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Labour Statistics at a Glance

Canada's Health Workforce: An integrated summary based on Statistics Canada data, 2025

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Introduction

Canada's health workforce has expanded considerably over the past several decades. In 2025, just over 1.7 million people were employed in health occupations, representing 8.2% of total employment in Canada, up from 5.5% in 1998. At the same time, Canada's health care system continues to face significant workforce pressures associated with population aging, growing demand for health services, increasingly complex care needs, and workforce departures (Bernard & Seddiki, 2025; Bourgeault, Demers, James, & Bray, 2014). In this context, understanding the labour market dynamics shaping the health workforce remains important for informing planning efforts.

This article leverages available data at Statistics Canada to paint a nationally-representative and integrated picture of Canada's health workforce. It combines data from the Labour Force Survey (LFS), the Job Vacancy and Wage Survey (JVWS), and the Survey of Employment, Payrolls and Hours (SEPH) from 2016 to 2025 to examine current and historical employment and vacancy trends, workforce composition as well as earnings and wages among health care workers.

Data Sources

The [Labour Force Survey \(LFS\)](#) is a monthly survey of approximately 65,000 households providing the timeliest data available on labour market characteristics of the population aged 15 and older in Canada. It collects data on employment, unemployment, and participation in the labour force by demographic characteristics. Employment estimates are available by industry, occupation, and class of worker among others and can be produced for Canada, the provinces/territories, and a large number of sub-provincial regions.

The [Survey of Employment, Payrolls, and Hours \(SEPH\)](#) is a business-based survey that collects detailed industry sector-level data on earnings, hours worked, and number of occupied positions at the national, provincial and territorial levels. The survey excludes self-employed workers as well as businesses that are primarily involved in agriculture, fishing and trapping, private household services, religious organizations, international and other extra-territorial public administration and military personnel of defense services.

The [Job Vacancy and Wage Survey \(JVWS\)](#) is a quarterly survey of approximately 100,000 business locations in Canada with at least one employee. It collects information about job vacancies and offered hourly wages by occupation, at the national, provincial, territorial, and economic region levels. The survey excludes the following: religious organizations, private households, international and other extra-territorial public administrations as well as federal, provincial, and territorial administrations.

Concept and Methods

Employment in the **Labour Force Survey (LFS)** is defined as persons who, during the survey reference week, did any work for pay or profit or had a job and were absent from work. Unless otherwise specified, employed people in the LFS includes both employees and self-employed workers.

Payroll employment, as measured by the **Survey of Employment, Payrolls and Hours (SEPH)**, refers to the number of employees receiving pay and benefits (employment income) during a given month. Detailed information on this concept can be found in section 5 of the [Guide to the Survey of Employment, Payrolls and Hours](#).

Annual employment estimates from the LFS and SEPH were calculated using averages of the monthly data in each survey.

A **job vacancy** in the **Job Vacancy and Wage Survey (JVWS)** refers to a position that meets all of the following conditions:

- it is vacant on the reference date (first day of the month) or will become vacant during the month
- there are tasks to be carried out during the month for the position in question
- the employer is actively recruiting outside the organization to fill the position.

Jobs reserved for subcontractors, external consultants, or other workers who are not considered employees, are excluded from this definition and the JVWS data.

Job vacancy rates by occupation were calculated using employment counts from the LFS which were adjusted for alignment of survey coverage.¹

Annual job vacancy statistics were calculated by taking the weighted average of vacancy counts over the 4 quarters each year.

Occupations were classified according to the [2021 National Occupational Classification \(NOC\)](#).

The term “health occupations” is used in the article to refer to all health occupations under the 1-digit **NOC code 3**, excluding those directly pertaining to animal care (31103 – Veterinarians and 32104 – Animal health technologists and veterinary technicians).

In some sections, the analysis further focuses on the following occupational groups:

1. **Nurses** (excluding nursing coordinators and supervisors):
 - ▶ 31301 – Registered nurses and registered psychiatric nurses and 31302 – Nurse practitioners (collectively, these are referred to as “registered nurses” for brevity).
 - ▶ 32101 – Licensed practical nurses
2. **Physicians** which combines:
 - ▶ 31100 – Specialists in clinical and laboratory medicine
 - ▶ 31101 – Specialists in surgery
 - ▶ 31102 – General practitioners and family physicians
3. **Nurse aides, orderlies and patient service associates** (NOC 33102).

In Canada, **licensed practical nurses** and **registered nurses** are regulated health care professionals who provide essential health care services but differ in their education, scope of practice, responsibilities and career opportunities.

Licensed practical nurses provide basic nursing care under the supervision of **registered nurses** or physicians. They help in the assessment, planning, and implementation of care for patients in various settings (e.g., hospitals, long-term care homes, clinics, and private residences).

Registered nurses provide comprehensive and/or complex care to individuals, families and communities across a wide range of settings. They can work autonomously, often taking on leadership roles in patient care, health education and care coordination.

Industry sector: designates a group of establishments primarily engaged in producing similar goods or services. Industry sectors are classified according to [the 2022 North American Industry Classification System \(NAICS\)](#).

In this analysis, the “health care sector” is defined as all establishments falling under the 2-digit **NAICS code 62 – Health care and social assistance** with the exclusion of those under subsector **624 – Social assistance**. This subsector is primarily comprised of establishments providing non-health care services, such as child daycare, community housing and food services, vocational rehabilitation, and non-medical support for seniors and people with disabilities which are beyond the scope of this article.

1. This involved the exclusion of religious organizations, private households, international and other extra-territorial public administrations as well as federal, provincial, and territorial administrations, self-employed workers (except those incorporated with paid employees), as well as workers absent without pay from their jobs for 4 weeks or more.

Workforce Growth and Labour Demand

Health occupations have experienced significant growth in recent years. The following sections provide an overview of recent trends with regards to the size and composition of the health workforce. In addition, vacancies in health occupations are examined to shed light on unmet demand for workers in the health care system.

