The Ontario Health Care Labour Market

1.0 Ontario Public and Community Health Care Labour market

1.1 Profile of Health Care Workers in Ontario

Agencies and hospitals responding to the surveys reported having on staff a total of 27,961 health care professionals among the common occupations studied. As this reflects only the health care staff employed by those agencies and hospitals responding to the survey, the total number of health care positions within these occupations within the province is unknown.

Among the 27,961 health care professionals reported being on staff within these occupations, 14,568 are employed in the hospital sector and 13,393 in the community sector.

A much larger proportion of health care professionals employed in the hospital sector than in the community sector are employed on a full-time basis (57% in the hospital sector as compared to 36% in the community sector).

	Total	%	Hospital Sector	%	Community Sector	%
Full-time	13070	47%	8248	57%	4822	36%
Part-time	9856	35%	4574	31%	5282	39%
Casual	4124	15%	1505	10%	2619	20%
Contract	911	3%	241	2%	670	5%
Total	27961	100%	14568	100%	13393	100%

ODHC Survey:
Among all health care professionals on staff, 44% were permanent full-time staff members, 36% were permanent part-time persons, 16% were casual employees and4% were contract persons. The proportion of full-time employees is highest among health educators and promoters (86%), case managers/workers, counselors and social workers (67%), dental professionals (63%) and ambulance workers (60%).

More female health care workers than males were reported across virtually all occupations. In total, 86% of all health care professionals on staff were female and 14% were male.

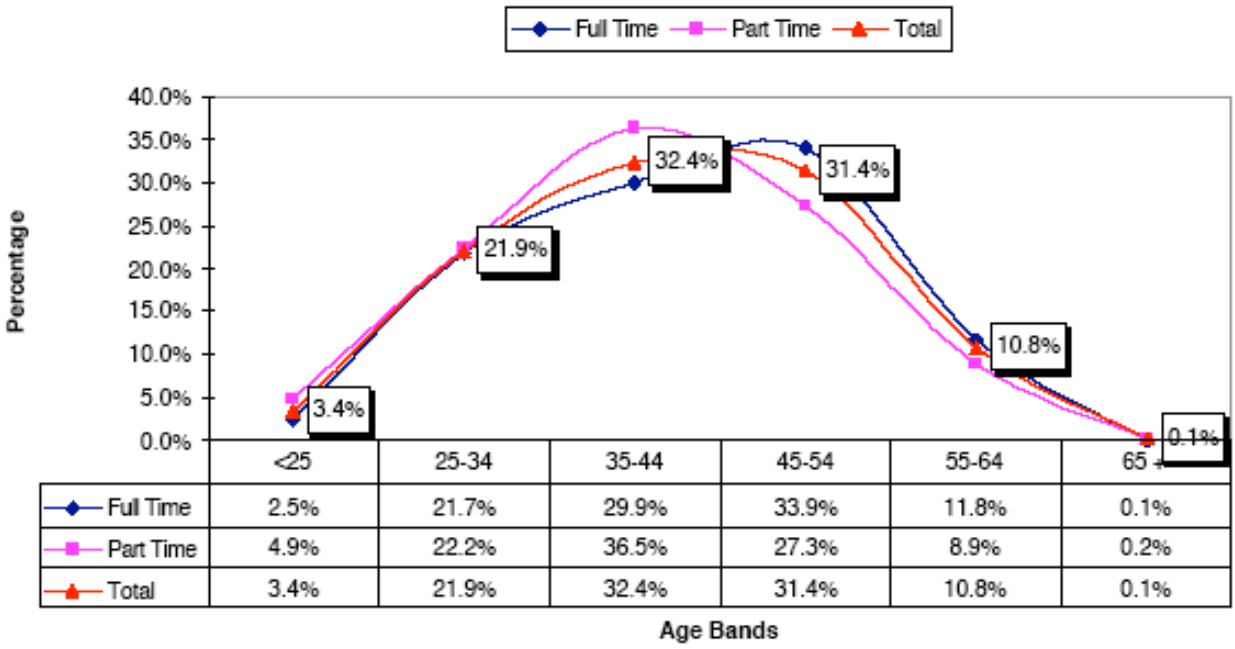
Nearly half (46%) of the health care professionals employed are between 30 and 45 years old. In total, 12% of the total number of health care professionals employed are over the age of 55. Less than one in six employees is under the age of 30.

OHA Labour Survey
A total of 80,787 positions were captured in the survey, reflecting 51 professional classifications. This includes all professional groups at full time, part time, and casual level, as well as 2,917 vacant positions.

As expected, registered nurses and registered practical nurses account for the greatest proportion of total professions captured, representing 52% and 13%, respectively.

