
	Missing Values	4	14	3.0%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	274	257	55.5%	66.2%
	Part-Time	170	199	43.0%	31.6%
	Missing Values	10	7	1.5%	2.3%
Employment Category[‡]	Permanent	368	379	81.9%	76.2%
	Temporary	39	41	8.9%	5.8%
	Casual	10	9	1.9%	2.9%
	Self-Employed	28	23	5.0%	13.5%
	Missing Values	9	11	2.4%	1.5%
Employer Type[§]	General Hospital	134	139	30.0%	24.7%
	Rehabilitation Hospital/Facility	53	61	13.2%	15.4%
	Mental Health Hospital/Facility	36	28	6.0%	6.3%
	Residential Care Facility	25	25	5.4%	3.1%
	Assisted Living Residence	0	*	*	0.2%
	Community Health Centre	34	25	5.4%	10.0%
	Visiting Agency/Business	41	46	9.9%	9.8%
	Group Professional Practice/Clinic	**	**	**	4.9%
	Solo Professional Practice/Business	24	19	4.1%	6.5%
	Postsecondary Educational Institution	16	23	5.0%	2.3%
	School or School Board	22	28	6.0%	5.1%
	Association/Government/Para-Governmental	15	13	2.8%	2.7%
	Industry, Manufacturing and Commercial	*	0	0.0%	0.5%
	Other	30	29	6.3%	5.5%
Missing Values	9	14	3.0%	2.9%	
Area of Practice[§]	Mental Health Areas of Direct Service	69	63	13.6%	11.7%
	Physical Health Areas of Direct Service	223	228	49.2%	56.3%
	Additional Areas of Direct Service	78	85	18.4%	15.8%
	Areas of Client Management	12	10	2.2%	4.9%
	Areas of Administration	18	17	3.7%	2.1%
	Areas of Education or Research	15	21	4.5%	3.2%
	Other Area of Practice	29	28	6.0%	3.7%
	Missing Values	10	11	2.4%	2.3%
Position[§]	Manager	22	23	5.0%	5.1%
	Professional Leader/Coordinator	16	18	3.9%	3.9%
	Direct Service Provider	368	365	78.8%	82.1%
	Educator and Researcher	12	23	5.0%	2.7%
	Other	23	21	4.5%	3.2%
	Missing Values	13	13	2.8%	2.8%
Multiple Employment Status[‡]	Single Employer	385	397	85.7%	79.8%
	Multiple Employers	69	66	14.3%	19.3%
	Missing Values	0	0	0.0%	0.9%
Current Education in Occupational Therapy[‡]	Diploma	17	15	3.2%	5.4%
	Baccalaureate	400	392	84.7%	78.8%
	Master's	37	37	8.0%	15.3%
	Professional Master's	0	19	4.1%	0.2%
	Doctorate	0	0	0.0%	0.2%
Missing Values	0	0	0.0%	0.0%	
Place of Graduation[§]	Canadian-Trained	416	427	92.2%	89.2%
	Internationally Educated	28	27	5.8%	8.1%
	Missing Values	10	9	1.9%	2.7%

(see notes on next page)

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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.

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Source

Occupational Therapist Database, Canadian Institute for Health Information.

Saskatchewan—Occupational Therapist Workforce

		Saskatchewan		2007	
		2006	2007	Sask.	Canada
OTs Employed in Occupational Therapy		232	211		8,507
Gender^{†, ‡}	Male	27	26	12.3%	7.9%
	Female	205	185	87.7%	92.0%
	Missing Values	0	0	0.0%	0.1%
Average Age^{†, ‡}	Years	37.3	37.8		38.9
Age Breakdown^{†, ‡}	< 35 Years	113	95	45.0%	39.4%
	35 to 49 Years	81	80	37.9%	43.2%
	50+ Years	38	36	17.1%	17.1%
	Missing Values	0	0	0.0%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	133	149	70.6%	66.2%
	Part-Time	66	59	28.0%	31.6%
	Missing Values	33	3	1.4%	2.3%
Employment Category[‡]	Permanent	161	174	82.5%	76.2%
	Temporary	**	**	**	5.8%
	Casual	*	*	*	2.9%
	Self-Employed	19	14	6.6%	13.5%
	Missing Values	35	2	0.9%	1.5%
Employer Type[§]	Hospital	–	113	53.6%	46.4%
	Community	–	47	22.3%	28.2%
	Professional Practice	–	22	10.4%	11.4%
	Other	–	22	10.4%	11.0%
	Not Collected	232	0	0.0%	0.0%
	Missing Values	–	7	3.3%	2.9%
Area of Practice[§]	Mental Health Areas of Direct Service	–	6	2.8%	11.7%
	Physical Health Areas of Direct Service	–	107	50.7%	56.3%
	Additional Areas of Direct Service	–	25	11.8%	15.8%
	Areas of Client Management	–	**	**	4.9%
	Areas of Administration	–	*	*	2.1%
	Areas of Education or Research	–	0	0.0%	3.2%
	Other Area of Practice	–	62	29.4%	3.7%
	Not Collected	232	0	0.0%	0.0%
	Missing Values	–	4	1.9%	2.3%
	Position[§]	Manager	–	11	5.2%	5.1%
Professional Leader/Coordinator		–	*	*	3.9%
Direct Service Provider		–	182	86.3%	82.1%
Educator		–	0	0.0%	2.1%
Researcher		–	0	0.0%	0.6%
Other		–	**	**	3.2%
Not Collected		232	0	0.0%	0.0%
Missing Values		–	5	2.4%	2.8%
Multiple Employment Status[‡]	Single Employer	200	169	80.1%	79.8%
	Multiple Employers	32	42	19.9%	19.3%
	Missing Values	0	0	0.0%	0.9%
Current Education in Occupational Therapy[‡]	Diploma	**	9	4.3%	5.4%
	Baccalaureate	203	190	90.0%	78.8%
	Master's	*	12	5.7%	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	8	0	0.0%	<0.1%
Place of Graduation[§]	Canadian-Trained	210	198	93.8%	89.2%
	Internationally Educated	16	13	6.2%	8.1%
	Missing Values	6	0	0.0%	2.7%

(see notes on next page)

Notes

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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.

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Source

Occupational Therapist Database, Canadian Institute for Health Information.

Alberta – Occupational Therapist Workforce

		Alberta		2007	
		2006	2007	Alta.	Canada
OTs Employed in Occupational Therapy		1,403	1,447		8,507
Gender^{†, ‡}	Male	122	136	9.4%	7.9%
	Female	1,281	1,311	90.6%	92.0%
	Missing Values	0	0	0.0%	0.1%
Average Age^{†, ‡}	Years	37.4	37.5		38.9
Age Breakdown^{†, ‡}	< 35 Years	644	652	45.1%	39.4%
	35 to 49 Years	550	576	39.8%	43.2%
	50+ Years	209	217	15.0%	17.1%
	Missing Values	0	2	0.1%	0.2%
Full-Time/Part-Time Status[†]	Full-Time	779	884	61.1%	66.2%
	Part-Time	420	524	36.2%	31.6%
	Missing Values	204	39	2.7%	2.3%
Employment Category[†]	Permanent	1,080	1,311	90.6%	76.2%
	Temporary	0	0	0.0%	5.8%
	Casual	99	49	3.4%	2.9%
	Self-Employed	61	76	5.3%	13.5%
	Missing Values	163	11	0.8%	1.5%
Employer Type[§]	Hospital	472	–	–	46.4%
	Community	351	–	–	28.2%
	Professional Practice	8	–	–	11.4%
	Other	80	–	–	11.0%
	Missing Values	492	1,447	100.0%	2.9%
Area of Practice[§]	Not Collected	–	–	–	–
Position[§]	Manager	33	12	0.8%	5.1%
	Professional Leader/Coordinator	51	34	2.3%	3.9%
	Direct Service Provider	434	670	46.3%	82.1%
	Educator	22	16	1.1%	2.1%
	Researcher	**	8	0.6%	0.6%
	Other	*	6	0.4%	3.2%
	Missing Values	853	701	48.4%	2.8%
Multiple Employment Status[†]	Single Employer	1,105	1,193	82.4%	79.8%
	Multiple Employers	297	254	17.6%	19.3%
	Missing Values	1	0	0.0%	0.9%
Current Education in Occupational Therapy[†]	Diploma	*	**	**	5.4%
	Baccalaureate	1,328	1,286	88.9%	78.8%
	Master's	11	108	7.5%	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	*	*	*	0.2%
Missing Values	60	0	0.0%	<0.1%	
Place of Graduation[§]	Not Collected	–	–	–	–

(see notes on next page)

Notes

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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.

