

**Allied Health
Supply Report 2000/2001
Newfoundland and Labrador**

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Health and Community Services Human Resources Sector Study

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1. Introduction

This report provides an overview of the current supply of nine allied health professional groups in the provincial health sector including audiologists, dietitians, occupational therapists, pharmacists, physiotherapists, psychologists, respiratory therapists, social workers, and speech language pathologists.

Information for this report was collected primarily from the professional associations representing each allied health group. Some other secondary references were also used, such as the Canadian Institute for Health Information (CIHI).

Practitioners in all allied health groups represented in this report, except audiology, respiratory therapy, and speech-language pathology must meet provincial legislative requirements for licensure. In some cases, there is also a professional association separate from the college. The three professions without legislation currently have voluntary registration with their provincial associations and no registrar. Individual Health Boards may add further conditions and requirements as conditions of employment.

Inter-provincial mobility of most practitioners in these professions is relatively easy, however migration of foreign-trained personnel into the province can be a lengthy process due to international differences in educational or practice standards as well as immigration processes.

Unlike physicians or nurses, these professional groups practice widely in both public and private health care delivery systems. As shortages are ongoing in both sectors, competitive employment factors are notable such as wage differentials and benefits. Generally, the compensation package in the private sector is higher than the public sector and attracts both new graduates and professionals from the public system. Caseloads may or may not be reduced in the private sector. Many practitioners employed in the public system report working part time in the private sector as well. Recruitment by the private sector is a significant factor in the challenge to sustain professional services in the provincial health system.

Currently there are a number of programs in place to assist with the recruitment and retention of allied health professionals. Seat purchase programs, bursaries, and relocation cost reimbursement programs exist and are associated with a return in service contract. Details of these programs are discussed in each section of the report as applicable. Additional compensation may also be offered to those with advanced degrees in some professions.

Education preparation for most professional groups represented in this report is at the bachelor or master's level, therefore requiring lengthy periods of study and high student loans for most graduates. Education is not available in this province for physiotherapy, occupational therapy, clinical psychology, speech language pathology, audiology or dietetics. Increasing educational requirements for entry to practice is an area of growing concern.

In December 2001, the Canadian Association of Occupational Therapists announced a movement to master's preparation as the entry to practice for that profession. The Canadian Physiotherapy Association is also considering this move. Employers are quite concerned that such increases in educational requirements for any group will further challenge efforts to recruit and retain such professionals.

There are a number of challenges facing these professional groups. These include limited access to continuing education, geographic isolation and sole practice in several locations, excess travel time requirements in some locations to provide public access to services, vacancies, high turnover, perceived need by most professional groups and employers that more funded positions are needed, and high caseloads for many groups. Vacancies in the private sector and other public sectors add further pressures to the health sector both from the perspective of competition as well as limiting potential to purchase services.

Some work has begun in these areas by the Provincial Allied Health Human Resource Planning Committee as well as other stakeholder groups including employers. The Physiotherapy Association for example, has gathered extensive data on caseloads both provincially and nationally.

1.1. Background

In September 1999, a steering committee was established through the Department of Health and Community Services, to study human resource (HR) planning. Three sub-committees were also established to represent the following groups:

1. Registered Nurses (RN)/Licensed Practical Nurses (LPN)
2. Allied Health Professionals
3. Physicians

The purpose of the Allied Health Human Resource Planning Sub-Committee is as follows:

- To advise the Steering Committee on current Allied Health human resource issues;
- To advise the Steering Committee on plans to address the immediate priorities; and
- To coordinate and provide direction towards an integrated Allied Health Human Resource Plan for the province into the future.

The Committee will identify realistic goals reflecting provincial and national labour market realities.

In the **short term**, the committee shall:

1. Advise the Steering Committee on the current status of Allied Health supply and demand in the province and identify solutions as part of a baseline evaluation. Advise the Steering Committee on strategies to address gaps and barriers to recruiting and retaining the appropriate allied health human resources in the province. Work in partnership with the applicable stakeholders.

In the **medium term**,

1. Select, based on an in depth analysis of global models, a model which can be used for provincial, integrated, allied health human resources planning taking into account the fiscal capacity. In evaluation models, realities relating to data availability and collection need to be considered.
2. Make recommendations, where applicable, on changes in provincial human resource policy directions that support a stabilizing and appropriate workforce.

In the **long term**,

1. Apply the selected model, prepare a five-year forecast of the demand and supply for allied health professionals.
2. Make recommendations concerning identified gaps between forecasted demand and supply that reflect fiscal and other realities.
3. Make recommendations concerning how to sustain human resource planning and to link this process on a timely basis with the province's annual budget process and provincial/employer's strategic planning. Provide an advisory role in recruitment and retention strategies, the implementation of incentive programs in the province, and school enrollment (under-graduate, post-graduate, continuing education).

1.2. Limitations

As there are no requirements for licensure for some groups, information was more difficult to secure. Data was limited for all groups to that required in their registration process. Some information requested was therefore not available for all groups. Most professional associations also operate with limited resources and many do not have electronic information systems. The Canadian Institute for Health Information (CIHI) data is quoted throughout this report for practitioners where available. It represents data, regardless of practice setting, for the selected professions. In many cases CIHI uses estimates where actual figures are not available and caution is advised in the interpretation of these reports.

Updates to data presented in the previous version of this report (Allied Health Supply Report 1999/2000) were not always possible. In these cases previous data is presented.

1.3. Agreement on Internal Trade

Regulators of 51 occupations were asked by the Government of Canada to take steps to facilitate labour mobility between and amongst jurisdictions as part of the Agreement on International Trade. Chapter 7 obligates provinces/territories and their regulators to take steps to mutually recognize the occupational qualifications of workers from another jurisdiction, and to reconcile any differences in occupational standards. All occupations in this report are involved in this initiative. Up-to-date status reports for each professional group are available at:

http://www.hrdc-drhc.gc.ca/stratpol/lmp/mobility/implementation/occupation_e.shtml

2. Audiology

Audiologists are highly specialized professionals whose academic and clinical training provides the foundation for provision of services to people of all ages, who are deaf or hard of hearing, as well as, persons at risk of hearing loss due to noise exposure, genetic causes, and exposure to certain drugs, or middle ear infections. As clinicians, they assess the extent of hearing loss, balance, and related disorders and in turn, provide treatment and management through the development and implementation of individual rehabilitation programs, including cochlear implants, assistive devices, hearing aids, and communication strategies (www.caslpa.ca).

As primary hearing health providers, audiologists can both receive referrals from physicians or see the public directly and refer appropriate patients to physicians when the hearing or related disorder requires medical or surgical evaluation or treatment. In addition, they provide consultation and education programs to physicians, health care staff, educators, various other professionals and community groups regarding the auditory system and the options for rehabilitation as well as education regarding prevention of hearing loss. Audiologists work with populations ranging from birth to the elderly in a variety of settings including medical centres and hospitals, private practice settings, schools, government health agencies, long-term care facilities, as well as, colleges and universities. Currently, audiologists in Newfoundland and Labrador, work primarily in acute health care facilities, although a trend to move into private industry is evolving.

2.1. Education

Basic Education

To become an audiologist, one must complete at a minimum, a master's degree, which must include both clinical and academic training, majoring in audiology, with a minor in speech-language pathology. Undergraduate course work usually concentrates in speech and hearing sciences, psychology and the physical sciences. Master's degrees in audiology are two to three years in length. There have been some discussions nationally about requiring audiologists to complete a doctorate degree in audiology in order to practice. In this province's health sector, a small number of audiologists hold doctorate degrees.

Origin of Training

A master's degree in audiology is offered in only six Canadian universities. Two of the universities offer the program in French. None of these programs are located within our province, with the nearest program in Nova Scotia, and then Quebec. People in our province interested in pursuing careers in audiology must incur the added expense of studying outside the province. Due to limited availability of programs in Canada, some audiologists have been trained in the United States, resulting in costly loans for students to complete programs.

In addition, competition is extremely strong, with high academic requirements for entry into audiology programs, as each program enrolls on average only 8-15 students each year. This translates to only 50-90 new graduates each year from Canadian programs entering into the practice of audiology for the entire country.

Table 1. Origin of Training for Audiology Workforce 2000

| Source | Number |
|---------|--------|
| NS | 7 |
| ON | 4 |
| QUE | 1 |
| BC | 1 |
| USA | 3 |
| Unknown | 2 |
| Total | 18 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

Registration Process

Audiology is not a regulated body although licensure for the profession is pending. Employers stipulate in position postings that the candidate must be eligible for certification with the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). Some of these employers require that the incumbent become certified at some point in time, and some do not.

In order to become certified, the audiologist must have graduated from an accredited university program with a master's degree, including established core subject areas, as well as the minimum requirement of 350 hours of clinical practicum with both children and adults. In addition, he/she must write a comprehensive national examination. Clinicians can only maintain certification by completing 45 Continuing Education Equivalent (CEE) credits over a three-year consecutive period, continuing this process until the clinician no longer wishes to practice in the profession.

2.2. Recruitment

The shortage of audiologists and alarming turnover not only means a reduction in services to the public but also creates anxiety and instability in the work place and virtually eliminates any possibility of long-term planning. The demand for audiologists is nationwide, making it extremely difficult to recruit audiologists to our province, as well as, retain these professionals. Health Labrador Corporation, for instance, has been unsuccessful in recruiting an audiologist, and is therefore, entirely without local services (Brief to Classification and Pay, 2001).

Table 2. Bursaries Available to Audiology Students

| Graduation Year | Number Offered | Number Accepted | Value Each | Return in Service |
|-----------------|----------------|-----------------|------------|-------------------|
| 1999 | 1 | 1 | \$5,000 | One year |
| 2000 | 3 | 3 | \$5,000 | One Year |
| 2001 | 2 | 2 | \$5,000 | One Year |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

The bursary program is administered through the Allied Health Seat and Bursary Committee.

2.3. Workforce

Demographics

There are currently 15 audiologists working in five Health Boards in the province. Also, there is one audiologist working in Education and two full-time in private practice, for a total of 18, or one per approximately 28,500 (2001 census data) people in the province. Geographic distribution of audiologist services means the number is higher in some locations. More than half of the audiology positions are located on the Avalon. The eight remaining positions off the Avalon are dispersed across three Health Boards that offer this service.

Distribution of gender for audiology has shifted from predominately male to a greater number of females moving into the profession.

Age of clinicians ranges mainly between 25-39 years. The oldest audiologist is between 55-59 years.

Table 3. Age Distribution, Audiology, All Sectors 2000

| Age Range | Male | Female | Total |
|--------------|----------|-----------|-----------|
| 20 – 24 | 0 | 0 | 0 |
| 25 – 29 | 1 | 5 | 6 |
| 30 – 34 | 3 | 3 | 6 |
| 35 – 39 | 0 | 3 | 3 |
| 40 – 44 | 0 | 0 | 0 |
| 45 – 49 | 0 | 0 | 0 |
| 50 – 54 | 0 | 0 | 0 |
| 55 – 59 | 1 | 0 | 1 |
| 60 – 64 | 0 | 0 | 0 |
| Unknown | - | - | 2 |
| Total | 5 | 11 | 18 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

All public sector audiologists work full-time.

