

Newfoundland and Labrador
Health Human Resource Indicator Report 1999 to 2003
Part 1 - Who's Who



**GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR**
Department of Health and Community Services

The Health Human Resource Indicator Report 1999 to 2003 is comprised of the following separate documents to facilitate ease of distribution, verification, and update:

Executive Summary

Introduction

Part 1 – Who’s Who

Part 2 – Full-Time Equivalents

Part 3 – Overtime, Callback, and Relief

Part 4 – Workforce Wellness

Part 5 – Workforce Movement

Part 6 – Retirement Estimates

Part 7 – Definitions

This document is:

Part 1 - Who’s Who

This document provides an analysis of workforce demographics, distribution, and employment types i.e. permanent verses temporary or casual.

Health Human Resource Indicator Report 1999 to 2003 Part 1 – Who’s Who

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The Health and Community Services Human Resource Planning Unit represents a partnership agreement between the Government of Newfoundland and Labrador Department of Health and Community Services, and the Newfoundland and Labrador Health Boards Association. Please direct inquiries related to this report to the Newfoundland and Labrador Health Boards Association.

Summary

The health and community services system in Newfoundland and Labrador (NL) was comprised of approximately 17,814 individuals, in addition to 913 physicians, as of March 31, 2003. Sixty-one per cent of the system was composed of primary occupations (see [Part 7 – Definitions](#).) Registered nurses, licensed practical nurses, managers, and social workers constituted the majority of the primary occupational groups. Physician data as of March 31, 2003 indicated that 48 per cent of all physicians were general practitioners and 52 per cent were specialists, dominated by those who worked in internal medicine. Workforce counts by bargaining unit showed that 44 per cent of the health board workforce excluding physicians and students was represented by the Newfoundland and Labrador Association of Public and Private Employees Hospital Support (NAPE HS) and 30 per cent by the Newfoundland and Labrador Nurses’ Union (NLNU).

Excluding physicians and students, health boards employ approximately 82 per cent of the primary occupation groups in the province, with the remaining 18 per cent employed by private and other public organizations. Within the health and community services system, almost 50 per cent of the workforce was concentrated in two health boards.

The average age of health board workforces was 42.7 years of age, and ranged from 33.2 years of age for respiratory therapists to 52.2 years of age for dentists. Although dentists were the oldest occupational group, their average age was derived from only seven health board employees. Three health boards had workforces with an average age almost two years older than the average age for the entire health and community services system. Older workforces are likely attributed to the health boards’ ability to retain their employees on a long-term basis, resulting in a workforce with limited turnover and limited intake of new, younger employees.

Seventy-six per cent of the health board workforce was permanently employed. Three health boards had over 80 per cent of their employees classified as permanent. The Association of Allied Health Professionals (AAHP) had the highest percentage of members as permanent employees (86 per cent), followed by NLNU at 84 per cent and Newfoundland and Labrador Association of Public and Private Employees Health Professionals (NAPE HP) at 82 per cent. Coding practices in use by different health boards means there is no single common standard for permanent, temporary, and casual employment status, and information on employment status should be interpreted with caution.

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1. Preamble

This part of the Health Human Resource Indicator Report 1999 to 2003 provides an overview of the health sector workforce in Newfoundland and Labrador (NL) in terms of health workforce attributes. Data is derived from three sources:

1. **Physician data:** Government of Newfoundland and Labrador, Department of Health and Community Services, Medical Services Branch.
2. **Health board workforce:** Health boards’ payroll systems. Includes all employees paid at least once from January 1, 2003 to March 31, 2003. Excludes residents, interns, and any employees paid through board payroll systems by special arrangement (for example: Newfoundland and Labrador Centre for Health Information).
3. **Workforce not employed by health boards:** Professional associations.

The reader is referred to the Executive Summary and Introduction for an overview of findings and detailed supporting notes including background, methodology, and limitations. Definitions are contained in Part 7 – Definitions.

The Government of Newfoundland and Labrador's decision to transform 14 health boards into four regional integrated health authorities (RIHAs) was announced on September 10, 2004, and governance structures were established in early 2005. Data and analysis in this document can be regrouped to reflect new RIHA structures. Please direct inquiries to the Human Resource Planning Unit (HRPU). Contact information is shown at the beginning of this document.

2. Workforce Counts

This section provides an overview of workforce counts by occupation and bargaining unit, and physician counts as of March 31, 2003. Table 1 shows health board workforce counts by primary occupation, ancillary occupation – clinical, and ancillary occupation – system as of March 31, 2003, sorted alphabetically by occupation (see Part 7 – Definitions). Excluded from the table are physicians and students.

Table 1. Workforce Counts as of March 31, 2003.

Primary Occupation	Count	Ancillary Occupations - Clinical	Count
Audiologist	13	Audiology Technician	2
Behaviour Management Specialist	79	Cardiology Technician	3
Cardiology Technologist	35	Combined LX Technician	24
Cardio-Pulmonary Technologist	3	Community Service Worker	14
Combined LX Technologist	14	Dental Technicians	17
Dentist	7	Medical Laboratory Technician	165
Dietitian/Nutritionist	69	Medical Radiation Technician	13
Dosimetrist	4	Nuclear Medicine Technician	6
Electroneurophysiology Technol.	12	Occup. Therapy Support Worker	28
Genetic Counsellor	7	Paramedic	131
Licensed Practical Nurse	2701	Personal Care Attendant	412
Manager ¹	879	Pharmacy Technician	98
Medical Laboratory Technologist	366	Physiotherapy Assistant	79
Medical Physicist	4	Prosthetist-Orthotist Technician	5
Medical Radiation Technologist	256	Psychology Assistant	6
Nuclear Medicine Technologist	13	Recreation Therapy Worker	101
Occupational Therapist	101	Social Service Worker	65
Orthopedic Technologist	10	Other (Ancillary Clinical) ³	60
Pharmacist	82	Subtotal (Ancillary Clinical)	1,229
Physiotherapist	109		
Prosthetist-Orthotist	12	Ancillary Occupations – System	Count
Psychologist (Clinical)	59	Administrative/Clerical Support ⁵	2284
Radiation Therapist	15	Biomedical Engineering	20
Recreation/Develop. Specialist	28	Dietary	1053
Registered Nurse	4916	Facilities	437
Respiratory Therapist	75	Housekeeping	1328
Social Worker	648	Information systems	88
Speech Language Pathologist	41	Laundry	277
Other (Primary) ²	32	Materials	387
Subtotal (Primary)	10,590	Records	102
		Other (Ancillary System) ⁴	19
		Subtotal (Ancillary System)	5,995
Total			17,814