Growth in the health workforce continues to outpace total employment growth

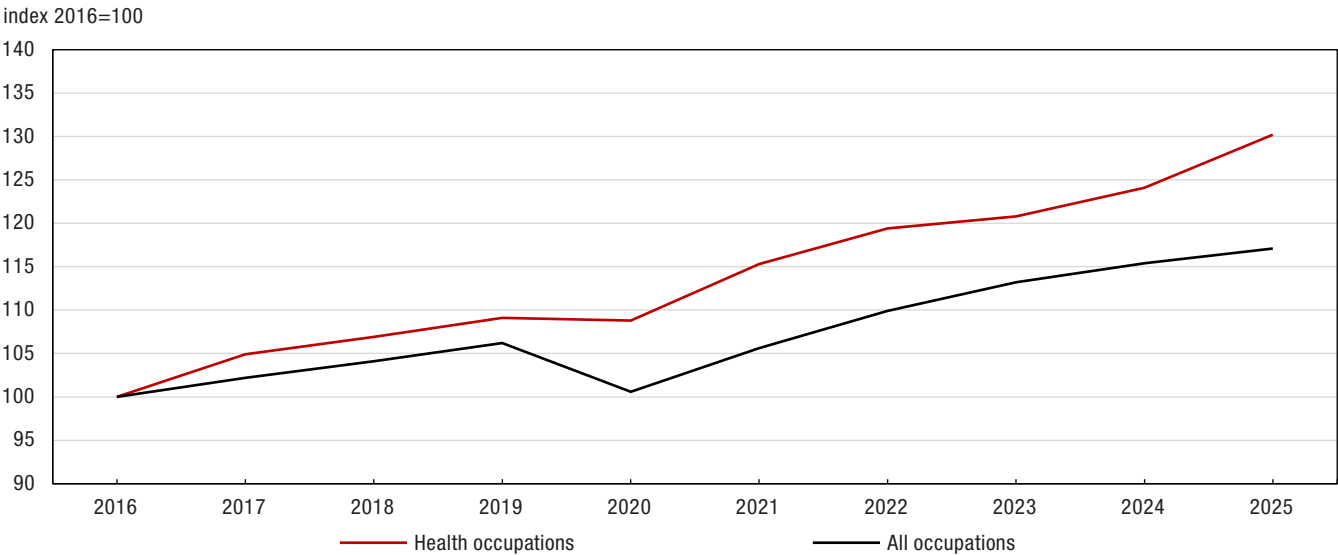
In 2025, there were just over 1.7 million people employed in health occupations in Canada, up 81,200 (+4.9%) from the previous year and up 279,400 (+19.4%) from 2019.

Health workforce growth has outpaced total workforce growth in Canada in recent years. Between 2016 and 2025, employment in health occupations increased by an average of 3.0% per year—close to twice the rate observed across all occupations (1.8%) (Chart 1).

As a result, the health workforce is accounting for a growing share of Canada's total workforce. In 2025, health occupations accounted for 8.2% of all occupations in Canada, up from 7.9% in 2024 and from 7.4% in 2016.

Recent growth in the health workforce was driven by increases in both the public and private sectors. From 2024 to 2025, 42.1% of total health employment growth was among public sector employees, compared with 34.2% among private sector employees and 23.6% among self-employed workers.

Chart 1
Annual employment growth in health occupations, Canada, 2016 to 2025

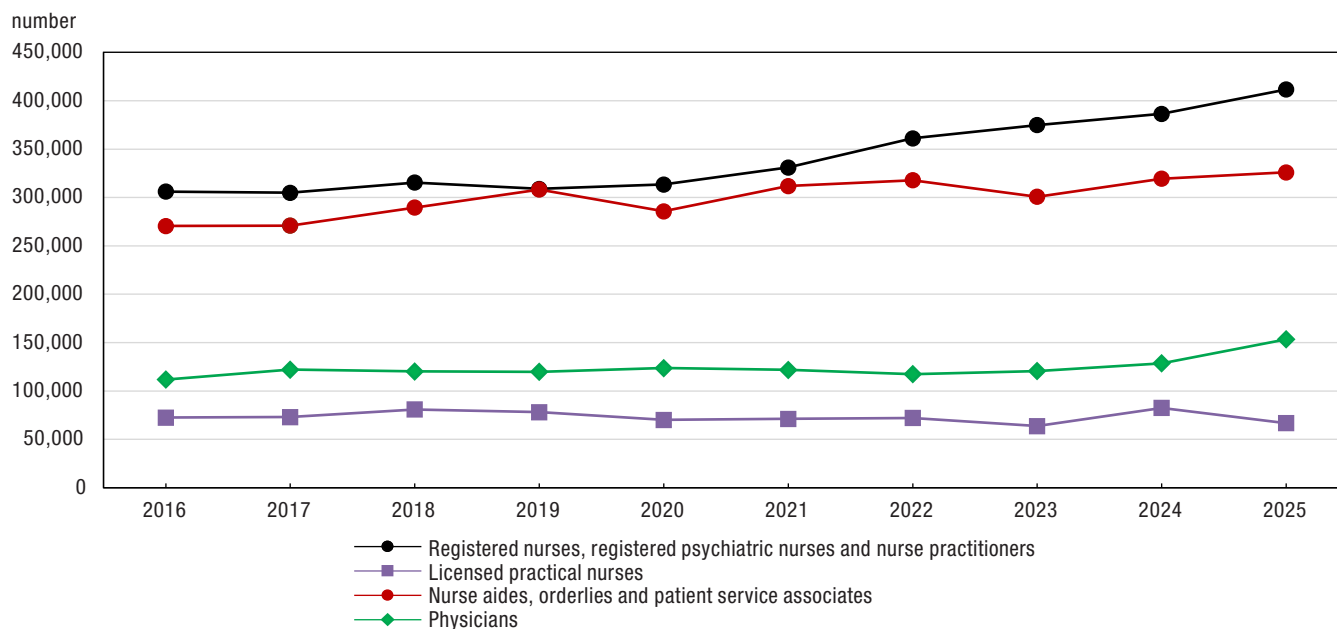


Source: Statistics Canada, Labour Force Survey (LFS), annual data, 2016 to 2025.

Registered nurses see largest growth in employment since the pre-pandemic period

Health occupations encompass a wide range of roles; however, three occupational groups—nurses (including registered nurses, registered psychiatric nurses, nurse practitioners, and licensed practical nurses), physicians (including medical specialists, general and family practitioners) and nurse aides, orderlies, and patient services associates—are central to direct patient care. They make up a large share of Canada's health workforce, accounting for 55.6% of health workers in 2025. These selected occupations are examined further in the following sections.

Employment in registered nursing occupations (including registered nurses, registered psychiatric nurses, and nurse practitioners) rose by 25,300 (+6.5%) from 2024 to 2025, accounting for nearly one-third of the overall net increase in health occupations over this same period (Chart 2).