Field of Practice

There are two audiologists officially designated as Directors (Health Care Corporation of St. John's and Central West Health Board). Approximately half of their time is designated to clinical work. In addition, the Health Care Corporation of St. John's Director of Audiology serves as a Provincial Consultant to the Department of Health and Community Services.

There is a designated union classification for clinical supervisor in audiology (Audiologist II) and five audiology positions in the province hold this classification. These clinicians devote approximately 10-20 percent of their time to supervisory duties and the remainder to clinical work.

Table 4. Field of Practice, Audiology, Health 2000

| Field of Practice | Number Reporting in this Field |
|-------------------|--------------------------------|
| Clinical | 16 |
| Management | 6 |
| Consultant | 1 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

Practice Setting

Table 5. Practice Setting, Audiology, Health 2000

| Practice Setting | Number Reporting in this Setting |
|-------------------|----------------------------------|
| Acute Institution | 16 |
| Long Term Care | 5 |
| Community | 5 |
| Rehabilitation | 5 |
| Private Sector | 2 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

*Note that totals from Table 4 and Table 5 do not equal provincial totals because audiologists work across different fields of practice and practice settings and have reported in multiple categories.

3. Dietetics

Dietitians play a major role in health, industry, government and education. Dietitians influence the development and promotion of consumer products, manage quality food service in health institutions, and provide information and counsel that allows decision makers, including the consumer, to make informed and wise judgments about food choices and nutrition services (www.dietitianscanada.ca). They practice in a wide range of diverse workplaces such as hospitals, long term and other care institutions, medical clinics, and community health centres. With the publicly funded health care system in Newfoundland and Labrador the most frequent positions are clinical dietitians, public health nutritionists, and food service management. As well dietitians work in other sectors such as schools, colleges and universities, with governments, in the food and pharmaceutical industry, with commodity organizations, and foodservice/catering. Dietitians may also be established in private practice and consultant roles as well as research.

Population Health Needs

It is recognized that dietetics is a growing profession. The expertise of the nutrition professional is necessary in many areas. Health care in the province is moving to a wellness promotion, disease prevention model, with the need for nutrition expertise apparent.

Newfoundland and Labrador have the highest incidence of obesity and diabetes in Canada and is amongst the highest in rates of coronary heart and cardiovascular disease. Health and nutritional problems are more common among vulnerable groups such as the aging population and those living in poverty. Clinical dietitians in the acute care and community settings are essential to improve the morbidity and mortality of those individuals with the above-mentioned diseases and conditions.

Across the continuum of care, gaps in clinical nutrition services have been identified. For example, clients are discharged from hospitals into the community without adequate clinical nutrition services. An Interagency Nutrition Services Committee has been established with representatives from Health and Community Services - St. John's Region, Health Care Corporation of St. John's, Newfoundland Cancer Treatment and Research Foundation and St. John's Nursing Home Board. The committee's purpose is to identify a model that will provide the necessary framework to address gaps in the continuum of care for clinical nutrition services in the St. John's Region, and establish a formal mechanism that will support ongoing collaboration among the participating agencies.

Efforts to reduce the nutrition-related diseases such as diabetes and cardiovascular disease will require creating an environment at the community level, which allows individuals to stay healthy. At the provincial level work is ongoing pertaining to a provincial Food and Nutrition Policy, "Eating Healthier in Newfoundland and Labrador." This draft document clearly recommends four key policy directions that Government needs to follow in order to accomplish their stated vision that, "All residents of Newfoundland and Labrador will have equitable access to an adequate, safe food supply and a supportive, comprehensive network of food and nutrition services."

Another key area of practice for dietitians is in Administrative Dietetics. As health care institutions regionalize and services such as Food Services amalgamate, it is vital to have individuals with the professional knowledge base and training responsible for these services.

3.1. Education

3.1.1. Education Preparation

Registered dietitians are health professionals with a degree specializing in foods and nutrition from an accredited university program. The approved programs include courses in human nutrition and foods, biological and physical sciences, social sciences and management and food service

Following graduation, the prospective dietitian is required to gain practical experience, usually in a hospital or community health setting. They may gain experience in a one-year internship program or they may qualify by completing a graduate degree in a related field and completion of a competency-based practicum experience.

Memorial University of Newfoundland (MUN), offers a Bachelor's of Biochemistry with a major in dietetics, accepting 10 students per year. This is a four-year program, whereby students complete the first three years at MUN, with the final year completed at Acadia University in Nova Scotia, which has an affiliation agreement with MUN. MUN's dietetics program is one of 16 Dietitians of Canada (DC) accredited university programs.

Upon graduation, students must complete a one-year post-graduate dietetic internship. The Health Care Corporation of St. John's (HCCSJ) offers for placements for the dietetic internship program that consists of a 42-week (unpaid) practicum. The dietetic internship program at HCCSJ is one of 42 DC accredited practicum programs. The dietetic internship program is competency-based.

The challenge for Dietitians of Canada, the national professional association, is to increase the number of Dietetic Internships or approved practicum programs, as only 60 percent of applicants are accepted to a dietetic internship program.

3.1.2. Registration Process

To practice as a Registered Dietitian (R.Dt.) in this province, registration must be obtained from the Newfoundland Dietetic Association (NDA). An individual must complete:

- A Baccalaureate Degree from one of the 16 Dietitians of Canada accredited university programs.
- A postgraduate Dietetic Internship from one of the 42 Dietitians of Canada accredited practicum programs or professional competency based practicum programs.
- Successfully complete a professional competency based registration examination.

From 1996 to 2000, this province has seen a 21 percent increase in registrants with NDA. Since 1999, new graduates from an accredited university and dietetic internship program can practice in the province with a temporary registration, until successful completion of a professional competency registration examination; at which time, the registrant would receive active membership.

Within the province of Newfoundland and Labrador, NDA functions primarily as a regulatory body for the profession. On July 1, 2001, changes were made to the NDA Legislation to comply with the Agreement on Internal Trade (AIT). The primary revision was that NDA members are no longer required to have active membership with DC, however membership in DC is encouraged as it provides the association function such as continuing education and local advocacy.

Information on the registered dietitians of Newfoundland and Labrador including a gender breakdown and other registrant formation is provided in Table 6:

Table 6. Number of Registered Dietitians

| | 2000 | 1999 | 1998 | 1997 | 1996 |
|---------------------------------|------------|------------|------------|------------|------------|
| Total | 123 | 118 | 115 | 102 | 101 |
| Male | 2 | 2 | 2 | 2 | 1 |
| Female | 121 | 116 | 113 | 100 | 100 |
| Renewing Registrants | 113 | 109 | 105 | 91 | 95 |
| New Registrants | 10 | 9 | 10 | 11 | 6 |
| Non-renewing Registrants | 2 | 2 | 2 | 7 | 8 |

Source: Newfoundland Dietetic Association

There were six new graduate registrants in 2000 a decrease of one from the previous year. However, the number of registrants from other provinces has doubled from two in 1999 to four in 2000. Additional information on new registrants is provided in Table 7.

Table 7. New Registrant Information

| | 2000 | 1999 |
|---|--|--|
| *New Registrants | 6 – New Graduates 4 – Other Provinces BC – 1 AB – 1 MB – 1 ON – 1 | 7 – New Graduates 2 – Other Provinces SK – 1 NS – 1 |
| * Implemented a Competency-based Registration Exam as a registration requirement in 1999. | | |

Source: Newfoundland Dietetic Association.

Table 8 provides details of the origin of dietetic internships for all current dietitians licensed in the province.

Agreement on Internal Trade: Professional mobility

The Agreement on Internal Trade (AIT) and Chapter 7 of the AIT: the Labour Mobility Chapter, facilitated the ten provincial Colleges and Registration Boards for Registered Dietitians to form an “Alliance of Dietetic Regulatory Boards” in 1997. The primary purpose of the Alliance is to address labour mobility issues for Registered Dietitians to comply with the AIT.

All regulatory bodies signed a draft Mutual Recognition Agreement (MRA) in principle in October 1998. However, the Quebec regulatory board was not able to obtain legislative changes to implement a registration exam as set out in the MRA. The MRA for Dietitian Regulators was revised and signed by 9 Colleges and Registration Boards in October 2001, with the exception of Quebec. The outstanding issue remains the registration exam; accommodation mechanisms continue to be investigated by the Alliance.

Table 8. Origin of Accredited Dietetic Internships/Practicum Programs for Registered Dietitians in Newfoundland and Labrador 2000

| Location of Program | Number of Graduates |
|---------------------------|---------------------|
| Newfoundland and Labrador | 36 |
| Nova Scotia | 27 |
| P.E.I. | 4 |
| New Brunswick | 3 |
| Quebec | 6 |
| Ontario | 21 |
| Manitoba | 5 |
| Saskatchewan | 4 |
| Alberta | 6 |
| British Columbia | 4 |
| North West Territories | 0 |
| Other | 7 |
| Total | 123 |

Source: Newfoundland Dietetic Association

Table 8 demonstrates the educational profile of the current registrants in the province:

Table 8. Highest Level of Education Attained by Registered Dietitians 2000

| Level of Education | Number |
|--------------------|--------|
| B Sc. | 104 |
| Master's | 15 |
| Ph. D. | 3 |
| M.D. | 1 |
| Total | 123 |

Source: Newfoundland Dietetic Association

3.2. Recruitment

Recruitment of registered dietitians has been improved over the past 20 years due to the establishment of a dietetic internship program at the Health Care Corporation of St. John's.

Recruitment and retention of registered dietitians remains a challenge in rural Newfoundland and Labrador. Geographic isolation and more competitive salaries across the country remain a recruitment issue. As well with health care regionalization, some dietitians have responsibility in a number of health institutions. The dietitian would be required to cover a large geographic area, requiring increase travel time and decrease clinical time. Some areas experience increased turnover and long vacancy periods.

3.3. Workforce

National Data

Table 9. Population Per Registered Dietitian by Province/Territory of Residence, Canada, 1991-2000

| Province or Territory | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Newfoundland and Labrador | 5,973 | 5,533 | 5,499 | 5,654 | 5,700 | 5,519 | 5,393 | 4,723 | 4,586 | 4,372 |
| Prince Edward Island | 2,721 | 2,926 | 2,955 | 2,986 | 2,884 | 2,905 | 2,975 | 2,802 | 2,769 | 2,782 |
| Nova Scotia | 2,614 | 2,597 | 3,034 | 2,991 | 2,887 | 2,935 | 2,961 | 2,625 | 2,438 | 2,520 |
| New Brunswick | 3,573 | 3,341 | 3,573 | 3,579 | 3,583 | 3,571 | 3,476 | 3,026 | 3,060 | 3,029 |
| Quebec | 3,935 | 3,962 | 3,870 | 3,811 | 3,773 | 3,853 | 3,863 | 3,970 | 3,966 | 3,884 |
| Ontario | 4,713 | 4,685 | 7,279 | 5,861 | 5,717 | 5,454 | 5,273 | 5,338 | 5,377 | 5,332 |
| Manitoba | 4,550 | 4,550 | 4,341 | 4,313 | 4,300 | 4,220 | 4,131 | 4,040 | 4,271 | 4,337 |
| Saskatchewan | 5,297 | 5,366 | 6,107 | 5,750 | 5,584 | 5,702 | 5,358 | 4,982 | 4,616 | 4,557 |
| Alberta | 4,921 | 4,915 | 5,429 | 5,464 | 5,896 | 5,633 | 5,513 | 4,471 | 4,683 | 4,883 |
| British Columbia | 5,479 | 5,714 | 4,794 | 4,829 | 4,694 | 4,699 | 4,908 | 4,940 | 4,785 | 4,825 |
| Yukon and Northwest Territories | 10,109 | 13,292 | - | - | - | - | - | - | - | 3,355 |
| Canada | 4,454 | 4,463 | 5,086 | 4,763 | 4,713 | 4,661 | 4,621 | 4,519 | 4,513 | 4,499 |

- Indicates information not available

Source: Canadian Institute for Health Information Health Personnel In Canada 1991 to 2000, 2001

Canada has had stable numbers of dietitians from 1991 to 2000 while this province had an increase of 26.8 percent in the same period. The province is now close to the national ratio of population per registered dietitian.