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Source

Occupational Therapist Database, Canadian Institute for Health Information.

British Columbia—Occupational Therapist Workforce

		British Columbia		2007	
		2006	2007	B.C.	Canada
OTs Employed in Occupational Therapy		1,410	1,502		8,507
Gender^{†, ‡}	Male	147	167	11.1%	7.9%
	Female	1,263	1,335	88.9%	92.0%
	Missing Values	0	0	0.0%	0.1%
Average Age^{†, ‡}	Years	40.5	40.8		38.9
Age Breakdown^{†, ‡}	< 35 Years	458	497	33.1%	39.4%
	35 to 49 Years	663	676	45.0%	43.2%
	50+ Years	289	329	21.9%	17.1%
	Missing Values	0	0	0.0%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	831	881	58.7%	66.2%
	Part-Time	548	598	39.8%	31.6%
	Missing Values	31	23	1.5%	2.3%
Employment Category[‡]	Permanent	1,069	1,132	75.4%	76.2%
	Temporary	60	93	6.2%	5.8%
	Casual	87	84	5.6%	2.9%
	Self-Employed	172	178	11.9%	13.5%
	Missing Values	22	15	1.0%	1.5%
Employer Type[§]	General Hospital	345	365	24.3%	24.7%
	Rehabilitation Hospital/Facility	155	178	11.9%	15.4%
	Mental Health Hospital/Facility	92	96	6.4%	6.3%
	Residential Care Facility	93	93	6.2%	3.1%
	Assisted Living Residence	0	0	0.0%	0.2%
	Community Health Centre	297	319	21.2%	10.0%
	Visiting Agency/Business	35	21	1.4%	9.8%
	Group Professional Practice/Clinic	105	109	7.3%	4.9%
	Solo Professional Practice/Business	97	104	6.9%	6.5%
	Postsecondary Educational Institution	11	19	1.3%	2.3%
	School or School Board	59	65	4.3%	5.1%
	Association/Government/Para-Governmental	30	37	2.5%	2.7%
	Industry, Manufacturing and Commercial	6	5	0.3%	0.5%
	Other	61	73	4.9%	5.5%
	Missing Values	24	18	1.2%	2.9%
Area of Practice[§]	Mental Health	176	169	11.3%	11.7%
	Neurological System	189	225	15.0%	13.8%
	Musculoskeletal System	129	143	9.5%	11.5%
	Cardiovascular and Respiratory System	*	6	0.4%	0.6%
	Digestive/Metabolic/Endocrine System	*	*	*	0.1%
	General Physical Health	414	502	33.4%	30.3%
	Vocational Rehabilitation	79	81	5.4%	3.7%
	Palliative Care	8	5	0.3%	0.4%
	Health Promotion and Wellness	16	17	1.1%	0.8%
	Other Areas of Direct Service	182	167	11.1%	10.8%
	Service Administration	36	*	*	2.1%
	Client Service Management	42	53	3.5%	3.3%
	Medical/Legal-Related Client Service Management	39	24	1.6%	1.6%
	Teaching	8	60	4.0%	2.4%
	Research	7	9	0.6%	0.7%
	Other Areas of Practice	56	18	1.2%	3.7%
	Missing Values	24	18	1.2%	2.3%
Position[§]	Manager	56	70	4.7%	5.1%
	Professional Leader/Coordinator	86	84	5.6%	3.9%
	Direct Service Provider	1,174	1,262	84.0%	82.1%
	Educator	12	23	1.5%	2.1%
	Researcher	7	7	0.5%	0.6%
	Other	50	40	2.7%	3.2%
	Missing Values	25	16	1.1%	2.8%

(cont'd on next page)

British Columbia—Occupational Therapist Workforce (cont'd)

		British Columbia		2007	
		2006	2007	B.C.	Canada
Multiple Employment Status [†]	Single Employer	1,188	1,237	82.4%	79.8%
	Multiple Employers	222	265	17.6%	19.3%
	Missing Values	0	0	0.0%	0.9%
Current Education in Occupational Therapy [†]	Diploma	162	152	10.1%	5.4%
	Baccalaureate	1,133	1,183	78.8%	78.8%
	Master's	93	167	11.1%	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	22	0	0.0%	<0.1%
Place of Graduation [§]	Canadian-Trained	1,141	1,240	82.6%	89.2%
	Internationally Educated	90	95	6.3%	8.1%
	Missing Values	179	167	11.1%	2.7%

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.

† Manitoba aggregate counts were provided by Manitoba Health.

‡ The Canada total does not include Quebec.

§ The Canada total does not include Quebec and Alberta.

For 2007, only the College of Occupational Therapists of Manitoba provided data for *professional master's* as a level of *current education in OT*.

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 by sending an email message to otdb@cihi.ca.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Territories (the Northwest Territories, the Yukon, Nunavut)— Occupational Therapist Workforce

		Territories		2007	
		2006	2007	Territories	Canada
OTs Employed in Occupational Therapy		20	19		8,507
Gender^{†, ‡}	Male	*	*	*	7.9%
	Female	**	**	**	92.0%
	Missing Values	0	1	5.3%	0.1%
Average Age^{†, ‡}	Years	36.4	35.5		38.9
Age Breakdown^{†, ‡}	< 35 Years	**	**	**	39.4%
	35 to 49 Years	12	8	42.1%	43.2%
	50 + Years	*	*	*	17.1%
	Missing Values	1	2	10.5%	0.2%
Full-Time/Part-Time Status[‡]	Full-Time	14	**	**	66.2%
	Part-Time	6	*	*	31.6%
	Missing Values	0	3	0.2%	2.3%
Employment Category[‡]	Permanent	13	**	**	76.2%
	Temporary	*	0	0.0%	5.8%
	Casual	0	0	0.0%	2.9%
	Self-Employed	*	*	*	13.5%
	Missing Values	3	4	21.1%	1.5%
Employer Type[§]	Hospital	7	6	31.6%	46.4%
	Community	*	*	*	28.2%
	Professional Practice	*	*	*	11.4%
	Other	*	*	*	11.0%
	Missing Values	4	4	21.1%	2.9%
Area of Practice[§]	Mental Health Areas of Direct Service	0	0	0.0%	11.7%
	Physical Health Areas of Direct Service	8	7	36.8%	56.3%
	Additional Areas of Direct Service	*	*	*	15.8%
	Areas of Client Management	*	*	*	4.9%
	Areas of Administration	*	*	*	2.1%
	Areas of Education or Research	0	0	0.0%	3.2%
	Other Area of Practice	0	0	0.0%	3.7%
	Missing Values	6	5	26.3%	2.3%
Position[§]	Manager	0	0	0.0%	5.1%
	Professional Leader/Coordinator	*	*	*	3.9%
	Direct Service Provider	**	**	**	82.1%
	Educator	0	0	0.0%	2.1%
	Researcher	0	0	0.0%	0.6%
	Other	*	*	*	3.2%
	Missing Values	3	4	0.2%	2.8%
Multiple Employment Status[‡]	Single Employer	**	**	**	79.8%
	Multiple Employers	*	*	*	19.3%
	Missing Values	0	2	0.1%	0.9%
Current Education in Occupational Therapy[‡]	Diploma	0	0	0.0%	5.4%
	Baccalaureate	**	**	**	78.8%
	Master's	*	*	*	15.3%
	Professional Master's	0	0	0.0%	0.2%
	Doctorate	0	0	0.0%	0.2%
	Missing Values	3	3	15.8%	<0.1%
Place of Graduation[§]	Canadian-Trained	**	**	**	89.2%
	Internationally Educated	*	*	*	8.1%
	Missing Values	4	4	21.1%	2.7%

(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.

† Manitoba aggregate counts were provided by Manitoba Health.

‡ The Canada total does not include Quebec.