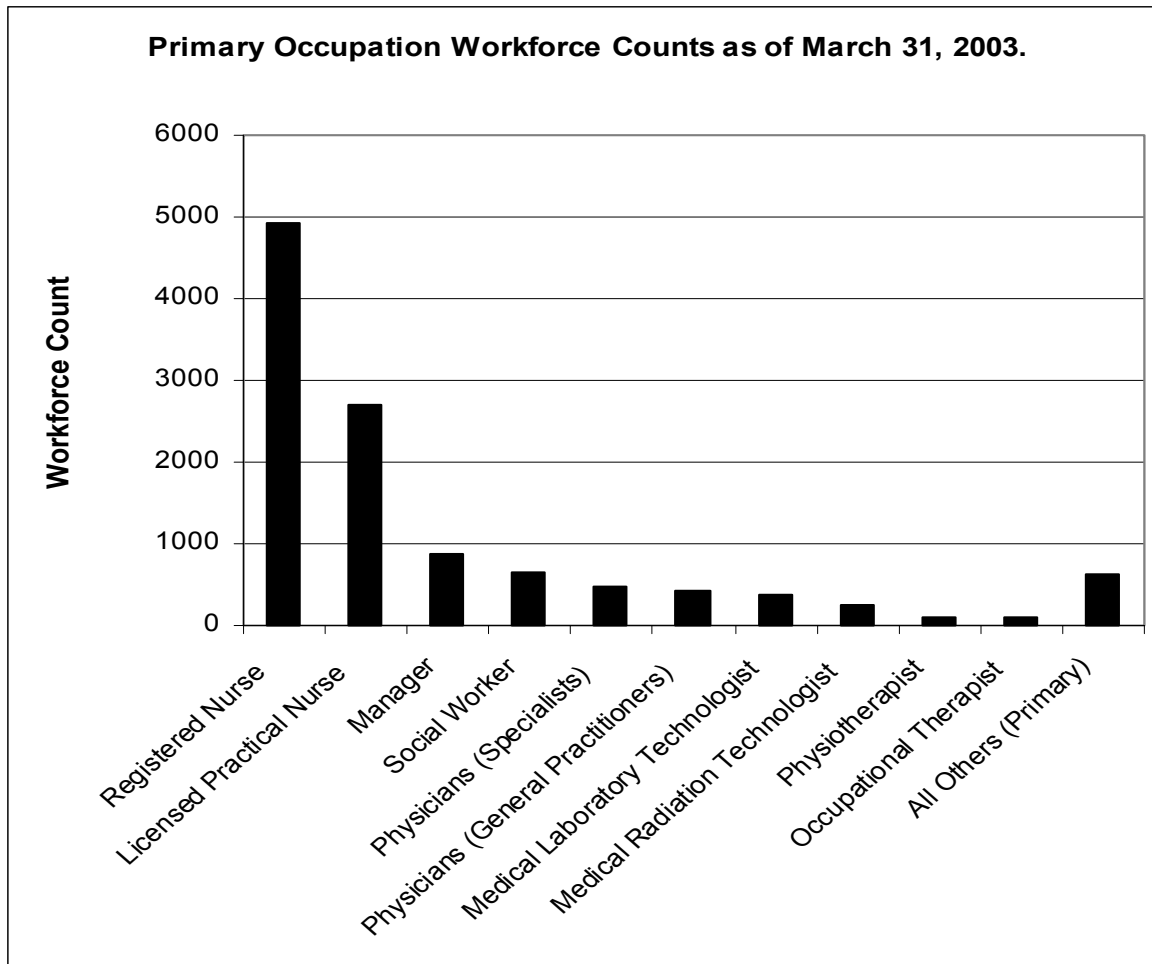
Notes:

1. Manager includes managers with a registered nurse background (estimated to be 299) and social work background (estimated to be 79).
2. Other (Primary) includes assistant clinical microbiologist, cardiovascular perfusion technologists, childcare services consultants, clinical biochemists, management engineers, kinesiologists, music therapists, and pastoral care clinicians.
3. Other (Ancillary Clinical) includes beauticians, cardiovascular perfusion technicians, researchers, electrocardiogram (EKG) technicians, family support workers, financial assistance officers, homemakers, ophthalmologist assistants, and health educators.
4. Other (Ancillary System) includes aircraft dispatchers, aircraft maintenance engineers, pilots and students.
5. Administrative/clerical support includes all clerks (admitting, ward, payroll, and others), secretaries, and other administrative staff excluding managers.
6. For a summary of employee counts by occupation by health board please contact the Human Resource Planning Unit.