Provincial Data**Demographics****Table 10. Age Distribution – Registered Dietitians 2000**

| Age Range | Total |
|------------------|--------------|
| 20-24 yrs. | 7 |
| 25-29 yrs. | 24 |
| 30-34 yrs. | 30 |
| 35-39 yrs. | 24 |
| 40-44 yrs. | 18 |
| 45-49 yrs. | 13 |
| 50-54 yrs. | 2 |
| 55-59 yrs. | 4 |
| 60-64 yrs. | 1 |
| Total | 123 |

Source: Newfoundland Dietetic Association

Field of Practice**Table 11. Area of Practice – Registered Dietitians 2000**

| Area of Practice | Total |
|-------------------------|--------------|
| Clinical | 71 |
| Administration | 32 |
| Community | 13 |
| Education | 5 |
| Consultant | 5 |
| Business / Industry | 5 |
| Other | 5 |

Source: Newfoundland Dietetic Association

Table 12. Practice Setting – Registered Dietitians 2000

| Practice Setting | Total |
|---------------------------|--------------|
| Acute Care Institution | 78 |
| Long Term Care | 21 |
| Health Community Services | 13 |
| Government | 2 |
| Education Facility | 6 |
| Business / Industry | 7 |
| Other | 5 |

*Note that totals from Table 11 and Table 12 do not equal provincial totals because dietitians work across different fields of practice and practice settings and have reported in multiple categories.

Source: Newfoundland Dietetic Association

4. Occupational Therapy

Occupational therapy is a health profession that is concerned with what people do. Occupational therapists enable individuals, groups, organizations and communities to choose, organize and perform occupations that they find useful or meaningful in their environment. In this context, occupation is viewed broadly to include everything people do to “occupy” themselves in enjoying life, looking after themselves and others, and contributing to the social and economic productivity of their communities. Health is also viewed broadly as the ability and opportunity to live a full and meaningful life. (Newfoundland and Labrador Association of Occupational Therapists NLAOT)

4.1. Education

Origin of training

National Data

Table 13. Number of Graduates of B.Sc. Programs for Occupational Therapy, by Year and School of Graduation, Canada, 1991-2000

| Province/School | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| N.S. (Dalhousie) | 30 | 30 | 32 | 35 | 35 | 35 | 36 | 36 | 44 | 50 |
| Quebec | 136 | 166 | 173 | 191 | 200 | 194 | 200 | 130 | 176 | 165 |
| McGill University | 44 | 46 | 51 | 64 | 75 | 56 | 69 | 54 | 56 | 47 |
| Universite de Montreal | 53 | 73 | 63 | 73 | 73 | 74 | 75 | 64 | 69 | 65 |
| Universite Laval | 39 | 47 | 59 | 54 | 52 | 64 | 56 | 12 | 51 | 53 |
| Ontario | 118 | 109 | 166 | 201 | 215 | 233 | 267 | 233 | 223 | 233 |
| University of Ottawa | - | - | 18 | 32 | 22 | 28 | 20 | 33 | 21 | 33 |
| Queen's University | 16 | 23 | 33 | 41 | 32 | 38 | 36 | 35 | 37 | 36 |
| University of Toronto | 70 | 52 | 51 | 49 | 63 | 67 | 104 | 63 | 63 | 62 |
| Mcmaster University | - | - | 30 | 31 | 56 | 54 | 64 | 58 | 57 | 59 |
| University of Western Ontario | 32 | 34 | 34 | 48 | 42 | 46 | 43 | 44 | 45 | 43 |
| Manitoba (University of Manitoba) | 20 | 27 | 30 | 26 | 31 | 30 | 29 | 29 | 31 | 30 |
| Alberta (University of Alberta) | 46 | 48 | 64 | 80 | 75 | 75 | 77 | 70 | 76 | 69 |
| B.C. (University of British Columbia) | 29 | 33 | 30 | 34 | 34 | 37 | 31 | 34 | 39 | 36 |
| Total | 379 | 413 | 495 | 567 | 590 | 604 | 640 | 532 | 589 | 583 |

- Indicates information not available.

Source: Canadian Institute for Health Information Health Personnel In Canada 1991 to 2000, 2001

Provincial Data

The majority of occupational therapists working in this province have been trained in Canada (92 percent). 57 percent of therapists working in this province were trained at Dalhousie University in Halifax.

Table 14. Origin of Training for Workforce, Occupational Therapy, All Sectors 2001

| Source | Number |
|----------------|------------|
| NS | 77 |
| ON | 33 |
| QUE | 7 |
| MAN | 4 |
| ALTA | 3 |
| BC | 1 |
| USA | 1 |
| United Kingdom | 6 |
| Other | 1 |
| Not reporting | 3 |
| Total | 136 |

Source: Newfoundland and Labrador Association of Occupational Therapists (NLAOT)

Basic Education

In order to practice as an occupational therapist in this province at this time, an individual must complete at least a bachelor's program from a World Federation of Occupational Therapists (WFOT) accredited university or college. Typically, this bachelor of science program runs three to four years, depending on the school. Some universities offer a two calendar year bachelor degree in occupational therapy to those individuals already possessing a bachelor of science degree. Most masters' programs are two years in length. In December 2001, the Canadian Occupational Therapy Association announced its decision to move to a master's degree as entry to practice for occupational therapy by 2010. As well, all educational programs must be at a master's level to be accredited by 2008. Employers in this province, and the School of Occupational Therapy at Dalhousie University, have raised concerns related to this move, as it will negatively impact recruitment and retention, particularly in rural areas.

There are a small number of occupational therapists employed in this province that do not possess a bachelor's degree in occupational therapy, but do have a diploma in occupational therapy, or occupational therapy/physiotherapy, and have been grandfathered into the current system.

Schools in the United States, and some schools in Canada, have already started to offer master's level of education for entry-level graduates. There are three recently graduated therapists working in this province possessing an entry-level master's degree in occupational therapy without an undergraduate bachelor in occupational therapy degree.

Table 15. Highest level of Education Attained, Occupational Therapy, All Sectors 2001

| Education Level | Number |
|-----------------|------------|
| Bachelor | 120 |
| Diploma | 10 |
| Master's | 5 |
| Not reporting | 1 |
| Total | 136 |

Source: Newfoundland and Labrador Association of Occupational Therapists (NLAOT)

Registration Process

All registrants must be eligible for certification, and must be members of the national association, provincial association, and provincial licensing body. Unfortunately, registration data for the preceding five years was not readily available from the Newfoundland and Labrador Association of Occupational Therapists (NLAOT), or the Canadian Association of Occupational Therapists (CAOT). New graduates with a provisional license are required to establish a mentorship relationship with a licensed occupational therapist until they achieve full licensure. There is flexibility, however, as to the arrangements to facilitate this mentorship.

4.2. Recruitment

A seat purchase program has been in place for several decades. Recent numbers are shown below:

Table 16. Number of Purchased Occupational Therapy Seats, Dalhousie University, NS

| Year | Seats |
|------|-------|
| 1996 | 8 |
| 1997 | 8 |
| 1998 | 8 |
| 1999 | 8 |
| 2000 | 8 |
| 2001 | 8 |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

Table 17. Bursaries Available to Occupational Therapy Students Graduating in 2001

| Number Offered | Number Accepted | Value Each | Eligible School | Return in Service | Notes |
|----------------|-----------------|------------|-----------------|---|--|
| 8 | 4 | \$3,000 | Dalhousie | Six months if bursary accepted, in addition to the three years commitment for sponsored seat. | Available to all Newfoundland students with sponsored seats. |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

Table 18. Bursaries Available to Occupational Therapy Students Graduating in 2000

| Number Offered | Number Accepted | Value Each | Eligible School | Return in Service | Notes |
|----------------|-----------------|------------|----------------------|---|--|
| 8 | 7 | \$3,000 | Dalhousie | Six months if bursary accepted, in addition to the three years commitment for sponsored seat. | Available to all Newfoundland students with sponsored seats. |
| 1 | 1 | \$5,000 | Other than Dalhousie | One year | Signing Bonus |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

Table 19. Bursaries Available to Occupational Therapy Students Graduating in 1999

| Number Offered | Number Accepted | Value Each | Eligible School | Return in Service | Notes |
|----------------|-----------------|------------|-----------------|---|--|
| 8 | 8 | \$1,660 | Dalhousie | three year commitment for sponsored seat only, no commitment for bursaries. | Available to all Newfoundland students with sponsored seats. |
| 1 | 1 | \$5,000 | Other than | One Year | Signing Bonus |
| 1 | 1 | \$2,500 | Dalhousie | Six Months | |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

The program is administered through the Allied Health Seat and Bursary Committee. The sizes of the bursaries vary according to the availability of funding.

4.3. Workforce

National Data

Table 20. Population Per Registered Occupational Therapist by Province/Territory of Residence, Canada, 1991-2000

| Province or Territory | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Newfoundland and Labrador | 11,361 | 10,759 | 7,218 | 7,050 | 6,068 | 5,412 | 5,094 | 4,893 | 3,979 | 3,926 |
| Prince Edward Island | 5,937 | 5,064 | 4,553 | 4,104 | 3,765 | 3,492 | 3,354 | 5,721 | 4,614 | 4,091 |
| Nova Scotia | 6,897 | 5,987 | 5,351 | 4,780 | 4,324 | 5,426 | 5,004 | 4,831 | 4,336 | 3,878 |
| New Brunswick | 6,789 | 5,847 | 5,104 | 4,640 | 4,762 | 4,925 | 4,385 | 4,051 | 3,633 | 3,676 |
| Quebec | 5,286 | 4,585 | 4,316 | 3,968 | 3,689 | 3,493 | 3,336 | 3,124 | 2,960 | 2,820 |
| Ontario | 4,369 | 4,261 | 3,836 | 4,537 | 4,176 | 4,014 | 3,958 | 3,785 | 3,061 | 3,472 |
| Manitoba | 4,957 | 4,207 | 4,572 | 4,503 | 3,490 | 3,450 | 3,312 | 3,113 | 2,876 | 2,723 |
| Saskatchewan | 9,270 | 8,881 | 7,939 | 8,161 | 7,473 | 6,990 | 5,950 | 5,798 | 5,570 | 4,598 |
| Alberta | 4,064 | 4,009 | 4,078 | 4,123 | 4,094 | 3,968 | 3,970 | 3,727 | 3,326 | 3,104 |
| British Columbia | 4,217 | 4,114 | 3,940 | 3,893 | 3,778 | 3,813 | 3,832 | 3,553 | 3,634 | 3,304 |
| Yukon | 5,869 | 6,038 | 4,285 | 6,059 | 5,248 | 3,212 | 4,562 | 3,455 | 4,393 | 5,032 |
| Northwest Territories | 10,273 | 8,979 | 9,205 | 8,248 | 7,440 | 8,431 | 7,507 | 6,773 | 7,656 | 10,012 |
| Canada | 4,814 | 4,514 | 4,206 | 4,358 | 4,056 | 3,942 | 3,836 | 3,630 | 3,439 | 3,255 |

- Indicates information not available

Source: Canadian Institute for Health Information Health Personnel In Canada 1991 to 2000, 2001

Changes in regulatory requirements are speculated by CIHI to be one of the reasons for the increase in active occupational therapists. In this province, the ratio of population per occupational therapist has gone from 11,361 in 1991 to 3,926 in 2000. This is still higher than the national average of 3,255.