§ The Canada total does not include Quebec and Alberta.

For 2007, only the College of Occupational Therapists of Manitoba provided data for *professional master's* as a level of *current education in OT*.

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.

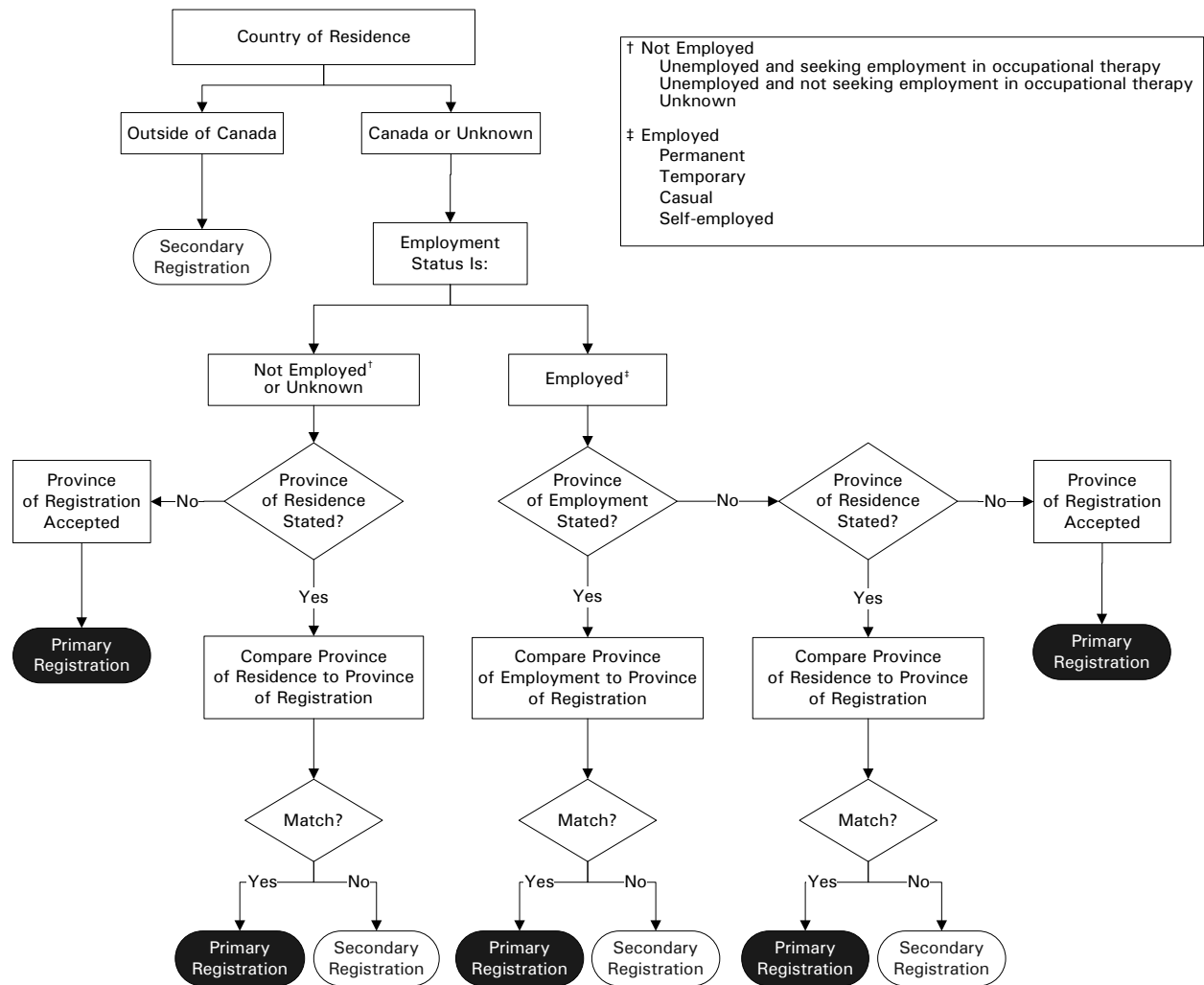
Additional methodological information is available by sending an email message to otdb@cihi.ca.

Source

Occupational Therapist Database, Canadian Institute for Health Information.

Appendix A
Identification of Secondary Registrations

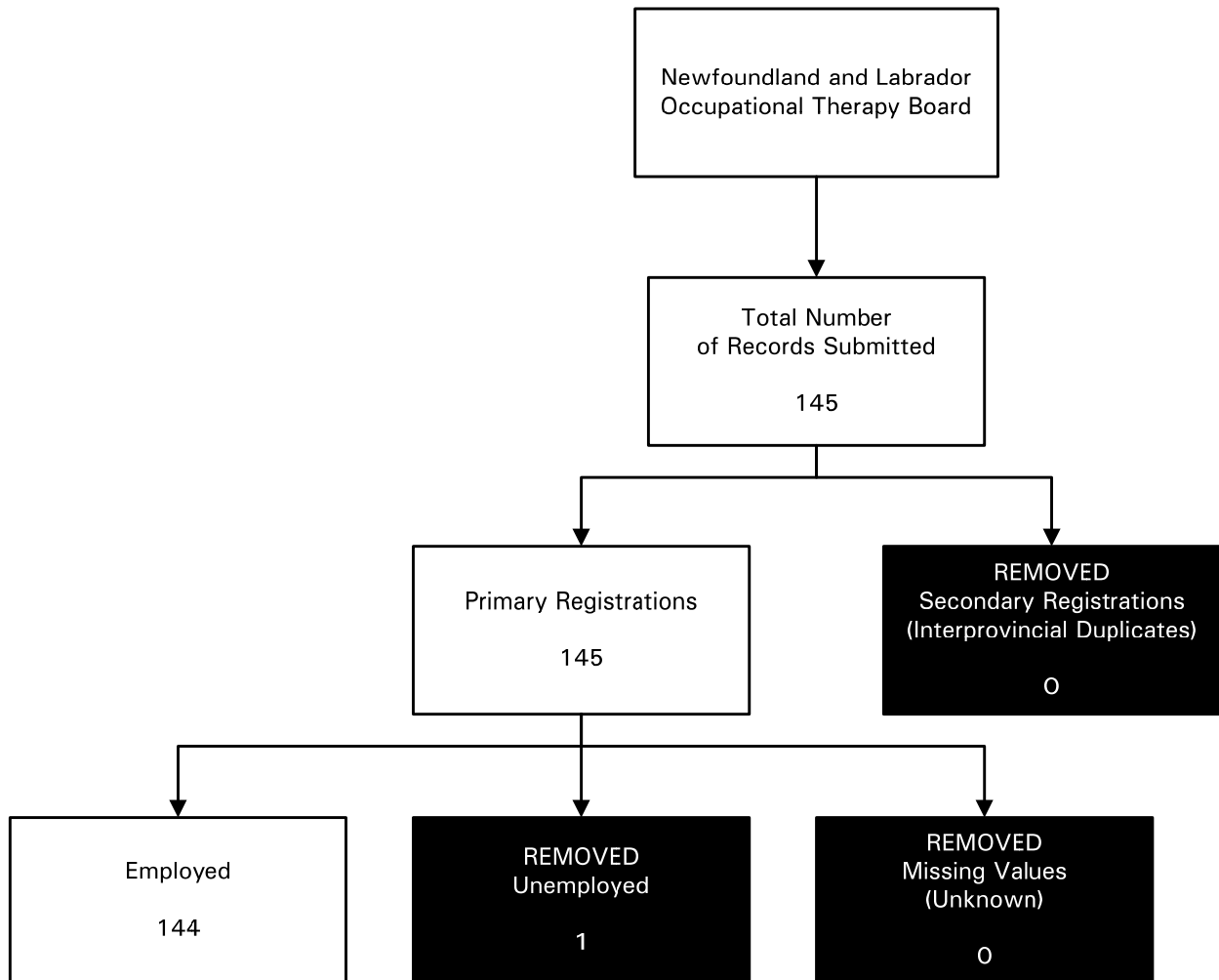
Occupational Therapy Database Identification of Secondary Registrations for Provincial Data