Chart 2**Annual employment in selected health occupations, Canada, 2016 to 2025**

Source: Statistics Canada, Labour Force Survey (LFS), annual data, 2016 to 2025.

Compared with 2019, employment in 2025 increased the most among registered nurses (+33.3%) followed by physicians (+27.9%). Over the same period, the number of nurse aides, orderlies and patient service associates also grew (+5.8%), but at a much slower pace. In comparison, there has been no net growth in number of licensed practical nurses over the 2019-to-2025 period.

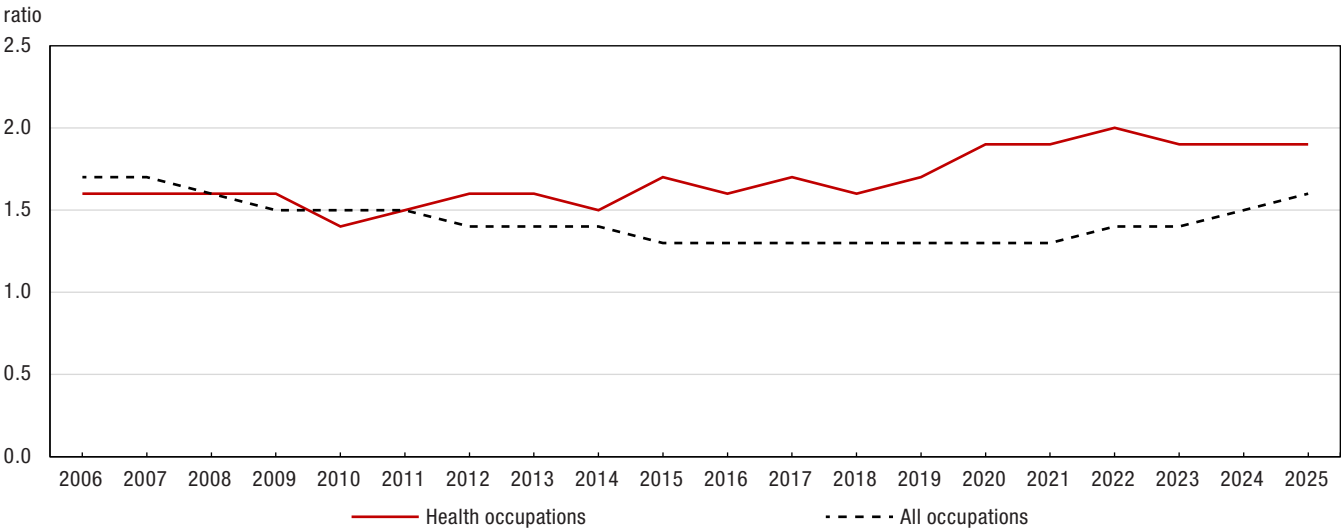
Women continued to make up the majority of health care workers in 2025 (79.3%, 1,367,200), especially in registered nursing occupations (89.0%). Women were virtually at parity with men among physicians, making up 49.2%, up from a share of 45.0% in 2019.

Ratio of younger to older workers highest for licensed practical nurses and lowest for nurse aides, orderlies and patient service associates

The ratio of younger workers (aged 25 to 34) to those approaching retirement age (aged 55 to 64)—known as the renewal ratio—is often used to better understand the age structure of an occupation or industry and to help assess future workforce sustainability. Lower ratios signal increased risks of unmet labour demand in that there are fewer younger workers who have entered the occupation, relative to workers who may soon exit the labour market.

Based on data from the Labour Force Survey (LFS), the renewal ratio for workers in health occupations was 1.9 in 2025 and has varied little since 2020. This means that for each health worker approaching retirement age (aged 55 to 64), there were close to two younger health workers (aged 25 to 34) within the workforce. On the other hand, while trending upwards in recent years, the renewal ratio for the total workforce (which includes all occupational groups) remained lower, at 1.6 in 2025 (Chart 3).

Chart 3
Renewal ratio for health occupations and all occupations, Canada, 2006 to 2025



Source: Statistics Canada, Labour Force Survey (LFS), annual data, 2016 to 2025.

Renewal ratios differed across health occupations. In 2025, there were 326,000 nurse aides, orderlies, and patient service associates in Canada, with a renewal ratio of 1.1—meaning the number of younger workers entering the occupation was roughly equal to those nearing retirement. This was lowest among the selected health occupations (nurses, physicians, and nurse aides, orderlies, and patient service associates), and lower than the average for all health occupations.

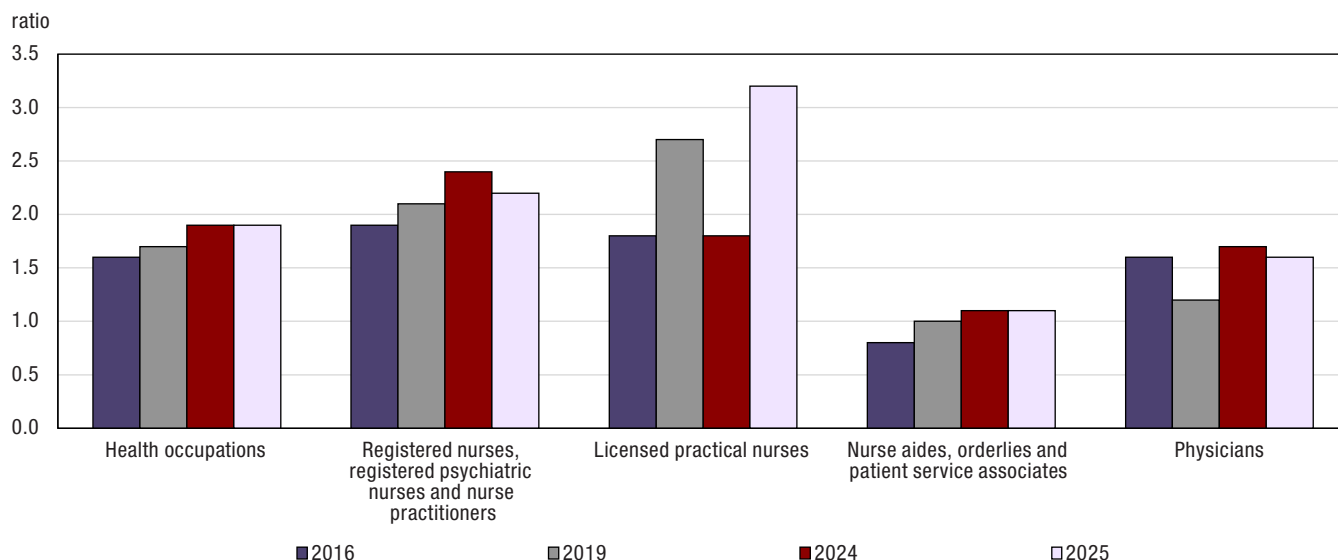
By contrast, licensed practical nurses (numbering 66,800 in 2025) had the highest renewal ratio among selected health occupations at 3.2, meaning that for every worker expected to leave, roughly three were entering the occupation.² This group also experienced the largest increase in the renewal ratio compared with 2016, when it was 1.8.³