The primary occupations category contained 10,590 individuals, or 59 per cent of total health human resources. Registered nurses, licensed practical nurses, managers, and social workers comprised 9,144 individuals, or 86 per cent of primary occupations. There were less than 10 each of cardio-pulmonary technologists, dentists, dosimetrists, genetic counsellors, and medical physicists.

The ancillary occupations – systems workforce represented 34 per cent of the health and community services system. The majority of this workforce was administrative/clerical support (38 per cent), housekeeping (22 per cent), and dietary (18 per cent). The ancillary occupations – clinical workforce represented the remaining 6.9 per cent of the health board workforce. Primary occupation workforce counts as of March 31, 2003 are shown in Figure 1.

Figure 1. Primary Occupation Workforce Counts as of March 31, 2003.



Notes:

1. All Others (Primary) includes audiologist, behaviour management specialist, cardiology technologist, cardio-pulmonary technologist, combined laboratory and x-ray technologist, dentist, dietitian/nutritionist, dosimetrist, electroneurophysiology technologist, genetic counselor, medical physicist, nuclear medicine technologist, orthopedic technologist, pharmacist, prosthetist-orthotist, psychologist (clinical), radiation therapist, recreation/development specialist, respiratory therapist, speech language pathologist, assistant clinical microbiologist, cardiovascular perfusion technologists, childcare services consultants, clinical biochemists, management engineers, kinesiologists, music therapists, and pastoral care clinicians.

The Health Human Resources Supply and Demand Analysis (2001) written by the Prince Edward Island Committee on Health Human Resources, indicated a provincial workforce of 4482 individuals in 58 occupational groups including public and private sectors as of March 2001. The largest occupational groups studied included registered nurses, licensed nursing assistants, and resident care workers. According to A Study of Health Human Resources in Nova Scotia 2003 (2003), Nova Scotia’s health workforce totaled 49,808 in 2001, including public and private sectors. However, the report included analysis on 33,900 people in 31 occupational groups, the largest of which were registered nurses, personal care workers/continuing care assistants, and community residential workers. The Health Human Resources Supply and Demand Analysis Final Report (2002) written by Fujitsu for the New Brunswick Department of Health and Wellness, reported a total health workforce of 17,474 individuals in 27 occupational groups, although only 16,078 are currently employed. The largest occupational groups reported in New Brunswick were registered nurses, licensed practical nurses, and social workers. Comparisons of figures in this report to findings in the Maritime Provinces should be made very cautiously, due to differing scopes, timeframes, and definitions.

Table 2 provides the count of physicians by specialty, and the percentage of physicians that were salaried versus fee-for-service.

Table 2. Physician Workforce Counts as of March 31, 2003 and Payment Method.

Physician Specialty	Total	Fee-For-Service	Salaried
General Practice	437	67%	33%
Anaesthesia	53	64%	36%
Dermatology	6	83%	17%
Emergency Medicine	2	100%	0%
General Surgery	42	67%	33%
Internal Medicine	89	62%	38%
Medical Genetics	2	50%	50%
Neuro Surgery	3	100%	0%
Neurology	12	50%	50%
Obstetrics & Gynaecology	33	52%	48%
Ophthalmology	16	88%	13%
Orthopedics	17	88%	12%
Otolaryngology (ENT)	10	80%	20%
Paediatrics	52	31%	69%
Palliative Care	2	0%	100%
Pathology	29	0%	100%
Physical Medicine	4	0%	100%
Plastic Surgery	4	100%	0%
Psychiatry	45	38%	62%
Radiation Oncologist	5	0%	100%
Radiology	43	100%	0%
Urology	7	100%	0%
Total	913	62%	38%

There were 437 general practitioners active in practice as of March 31, 2003, representing approximately 48 per cent of all physicians. Excluding general practice physicians, the majority of physician specialists as of March 31, 2003 worked in internal medicine - 89 individuals or almost 19 per cent. Fifty-three physicians worked in anaesthesia and 52 physicians worked in paediatrics, representing 11 per cent each of total physician specialists. Six specialties had fewer than five physicians: emergency medicine, medical genetics, neuro surgery, palliative care, physical medicine, and plastic surgery.

Two payment methods are primarily used to compensate physicians for clinical services: fee-for-service and salary. Sixty-two per cent of physicians were remunerated primarily through fee-for-service payments, including most physicians in ophthalmology (88 per cent), orthopaedics (88 per cent), and dermatology (83 per cent). All physicians in emergency medicine, neuro surgery, plastic surgery, radiology, and urology were paid by fee-for-service methods, and all physicians in palliative care, pathology, physical medicine, and radiation oncology were salaried or compensated by alternative payment methods.

Bargaining units represent all health board unionized workforces. Physicians are represented by the Newfoundland and Labrador Medical Board which negotiates on their behalf. Table 3 shows health board workforce counts by bargaining unit as of March 31, 2003. Physician counts and the Professional Association of Interns and Residents of Newfoundland (PAIRN) are excluded from Table 3.

Table 3. Workforce Counts by Bargaining Unit as of March 31, 2003.