In 2003, 42.4% of all full time and part time staff were 45 years of age or older. It is critical that hospitals develop succession plans to complement their recruitment and retention strategies in order to meet future needs for replacing the aging workforce.

Age Profile Distribution – All Professions, 2003



	<25	25-34	35-44	45-54	55-64	65 +
Full Time	2.5%	21.7%	29.9%	33.9%	11.8%	0.1%
Part Time	4.9%	22.2%	36.5%	27.3%	8.9%	0.2%
Total	3.4%	21.9%	32.4%	31.4%	10.8%	0.1%

Age Bands

EEG Technician 66.0% * 7.8% 2.2% *

Professions with at Least 40% of Staff Aged 45 and Older, 2003

- Pathologist
- Clinical Manager
- ECG Technician
- Clinical Nurse Specialist
- Registered Practical Nurse
- Diagnostic Cytologist
- Psychometrist
- Social Worker (masters degree)
- Respiratory Technician
- Medical Lab Technologist
- Psychologist
- Health Record Administrator
- Unregulated Care Worker
- Health Record Technician
- Personal Support Worker
- Social Worker (bachelors degree)
- Echocardiographer
- Addiction Worker
- Nurse Practitioner
- Registered Nurse
- Physiotherapist Assistant

1.2 Recruitment

(ODHC study)

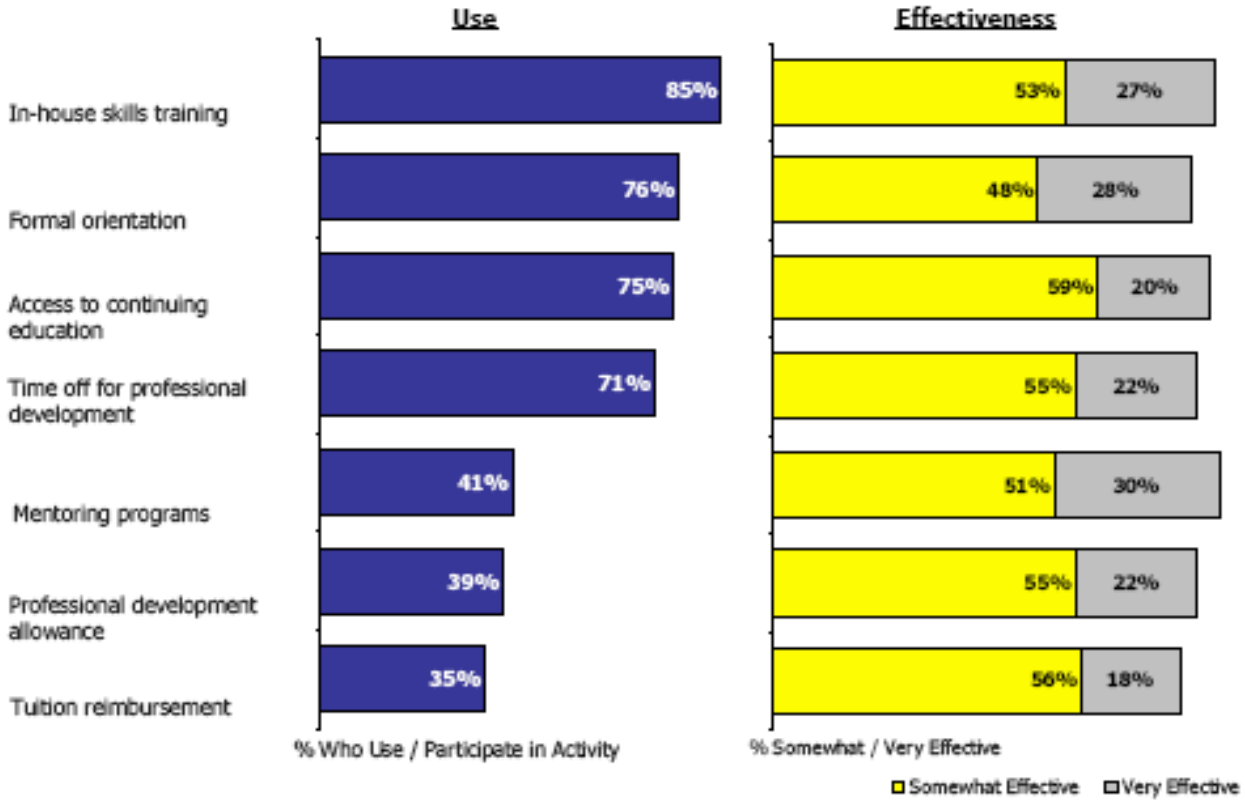
In total, agencies report hiring 7,281 new recruits in 2000-01 including 540 graduates hired after placements. The majority of agencies (64%) report that they have had at least a fair amount of difficulty in recruiting new employees. Only 11% report that they have experienced no difficulty at all in recruiting health care staff.