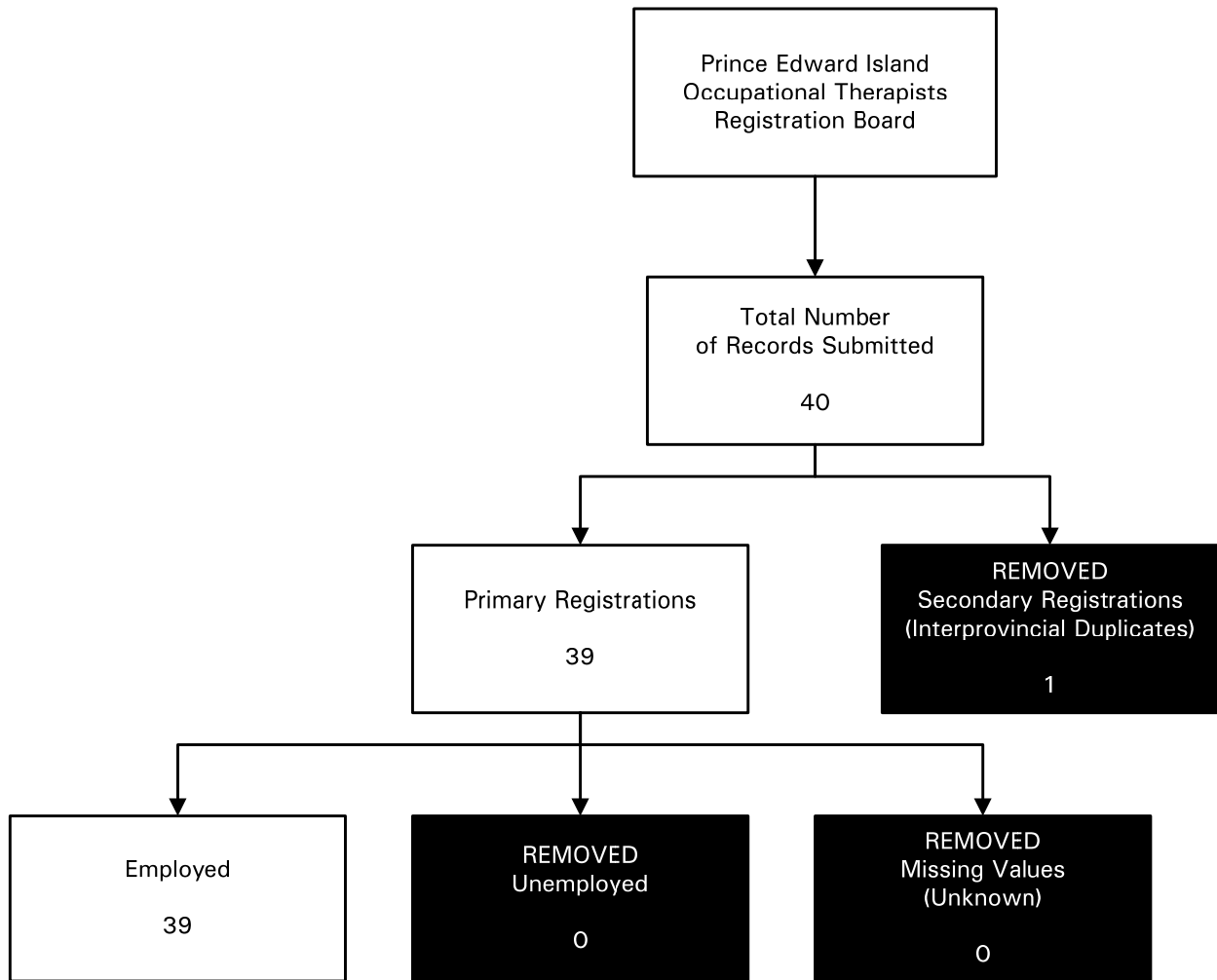
† Not Employed
 Unemployed and seeking employment in occupational therapy
 Unemployed and not seeking employment in occupational therapy
 Unknown

‡ Employed
 Permanent
 Temporary
 Casual
 Self-employed

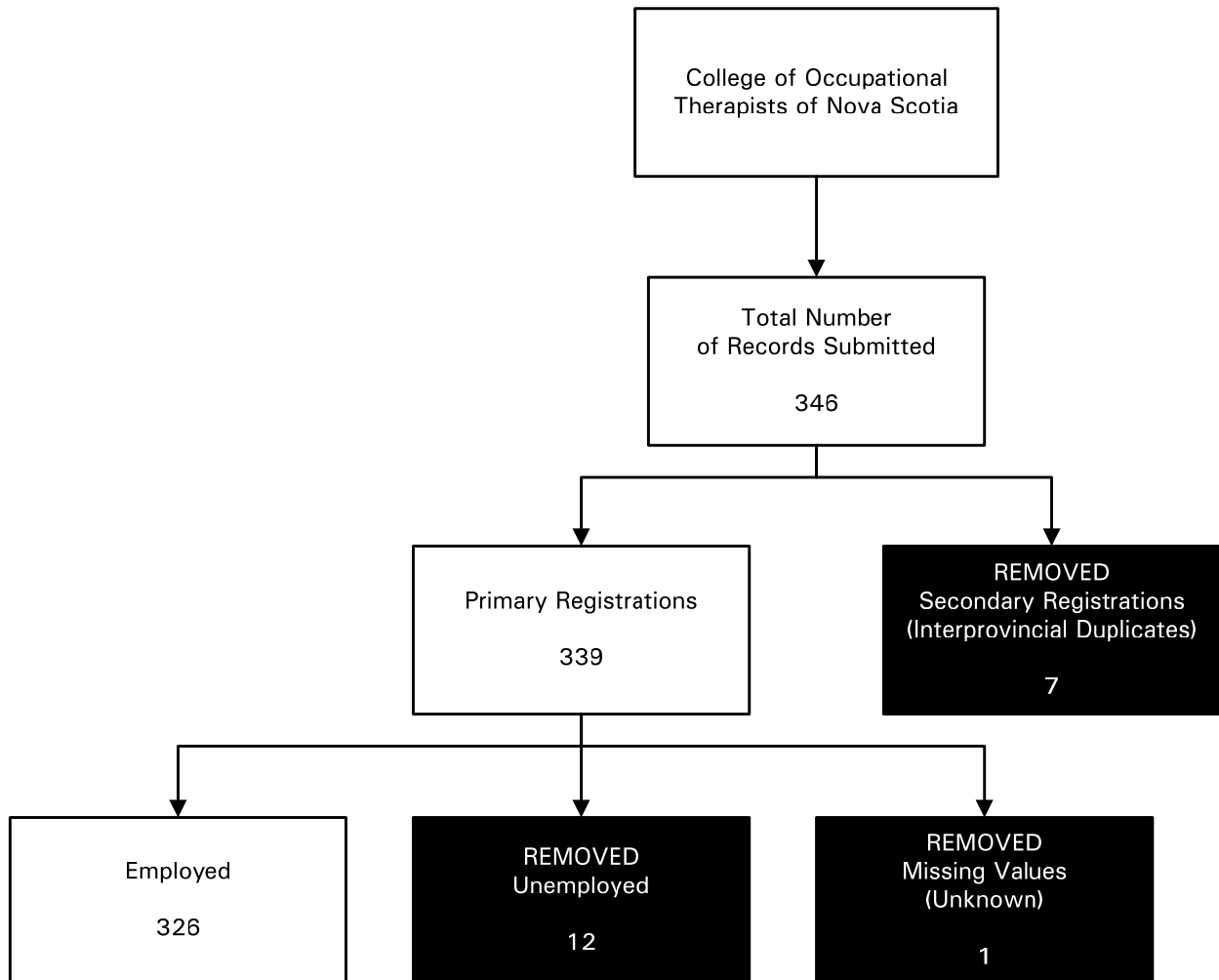
Data Flow From Newfoundland and Labrador Occupational Therapy Board to CIHI