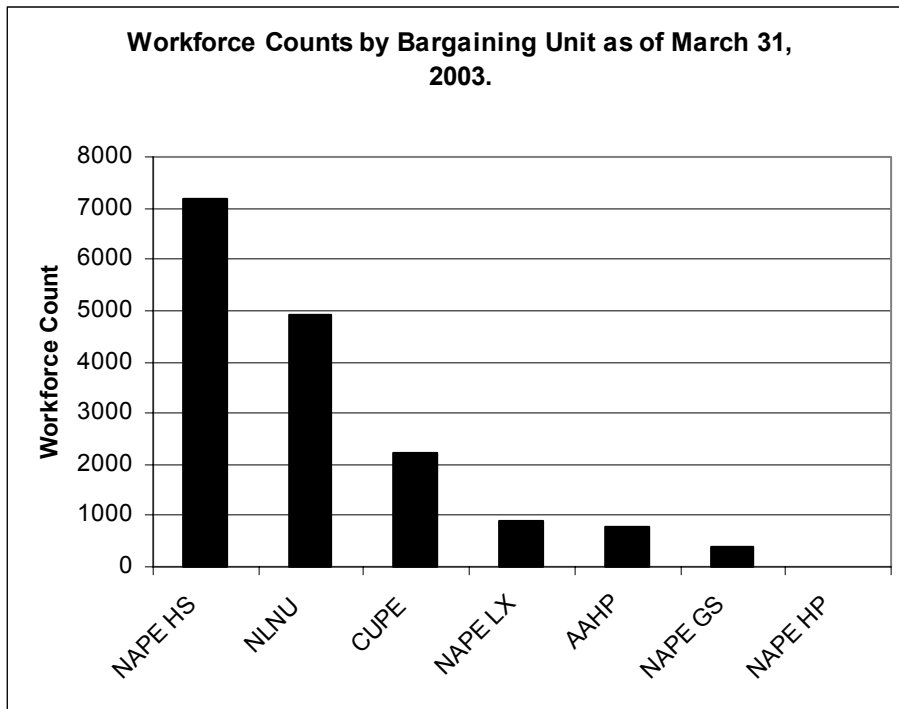
Bargaining Unit or Grouping¹	Total
AAHP	787
CUPE	2236
NAPE GS	390
NAPE HP	11
NAPE HS	7169
NAPE LX	901
NLNU	4915
Total	16,409

Notes:

- The following abbreviations are used for bargaining units:
 AAHP - Association of Allied Health Professionals
 CUPE - Canadian Union of Public Employees
 NAPE GS - Newfoundland and Labrador Association of Public and Private Employees General Services
 NAPE HP - Newfoundland and Labrador Association of Public and Private Employees Health Professionals
 NAPE HS - Newfoundland and Labrador Association of Public and Private Employees Hospital Support
 NAPE LX - Newfoundland and Labrador Association of Public and Private Employees Laboratory and X-Ray
 NLNU - Newfoundland and Labrador Nurses’ Union

NAPE HS, NLNU, and CUPE represented 44 per cent, 30 per cent, and 14 per cent of the unionized workforce respectively. Workforce counts by bargaining unit as of March 31, 2003 are shown graphically in Figure 2.

Figure 2. Workforce Counts by Bargaining Unit as of March 31, 2003.



As of March 31, 2003, the provincial health workforce was primarily employed by health boards, although public and private organizations also employ health professionals. Table 4 is intended to give the reader some sense of what proportion of the provincial health workforce is working in health boards. Table 4 shows the health board workforce count and an estimated provincial health workforce count by primary occupation.

Table 4. Health Board and Provincial Workforce Counts as of March 31, 2003.

Primary Occupation	Health Board Count	Estimated Provincial Count ¹	Health Board Count as a Per Cent of Provincial Count
Audiologist	13	16	81%
Behaviour Management Specialist	79	79	100%
Cardiology Technologist	35	35	100%
Cardio-Pulmonary Technologist	3	3	100%
Combined LX Technologist	14	14	100%
Dentist	7	165	4%
Dietitian/Nutritionist	69	135	51%
Dosimetrist	4	4	100%
Electroneurophysiology Technol.	12	12	100%
Genetic Counsellor	7	7	100%
Licensed Practical Nurse	2701	2940	92%
Manager ^{3,4}	879	879	100%
Medical Laboratory Technologist	366	430	85%
Medical Physicist	4	4	100%
Medical Radiation Technologist	256	280	91%
Nuclear Medicine Technologist	13	14	93%
Occupational Therapist	101	135	75%
Orthopedic Technologist	10	10	100%
Pharmacist	82	544	15%
Physiotherapist	109	187	58%
Prosthetist-Orthotist	12	12	100%
Psychologist (Clinical)	59	206	29%
Radiation Therapist	15	19	79%
Recreation/Develop. Specialist	28	28	100%
Registered Nurse ²	4916	5609	88%
Respiratory Therapist ³	75	75	100%
Social Worker ⁴	648	942	69%
Speech Language Pathologist	41	90	46%
Other (Primary)	32	32	100%
Total (Excluding Physicians)	10,590	12,906	82%

Notes

1. Estimates for provincial counts drawn from several sources including published documents, web sites, and anecdotal evidence. Dates of data collection may vary, and the reader is advised to use the data with caution.
2. In the Health Board Count column, it is estimated that ‘Manager’ includes 299 non-unionized registered nurse managers. A total health board registered nurse workforce (unionized and non-unionized) yields a workforce count of 5215 registered nurses, or 93 per cent of the provincial registered nurse workforce.
3. An estimated provincial count of respiratory therapists is not available, therefore the provincial count of respiratory therapists equals the health board count.
4. In the Health Board Count column, it is estimated that “Manager” includes 79 non-unionized social work managers. A total board social worker workforce (unionized and non-unionized) would yield a workforce count of 727 social workers, or 77 per cent of the provincial social worker workforce.

The health and community services system represented an estimated 82 per cent of the provincial primary health workforce as of March 31, 2003. However, more than half of dentists, pharmacists, psychologists (clinical), and speech language pathologists worked outside of health boards.

Professional associations generally hold data on health professionals province-wide but this data does not contain comprehensive information on earned hours and workload.