The two key reasons that prospective health care workers give for not accepting offers of employment are inadequate remuneration and the inability of the agency to offer them full-time employment.

Local newspaper ads and word of mouth were the most commonly used recruiting methods and were also perceived as the most effective. Agencies appear to be seeking out mainly new employees within their local areas. In fact, 57% of agencies report that they often or always target new local graduates. Very few are targeting experienced Canadian graduates working in the US (5%) **or foreign graduates (3%).**

Community groups & hospitals appear to be willing to train new hires. The following figure illustrates the use of training initiatives as recruitment incentives.

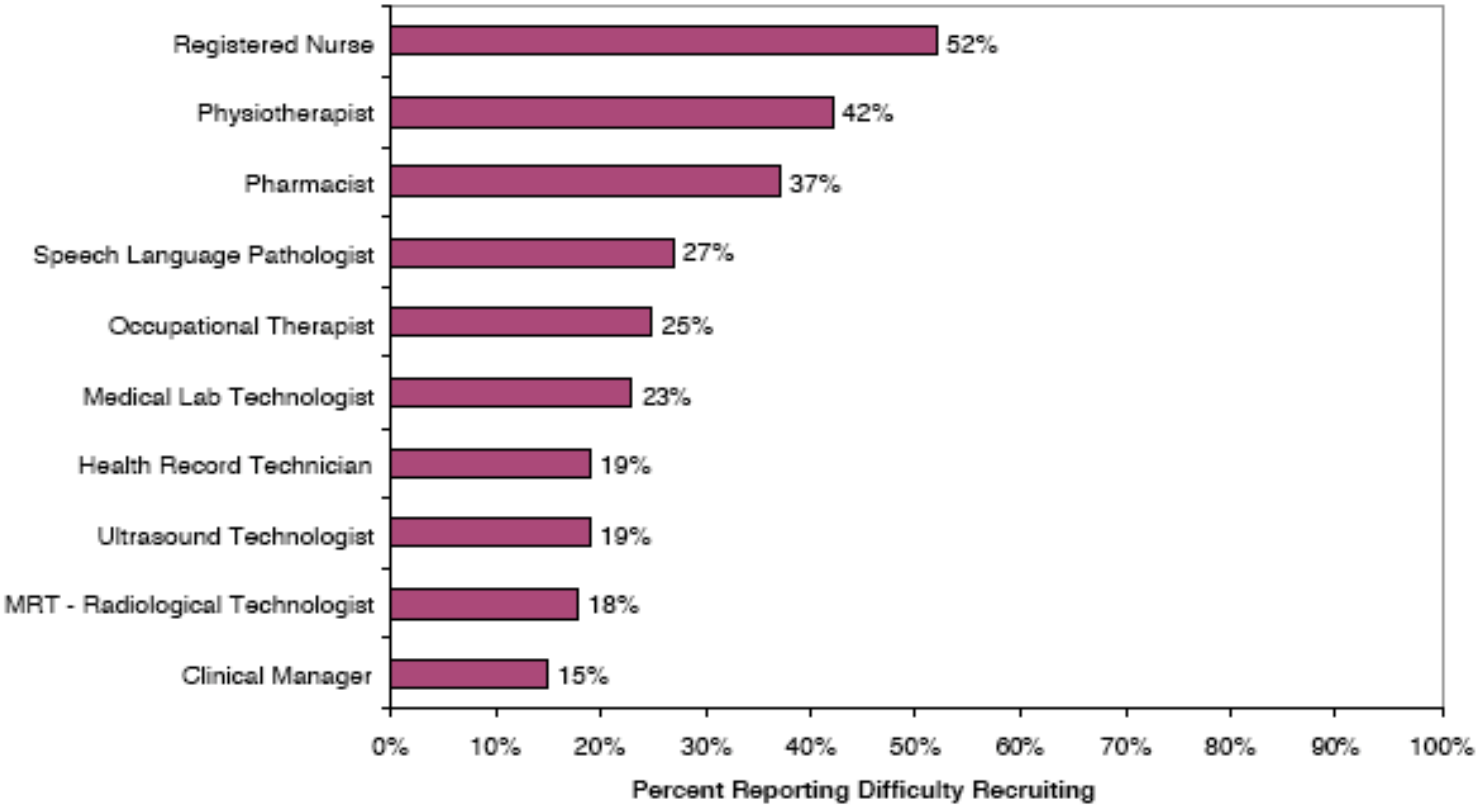
Use and Effectiveness of Training Initiatives as Recruitment Incentives



Source: Ontario District Health Councils' Provincial Health Care Labour Market Survey Provincial Findings Report, July 2002, Page 36.