The report “The Education, Supply and Distribution of Occupational Therapists in Canada” dated November 22, 2001 from the Canadian Association of Occupational Therapists (CAOT) provides many conclusions and recommendations on national issues relating to occupational therapy.

Provincial Data

Demographics

The age of occupational therapists range from 22-59 years of age. The average age of an occupational therapist is 31 years old.

Table 21. Age Distribution, Occupational Therapy, All Sectors 2001

| Age Range | Male | Female | Total |
|---------------|-----------|------------|------------|
| 20 – 24 | 2 | 7 | 9 |
| 25 – 29 | 6 | 39 | 45 |
| 30 – 34 | 4 | 35 | 39 |
| 35 – 39 | 1 | 17 | 18 |
| 40 – 44 | 0 | 4 | 4 |
| 45 – 49 | 0 | 8 | 8 |
| 50 – 54 | 0 | 3 | 3 |
| 55 – 59 | 0 | 2 | 2 |
| 60 – 64 | 0 | 0 | 0 |
| Not reporting | - | - | 8 |
| Total | 13 | 115 | 136 |

Source: Newfoundland and Labrador Association of Occupational Therapists (NLAOT)

Field of practice

Occupational therapists are asked to indicate a primary Field of Practice from a standard list developed by the NLAOT. Results are shown below:

Table 22. Field of Practice, Occupational Therapy, All Sectors 2001

| Primary Area of Practice | Percent |
|---------------------------|--------------|
| Hospital | 50.8 |
| Private Practice | 15.9 |
| Community | 10.6 |
| Vocational Rehabilitation | 4.5 |
| Long Term Care | 3.8 |
| Paediatric | 3.8 |
| Physical Medicine | 3.8 |
| Adult | 3.0 |
| Health Promotion | 2.3 |
| Education | 0.8 |
| Geriatric | 0.8 |
| Case Management | 0.0 |
| Mental Health | 0.0 |
| Total | 100.0 |

Source: Newfoundland and Labrador Association of Occupational Therapists (NLAOT)

Table 23. Percentage of OTs by Work Status – Primary employer 2001.

| Work Status | Number Reporting |
|---------------------|-------------------------|
| Permanent Full Time | 109 |
| Permanent Part Time | 14 |
| Temporary Full Time | 2 |
| Not Practicing | 2 |
| Casual Full Time | 2 |
| Not reporting | 7 |
| Total | 136 |

Source: Newfoundland and Labrador Association of Occupational Therapists (NLAOT)

Table 24. Percentage of OTs by Work Status – Secondary employer 2001.

| Work Status | Number Reporting |
|---------------------|-------------------------|
| Permanent Part Time | 5 |
| Not Practicing | 1 |
| Casual Part Time | 1 |
| Not reporting | 129 |
| Total | 136 |

Source: Newfoundland and Labrador Association of Occupational Therapists (NLAOT)

The above tables provide the number of occupational therapists reporting work status for primary and secondary employers. Most occupational therapists work full time in permanent positions where primary employers are concerned.

5. Pharmacy

Pharmacy is a health science concerned with the care of patients and management of their drug therapy. Patient care in pharmacy includes: compounding of drugs, dispensing medications, taking medication histories, keeping patient medication profiles, checking drug therapy for interactions and/or side effects, counselling patients, monitoring drug therapy, enhancing patient's compliance with drug therapy, advising and educating patients and other health providers on medication use, providing information on drugs to other health providers on medication use, and providing information on drugs to other health providers and the general public. (<http://www.dal.ca/~pharmwww/admission/>)

Pharmacy is a regulated profession in this province. The educational training program is at the bachelor degree level as entry to practice and training is offered through Memorial University of Newfoundland. The overall majority of pharmacists in the province work in the private sector.

5.1. Education

National Data

Table 25. Number of Degree Graduates of Schools for Pharmacy, by Year and School of Graduation, Canada, 1991-2000

| School | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|--------------------------------|------------|------------|------------|------------|------------|------------|----------------|------------|------------|------------|
| Memorial University | 33 | 31 | 31 | 32 | 33 | 29 | 34 | 31 | 36 | 38 |
| Dalhousie University | 63 | 63 | 63 | 60 | 67 | 63 | 69 | 62 | 62 | 66 |
| University Laval | 97 | 98 | 98 | 94 | 96 | 114 | 120 | 103 | 121 | 145 |
| Universite de Montreal | 125 | 101 | 101 | 112 | 105 | 136 | 107 | 115 | 123 | 149 |
| University of Toronto | 158 | 149 | 149 | 146 | 159 | 161 | 0 ¹ | 129 | 109 | 122 |
| University of Manitoba | 49 | 46 | 46 | 46 | 44 | 28 | 49 | 49 | 46 | 42 |
| University of Saskatchewan | 68 | 74 | 74 | 67 | 73 | 76 | 78 | 74 | 71 | 74 |
| University of Alberta | 115 | 102 | 102 | 105 | 102 | 101 | 98 | 96 | 99 | 104 |
| University of British Columbia | 118 | 107 | 107 | 102 | 108 | 119 | 119 | 122 | 130 | 136 |
| Total | 826 | 771 | 771 | 764 | 787 | 827 | 674 | 781 | 797 | 876 |

- Indicates information not available

1. No graduating class of 1997 due to a change in program length.

Source: Canadian Institute for Health Information *Health Personnel In Canada 1991 to 2000, 2001*

Memorial University graduated 41 students in 2001. The number of entrants accepted in the last two years has been reduced from 40 to 36 primarily because they cannot be reasonably certain of clinical clerkship placements for more than 36 in their final year. In some cases hospital pharmacies have had to limit their participation in the clerkship program because they do not have the staffing to supervise the students to the extent required by the program.

Provincial Data

Basic Education

Three types of training have evolved in this province. Prior to 1970 the Newfoundland Pharmaceutical Association offered its own training program following the curriculum of the Atlantic School of Pharmacy Program in the province of Nova Scotia (which evolved into Dalhousie School of Pharmacy). This program consisted of didactic work as well as practicum and apprentice programs.

From 1970 to 1985, a diploma program was offered through the then named College of Trades and Technology, today known as the College of the North Atlantic. This program followed the same curriculum as the Dalhousie school of pharmacy program with instruction provided by PhD. and doctor of pharmacy professors, all of who became instructors with Memorial University School of Pharmacy with the introduction of the degree program in 1986.

Competition for admission into this program is significant. There are approximately 37-40 graduates per year from this program. The majority, 25 to 30 seats annually, have previously been reserved for this province. New Brunswick, PEI, Nova Scotia and Ontario could access the remaining seats, however, Newfoundland applicants were still considered in the competition. In 2001, the number of Newfoundland and Labrador students increased, therefore reducing out-of-province entrants.

Two years of science prerequisites are required for entry into a nine-semester program.

In 1986 the degree program became the standard for entry to practice for pharmacists across Canada. A non-clinical master's is also available in this province however some pharmacists do a postgraduate residency program or doctor of pharmacy program in other provinces that further increases debt load. Consequently, few of these pharmacists return to the province.

Statistics are not available on the percentage of practicing pharmacists trained at each level.

There were 41 graduates in the spring of 2001 from Memorial University. Twenty-three registered in this province indicating they will be taking a position in Newfoundland and Labrador.

The majority of pharmacists working in this province were trained in this province.

Table 26. Number of Registered Pharmacists

| Category | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---------------------------|------------|------------|------------|------------|------------|------------|
| Number of new registrants | 21 | 25 | 19 | 28 | 24 | 23 |
| Number not renewing | 15 | 27 | 35 | 21 | 19 | 18 |
| Non practicing | 40 | 40 | 36 | 43 | 39 | 31 |
| Total registrants | 547 | 551 | 554 | 561 | 562 | 584 |

Source: Newfoundland Pharmaceutical Association (NPhA)

Registration Process

Legislation requires mandatory registration with the Newfoundland Pharmaceutical Association in order to practice in the province.

5.2. Recruitment

New graduates are being offered large sign-on bonuses and offers to pay final year tuition by private sector employers, both within the province and beyond.

In 2001, six one-time bursaries of \$3,000 each were made available to health employers to assist with recruiting new graduates. To date only one has been accepted. The return in service contract is one year. The bursaries were administered by the Allied Health Seat and Bursary Committee using residual funds from other incentive programs.

5.3. Workforce

National Data

Table 27. Population Per Licensed Pharmacist, Excluding Non-Practicing and Honorary Pharmacists and Certified Clerks, by Province/Territory of Practice, Canada, 1991-2000

| Province or Territory | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Newfoundland and Labrador | 1,400 | 1,308 | 1,269 | 1,283 | 1,166 | 1,154 | 1,125 | 1,106 | 1,013 | 1,046 |
| Prince Edward Island | 1,537 | 1,357 | 1,279 | 1,331 | 1,210 | 1,230 | 1,211 | 1,260 | 1,236 | 1,169 |
| Nova Scotia | 1,298 | 1,251 | 1,251 | 1,218 | 1,180 | 1,127 | 1,144 | 1,033 | 1,010 | 1,002 |
| New Brunswick | 1,737 | 1,721 | 1,522 | 1,576 | 1,574 | 1,475 | 1,415 | 1,398 | 1,340 | 1,329 |
| Quebec | 1,494 | 1,558 | 1,524 | 1,487 | 1,359 | 1,353 | 1,421 | 1,440 | 1,349 | 1,302 |
| Ontario | 1,548 | 1,490 | 1,464 | 1,446 | 1,439 | 1,422 | 1,427 | 1,417 | 1,405 | 1,383 |
| Manitoba | 1,356 | 1,350 | 1,305 | 1,331 | 1,318 | 1,242 | 1,254 | 1,302 | 1,218 | 1,278 |
| Saskatchewan | 1,027 | 1,024 | 1,025 | 999 | 974 | 973 | 948 | 949 | 932 | 921 |
| Alberta | 1,110 | 1,055 | 1,069 | 1,072 | 1,084 | 1,075 | 1,067 | 1,054 | 1,056 | 1,041 |
| British Columbia | 1,385 | 1,384 | 1,372 | 1,361 | 1,364 | 1,332 | 1,314 | 1,275 | 1,256 | 1,255 |
| Yukon | 2,257 | 2,516 | 1,154 | 819 | 1,166 | 1,071 | 1,064 | 1,555 | 1,398 | 1,161 |
| Northwest Territories | 2,371 | 2,245 | 3,391 | 2,749 | 1,594 | 1,435 | 1,877 | 1,505 | 1,466 | 2,336 |
| Canada | 1,423 | 1,403 | 1,381 | 1,365 | 1,329 | 1,310 | 1,321 | 1,310 | 1,276 | 1,259 |

Source: Canadian Institute for Health Information Health Personnel In Canada 1991 to 2000, 2000

Canada demonstrated an increase of 23.8 percent in the number of pharmacists in the period of 1991 to 2000 while this province had a corresponding increase of 24.2 percent in the same period. In 2000 there were 1,259 people per licensed pharmacist at the national level, while the province's ratio was 1,046 people per licensed pharmacist.