The Health Human Resources Supply and Demand Analysis written by the Prince Edward Island Committee on Health Human Resources (2001) indicated a provincial workforce of 4482 individuals in 58 occupational groups as of March 2001 as previously stated. Approximately 64 per cent of the workforce studied worked in the regional health authorities; the remaining health workforce was employed in both public and private sectors or other organizations, unemployed, or had unknown employment. A Study of Health Human Resources in Nova Scotia 2003 (2003) indicated that Nova Scotia’s health workforce totaled 49,808 individuals in 2001, of which 76.4 per cent were employed by the district health authorities and 23.6 per cent were employed in private, community or other sectors. The Health Human Resources Supply and Demand Analysis Final Report (2002) written by Fujitsu for the New Brunswick Department of Health and Wellness indicated that 18 per cent of the provincial health workforce was employed by the private sector or “Other.” Comparisons of figures in this report to findings in the Maritime Provinces should be made very cautiously, due to differing scopes, timeframes, and definitions.

3. Distribution by Health Board

Section 3 provides an overview of the distribution of the health board workforce, excluding physicians, as of March 31, 2003. Table 5 shows the workforce distribution of the health board workforce, sorted alphabetically by health board.

Table 5. Workforce Distribution by Health Board as of March 31, 2003.

Health Board	Workforce Count	As a Per Cent of Total
Avalon Health Care Institutions Board	993	5.6%
Central East Health Care Institutions Board	1207	6.8%
Central West Health Corporation	1455	8.2%
Grenfell Regional Health Services Board	510	2.9%
Health and Community Services Central	290	1.6%
Health and Community Services Eastern	302	1.7%
Health and Community Services St. John's	604	3.4%
Health and Community Services Western	351	2.0%
Health Care Corporation of St. John's	6088	34.2%
Health Labrador Corporation	641	3.6%
Newfoundland Cancer Treatment and Research Foundation	137	0.8%
Peninsulas Health Care Corporation	1005	5.6%
Pentecostal Senior Citizen's Home	104	0.6%
St. John's Nursing Home Board	1659	9.3%
Western Health Care Corporation	2468	13.9%
Total	17,814	100.0%

Health Care Corporation of St. John’s and Western Health Care Corporation include the two major urban areas of NL, thereby encompassing the majority of the health board workforce, 34.2 per cent and 13.9 per cent respectively. St. John’s Nursing Home Board includes several nursing homes, making it the third largest health board.

Table 6 shows the distribution of physician human resources by geographic health board boundary and specialty.

Table 6. Distribution of Physician Specialists by Geographic Institutional and Integrated Health Board Boundary as of March 31, 2003.

Physician Specialty	Avalon Health Care Institutions Board	Central East Health Care Institutions Board	Central West Health Corporation	Grenfell Regional Health Services Board	Health Care Corporation of St. John's	Health Labrador Corporation	Peninsulas Health Care Corporation	Western Health Care Corporation	Total
General Practice	44	35	45	12	179	19	40	63	437
Anaesthesia	2	2	3	3	29	2	4	8	53
Dermatology			1		4			1	6
Emergency Medicine					2				2
General Surgery	2	3	4	5	17	2	3	6	42
Internal Medicine	3	4	6	2	61		4	9	89
Medical Genetics					2				2
Neuro Surgery					3				3
Neurology			1		9			2	12
Obstetrics & Gynaecology	2	2	2	2	15	1	4	5	33
Ophthalmology		3	2	1	8			2	16
Orthopedics		4			10			3	17
Otolaryngology			1		7			2	10
Paediatrics		3	2	2	38		3	4	52
Palliative Care					1			1	2
Pathology	1	2	1	1	17		2	5	29
Physical Medicine					3			1	4
Plastic Surgery					4				4
Psychiatry	1	1	2	1	33		4	3	45
Radiation Oncologist					5				5
Radiology	3	2	3		27		3	5	43
Urology			1		5			1	7
Total	58	61	74	29	479	24	67	121	913

Notes:

1. Blank spaces indicate that no physician specialists were active in practice within the boundaries of that health board.

Fifty-two per cent of all physicians were active in practice within the geographic boundaries of the Health Care Corporation of St. John's. Physicians in general practice, anaesthesia, general surgery, and obstetrics and gynaecology were active in practice within the geographic boundaries of all institutional and integrated health boards listed.

4. Age

Section 4 examines the age distributions of the health board workforce by occupation, health board, and bargaining unit as of March 31, 2003.

Table 7 provides the average age of the health board workforce by occupational category, sorted alphabetically by occupation.

Table 7. Average Age as of March 31, 2003.

Primary Occupation	Age	Ancillary Occupations - Clinical	Age
Audiologist	34.0	Audiology Technician ¹	-
Behaviour Management Specialist	36.9	Cardiology Technician ¹	-
Cardiology Technologist	49.9	Combined LX Technician	50.5
Cardio-Pulmonary Technologist ¹	-	Community Service Worker	38.0
Combined LX Technologist	41.4	Dental Technicians	41.3
Dentist	52.2	Medical Laboratory Technician	43.6
Dietitian/Nutritionist	37.1	Medical Radiation Technician	50.7
Dosimetrist ¹	-	Nuclear Medicine Technician	42.5
Electroneurophysiology Technologist	45.7	Occupational Therapy Support Worker	38.5
Genetic Counsellor	39.6	Paramedic	42.1
Licensed Practical Nurse	44.0	Personal Care Attendant	40.8
Manager	46.1	Pharmacy Technician	38.4
Medical Laboratory Technologist	42.7	Physiotherapy Assistant	45.9
Medical Physicist ¹	-	Prosthetist-Orthotist Technician	49.5
Medical Radiation Technologist	41.7	Psychology Assistant	46.7
Nuclear Medicine Technologist	38.1	Recreation Therapy Worker	40.5
Occupational Therapist	34.6	Social Service Worker	40.2
Orthopedic Technologist	47.2	Other (Ancillary Clinical)	36.4
Pharmacist	38.4	Group Avg. (Ancillary Clinical)	41.5
Physiotherapist	35.7		
Prosthetist-Orthotist	43.8	Ancillary Occupations - System	Age
Psychologist (Clinical)	40.7	Administration	43.5
Radiation Therapist	36.4	Biomedical Engineering	35.7
Recreation/Develop. Specialist	33.9	Dietary	43.9
Registered Nurse	41.1	Facilities	47.8
Respiratory Therapist	33.2	Housekeeping	44.7
Social Worker	38.6	Information systems	36.3
Speech Language Pathologist	35.7	Laundry	48.1
Other (Primary)	42.4	Materials	45.5
Group Avg. (Primary)	41.9	Records	47.7
		Other (Ancillary System)	44.3
		Group Avg. (Ancillary System)	44.5
Average			42.7