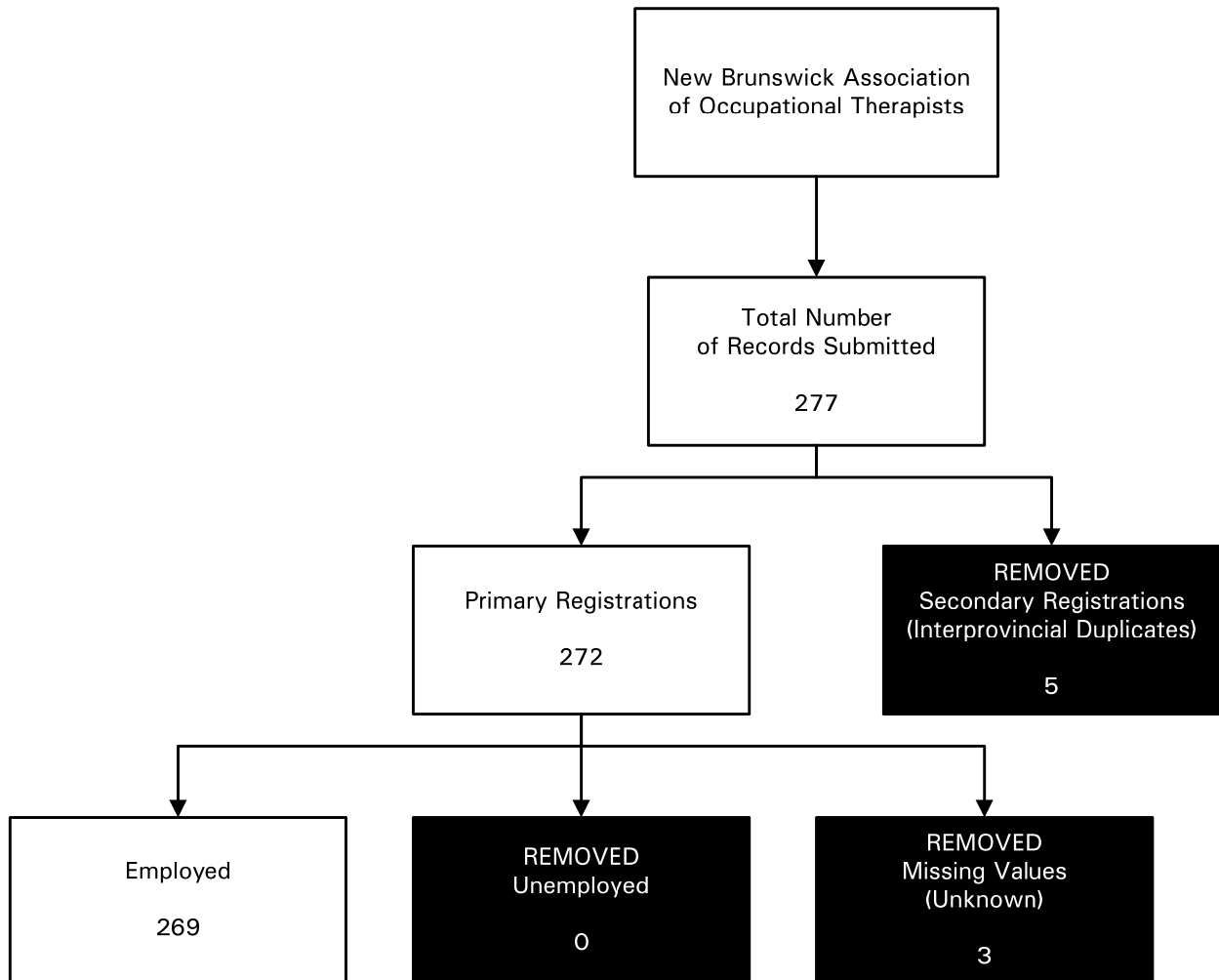
Data Flow From Prince Edward Island Occupational Therapists Registration Board to CIHI



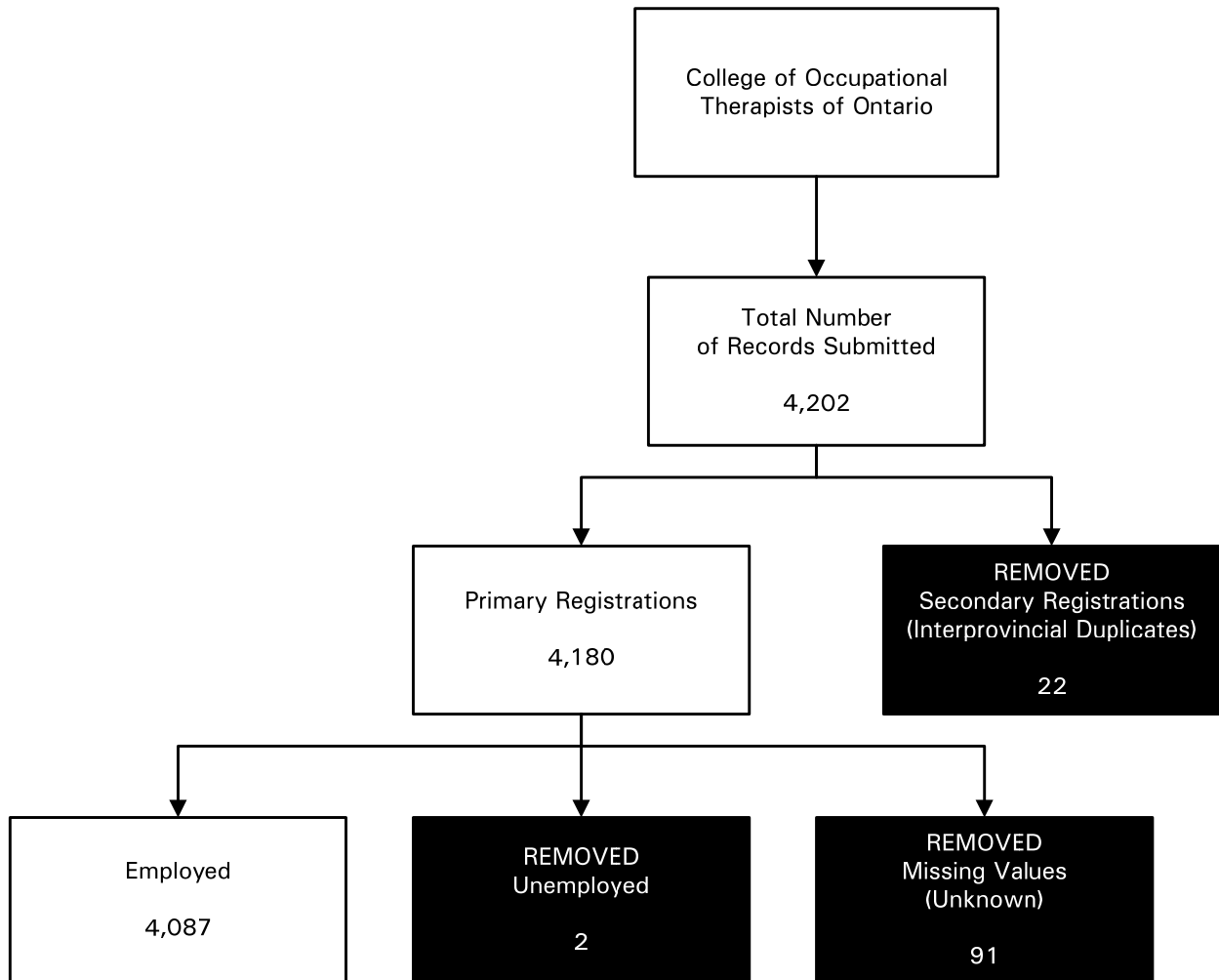
Data Flow From College of Occupational Therapists of Nova Scotia to CIHI