It is important to note that the number of pharmacists per population on a provincial basis disguises variation on a regional basis. This ratio would increase dramatically in more rural areas of the province.

Provincial Data

Demographics

Specific demographic analysis of pharmacists in the health system was not available and no demographic information was available on pharmacists employed in the private sector at the time of this report. In some Health Boards, services are purchased from the private sector.

There has been general gender balance in the profession but it has been noted that with each graduating class, a larger number of females are entering the profession. Pharmacists in the Health Boards tend to be female. In 1999 there were 234 female and 304 male registrants in the province in all sectors. Nine of these are registered in this province but working elsewhere.

Employment Type

Health Boards offer full time employment almost entirely. Part time and casual positions are not common. The private sector offers significant part time employment in order to cover extended hours of practice. Some pharmacists in the publicly funded system also work part time in private industry.

Table 28. Employment Type, Pharmacy 2001

| Employment Type | Number Reporting as this Type |
|-----------------|-------------------------------|
| Full-time | 506 |
| Part-time | 47 |
| Non-practicing | 31 |
| Total | 584 |

Source: Newfoundland Pharmaceutical Association (NPhA)

Field of Practice

This information is not captured through the Newfoundland Pharmaceutical Association database. It is estimated however that the vast majority are practicing in direct clinical patient/client service either in public or private community-based dispensaries.

Rapid provincial, national, and international private sector growth has significantly impacted employment opportunities for pharmacists.

Practice Setting

The publicly funded long term care sector of the province, such as nursing homes, are served primarily from the acute care sector outside the Avalon Peninsula and by private retailers on the Avalon Peninsula. Some exceptions apply. The L.A. Miller Centre and long term care centres of the community components of the Mental Health Program, both under the operation of the Health Care Corporation of St. John's, are serviced by the pharmacy staff of that organization. Some hospital pharmacists serve physician clinics, health care centres and remote nursing stations outside St. John's.

Table 29. Practice Setting, Pharmacy 2001

| Practice Setting | Number Reporting in this Setting |
|--|---|
| Private Retail | 426 |
| Health Boards | 79 |
| Administration (Including all Government, Retail, and Wholesale) | 28 |
| Total | 533¹ |

Source: Newfoundland Pharmaceutical Association (NPhA)

1. In addition to 533 practicing in this province there are 20 registered as "Out of Province" for a total active membership of 553.

Private Retail refers to those pharmacists practicing in community-based private dispensaries providing clinical/client services.

Health Boards refers to those working in hospitals throughout the province in direct clinical/client services positions. It does not include management or government positions.

6. Physiotherapy

Physiotherapy is a first contact, autonomous, client-focused health profession dedicated to: improving functional independence and physical performance; preventing and managing pain, physical impairments, disabilities and limits to participation; and promoting fitness and wellness. A physiotherapist has a university-based education, which includes clinical practice in the field. They offer an interconnecting link between illness and wellness. Physiotherapists apply a collaborative and reasoned approach to assessment, diagnosis and planning, intervention and outcome evaluation. They work in partnership with the client and relevant others, in defining, achieving and maintaining optimal health outcomes. They serve all age groups. They work in various contexts, including institutions, clinics, communities and the workplace. They also work as consultants, educators, researchers and administrators, in government, university, and facility based settings. Within the public sector and generally, however, physiotherapists largely remain service providers to the public, working as clinicians (Canadian Physiotherapy Association)

Physiotherapists are integral health care providers in the effective delivery of health services in this province. According to CIHI's recent report Health Care in Canada (April 26 2000), physiotherapists now make up the 6th largest and one of the fastest growing health care professionals in the country. (Canadian Physiotherapy Association publication: Contact, May/June, 2000).

6.1. Education

National Data

Table 30. Number of Graduates of B.Sc. Programs for Physiotherapy, by Year and School of Graduation, Canada, 1991-2000

| Province/School | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| N.S. (Dalhousie) | <u>53</u> | <u>46</u> | <u>47</u> | <u>47</u> | <u>49</u> | <u>45</u> | <u>48</u> | <u>48</u> | <u>48</u> | <u>45</u> |
| Quebec | <u>173</u> | <u>179</u> | <u>173</u> | <u>191</u> | <u>195</u> | <u>191</u> | <u>172</u> | <u>105</u> | <u>157</u> | <u>168</u> |
| McGill University | 69 | 70 | 76 | 78 | 71 | 77 | 49 | 48 | 56 | 52 |
| Universite de Montreal | 43 | 49 | 45 | 54 | 59 | 56 | 56 | 49 | 48 | 58 |
| Universite Laval | 61 | 60 | 52 | 59 | 65 | 58 | 67 | 8 | 53 | 58 |
| Ontario | <u>125</u> | <u>228</u> | <u>187</u> | <u>216</u> | <u>262</u> | <u>278</u> | <u>259</u> | <u>324</u> | <u>253</u> | <u>255</u> |
| University of Ottawa | - | 34 | 27 | 25 | 43 | 48 | 36 | 40 | 35 | 36 |
| Queen's University | 27 | 25 | 22 | 32 | 38 | 42 | 46 | 40 | 38 | 39 |
| University of Toronto | 67 | 68 | 76 | 69 | 71 | 67 | 63 | 120 | 63 | 64 |
| Mcmaster University | - | 66 | 30 | 29 | 51 | 61 | 56 | 60 | 59 | 59 |
| University of Western Ontario | 31 | 35 | 32 | 61 | 59 | 60 | 58 | 64 | 58 | 57 |
| Manitoba (University of Manitoba) | <u>27</u> | <u>31</u> | <u>28</u> | <u>31</u> | <u>29</u> | <u>32</u> | <u>31</u> | <u>28</u> | <u>33</u> | <u>29</u> |
| Saskatchewan (University of Saskatchewan) | <u>29</u> | <u>30</u> | <u>29</u> | <u>32</u> | <u>29</u> | <u>28</u> | <u>29</u> | <u>30</u> | <u>30</u> | <u>32</u> |
| Alberta (University of Alberta) | <u>77</u> | <u>62</u> | <u>67</u> | <u>66</u> | <u>66</u> | <u>66</u> | <u>61</u> | <u>62</u> | <u>63</u> | <u>61</u> |
| B.C. (University of British Columbia) | <u>30</u> | <u>32</u> | <u>36</u> | <u>34</u> | <u>35</u> | <u>34</u> | <u>36</u> | <u>36</u> | <u>36</u> | <u>33</u> |
| Canada | 514 | 608 | 567 | 617 | 665 | 674 | 636 | 633 | 620 | 623 |

- Indicates information not available

Source: Canadian Institute for Health Information Health Personnel In Canada 1991 to 2000, 2001

Provincial Data

Registration Process

Legal licensure by the Newfoundland and Labrador College of Physiotherapists is required to practice as a physiotherapist in the province. As of the year 2000 successful completion of the Canadian Physiotherapy Competency Exam is required prior to licensure by the College. Established criteria must be met prior to writing this exam.

Beginning in year 2000, new graduates from any accredited university in Canada or any credentialed therapist from outside of Canada, may practice in this province with a conditional registration until successful completion of the national exam. A fully registered therapist must provide onsite supervision of a clinician with a conditional license. This is a policy change from the perspective of the Newfoundland and Labrador College of Physiotherapists related to guidelines for provisionally licensed physiotherapists. Employers have expressed concerns related to the impact of this policy on the placement of new graduates from the seat purchase program at Dalhousie University.

Basic Education

Memorial University does not offer a physiotherapy degree program. Geographically, the nearest of the 13 accredited universities is Dalhousie University in Nova Scotia.

Competition is intense for entry into the bachelor's program at Dalhousie University. The entering class of 2000 had 48 percent of students having at least one university degree prior to entering into the program. For 2001 the figure was 56 percent. The formal requirement is one-year university.

Currently, this province purchases seats to guarantee that 10 Newfoundland students will be in each academic class. The entry-level degree program requires, in addition to normal semesters, the completion of 1100 hours of clinical time, which is usually unpaid. This is usually accomplished during summer break with an expectation being placed upon practicing clinicians to mentor and directly supervise.

Prior to 1980's the accepted entry-level practice standard was completion of a diploma program. A master's degree is not a requirement to practice as a clinician or manager at this time, however the Canadian Physiotherapy Association have expressed a position that master's preparation is the "preferred vision." In the USA, the entry-level as of 2001 is a master's degree.

Table 31. Highest level of Education Attained, Physiotherapy, All Sectors 2002

| Education Level | Number, Training in Canada | Number, Training outside Canada |
|------------------------|-----------------------------------|--|
| Bachelor | 134 | 19 |
| Diploma | 8 | 12 |
| Master's | 1 | 1 |

Source: Newfoundland and Labrador College of Physiotherapists

Table 32. Number of Registrants, Physiotherapy

| Category | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---------------------------|------------|------------|------------|------------|------------|------------|
| Number of new registrants | 21 | 21 | 16 | 27 | 21 | 27 |
| Number not renewing | 20 | 14 | 3 | 14 | 14 | 17 |
| Total registrants* | 170 | 177 | 154 | 180 | 187 | 199 |

Source: Newfoundland and Labrador College of Physiotherapists

*Data is as reported by Newfoundland and Labrador College of Physiotherapists and includes all renewals and new registrants.

6.2. Recruitment

A seat purchase program with Dalhousie University School of Physiotherapy has been in place since 1986, funded by the provincial government. Government funding was withdrawn in 1996 and reinstated in 1998. In the interim years, individual Health Boards funded the seats, liaising with Dalhousie through coordinating efforts of the Newfoundland and Labrador Health Boards Association. The program is administered through the Allied Health Seat and Bursary Committee and the sizes of the bursaries vary according to the availability of funding. Currently there are 10 seats purchased per entering class.

Bursaries have been available for physiotherapy students since the 1960's. Funding levels, delivery mechanisms and return-in-service requirements have varied over the years. In the early 1990's the bursary program provided \$5000 per student per year for the duration of the 3-year program, in return for a 3-year work commitment. Funding for bursaries has decreased in recent years. A summary of recent bursary funding is presented below:

Table 33. Bursaries Available to Physiotherapy Students Graduating in 2001

| Number Offered | Number Accepted | Value Each | Eligible School | Return in Service | Notes |
|----------------|-----------------|------------|----------------------|---|--|
| 10 | 8 | \$3,000 | Dalhousie | Six months if bursary accepted, in addition to the three years commitment for sponsored seat. | Available to all Newfoundland students with sponsored seats. |
| 5 | 1 | \$5,000 | Other than Dalhousie | One year | Signing Bonus |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

Table 34. Bursaries Available to Physiotherapy Students Graduating in 2000

| Number Offered | Number Accepted | Value Each | Eligible School | Return in Service | Notes |
|----------------|-----------------|------------|----------------------|---|--|
| 10 | 6 | \$3,000 | Dalhousie | Six months if bursary accepted, in addition to the three years commitment for sponsored seat. | Available to all Newfoundland students with sponsored seats. |
| 6 | 3 | \$5,000 | Other than Dalhousie | One year | Signing Bonus |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

Table 35. Bursaries Available to Physiotherapy Students Graduating in 1999

| Number Offered | Number Accepted | Value Each | Eligible School | Return in Service | Notes |
|----------------|-----------------|------------|----------------------|-------------------|---------------|
| 2 | 2 | \$2,500 | Other than Dalhousie | One Year | Signing Bonus |
| 10 | 10 | 1660 | Dalhousie | One Year | Signing Bonus |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

Recruitment of physiotherapists from other provinces would appear to be a challenge in light of an Allied Health Providers Survey prepared by the Canadian Healthcare Association released February 2000. Six out of nine provinces surveyed reported critical human resource supply issues related to the physiotherapist health provider group. The provinces are Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia and Newfoundland and Labrador.