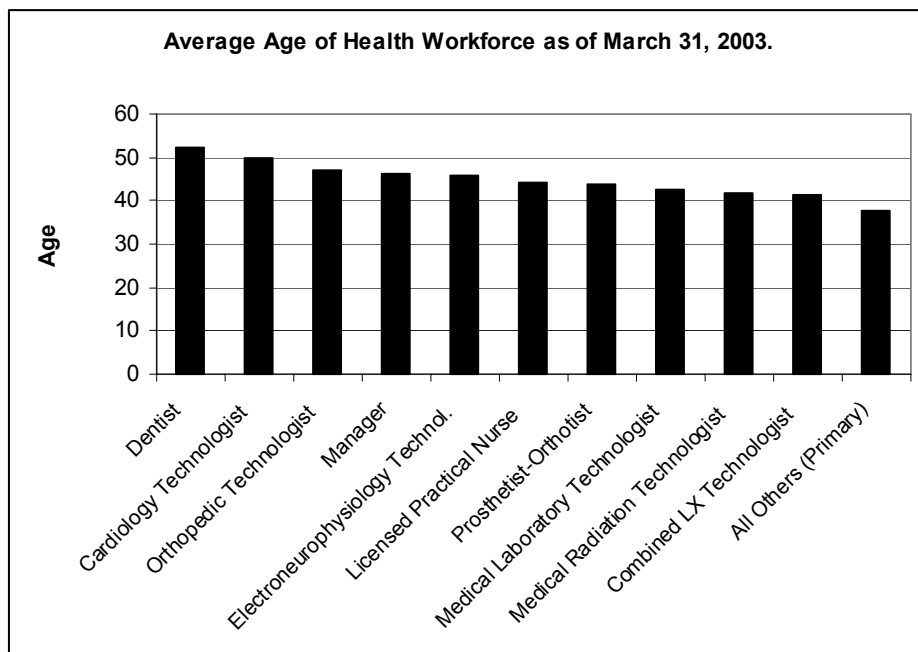
Notes:

1. Age data suppressed to maintain confidentiality due to small number in workforce (less than five).

The average age of the health board workforce was 42.7 years of age. Primary occupations and ancillary occupations – clinical had average ages slightly below the total health board workforce average, at 41.9 and 41.5 years of age respectively. The three oldest primary occupation groups included dentists (52.2 years), cardiology technologists (49.9 years), and orthopedic technologists (47.2 years). The three youngest primary occupation groups were respiratory therapists (33.2 years), recreation/development specialists (33.9 years), and audiologists (34.0 years).

It should be noted that the average age is dependant upon the health board workforce count for each occupational group. For example, although dentists were the oldest occupational group, their average age was derived from only seven health board employees, whereas cardiology technologists as the next oldest occupational group had a workforce count of 35 health board employees. The largest occupational groups included in Figure 3 below are licensed practical nurses (workforce count of 2701), managers (workforce count of 879) and medical laboratory technologists (workforce count of 366). The average age of the primary occupations as of March 31, 2003 is shown graphically in Figure 3, sorted descending by average age.

Figure 3. Average Age of Health Workforce as of March 31, 2003



Nova Scotia (NS) had a health workforce with average age of 41.3 years, with approximately 23 per cent of the health workforce at retirement age 50 years or older, according to A Study of Health Human Resources in Nova Scotia 2003 (2003). The Health Human Resources Supply and Demand Analysis written by the Prince Edward Island Committee on Health Human Resources (2001) does not indicate the average age of the health workforce, but does show that almost 27 per cent of the health workforce is at retirement age of 50 years or older. The Health Human Resources Supply and Demand Analysis Final Report (2002) written by Fujitsu for the New Brunswick (NB) Department of Health and Wellness also does not give the average age of the workforce, but indicates that 25 per cent of the NB health workforce is at retirement age. Comparisons of figures in this report to findings in the Maritime Provinces should be made very cautiously, due to differing scopes, timeframes, and definitions.

Table 8 shows the average age of the health board workforce, sorted descending by average age.

Table 8. Average Age by Board as of March 31, 2003.