The renewal ratio among registered nurses (411,700) was 2.2 in 2025, down slightly from 2.4 in 2024, but higher than the 2016 ratio of 1.9. Among the 153,400 physicians in Canada in 2025, the renewal ratio was 1.6 in 2025 which, excluding the decline in 2019, has been relatively stable since 2016 (Chart 4).

For a more detailed analysis of renewal ratios based on a combination of LFS and Census data, see: [Workforce renewal in health occupations](#).

2. The higher renewal ratio among licensed practical nurses compared with registered nurses could be related to the relatively stronger contribution of immigration to younger entrants in this occupation. In addition, data from the 2021 Census showed that the educational attainment of recent immigrants who worked as licensed practical nurses was largely similar to that of Canadian-born registered nurses, with the majority holding foreign degrees at or above the bachelor level primarily in health-related fields. This suggests a higher prevalence of overqualification for this group and highlights potential barriers to attaining equivalent licensure to work in jobs that match their education (see Bernard & Siddiki, 2025).

3. Note that renewal ratios do not account for factors such as employee retention that can affect the future size and composition of an occupation's workforce. Despite a high renewal ratio, suggesting that licensed practical nursing continues to attract younger workers, growth in the supply and workforce of this occupation has slowed and may not be keeping pace with pre-existing unmet health care needs. Recruitment gains may be offset by attrition linked to movement of licensed practical nurses into other direct care roles (e.g., registered nursing through transition programs), non-direct care roles or other sectors in health care with challenging workplace conditions (e.g., long-term care settings) or staffing pressures which can contribute to turnover (see Canadian Institute for Health Information, 2025).

Chart 4**Renewal ratio among selected health occupations, Canada, 2016 to 2025 (selected years)**

Note: The renewal ratio for an occupation is defined as the ratio of workers aged 25 to 34 in that occupation (entrants) to those aged 55 to 64 (potential leavers).

Source: Statistics Canada, Labour Force Survey (LFS), annual data, 2016, 2019, 2024 and 2025.

Payroll employment trends within the health care sector

Industry-level analyses complement occupation-based analyses by encompassing the full range of workers employed within the health sector, regardless of occupation. They also account for differences in work environments as workforce needs, employment conditions and labour market pressures may vary substantially across sectoral settings.

Canada's health care sector continues to grow at a faster pace than all sectors

According to the Survey of Employment, Payrolls and Hours (SEPH), there were just over 2 million payroll employees in the health care sector⁴ in 2025 comprising 11.2% of payroll employment in Canada. This number was up by 53,700 workers (+2.8%) compared to the previous year and by 302,300 (+17.8%) since 2019.

Similar to what has been observed in health occupation growth, payroll employment in the health care sector has generally trended upward with an average annual growth rate of 2.7%, higher than the rate seen in all sectors combined (+1.6%).

Largest increase in payroll employment seen in ambulatory health care services

The health care sector is divided into three subsectors: **ambulatory health care services, hospitals, and nursing and residential care facilities**. The **ambulatory health care services** subsector comprises establishments primarily engaged in providing out-patient health care services, directly or indirectly, to patients who do not require a stay in hospital or other care facility during their visit.⁵

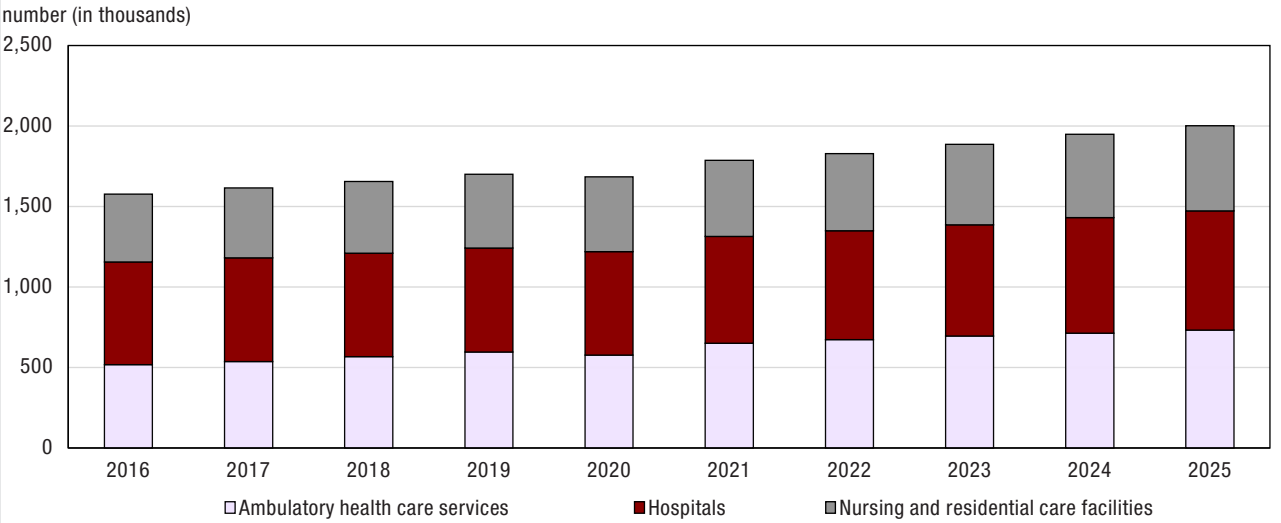
4. This is defined using [version 1.0 of the 2022 North American Industry Classification System \(NAICS\)](#) as the combination of all those employed in industry subsectors 621 – Ambulatory health care services, 622 – Hospitals, and 623 – Nursing and residential care facilities.