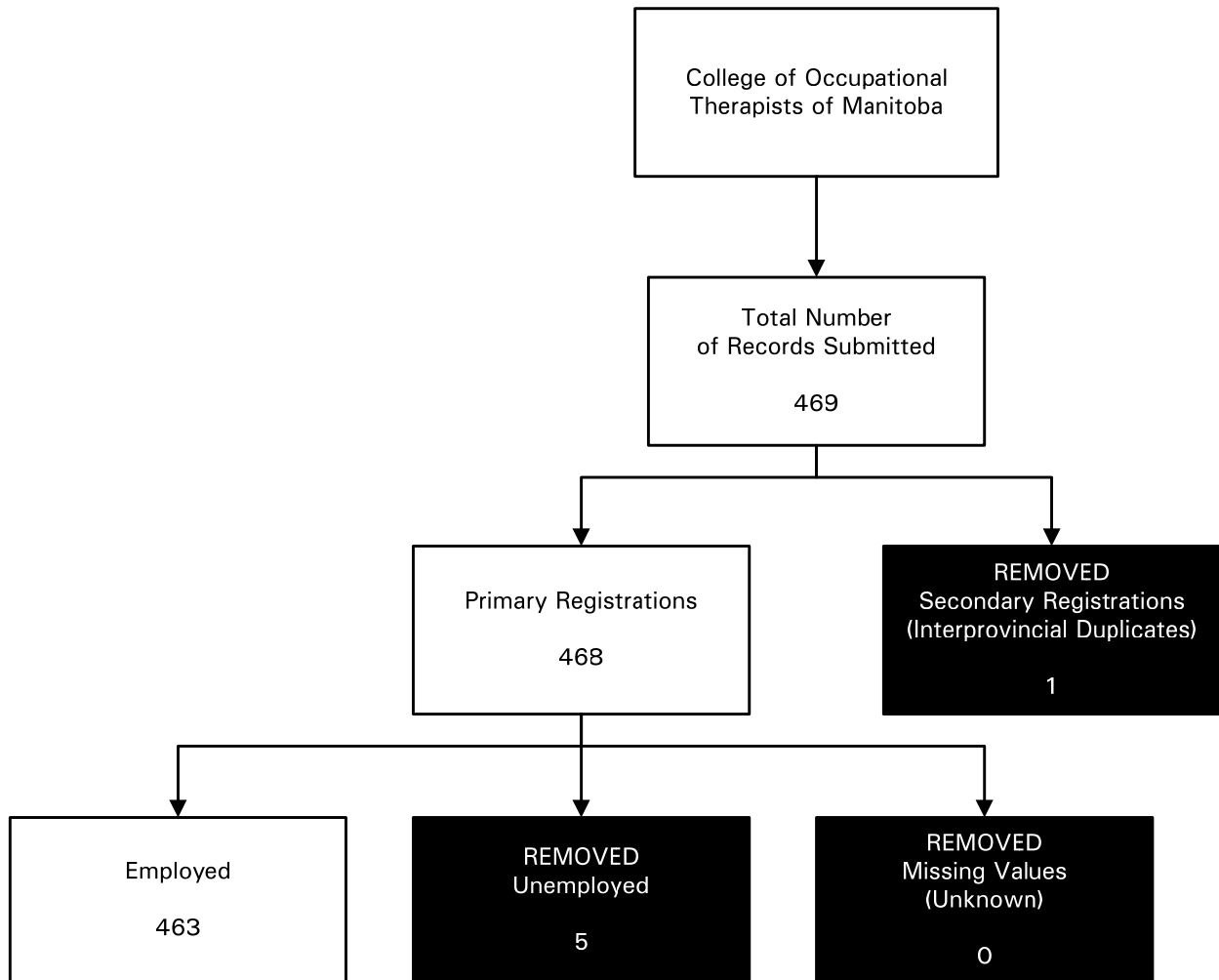
Data Flow From New Brunswick Association of Occupational Therapists to CIHI



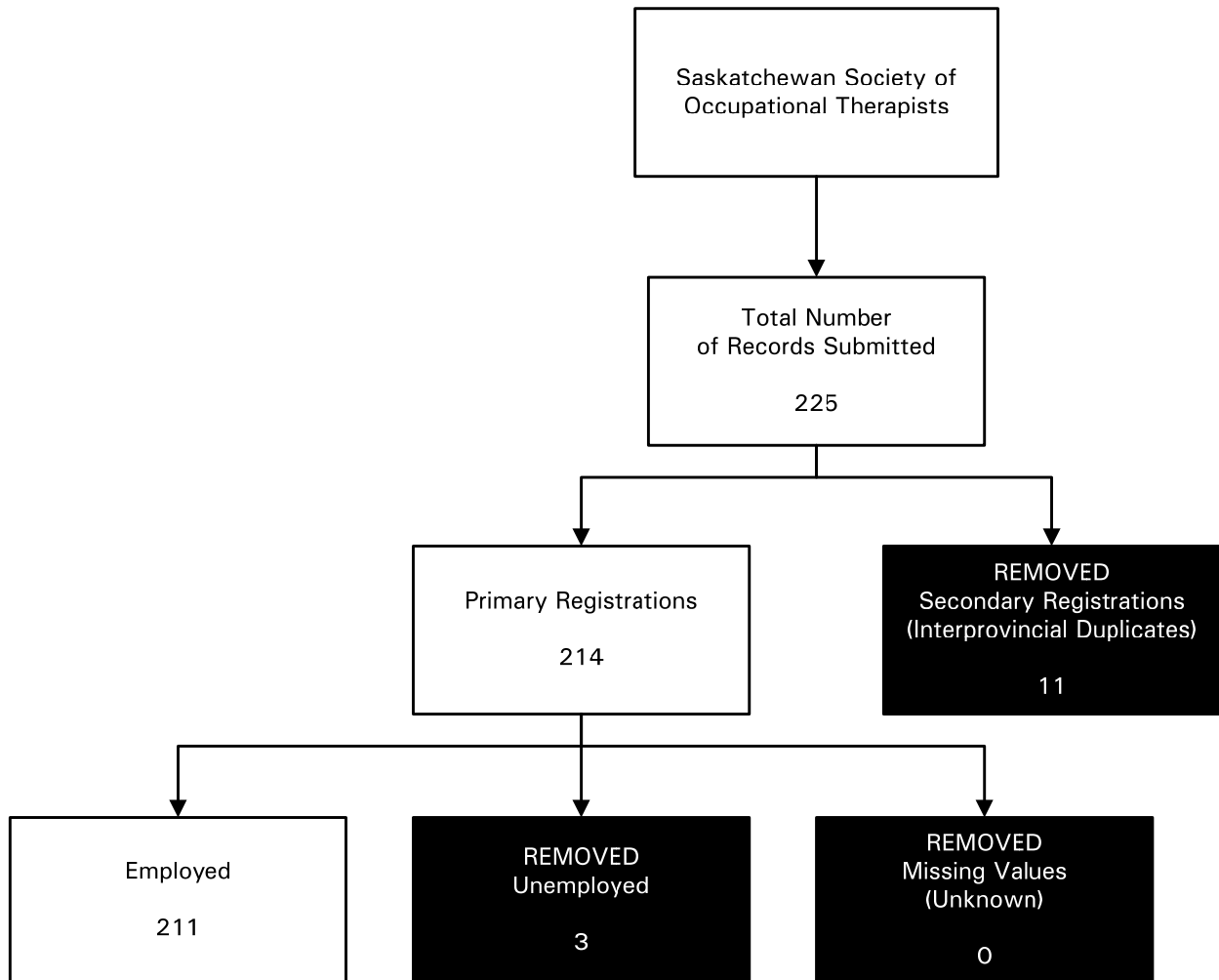
Data Flow From College of Occupational Therapists of Ontario to CIHI