Health Board	Average Age	Workforce Count
Pentecostal Senior Citizen's Home	48.0	104
Avalon Health Care Institutions Board	45.3	993
Grenfell Regional Health Services Board	44.4	510
Central West Health Corporation	43.6	1455
St. John's Nursing Home Board	43.6	1659
Western Health Care Corporation	42.9	2468
Central East Health Care Institutions Board	42.7	1207
Peninsulas Health Care Corporation	42.5	1005
Health Care Corporation of St. John's	42.3	6088
Health Labrador Corporation	41.6	641
Health and Community Services St. John's	41.3	604
Health and Community Services Central	41.0	290
Health and Community Services Western	40.7	251
Newfoundland Cancer Treatment and Research Foundation	40.6	137
Health and Community Services Eastern	39.8	302
Average	42.7	17,814

Pentecostal Senior Citizens Home, Avalon Health Care Institutions Board, and Grenfell Regional Health Services Board had the oldest health board workforces, with average ages almost two years older than the average age for the entire health and community services system, at 48.0, 45.3, and 44.4 years of age respectively. Older workforces are likely attributed to the health boards’ ability to retain their employees on a long-term basis, resulting in a workforce with limited turnover and limited intake of new, younger employees. Health Care Corporation of St. John’s and Western Health Care Corporation, as the largest health board employers, had average ages similar to the provincial average. The four health and community services boards and the Newfoundland Cancer Treatment and Research Foundation had the youngest workforces.

The health workforce average age by bargaining unit is given in Table 9. Physicians and PAIRN data are excluded.

Table 9. Average Age by Bargaining Unit as of March 31, 2003.

Bargaining Unit or Grouping	Average Age
CUPE	44.1
NAPE HS	43.8
NAPE LX	42.8
NLNU	41.1
NAPE GS	37.7
AAHP	37.5
NAPE HP	30.0
Total	40.0

CUPE has the highest average age of all bargaining units, 44.1 years, which was over four years higher than the overall average. NAPE HP has the lowest average age of all bargaining units, 30.0 years.

Table 10 shows the average age of physicians by specialty:

Table 10. Average Age, as of March 31, 2003.

Physician Specialty	Average Age
General Practice	46.7
Ophthalmology	54.6
Neurology	53.8
Otolaryngology	52.1
Radiology	52.1
Pathology	49.8
Orthopaedics	49.3
General Surgery	49.2
Anaesthesia	48.8
Obstetrics & Gynaecology	48.6
Psychiatry	48.6
Urology	48.6
Radiation Oncologist	48.5
Internal Medicine	47.8
Paediatrics	47.1
Dermatology	45.0
Emergency Medicine ¹	-
Medical Genetics ¹	-
Neuro Surgery ¹	-
Palliative Care ¹	-
Physical Medicine ¹	-
Plastic Surgery ¹	-
Average	48.0

Notes:

1. Age data suppressed to maintain confidentiality due to small sample size (workforce count is less than five).

The average age of physicians as of March 31, 2003 was 48.0 years of age. Excluding general practice physicians, the oldest physician groups were ophthalmology (54.6 years), neurology (53.8 years), otolaryngology (52.1 years), and radiology (52.1 years). Internal medicine, paediatrics, and dermatology had the youngest workforces, at 47.8, 47.1, and 45.0 years of age respectively.

5. Permanent, Temporary and Casual

Health board data was analyzed to determine the percentage of health board workforce in each category of permanent, temporary, or casual employment. For the purpose of this report, if an individual has guaranteed hours, they have permanent or temporary employment; non-guaranteed hours are interpreted as casual employment. It is recognized that this may differ from language in collective agreements for NAPE and CUPE. Differing coding practices in use by health boards means there is no single common standard and the following analysis should be viewed with caution.

A certain percentage of casual and temporary staff is required to provide the necessary flexibility in dealing with leave replacement and changes in workload. Having a large percentage of casual and temporary employees may however have a negative impact on recruitment, retention, and employee morale.

Caution should be noted as the two major unions representing the health board workforce, NAPE and CUPE, do not recognize the casual employee designation. Health boards, however, often use ‘casual’ to code hours earned by temporary employees. Data in this section is derived directly from health board information systems and although data was remapped to categories according to the above definitions, coding conventions derived from CUPE and NAPE definitions have made reporting of these statistics difficult to perform consistently. Despite this, the designation of employees as “permanent” is likely reliable across health boards.

For the purposes of this report, all employees were classified as permanent, temporary, or casual using the following definitions created by the Human Resource Planning Unit (see [Part 7 – Definitions](#)):

- A. **Permanent Employees:** Permanent employees have guaranteed hours of work and no specified end date of employment.
- B. **Temporary Employees:** Temporary employees have guaranteed hours of work but with a specified end date of employment.
- C. **Casual Employees:** Casual employees do not have guaranteed hours of employment.

Table 11 shows the percentage of the permanent, temporary, and casual employees in health boards, sorted alphabetically by occupation.

Table 11. Percentage of Permanent, Temporary, and Casual Employees by Health Board as of March 31, 2003.