5. Examples of establishments under this subsector include: clinics run by physicians, dentists or other health practitioners; out-patient care centers (family planning/mental health & substance use care centers); medical and diagnostic labs; home health care services (nursing services at home or personal care); ambulance services; blood banks/blood donor stations as well as organ banks

Payroll employment in the **ambulatory health care services** subsector has seen the largest growth among subsectors since 2016, reaching 732,900 in 2025, an increase of 2.8% (+20,100) from 2024 and 22.8% (+136,200) from 2019 (Chart 5). Growth in the ambulatory subsector over the 2019 to 2025 period accounted for 45.0% of all employment growth in the health sector, with the rate of growth surpassing that observed in the **hospitals** subsector (+14.7%; +95,000). Furthermore, since 2016, employment in the ambulatory subsector has comprised an increasing share of the health care sector, rising from 32.9% in 2016 to 36.6% in 2025.

Payroll employment in **nursing and residential care facilities** increased by 12,700 (+2.5%) in 2025 from the previous year and by 71,100 (+15.5%) compared with 2019. It accounted for nearly one-quarter of employment growth in the health care sector from 2019 to 2025.

Chart 5
Payroll employment in the health care industry by subsector (2022 NAICS), Canada, 2016 to 2025

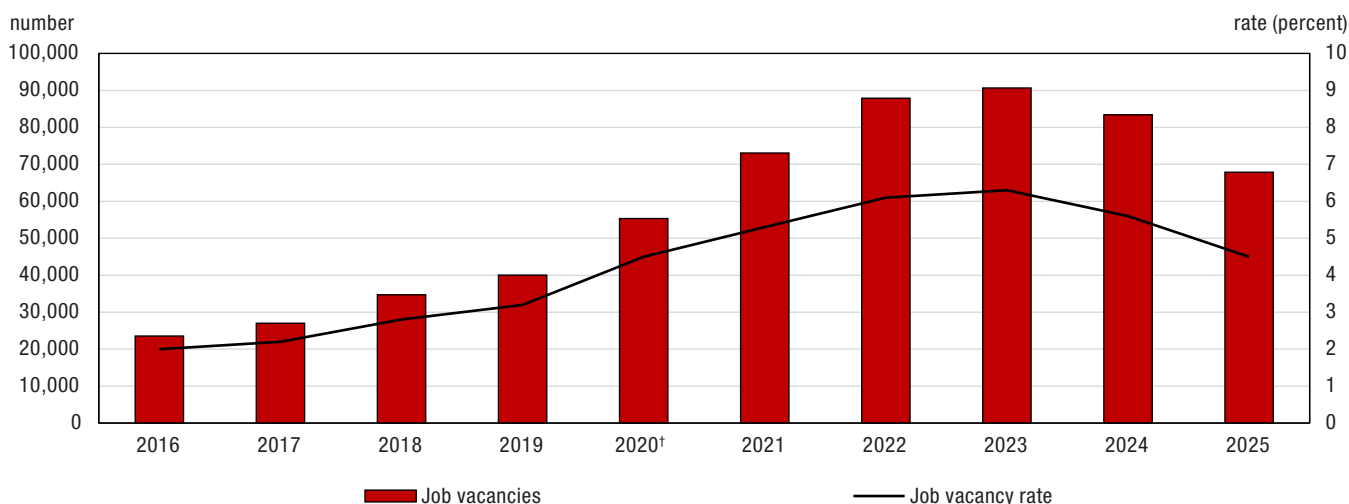


Source: Statistics Canada, Survey of Employment, Payrolls and Hours (SEPH), annual data, 2016 to 2025.

Job vacancies in health occupations down in recent years, following peak in 2023

Based on annual data from the Job Vacancy and Wage Survey (JVWS), there were 67,900 job vacancies in health occupations⁶ in 2025, nearly 3 times the 23,500 recorded in 2016. Although this represents a decline from the peak of 90,700 in 2023, demand for health care workers remained elevated in 2025, accounting for 13.4% of all job vacancies in Canada. (Chart 6).

6. Since many physicians in Canada are self-employed and therefore not included in the Job Vacancy and Wage Survey, vacancy trends for physicians are not examined separately in the following sections.

Chart 6**Annual job vacancy count and job vacancy rate in health occupations, Canada, 2016 to 2025**

† Data collection for the JWWS was suspended for the second and third quarter of 2020 due to the COVID-19 pandemic. Estimates for the 2020 calendar year are based on the first and fourth quarters only.

Note: Employment counts used for the job vacancy rate calculation were produced using 12-month averages from the Labour Force Survey (LFS) while adjusting the data for JWWS coverage.

Sources: Statistics Canada, Job Vacancy and Wage Survey (JWWS) and Labour Force Survey (LFS), annual data, 2016 to 2025.

Despite recent declines, licensed practical nurses continue to have the highest vacancy rate in 2025 and the largest increase historically

Job vacancy rates—defined as the number of vacant positions as a proportion of all filled and vacant positions—provides a direct way of assessing unmet labour demand in a given occupation relative to the size of that occupation. Higher vacancy rates generally indicate employers are having greater difficulty recruiting workers.