Recruitment of physiotherapists from other countries proved to be somewhat successful in the past especially from Great Britain. All foreign-trained physiotherapists now must be screened for eligibility in a lengthy credentialing process, to determine suitability to write the national competency exam. This process can take from 10 to 14 weeks from the time the application package is complete. The regulatory body is granting conditional licenses to those who pass the credentialing process.

Significant factors influencing recruitment in rural Newfoundland and Labrador include geographic/professional isolation and limited access to continuing education. In a recent study, the average number of continuing education courses per physiotherapist was one course per year in Newfoundland and Labrador, compared with the national average was two courses per therapist per year. Competitive salaries are also an issue in attracting therapists to the province (Source: personal correspondence Janet O'Dea March 2002)

6.3. Workforce

National Data

Table 36. Population Per Registered Physiotherapist by Province/Territory of Residence, Canada, 1991-2000

| Province or Territory | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Newfoundland and Labrador | 4,789 | 4,150 | 4,066 | 3,482 | 3,319 | 3,149 | 3,572 | 3,017 | 2,894 | 2,702 |
| Prince Edward Island | 4,081 | 4,248 | 4,029 | 3,840 | 3,080 | 2,786 | 3,259 | 2,746 | 3,076 | 2,959 |
| Nova Scotia | 2,690 | 2,526 | 2,481 | 2,479 | 2,434 | 2,327 | 2,277 | 2,211 | 2,077 | 2,080 |
| New Brunswick | 3,112 | 2,742 | 2,274 | 2,356 | 2,344 | 2,190 | 2,050 | 1,952 | 1,928 | 1,842 |
| Quebec | 2,919 | 3,004 | 2,684 | 2,583 | 2,467 | 2,427 | 2,377 | 2,339 | 2,290 | 2,191 |
| Ontario | 2,326 | 2,273 | 2,186 | 2,225 | 2,216 | 2,210 | 2,218 | 2,172 | 2,155 | 2,140 |
| Manitoba | 2,637 | 2,445 | 2,353 | 2,513 | 2,474 | 2,350 | 2,281 | 2,302 | 2,206 | 2,067 |
| Saskatchewan | 2,971 | 2,867 | 2,879 | 1,628 | 2,497 | 2,465 | 2,239 | 2,090 | 2,033 | 1,937 |
| Alberta | 1,856 | 1,792 | 1,691 | 1,701 | 1,730 | 1,742 | 1,695 | 1,707 | 1,672 | 1,653 |
| British Columbia | 1,749 | 1,971 | 1,808 | 1,559 | 1,565 | 1,657 | 1,558 | 1,539 | 1,523 | 1,476 |
| Yukon | - | - | 1,875 | - | - | - | - | - | - | - |
| Northwest Territories | 6,848 | 4,835 | 4,027 | - | - | - | - | - | - | - |
| Canada | 2,385 | 2,351 | 2,233 | 2,169 | 2,139 | 2,138 | 2,091 | 2,051 | 2,017 | 1,967 |

- Indicates information not available

Source: Canadian Institute for Health Information Health Personnel In Canada 1991 to 2000, 2001

Canada demonstrated an increase of 32.5 percent in the number of physiotherapists in the period of 1991 to 2000 while this province had a corresponding increase of 64.5 percent in the same period. The national population per active physiotherapist was 1,967 in 2000 while the province's ratio was 2,702 or the second highest in Canada. Geographic considerations in this province adds further challenges to service delivery.

Provincial Data

Demographics

There are 199 physiotherapists registered in the province in 2000.

Table 37. Employment Type, Physiotherapy, All Sectors 2000

| Employment Type | Number Reporting as this Type |
|-----------------|-------------------------------|
| Full-time | 145 |
| Part-time | 28 |
| Casual | 1 |
| Unknown | 25 |
| Total | 199 |

Source: Newfoundland and Labrador College of Physiotherapists

Fifteen percent of physiotherapists (29) registered to practice in this province in 2000 reported as being employed less than full-time and 25 more or 13 percent were unknown.

Table 38. Age Distribution, Physiotherapy, All Sectors 2000

| Age Range | Total |
|--------------|------------|
| 20-34 | 89 |
| 35-44 | 48 |
| 45-54 | 29 |
| 55-64 | 10 |
| 65-74 | 1 |
| Unknown | 22 |
| Total | 199 |

Source: Canadian Association of Physiotherapists

Six percent of those currently registered in the province are 55 years of age or over.

Half of all physiotherapists are in the age range of 20-34. The workforce is mostly female. Maternity leave issues are prevalent in managing this female dominated workforce.

Field of Practice

Table 39. Field of Practice, Physiotherapy, All Sectors 2000

| Field of Practice | Number Reporting in this Field |
|-------------------|--------------------------------|
| Clinical | 179 |
| Research | 2 |
| Education | 1 |
| Management | 6 |
| Unknown/Other | 11 |

Source: Newfoundland and Labrador College of Physiotherapists

Clinical accounts for 90 percent of the reported Field of Practice, with three percent in Management and six percent in the Unknown/Other category.

Practice Setting

Table 40. Practice Setting, Physiotherapy 2000

| Practice Setting | Number Reporting in this Setting |
|-------------------------|---|
| Acute Institution | 86 |
| Private Sector | 69 |
| Rehabilitation | 23 |
| Other | 10 |
| Long Term Care | 4 |
| University/College | 1 |

Source: Newfoundland and Labrador College of Physiotherapists

*Note that totals from Table 39 and Table 40 do not equal provincial totals because physiotherapists work across different fields of practice and practice settings and have reported in multiple categories.

Fifty-eight percent of those practicing in private practice have 10 years or more clinical experience whereas only 40 percent of those practicing in the public health system reportedly have more than 10 years of clinical experience with 34 percent of those in the public health system having less than five years as of 1999 (Occupational Review 1999).

7. Clinical Psychology

Psychologists play many roles in the health domain. Psychological research provides the basis for evidence-based practice. Psychological assessments are sophisticated, research-based and provide valuable data for the determination of differential diagnoses. Psychologists provide direct treatment to patients of all ages in health, mental health and rehabilitation facilities, in employee assistance programmes in business and industry, in schools, social service settings and the criminal justice system, settings in which psychologically based health issues have a significant impact.

Psychologists consult to formal and informal health care providers in the community on health issues to provide support and maximize treatment effectiveness. Programme evaluation and outcome research is increasingly important and psychologists are uniquely positioned to conduct, interpret and add value to these activities. The inclusion of human factors in the design of health care and health maintenance programmes, in the operation of health service administrative systems and in the development of public policy on health and health care is critical. Psychological research and practice in the areas of safe communities and in community development based on population health and the determinants of health frameworks make for a stronger and healthier society. (Canadian Psychology Association 1999)

7.1. Education

Basic Education

Psychologists working in health care must train outside of the province, as there is no longer a clinical psychology education program offered in this province. In 2001 a task force was established by MUN to explore the need and feasibility of offering a doctorate of psychology program in this province. The task force determined there is a growing need and high interest in pursuing this initiative. Forty of a total of 184 registrants in 1999 held doctorate degrees.

Registration Process

The Psychology Act of 1985 regulates psychologists. This Act requires generic registration of psychologists, the majority of whom work in Education, Health, and private practice. A master's degree is required for registration. Specific educational designation is not delineated in the database, however, so it is difficult to identify those practicing with a master's in clinical psychology versus other degree types.

7.2. Recruitment

In 2001, four bursaries of \$5,000 each were made available to new graduates and all were accepted. The return in service contract is one year for these bursaries.

7.3. Workforce

National Data

Table 41. Population Per Active Registered Psychologist by Province/Territory of Residence, Canada, 1991-2000

| Province or Territory | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Newfoundland and Labrador | 25,192 | 22,345 | 21,157 | 20,181 | 19,329 | 18,582 | 17,957 | 2,936 | 2,909 | 2,758 |
| Prince Edward Island | 4,353 | 4,389 | 10,228 | 9,599 | 9,681 | 9,102 | 9,124 | 7,226 | 6,292 | 6,623 |
| Nova Scotia | 5,333 | 5,588 | 6,518 | 4,292 | 4,264 | 4,301 | 4,086 | 4,023 | 2,689 | 2,554 |
| New Brunswick | 4,849 | 4,024 | 3,843 | 3,713 | 3,602 | 3,511 | 3,442 | 3,127 | 4,063 | 2,958 |
| Quebec | 1,441 | 1,371 | 1,328 | 1,316 | 1,300 | 1,276 | 1,248 | 1,183 | 1,153 | 1,121 |
| Ontario | 5,462 | 5,160 | 5,314 | 5,205 | 5,068 | 5,098 | 4,959 | 5,013 | 4,553 | 4,525 |
| Manitoba | 10,093 | 8,576 | 8,208 | 7,958 | 7,747 | 7,568 | 7,417 | 8,137 | 7,682 | 7,367 |
| Saskatchewan | 14,943 | 14,134 | 13,521 | 13,096 | 14,314 | 13,429 | 14,619 | 14,661 | 14,039 | 13,793 |
| Alberta | 1,755 | 1,786 | 2,196 | 2,158 | 2,129 | 2,086 | 2,030 | 2,001 | 1,633 | 1,637 |
| British Columbia | 4,684 | 4,657 | 4,166 | 4,218 | 4,092 | 4,016 | 3,946 | 3,846 | 3,912 | 3,818 |
| Yukon | 5,869 | 4,313 | 4,082 | 3,977 | 4,006 | 3,977 | 3,871 | 3,887 | 3,844 | 3,774 |
| Northwest Territories | 5,603 | 8,979 | 2,577 | 2,200 | 1,969 | 1,823 | 1,778 | 1,782 | 1,531 | 1,322 |
| Canada | 2,928 | 2,817 | 2,843 | 2,794 | 2,752 | 2,717 | 2,658 | 2,546 | 2,397 | 2,334 |

- Indicates information not available

Source: Canadian Institute for Health Information Health Personnel In Canada 1991 to 2000, 2001

The 2000 population per active registered psychologist was 2,334 people per psychologist. In Newfoundland and Labrador the same ratio was 2,758. These ratios consider all registered psychologists, and caution is noted in using the national average since reporting of psychology data has been incomplete in many provinces.