Primary Occupation	P	T	C	Ancillary Occupations - Clinical	P	T	C
Audiologist	92%	8%	0%	Audiology Technician	100%	0%	0%
Behaviour Management Specialist	77%	23%	0%	Cardiology Technician	67%	0%	33%
Cardiology Technologist	91%	9%	0%	Combined LX Technician	79%	4%	17%
Cardio-Pulmonary Technologist	100%	0%	0%	Community Service Worker	36%	64%	0%
Combined LX Technologist	86%	7%	7%	Dental Technicians	65%	24%	12%
Dentist	100%	0%	0%	Medical Laboratory Technician	61%	33%	5%
Dietitian/Nutritionist	78%	13%	9%	Medical Radiation Technician	92%	8%	0%
Dosimetrist	100%	0%	0%	Nuclear Medicine Technician	83%	17%	0%
Electroneurophysiology Technol.	83%	17%	0%	Occup. Therapy Support Worker	39%	61%	0%
Genetic Counsellor	86%	14%	0%	Paramedic	66%	20%	14%
Licensed Practical Nurse	65%	26%	9%	Personal Care Attendant	44%	38%	18%
Manager	96%	4%	1%	Pharmacy Technician	77%	15%	8%
Medical Laboratory Technologist	86%	10%	4%	Physiotherapy Assistant	86%	14%	0%
Medical Physicist	75%	25%	0%	Prosthetist-Orthotist Technician	100%	0%	0%
Medical Radiation Technologist	80%	18%	2%	Psychology Assistant	100%	0%	0%
Nuclear Medicine Technologist	92%	8%	0%	Recreation Therapy Worker	79%	16%	5%
Occupational Therapist	86%	14%	0%	Social Service Worker	68%	32%	0%
Orthopedic Technologist	90%	0%	10%	Other (Ancillary Clinical)	52%	7%	42%
Pharmacist	93%	5%	2%	Subtotal (Ancillary Clinical)	61%	28%	12%
Physiotherapist	94%	4%	2%				
Prosthetist-Orthotist	83%	17%	0%	Ancillary Occupations - System	P	T	C
Psychologist (Clinical)	85%	15%	0%	Administration	76%	21%	4%
Radiation Therapist	80%	20%	0%	Biomedical Engineering	90%	10%	0%
Recreation/Develop. Specialist	96%	4%	0%	Dietary	64%	29%	7%
Registered Nurse	84%	5%	11%	Facilities	77%	16%	7%
Respiratory Therapist	80%	12%	8%	Housekeeping	60%	28%	12%
Social Worker	79%	19%	2%	Information systems	90%	10%	0%
Speech Language Pathologist	90%	10%	0%	Laundry	83%	14%	2%
Other (Primary)	81%	9%	9%	Materials	79%	19%	2%
Subtotal (Primary)	80%	12%	8%	Records	91%	7%	2%
				Other (Ancillary System)	89%	11%	0%
				Subtotal (Ancillary System)	71%	22%	6%
Total					76%	17%	8%

Seventy-six per cent of the health board workforce was comprised of permanent employees including 80 per cent of primary occupations, 61 per cent of ancillary occupations – clinical, and 71 per cent of ancillary occupations – system. Ancillary occupations – clinical had the highest percentage of temporary and casual employees, 28 per cent and 12 per cent respectively.

Table 12 shows the percentage of permanent, temporary, and casual employees by health board as of March 31, 2003, sorted descending by percentage of permanent employees.

Table 12. Percentage of Permanent, Temporary, and Casual Employees by Health Board as of March 31, 2003.

Health Board	Permanent	Temporary	Casual
Health and Community Services Eastern	85%	15%	0%
Health Care Corporation of St. John's ¹	83%	15%	2%
Health and Community Services Western	80%	16%	4%
Grenfell Regional Health Services Board	77%	14%	9%
Central West Health Corporation	75%	5%	19%
Health and Community Services Central	74%	20%	7%
Health and Community Services St. John's	73%	21%	6%
Newfoundland Cancer Treatment and Research Foundation	72%	20%	9%
Western Health Care Corporation	71%	16%	14%
St. John's Nursing Home Board	70%	26%	4%
Peninsulas Health Care Corporation	70%	28%	3%
Central East Health Care Institutions Board	69%	27%	4%
Pentecostal Senior Citizen's Home	68%	27%	5%
Avalon Health Care Institutions Board	68%	5%	27%
Health Labrador Corporation	67%	21%	12%
Total	76%	17%	8%

Notes

1. Health boards have indicated that that the above does not reflect the true per cent of the workforce as “casual” according to the Human Resource Planning Unit definition, but does reflect existing coding practices in that health board according to language contained in collective agreements. The per cent of the workforce as “permanent” is considered reliable.

Health and Community Services Eastern, Health Care Corporation of St. John’s, and Health and Community Services Western had the highest percentage of permanent employees, with 85 per cent, 83 per cent, and 80 per cent respectively. Health Labrador Corporation had the lowest percentage of permanent employees.

Peninsulas Health Care Corporation had the highest percentage of temporary employees (28 per cent). Avalon Health Care Institutions Board had the highest percentage of casual employees (27 per cent), almost 10 per cent higher than the second highest board, Central West Health Corporation. As stated earlier, coding practices vary among health boards, and the reader is advised to use caution in interpreting the figures.

The percentage of permanent, temporary, and casual employees is given Table 13 sorted alphabetically by bargaining unit.

Table 13. Percentage of Permanent, Temporary, and Casual Employees by Bargaining Unit as of March 31, 2003.

Bargaining Unit	Permanent	Temporary	Casual
AAHP	86%	10%	3%
CUPE	66%	22%	12%
NAPE GS	75%	25%	1%
NAPE HP	82%	18%	0%
NAPE HS	69%	25%	5%
NAPE LX	80%	16%	4%
NLNU	84%	5%	11%
Total	75%	17%	8%

Notes

1. Health boards have indicated that that the above does not reflect the true per cent of the workforce as “casual” according to the Human Resource Planning Unit definition, but does reflect existing coding practices in that health board according to language contained in collective agreements. The per cent of the workforce as “permanent” is considered reliable.

The majority of health boards bargaining unit members were permanent employees (75 per cent). AAHP had the highest percentage of permanent employees (86 per cent), followed by NLNU (84 per cent), and NAPE HP (82 per cent). NAPE GS had the highest percentage of temporary employees (25 per cent). However, the majority of casual employees are categorized as temporary employees under the NAPE HS and NAPE LX collective agreements; the number of “casual” employees at Avalon Health Care Institutions Board is overstated and the number of “temporary” employees is understated.

This concludes this Part of the Human Resource Indicator Report 1999 to 2003. For information on workforce movement and retirement estimates, read Part 5 – Workforce Movement and Part 6 – Retirement Estimates.