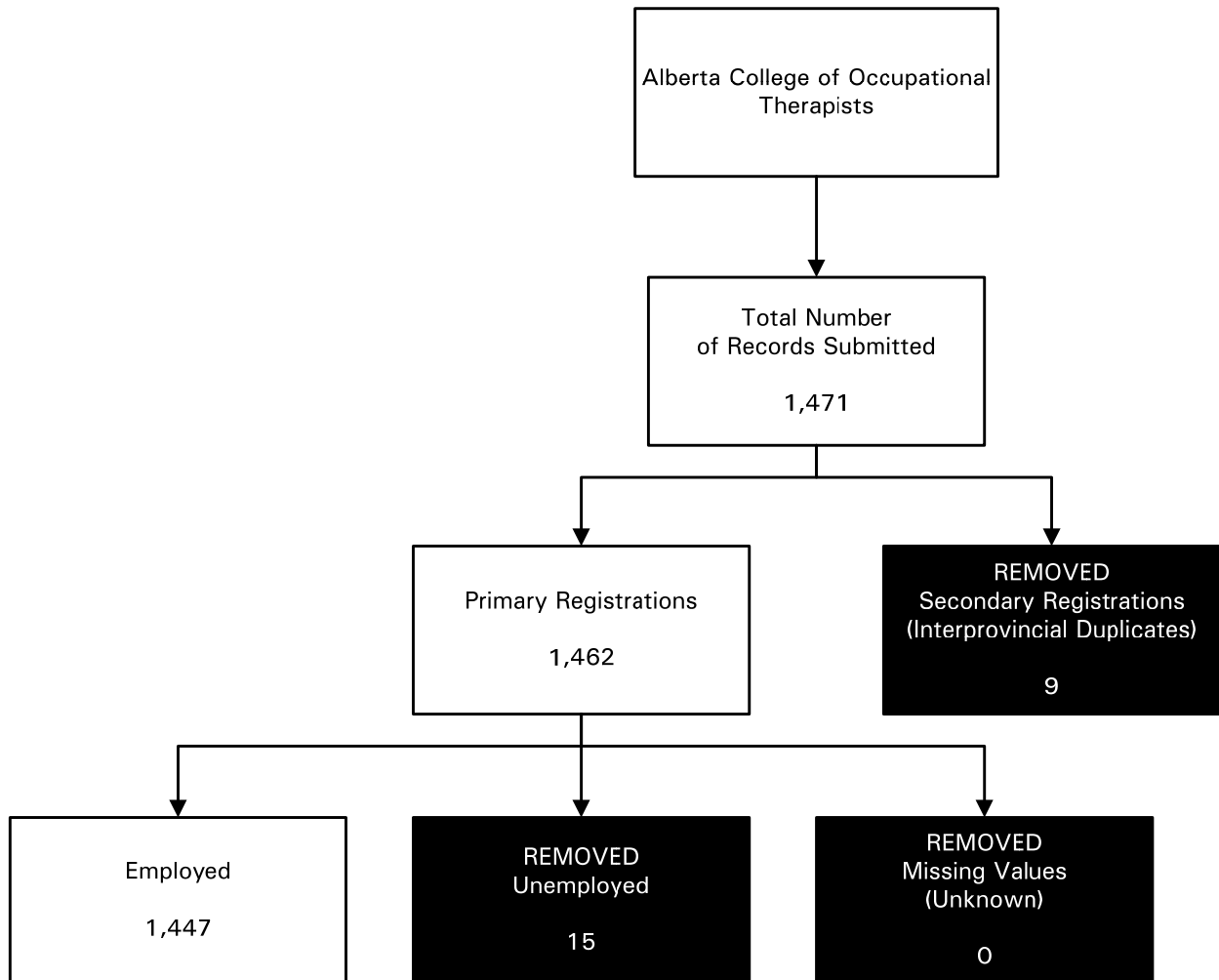
Data Flow From College of Occupational Therapists of Manitoba to CIHI



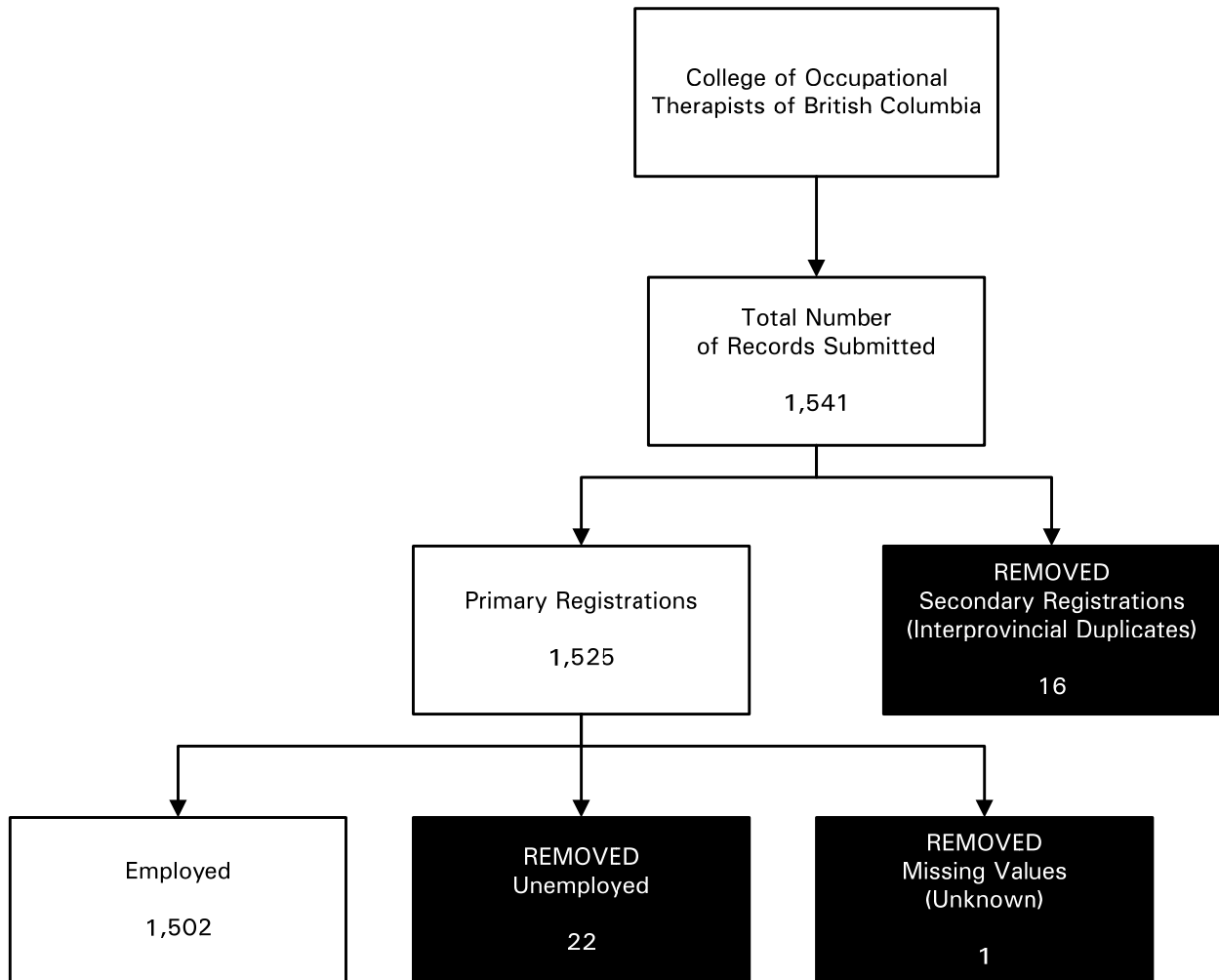
Data Flow From Saskatchewan Society of Occupational Therapists to CIHI



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

PO Box 23076

St. John's, Newfoundland and Labrador A1B 4J9

Prince Edward Island

Prince Edward Island Occupational Therapists Registration Board

PO Box 2248, STN Central

Charlottetown, Prince Edward Island C1A 8B9

Website: www.peiot.org

Nova Scotia

College of Occupational Therapists of Nova Scotia

Halifax Shopping Centre

7001 Mumford Road, Suite 819

Halifax, Nova Scotia B3L 2H8

Website: www.cotns.ca

New Brunswick

New Brunswick Association of Occupational Therapists

49 West Avenue

Sackville, New Brunswick E4L 4P2

Website: www.nbaot.org

Quebec

Ordre des ergothérapeutes du Québec

2021, avenue Union, bureau 920

Montréal, Quebec H3A 2S9

Website: www.oeq.org

Ontario

College of Occupational Therapists of Ontario

20 Bay Street, Suite 900

Toronto, Ontario M5J 2N8

Website: www.coto.org

Manitoba

College of Occupational Therapists of Manitoba

7-120 Maryland Street

Winnipeg, Manitoba R3G 1L1

Website: www.cotm.ca

Saskatchewan

Saskatchewan Society of Occupational Therapists

PO Box 9089

Saskatoon, Saskatchewan S7K 7E7

Website: www.ssot.sk.ca

Alberta

Alberta College of Occupational Therapists

8657-51 Avenue, Suite 302

Edmonton, Alberta T6E 6A8

Website: www.acot.ca

British Columbia

College of Occupational Therapists of British Columbia

645 Fort Street, Suite 219

Victoria, British Columbia V8W 1G2

Website: www.cotbc.org

National (Including Territories)