Provincial Data

Demographics

In 1998 there were 181 registrants with the Newfoundland Board of Examiners in Psychology (NBEP). In 1999 there were 184, or 85 male and 99 female registrants. As of February 4, 2002 there were 192 registered psychologists in the province, including those working in the health, education and in private practice. Their geographic distribution is provided in Table 43:

Practice Setting

Table 42. Practice Setting, Psychology, All Sectors 1999

| Practice Setting | Number Reporting in this Setting |
|-------------------------|---|
| Health | 53 |
| Private Practice | 75 (13 full time) |
| Education | 55 |

Source: Newfoundland Board of Examiners in Psychology (NBEP) 1999

As of February 4, 2002 there were 192 registered psychologists in the province, including those working in the health, education and in private practice. Their geographic distribution is provided in Table 43:

Table 43. Registered Psychologists by Provincial Region, All Sectors 2002

| Region | Number of Registered Psychologists |
|-----------------------|---|
| St. John's Region | 113 |
| Eastern Region | 21 |
| Central Region | 23 |
| Western Region | 29 |
| Northern Region | 4 |
| Labrador Region | 2 |
| Total Province | 192 |

Source: Newfoundland Board of Examiners in Psychology (NBEP) 2002

8. Respiratory Therapy

Respiratory therapists (RTs) assist in the diagnosis, treatment and management of respiratory, cardiopulmonary and associated disorders. Responsibilities of the RT include operating ventilation equipment; performing diagnostic tests; performing artificial respiration and external cardiac massage; maintaining and testing diagnostic and therapeutic equipment; and participating in research related to cardiac and pulmonary disorders (Canadian Institute for Health Information: Health Personnel in Canada 1991 to 2000).

Respiratory therapists are primarily employed in institutions and with private respiratory home care companies.

8.1. Education

The respiratory therapy program available in Newfoundland and Labrador is a three-year program offered by the College of the North Atlantic. The program at CONA graduated its first class in 1992. Prior to this date there was no RT program offered in the province. Students complete a common medical science first year and must then compete for a position in the respiratory therapy program. Approximately 8-10 students are accepted into the program per year. The College has graduated 13, 8, 10, 10, 10, and 9 in the years 1996, 1997, 1998, 1999, 2000, and 2001 respectively. The program combines lectures and laboratories with supervised clinical experience. The diploma program is the standard educational preparation for respiratory therapists in Canada. However, the following institutions offer both diploma and degree programs: Athabasca, in Winnipeg at the Health Sciences Centre; in Halifax at the QEII Health Sciences Centre and in British Columbia at the University College of the Cariboo (UCC). There are also links to degrees offered by Michener Institute (linked to degree program at Charles Stewart University) and the program in this province, which has a link to Memorial University for a Bachelor's of Technology degree.

Graduates may elect to further their studies and obtain a Bachelor of Technology degree from Memorial University of Newfoundland.

Registration

Following graduation, students are eligible to write the national registration examinations as provided by the Canadian Board for Respiratory Care. Successful candidates earn the Canadian Society of Respiratory Therapists (CSRT) Registered Respiratory Therapist (RRT) credential.

Registration with the CSRT is not mandatory, however the Newfoundland and Labrador Association of Respiratory Therapists (NLART) has estimated that over 90 percent of the province's RRTs are currently registered with the national body (Newfoundland and Labrador Association of Respiratory Therapists).

8.2. Workforce

Without mandatory registration at either the national or provincial level, it is difficult to determine the exact number of RTs practicing in the province. This process becomes further complicated by the increase in the number of RTs becoming employed in the private health sector. Over the past eight years, the percentage of provincial RTs employed in the private sector has increased from approximately 1.2 percent (1993) to 10.3 percent (2001). A national report published in 2000 predicting a future RT shortage (Sobel M., Litwin P., Seville C., Homuth C. The Coming RT Shortage <http://www.csrt.com/main.htm>), estimated the number of RTs in the province to be approximately 85. Reports from the provincial association have indicated that this number has since declined to approximately 77 for 2001. Of these 77 RTs, 8 are currently working in the private sector with no affiliation to the public sector, 2 are not currently practicing as RTs and the remaining 67 are employed in the public sector. It is also noted that a number of those that work in public institutions are employed with private companies on a part-time basis. Data provided by the NLART shows the following distribution of registered RTs in the province:

Table 44. Distribution of RTs by Provincial Region 2001

| Provincial Region | Number of registered RTs | Details |
|----------------------|--------------------------|--|
| Eastern | 4 | 2 Carbonear, 1 Clarenville, 1 Burin |
| Western | 5 | 4 Corner Brook, 1 Stephenville |
| Labrador | 2 (not practicing) | |
| St. John's | 47 | 5 in Education |
| Central | 11 | 6 Grand Falls/Windsor, 5 Gander |
| Private ¹ | 8 | Vitalaire (4 full-time, 4 part-time/fee-for-service ²) Respiratory Therapy Specialists – (4 full-time, 2 part-time/fee-for-service ^a) |
| Total | 77 | |

Notes

1. Both private companies note that they have other individuals that will cover when their existing staff is unavailable.
2. Part-time employees also work in public sector.

Retirement and Replacement Projections

As a group, respiratory therapists in the province are relatively young. While the average age for respiratory therapists across Canada is approximately 38, the approximate average for RTs in this province is 26.5 years. The age distributions provided by the NLART are as follows:

Table 45. Approximate age distribution for RTs in the province 2001

| Age Group | Number of RRT's |
|--------------|-----------------|
| 20-29 | 30 |
| 30-39 | 37 |
| 40-49 | 8 |
| 50-59 | 0 |
| 60-69 | 0 |
| Total | 75 |

Source: Newfoundland and Labrador Association of Respiratory Therapists Sept 12, 2001.

From the above data, it appears that the number of annual graduates will be sufficient to replace retiring professionals for the next 10-15 years. This data however, does not take into account provincial retention rates or any increase in demand for service. With regards to retention rates, competition from other professions, other provinces and other countries will need to be monitored to determine possible effects on the current supply of RTs in this province.

Aging Population

In the 2000 report “The Coming RT Shortage”, the authors discuss the effect of an aging population on the demand for respiratory therapists. The authors cite Statistics Canada 1997 data that lists the top Age/Disease Related Groups (ADRG) associated with the senior population as heart failure and shock, Chronic Obstructive Pulmonary Disease (COPD), and simple pneumonia and pleurisy. The leading causes of death are listed as heart disease (26.6 percent), cardiovascular disease (7.4 percent), COPD (4.5 percent), unintentional injuries (4 percent) and pneumonia and influenza (3.7 percent). Because the majority of diseases stated above require respiratory therapy expertise, the authors expect that the demand for respiratory therapists will grow as the population ages.

In a new report titled “Respiratory Disease in Canada” released in September 2001 by CIHI, Canadian Lung Association, Health Canada and Statistics Canada, the authors conclude that Canada is facing a wave of chronic respiratory diseases. Because many respiratory diseases affect adults over the age of 55, the report states that the number of people with respiratory diseases will increase as the population ages. This predicted increase in demand is expected to pose a significant challenge for the health care system.

9. Social Work

Social work is the assessment, remediation and prevention of psycho-social problems and the enhancement of the social, psycho-social functioning and well being of individuals, families, groups and communities by: providing direct counseling and therapy services to a client; developing, promoting and delivering human service programs, including those done in association with other professionals and; conducting applied social research. In keeping with this definition, social workers are dedicated to the welfare and self-realization of human beings; to the development and disciplined use of scientific knowledge regarding human and societal behaviours; to the development of resources to meet individual, group, national and international needs and aspirations; and to the achievement of social justice for all (Newfoundland and Labrador Association of Social Workers).

9.1. Education

Basic Education

The minimum educational requirement to practice social work in Newfoundland and Labrador is the bachelor's of social work degree.

Registration with the conditional 40 hours of continuing professional education per year is a basic requirement of social workers in this province.

Table 46. Highest level of Education Attained, Social Work, All Sectors 2000

| Education Level | Number |
|-----------------|------------|
| Bachelor | 679 |
| Master's | 177 |
| Ph.D. | 7 |
| Diploma | 24 |
| Unknown | 59 |
| Total | 946 |

Source: Newfoundland and Labrador Association of Social Workers (NLASW)

There is a definite trend towards more social workers educated at the master's level. This trend is predicted to continue. The complexity, level of accountability, the nature of the work, employer expectations and personal motivation are all factors leading many social workers to obtain master's degrees. Currently, there is no additional compensation for social workers that have completed additional education.

A master's degree is available through Memorial University of Newfoundland. The trends in both graduate types are show below:

Table 47. MUN Social Work Graduates, 1995 to 2000

| Year | Bachelor | Master's |
|------|----------|----------|
| 1995 | 61 | 18 |
| 1996 | 36 | 12 |
| 1997 | 45 | 13 |
| 1998 | 45 | 19 |
| 1999 | 60 | 31 |
| 2000 | 43 | 19 |

Source: Memorial University of Newfoundland Fact Book 2000

Origin of Training

Table 48. Origin of Training for Social Workers, All Sectors 2000

| Source | Number |
|--------------|------------|
| NF | 747 |
| ON | 63 |
| NB | 13 |
| QUE | 13 |
| ALTA | 16 |
| NS | 10 |
| BC | 10 |
| MAN | 8 |
| SASK | 1 |
| PEI | 0 |
| Territories | 0 |
| USA | 4 |
| Other | 2 |
| Unknown | 59 |
| Total | 946 |

Source: Newfoundland and Labrador Association of Social Workers (NLASW)

At least 79 percent of social workers in Newfoundland and Labrador are educated at the Memorial University School of Social Work.

Registration Process

Table 49. Number of Registrants, Social Work

| Category | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|--|------------|------------|------------|------------|------------|------------|------------|
| a) Number of Renewals | n/a | 635 | 662 | 692 | 765 | 788 | 878 |
| b) Number of new registrants | 635 | 60 | 36 | 76 | 46 | 67 | 37 |
| c) Number not renewing | n/a | - | 33 | 31 | 30 | 31 | 30 |
| Non practicing | n/a | n/a | n/a | 16 | 27 | 21 | 31 |
| Registration checks from other provinces | n/a | n/a | 6 | 10 | 8 | 10 | 9 |
| Total registrants a) + b) + c) | 635 | 695 | 698 | 784 | 838 | 876 | 946 |

Source: Newfoundland and Labrador Association of Social Workers (NLASW)

The initial year of implementation of the Social Workers Association Act was 1994/95, hence the large number of new registrants.

The number of new registrants in subsequent years has varied. Most new graduates register soon after graduation and begin work in temporary positions.

Initially, the Newfoundland and Labrador Association of Social Workers (NLASW) did not have non-practicing members. The non-practicing category did not exist until 1997. The number of non-practicing social workers has been increasing as the years have progressed. More social workers are utilizing their skills in positions other than those designated as social work.

9.2. Recruitment

Most social workers have been educated in this province and therefore, historically, recruitment was not identified as a problem. Memorial University of Newfoundland has a highly respected School of Social Work, and the quality of the program is acknowledged throughout the country.

Increasingly, members of the social work profession are considering positions outside of this province. Current challenges such as remuneration, caseload, geographic isolation, excess travel, child health issues, and abuse by clients, are reported as contributing factors. Additionally, other provinces are actively recruiting social workers from Newfoundland and Labrador. Employers are now reporting difficulties both in filling vacant social work positions in some sectors and regions and retaining individuals in those positions. Rural recruitment is especially challenging.