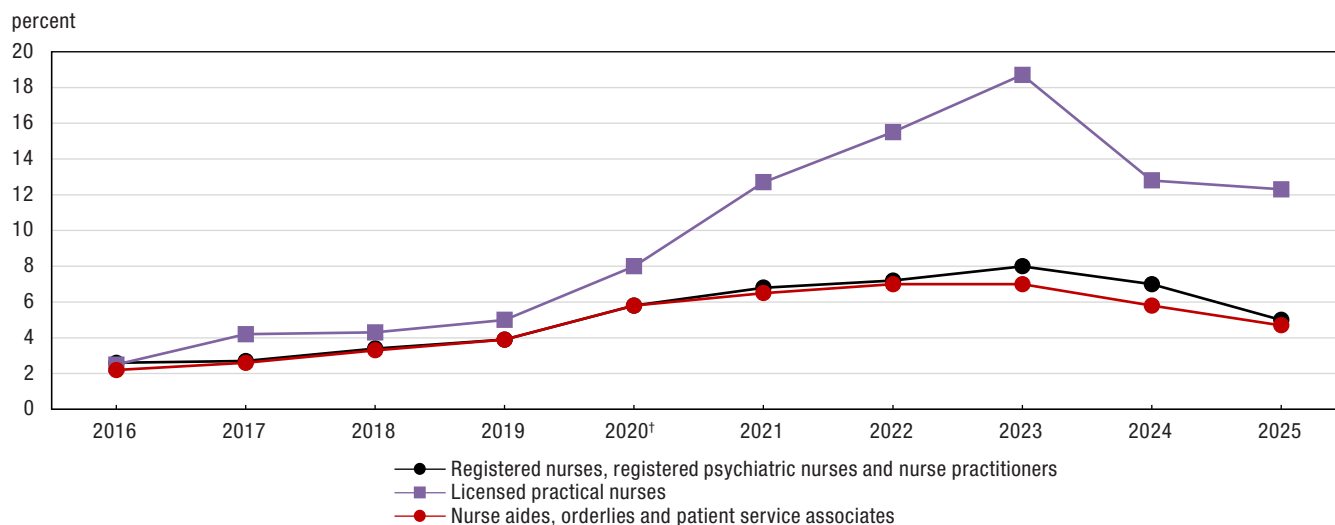
In 2025, the job vacancy rate for health occupations was 4.5%. While down from the 2023 peak of 6.3%, it was more than double the 2016 rate of 2.0%. The job vacancy rate for health occupations was also significantly higher than the overall job vacancy rate in Canada (2.7%).

In 2025, nurses—including registered nurses, registered psychiatric nurses, nurse practitioners, and licensed practical nurses—as well as nurse aides, orderlies, and patient service associates, together made up nearly half (46.7%) of employment in health occupations. They also made up the largest share (65.0%) of job vacancies among all health occupation vacancies in 2025, up slightly from the share of 64.1% recorded in 2016.

Among the selected occupations, vacancy rates remained highest among licensed practical nurses, at 12.3% in 2025. This was down from a peak of 18.7% in 2023, but 5 times higher than the rate in 2016 (2.5%) (Chart 7).

Although the number of licensed practical nursing vacancies has declined since 2021, the persistently high vacancy rate for this occupation group coincides with the absence of any net growth, indicating a workforce supply that may not be keeping up with labour demand.

For nurse aides, orderlies and patient service associates, the job vacancy rate was 4.7% in 2025, down from the high of 7.0% recorded in both 2022 and 2023, but still more than double the rate seen in 2016 (2.2%). Similarly, the job vacancy rate for registered nursing occupations (including registered nurses, registered psychiatric nurses, and nurse practitioners) was 5.0% in 2025, nearly double the rate in 2016 (2.6%), but lower than the peak observed in 2023 (8.0%).

Chart 7**Annual job vacancy rate for selected health occupations, Canada, 2016 to 2025**

† Data collection for the JWWS was suspended for the second and third quarter of 2020 due to the COVID-19 pandemic. Estimates for the 2020 calendar year are based on the first and fourth quarters only.

Note: Employment counts used for the job vacancy rate calculation were produced using 12-month averages from the Labour Force Survey (LFS) while adjusting the data for JWWS coverage.

Sources: Statistics Canada, Job Vacancy and Wage Survey (JWWS) and Labour Force Survey (LFS), annual data, 2016 to 2025.

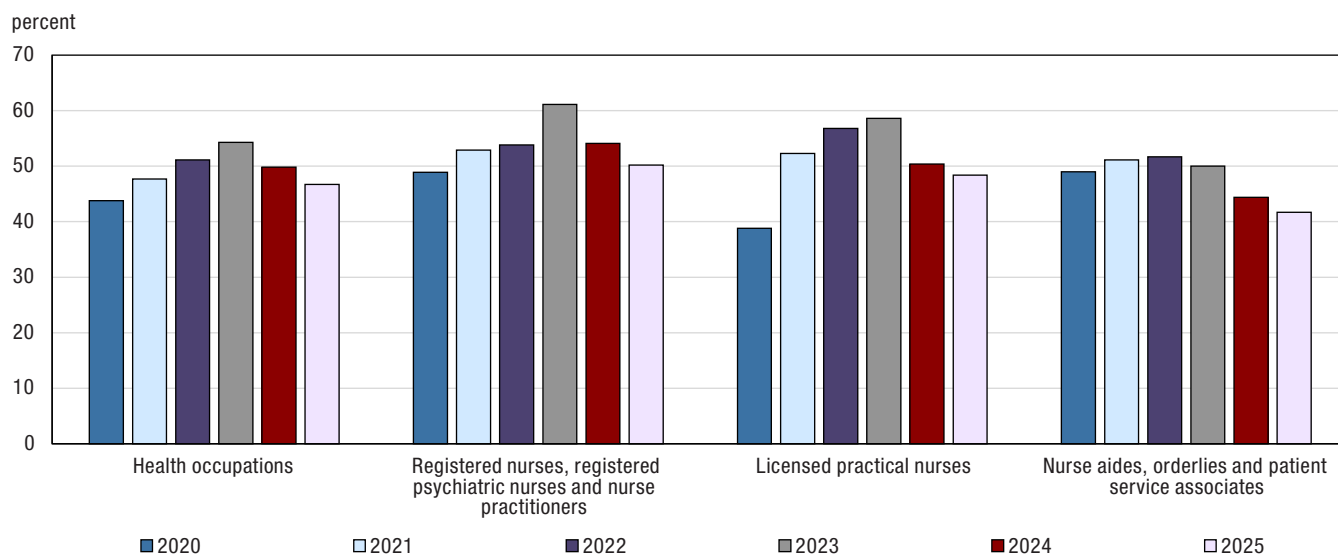
Registered nursing vacancies are more likely to be long-duration than other health occupations

Vacancy duration is defined as the number of days a position remains open despite active recruitment. Positions vacant for 90 days or more are considered long-duration vacancies and may indicate hiring challenges, skill shortages, or difficulties matching available workers with vacant positions.

In 2025, 46.7% of vacancies in health occupations in Canada were considered long-duration, down from the shares seen in 2024 (49.8%) and during the peak in 2023 (54.3%) (Chart 8).

For the selected health occupations, the share of long-duration vacancies in 2025 was highest among registered nurses (50.2%; 10,200) and licenses practical nurses (48.4%; 4,300). In comparison, it was lower among nurse aides, orderlies and patient service associates (41.7%; 6,300).