Canadian Association of Occupational Therapists

CTTC Building

1125 Colonel By Drive, Suite 3400

Ottawa, Ontario K1S 5R1

Website: www.caot.ca

Provincial/Territorial Professional Occupational Therapy Organizations

Newfoundland and Labrador

Newfoundland and Labrador Association of Occupational Therapists

PO Box 5423

St. John's, Newfoundland and Labrador A1C 5W2

Website: www.nlaot.ca

Prince Edward Island

Prince Edward Island Occupational Therapy Society

PO Box 2248, Station Central

Charlottetown, Prince Edward Island C1A 8B9

Website: www.peiot.org

Nova Scotia

Nova Scotia Society of Occupational Therapists

7001 Mumford Road

Halifax Shopping Centre, Suite 819 (Box 11)

Halifax, Nova Scotia B3L 2H8

Website: www.nssot.ca

New Brunswick

New Brunswick Association of Occupational Therapists

PO Box 20175

Fredericton, New Brunswick E3B 7A2

Website: www.nbaot.org

Quebec

Ordre des ergothérapeutes du Québec

2021, avenue Union, bureau 920

Montréal, Quebec H3A 2S9

Website: www.oeq.org

Ontario

Ontario Society of Occupational Therapists

55 Eglinton Avenue East, Suite 210

Toronto, Ontario M4P 1G8

Website: www.osot.on.ca

Manitoba

Manitoba Society of Occupational Therapists

7-120 Maryland Avenue

Winnipeg, Manitoba R3G 1L1

Website: www.msot.mb.ca

Saskatchewan

Saskatchewan Society of Occupational Therapists

PO Box 9089

Saskatoon, Saskatchewan S7K 7E7

Website: www.ssot.sk.ca

Alberta

Society of Alberta Occupational Therapists

302A, 8657-51 Avenue

Edmonton, Alberta T6E 6A8

Website: www.saot.ca

British Columbia

British Columbia Society of Occupational Therapists

1755 West Broadway, Suite 402

Vancouver, British Columbia V6J 4S5

Website: www.bcsot.org

Northwest Territories/Nunavut

Northern Association of Occupational Therapists

c/o Stanton Territorial Hospital

550 Byrne Road, PO Box 10

Yellowknife, Northwest Territories X1A 2N1

Yukon

Association of Yukon Occupational Therapists

221-108 Elliot Street

Whitehorse, Yukon Y1A 6C4

The provincial professional associations, along with the 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, Ontario K1S 5R1

Website: www.caot.ca

Canadian Occupational Therapy Foundation

CTTC Building, Suite 3401

1125 Colonel By Drive

Ottawa, Ontario K1S 5R1

Website: 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, Nova Scotia B3H 3J5

Quebec

Université de Montréal

École de réadaptation
Programme d'ergothérapie
Case postale 6128, Succ. Centre-ville
Montréal, Quebec H3C 3J7
Website: www.readap.umontreal.ca

McGill University

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

Université Sherbrooke

Faculté de médecine et des sciences de la santé
Département de réadaptation
3001, 12^e Avenue Nord
Sherbrooke, Quebec J1H 5N4

Université Laval

Programme d'ergothérapie
Département de réadaptation
Pavillon Ferdinand-Vandry
1050 avenue de la Médecine
Québec, Quebec G1V 1A6
Website: 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, Ontario M5G 1V7
Website: www.ot.utoronto.ca

University of Western Ontario

School of Occupational Therapy
Faculty of Health Sciences
1201 Western Road
Room 2555, Elborn College
London, Ontario N6G 1H1
Website: 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, Ontario L8S 1C7
Website: 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, Ontario K7L 3N6
Website: www.rehab.queensu.ca

University of Ottawa

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

Manitoba

University of Manitoba

School of Medical Rehabilitation
Department of Occupational Therapy
R106-771 McDermot Avenue
Winnipeg, Manitoba R3E 0T6
Website: www.umanitoba.ca/medrehab/ot/index.html

Alberta

University of Alberta

Faculty of Rehabilitation Medicine
Department of Occupational Therapy
2-64 Corbett Hall
Edmonton, Alberta T6G 2G4
Website: www.ot.ualberta.ca

British Columbia

University of British Columbia

Department of Occupational Science and Occupational Therapy
T325, 2211 Wesbrook Mall
Vancouver, British Columbia V6T 2B5
Website: www.ot.med.ubc.ca

Appendix C
Who's Who in Occupational Therapy?

Who's Who in Occupational Therapy? Association of Canadian Occupational Therapy Regulatory Organizations

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.⁸

Association of Canadian Occupational Therapy University Programs

The Association of Canadian Occupational Therapy University Programs (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 to 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 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.⁹

Canadian Association of Occupational Therapists

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. The CAOT, along with its provincial and territorial affiliates, represents over 10,000 OTs and almost 1,100 students.¹⁰ The CAOT provides services, products, events and networking opportunities to assist OTs in achieving excellence in professional practice. In addition, the CAOT provides national leadership to develop and promote the client-centred profession of occupational therapy, in Canada and internationally.¹¹

World Federation of Occupational Therapists

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.¹²

Appendix D
Educational Trends of Occupational Therapists

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 Université de Montréal in 1954.²

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, the 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.²

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.

Canada is not alone in raising the requirement to a master's 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.² Internationally, Australia and the United Kingdom currently offer both bachelor's and master's level entry-to-practice programs. Starting in 2006, 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).¹³

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1. Canadian Association of Occupational Therapists, *Occupational Therapy—Definition*, [online], cited October 29, 2008, from <<http://www.caot.ca/default.asp?pageid=1344>> .
2. E. A. Townsend and H. J. Polantajko, *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being, and Justice Through Occupation* (Ottawa, Ont.: CAOT Publications ACE, 2007).
3. Canadian Association of Occupational Therapists, *CAOT Position Statement Everyday Occupations and Health* (2003), [online], cited October 29, 2008, from <<http://www.caot.ca/default.asp?pageid=699>> .
4. World Federation of Occupational Therapists, *What Is Occupational Therapy?* (2004), [online], cited October 29, 2008, from <<http://www.wfot.org/information.asp?id=2>> .
5. C. McNiven, H. Puderer and D. Janes, *Census Metropolitan Area and Census Agglomeration Influenced Zones (MIZ): A Description of the Methodology* (Ottawa, Ont: Statistics Canada, 2000): catalogue no. 92F0138MIE.
6. V. Du Plessis et al., "Definitions of Rural," *Rural and Small Town Canada Analysis Bulletin* 3, 3 (November 2001): catalogue no. 21-006-XIE.
7. Canadian Institute for Health Information, *Supply and Distribution of Registered Nurses in Rural and Small Town Canada* (Ottawa, Ont.: CIHI, 2002).
8. Telephone conversation with Kathy Corbett, Chair of the Association of Canadian Occupational Therapy Regulatory Organizations and Registrar of the College of Occupational Therapists of British Columbia, August 15, 2007.
9. Association of Canadian Occupational Therapy University Programs, *About Us*, [online], cited October 29, 2008, from <<http://www.acotup-acpue.ca/AboutUs.htm>> .
10. Canadian Association of Occupational Therapists, *Newsroom* (June 6 Media Advisory), [online], cited October 29, 2008, from <http://www.caot.ca/caot_news_listings.asp?pageid=1002&NewsID=465> .
11. Canadian Association of Occupational Therapists, *About CAOT*, [online], cited October 29, 2008, from <<http://www.caot.ca/default.asp?pageid=2>> .
12. World Federation of Occupational Therapists, Home Page (2004), [online], cited October 29, 2008, from <<http://www.wfot.org>> .
13. D. Parker-Taillon and Associates, *A Dialogue on . . . Occupational Therapy Entry-Level Education in Canada . . . the Change to a Professional Master's Degree by 2008* (A Discussion Paper Prepared for the Canadian Association of Occupational Therapists) (November 12, 2003), [online], cited October 29, 2008, from <http://www.caot.ca/pdfs/CAOTdiscussionpaper_Masters.pdf> .