9.3. Workforce

National Data

In Newfoundland and Labrador ratio of population per active registered social worker is one per 542 (2001 census data, and 946 social workers in 2000). Nationally CIHI reports the ratio in Canada for 2000 as one per 1,727 however this is felt to be inaccurate due to national inconsistencies in licensure requirements; some provinces mandate registration, some are voluntary, and the structure of separate regulatory bodies and professional associations in three provinces also complicates the analysis. The ratio of population to social workers will tend to decrease significantly in provinces with mandatory registration.

Provincial Data

Demographics

There are 946 social workers registered to practice in the province. Total number of registered social workers has been increasing each year since the implementation of the Social Workers Association Act (1993). This is related to the process of implementation and decisions regarding positions designated as social work.

Table 50. Age Distribution of Social Workers, All Sectors 2000

| Age Range | Male | Female | Total |
|----------------------------------|------------|------------|------------|
| 20 – 24 | 2 | 10 | 12 |
| 25 – 29 | 15 | 123 | 138 |
| 30 – 34 | 21 | 162 | 183 |
| 35 – 39 | 29 | 176 | 205 |
| 40 – 44 | 28 | 113 | 141 |
| 45 – 49 | 27 | 110 | 137 |
| 50 – 54 | 26 | 67 | 93 |
| 55 – 59 | 12 | 15 | 27 |
| 60 – 64 | 4 | 6 | 10 |
| Total | 164 | 782 | 946 |
| Total percent 45 or older | 42% | 25% | 28% |

Source: Newfoundland and Labrador Association of Social Workers (NLASW)

Field of Practice

Table 51. Field of Practice of Social Workers, All Sectors 2000

| Field of Practice | Number Reporting in this Field |
|-------------------|--------------------------------|
| Clinical | 797 |
| Management | 93 |
| Education | 12 |
| Research | 5 |

Source: Newfoundland and Labrador Association of Social Workers (NLASW)

*Notes that not all Social Workers reported a field of Practice.

Data indicates that most social workers are employed in direct practice fields with approximately 10 percent identifying their positions as management. Many social workers report executing management/administrative duties but are categorized as working in direct practice.

Practice setting

It is difficult to ascertain the number of social workers working in more than one practice setting. The most notable exception is private practice. More social workers are reportedly working part-time in the private sector, including some publicly employed social workers that practice part-time. Employers have reported that social workers are changing practice settings more frequently. Difficulties with retention are recognized especially in the Health and Community Service Boards

Regardless of employment status, social workers must be registered to practice. The registration system does not differentiate between different types of employment. Many new graduates are employed in temporary positions following graduation. There are a small number of social workers employed on a casual basis. This category of employment was non-existent for social workers until very recently. Social work is not a profession that lends itself to the “casual” category of employment.

10. Speech-Language Pathology

Speech-language pathologists are highly specialized professionals whose academic and clinical background provides the knowledge base for the assessment, treatment, and prevention of human communication and swallowing dysfunctions or disorders. Clinically, they diagnose oral-motor, speech, stuttering, comprehension, voice, written, and oral language, and swallowing disorders. Based on comprehensive assessment results, speech-language pathologists design and conduct individualized treatment programs.

As communication and swallowing specialists, they accept referrals from neurologists, pediatricians, otolaryngologists (ENT), family physicians, public health nurses, educators, and other health care providers. Speech-language pathologists refer patients to physicians when the communication, voice, or swallowing disorder requires medical investigation. They also provide consultation and education programs to physicians, health care staff, educators, various other professionals, and community groups about communication, voice, and swallowing. These clinicians work tirelessly at conducting research (both formally or informally) for advancement of the field in providing effective and efficient services to clients.

Speech-language pathologists provide services to people of all ages, from birth to the elderly. They can be found working in a variety of settings, including medical centres and hospitals, private practice settings, schools, government health agencies, long-term care facilities, and colleges and universities. At present, speech-language pathologists in Newfoundland and Labrador are dispersed almost equally between health and school boards, although there are several clinicians working in private practice either on a full or part-time basis, and a number of others who supplement their full time work.

10.1. Education

Basic Education

In order to practice as a speech-language pathologist, one must complete a master's degree, including both clinical and academic training in speech-language pathology, with a minor in audiology. Undergraduate course work usually concentrates in speech and hearing sciences, psychology and the physical sciences. Master's degrees in speech-language pathology are two to three years in length.

Origin of Training

There are only six universities offering English programs in the study of speech-language pathology, in Canada. Memorial University does not offer the program, and as a result, the nearest program is at Dalhousie University. People in our province interested in pursuing careers in speech-language pathology must incur the added expense of studying outside the province. Due to limited availability of programs in Canada, some speech-language pathologists have been trained in the United States, resulting in costly loans for students to complete programs.

As a result of the limited number of university programs, competition for entry into speech-language pathology is extremely high, with most programs accepting between 20-30 students each year with high academic records. This translates into only 120-180 new graduates each year from Canadian programs filling only some of the large number of vacant positions in the various employment settings across Canada.

Table 52. Origin of Training for S-LP Workforce, Health Sector 2000

| Source | Number |
|--------------|-----------|
| NS | 20 |
| QUE | 3 |
| ALTA | 3 |
| BC | 1 |
| ON | 1 |
| USA | 7 |
| Total | 35 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

Table 53. Highest level of Education Attained, S-LP, Health Sector 2000

| Education Level | Number |
|-----------------|-----------|
| Master's | 34 |
| Bachelor | 1* |
| Total | 35 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

* Note that the one clinician with a bachelor's degree was grandfathered in when educational requirements moved to a master's degree.

Registration Process

Speech-language pathology is not a regulated body although licensure for the profession is pending. Employers stipulate in position postings that the candidate must be eligible for certification with the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). Some of these employers require that the incumbent become certified at some point in time, and some do not.

In order to become certified, the speech-language pathologist must have graduated from an accredited university program with a master's degree, including established core subject areas, as well as the minimum requirement of 350 hours of clinical practicum with both children and adults. In addition, they must write a comprehensive national examination. Clinicians can only maintain certification by completing 45 Continuing Education Equivalent (CEE) credits over a three-year consecutive period, continuing this process until the clinician no longer wishes to practice in the profession.

10.2. Recruitment

Since speech-language pathologists accept referrals from a variety of sources, the visibility of the profession has increased tremendously, resulting in increased referrals for service.

Unfortunately, the number of allotted positions in the province has not changed to meet these demands resulting in added stress for those trying address increasingly long waiting lists. In addition, staff vacancies have been extremely difficult to fill, particularly temporary positions such as maternity leave and leave of absence positions. As this profession is a young female-dominated profession, maternity leaves are not uncommon. Additionally, vacant full-time permanent positions are often remote sole-charge positions, which are typically less attractive to new graduates looking for mentorship.

Retention has also been an issue with speech-language pathologists leaving the province to pursue ample career opportunities elsewhere with higher salary, lower caseloads and greater access to educational opportunities (Brief to Classification and Pay, 2000).

Table 54. Bursaries Available to S-LP Students

| Graduation Year | Number Offered | Number Accepted | Value Each | Return in Service |
|-----------------|----------------|-----------------|------------|-------------------|
| 2000 | 2 | 1 | \$5,000 | One Year |
| 2001 | 1 | 0 | \$5,000 | One year |

Source: Newfoundland and Labrador Health Boards Association (NLHBA)

10.3. Workforce

Demographics

As of December 2001, there were 35 speech-language pathologists working in six Health Boards, and there were 44 speech-language pathology positions in Education Boards for a total of 79, resulting in a total of one per approximately 6,500 people. The distribution of speech-language pathologists means this number is higher in some locations of the province. As of December 2001, vacancies were reported as low in the health sector while the Department of Education reported 14 vacancies.

Speech-language pathology is a predominately female-dominated profession. Age of clinicians in the Health Boards ranges mainly between 25-39 years, with the oldest speech-language pathologist between 50-54 years.

Table 55. Age Distribution, S-LP, Health Sector 2000

| Age Range | Male | Female | Total |
|----------------|----------|-----------|-----------|
| 20 – 24 | 0 | 0 | 0 |
| 25 – 29 | 0 | 9 | 9 |
| 30 – 34 | 0 | 11 | 11 |
| 35 – 39 | 1 | 5 | 6 |
| 40 – 44 | 1 | 2 | 3 |
| 45 – 49 | 0 | 2 | 2 |
| 50 – 54 | 1 | 0 | 1 |
| 55 – 59 | 0 | 0 | 0 |
| 60 – 64 | 0 | 0 | 0 |
| Unknown | - | - | 3 |
| Total | 3 | 29 | 35 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

Table 56. Employment Type, S-LP, Health Sector 1999

| Employment Type | Number Reporting as this Type |
|-----------------|-------------------------------|
| Full-time | 31 |
| Part-time | 3 |
| Casual | 0 |
| Total | 34 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

*Note that updated information for 2000 was not available.

Three permanent part time positions existed for speech-language pathology in 1999. Each of these clinicians supplemented employment through Private Practice.

Field of Practice

There were only two speech-language pathologists officially designated as Professional Practice Coordinator/Director (Health Care Corporation of St. John's and Central East Health Care Institutions Board). Seven other speech-language pathologists indicated that they carry out management duties while maintaining clinical caseloads. Another of these speech-language pathologists provides clinical supervision to a group of seven speech-language pathologists across three sites within the Health and Community Services Western Region.

The lack of availability/affiliation with university programs combined with extreme clinical demands has resulted in a lack of clinicians working in education (university/college programs) and research.

Table 57. Field of Practice, S-LP, Health Sector 2000

| Field of Practice | Number Reporting in this Field |
|-------------------|--------------------------------|
| Clinical | 35 |
| Management | 9 |
| Consultant | 1 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

Table 58. Practice Setting, S-LP, Health Sector 2000

| Practice Setting | Number Reporting in this Setting |
|-------------------|----------------------------------|
| Acute Institution | 30 |
| Long Term Care | 14 |
| Community | 18 |
| Rehabilitation | 12 |
| Private Sector | 12 |

Source: Newfoundland Association of Speech Language Pathologists and Audiologists (NASLPA)

*Note that totals from Table 57 and Table 58 do not equal provincial totals because S-LPs work across different fields of practice and practice settings and have reported in multiple categories.

Reporting work in one setting (1999): 8

Reporting work in two settings (1999): 9

Reporting work in three settings (1999): 14

Reporting work in more than three settings (1999): 3

26 of 34 speech-language pathologists work in more than one setting (1999).

In the health sector, 18 speech-language pathologists work for the Health Care Corporation of St. John's. The remaining 17 work in other Health Boards.

Speech-language pathologists working with the Children's Rehabilitation Centre conduct traveling clinics across the province and also provide services to clients attending school.

Practice Setting

There are 44 speech-language pathology positions in the Education Sector. Some of these clinicians also work in private practice.

11. Next Steps

The Allied Health Human Resource Planning Committee will be continuing its data collection and analysis on demand factors such as service gaps and workload issues. The committee is also addressing priorities in other areas of human resource planning such as recruitment and retention, and educational issues. Recommendations will be forth coming as the work continues.

The completion of this report has highlighted the need to ensure the collection and reporting of accurate, timely and complete information in support of human resource planning. Efforts to improve in this area are a priority for the Committee and the Associations involved.