The share of long-duration vacancies among nurse aides, orderlies and patient service associates was down compared with previous years since the onset of the pandemic in 2020. In contrast, while recent declines in the share of long-duration vacancies were also seen among registered and licensed practical nursing occupations, the share in 2025 remained higher than in 2020, particularly among licensed practical nurses.

Chart 8**Share of long-duration vacancies (active recruitment for 90 days or more) among selected health occupations, Canada, 2020 to 2025**

Note: In the first quarter of 2020, changes were implemented in the response categories to the survey question on job vacancy duration, thus affecting how these data are collected and reported. As a result, data collected before and after these changes for this particular question are not directly comparable.

Source: Statistics Canada, Job Vacancy and Wage Survey (JVWS), annual data, 2020 to 2025.

Wages

Adjusted for inflation, there has been little growth in average hourly wages in nursing occupations

Among core-aged employees (25 to 54 years) in health occupations, the average nominal hourly wage in 2025 was \$40.00/hour, up 4.0% from 2024 and up 24.6% compared with the pre-pandemic period in 2019. The increase in nominal wages from 2019 to 2025 was largest among nurse aides, orderlies and patient service associates (+24.0%) from \$20.79/hour to \$25.78/hour.

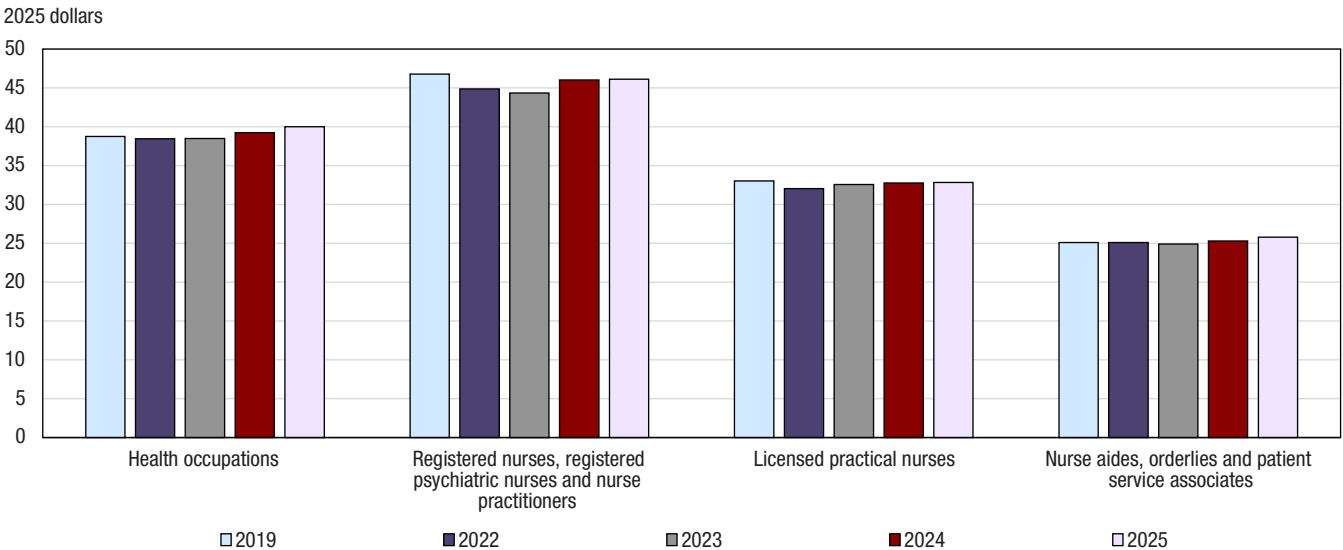
Adjusted for inflation,⁷ the average hourly wage for core-aged employees in health occupations in 2025 was up by 1.9% from 2024 and by 3.2% from 2019 (Chart 9).

Real (inflation-adjusted) average hourly wages have varied little in nursing occupations in recent years. In 2025, the real average hourly wage among core-aged licensed practical nurses was virtually unchanged from both 2024 (+0.2%) and 2019 (-0.6%). Among core-aged registered nurses, real average hourly wages in 2025 were also virtually unchanged from 2024 (+0.2%) and down by 1.4% compared with 2019.

In comparison, real hourly wages among core-aged nurse aides, orderlies and patient service associates have grown more notably. In 2025, they were up by 1.9% from 2024 and by 2.7% from 2019.

7. Wage figures from the LFS were expressed in 2025 constant dollars using the (all-items) Consumer Price Index (CPI) obtained from [Table 18-10-0005-01](#) at Statistics Canada.

Chart 9
Annual growth in average hourly wage for employees aged 25 to 54 in select health occupations, Canada, 2019 to 2025, wages adjusted to 2025 dollars



Note: Average hourly wages in the LFS include wages for all currently employed employees, whether working full-time or part-time excluding those self-employed. As such, physicians are not examined separately in this chart given that many are self-employed in Canada and their earnings are not reflected in official estimates.
Source: Statistics Canada, Labour Force Survey (LFS), annual data, 2019 and 2022 to 2025.

Gender pay gap in health occupations

Examining the difference in hourly earnings between men and women in health occupations can provide insight into gender-based earnings disparities within the health workforce and how these vary across occupations.

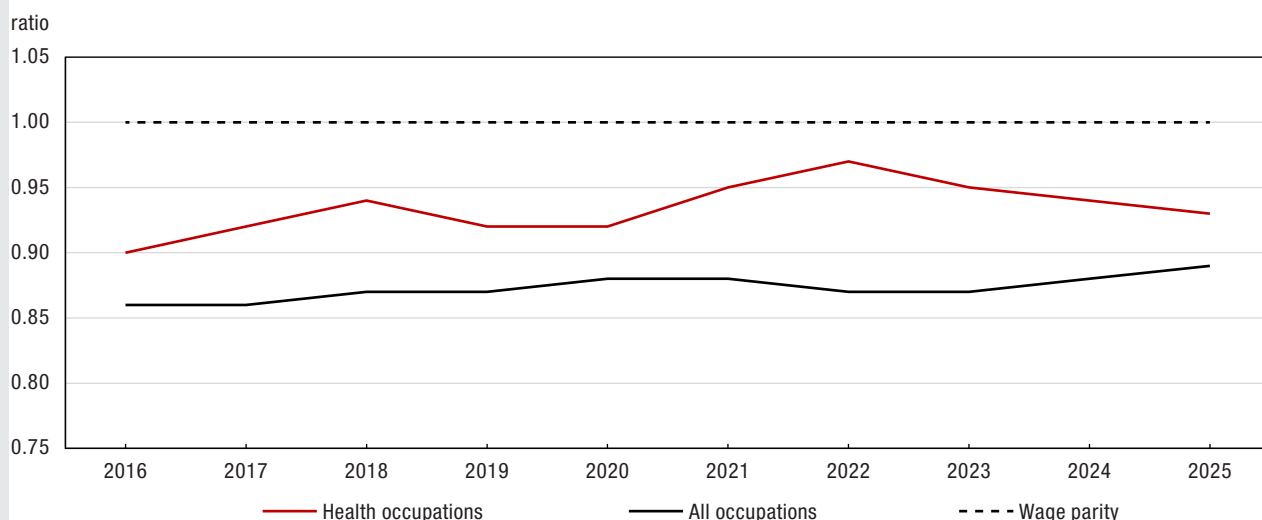
Although overall the gender wage gap⁸ has narrowed over the years (Statistics Canada, 2022), women in Canada continue to earn less than men even after accounting for factors such as occupation, industry, education, and work experience as a significant portion of the gap remains unexplained by these observable characteristics. This could reflect differences in career advancement opportunities, workplace practices, or systemic biases (Pelletier, Patterson, & Moyser, 2019).

On average, women in licensed practical nursing in 2025 earn less than men, reversing trend seen in previous years

While women made-up 80.0% of Canada’s core-aged (25 to 54 years) health workforce in 2025, they earned, on average, 0.93 dollars for every dollar that core-aged men earned. This ratio was down from earlier years after the onset of the pandemic, but similar to the gender wage gap seen before the pandemic in 2019 (Chart 10).

8. Defined as the ratio of average hourly wages for women to men. Average hourly wages in the LFS include wages for all currently employed employees, whether working full-time or part-time, excluding those who are self-employed. As such, the gender wage gap described in this section does not account for differences in earnings among women and men who are self-employed. Thus, health occupations where self-employment is prevalent (e.g., physicians) are not examined separately.

Chart 10
Gender wage gap among employees aged 25 to 54 in health occupations, Canada, 2016 to 2025



Notes: Average hourly wages in the LFS include wages for all currently employed employees, whether working full-time or part-time excluding those self-employed. The gender wage gap is expressed here as the ratio of the average hourly wages of women to men among employees aged 25 to 54.

Source: Statistics Canada, Labour Force Survey (LFS), annual data, 2016 to 2025.

Core-aged women in registered nursing occupations (including registered nurses, registered psychiatric nurses, and nurse practitioners) as well as those working as nurse aides, orderlies, and patient service associates were paid similar wages to men in 2025 as was also the case in 2019. The gender pay ratio among licensed practical nurses decreased slightly over this period, from 1.02 in 2019 to 0.95 in 2025.

Conclusion

Using recent data from the Labour Force Survey (LFS), the Job Vacancy and Wage Survey (JVWS), and the Survey of Employment, Payroll and Hours (SEPH), this analysis highlights employment trends as well as ongoing labour market pressures in Canada's health care system.

Between 2016 and 2025, health workforce growth continued to outpace total workforce growth in Canada with payroll employment growth primarily concentrated within the ambulatory health care services subsector, comprising establishments that provide out-patient health care services. Workforce growth was not evenly distributed across health occupations with registered nursing and physician occupations seeing the largest increase since 2019 pre-pandemic.

Despite steady growth in employment in health occupations since 2016, job vacancy rates more than doubled in 2025. This indicates that increases in supply have not kept pace with rising demand. Unmet labour demand remains a significant concern, particularly for specific occupations such as licensed practical nurses, whose vacancy rate in 2025 was five times higher than in 2016. Nursing vacancies with active recruitment also remained open for longer in 2025 compared with 2020 at the onset of the pandemic.

Rising demand and occupation-specific dynamics all contribute to a health care labour market that remains challenging to balance. The findings in this article showcase the importance of identifying emerging trends to better understand the factors that impact the supply and demand of health care workers and inform workforce planning to meet future care needs.

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Appendix

Table A.1

Annual employment, job vacancy count and rate for health occupations, Canada, 2016 to 2025 (selected years)

	Health occupations ¹				
	2016	2019	2022	2024	2025
Canada					
Employment (in thousands)	1,323.3	1,443.9	1,579.8	1,642.1	1,723.3
Job vacancy	23,535	40,025	87,870	83,420	67,885
Job vacancy rate (percent)	2.0	3.2	6.1	5.6	4.5
Atlantic provinces					
Employment (in thousands)	104.5	105.8	115.7	121.9	132.4
Job vacancy	2,115	3,060	6,250	6,745	5,560
Job vacancy rate (percent)	2.2	3.2	5.7	5.8	4.5
Quebec					
Employment (in thousands)	308.4	340.1	349.4	375.9	382.1
Job vacancy	4,350	11,990	26,500	24,755	20,395
Job vacancy rate (percent)	1.6	4.1	8.3	7.3	6.1
Ontario					
Employment (in thousands)	469.5	518.3	586.4	599.3	632.2
Job vacancy	8,155	14,485	33,865	29,710	23,415
Job vacancy rate (percent)	2.0	3.2	6.4	5.5	4.2
Prairie provinces					
Employment (in thousands)	261.7	279.2	305.4	305.2	324.2
Job vacancy	3,355	5,095	10,710	10,725	8,690
Job vacancy rate (percent)	1.4	2.0	3.9	4.0	3.0
British Columbia					
Employment (in thousands)	176.2	197.0	219.1	235.7	248.1
Job vacancy	5,530	5,345	10,305	11,200	9,605
Job vacancy rate (percent)	3.5	3.2	5.2	5.4	4.5

1. Defined as all occupations under the 1-digit NOC code 3 with the exception of veterinarians (NOC code 31103) and animal health technologists and veterinary technicians (NOC code 32104).

Note: Employment counts presented in this table are estimated based on 12-month averages from the Labour Force Survey (LFS). These counts are then adjusted for JWVS coverage for use in the calculation of job vacancy rates along with vacancy counts from the Job Vacancy and Wage Survey (JVWS).

Sources: Statistics Canada, Labour Force Survey (LFS) and Job Vacancy and Wage Survey (JVWS), annual data, 2016 to 2025 (selected years).