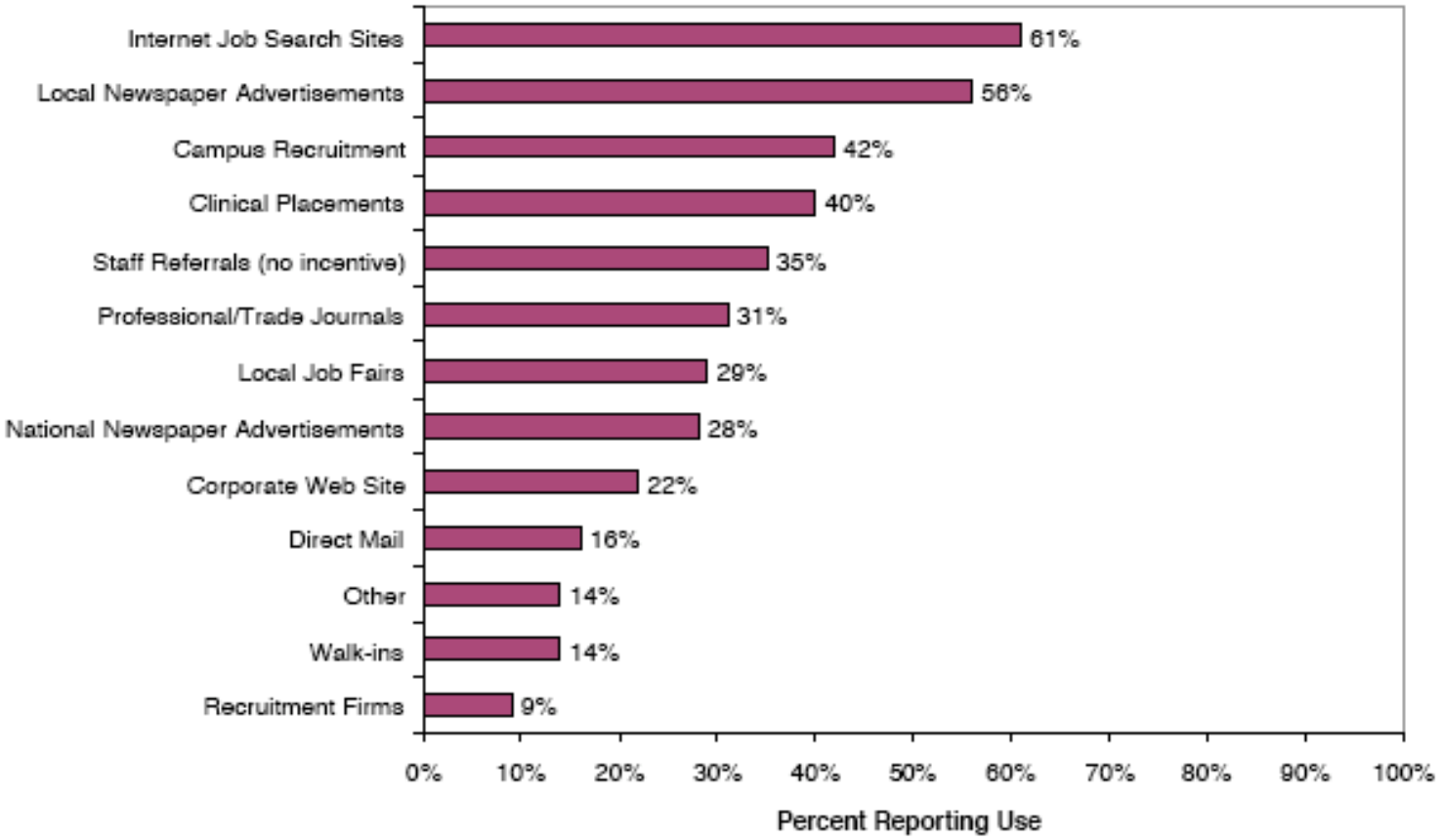
ODHC Survey:
In general, hospitals faced recruitment difficulties for the same professions in 2003 as they did for 2002. Hospitals reported the most recruitment difficulties for the following professions:

Top Ten Professions for which Hospitals Reported Difficulty Recruiting, 2003



A shortage in the supply of individuals coming into the system was cited as the primary reason why these professions were difficult to recruit.

In 2003, the most commonly used and effective recruitment methods were reported to be Internet job search sites, followed by local newspaper advertisements, campus recruitment, and clinical placements.

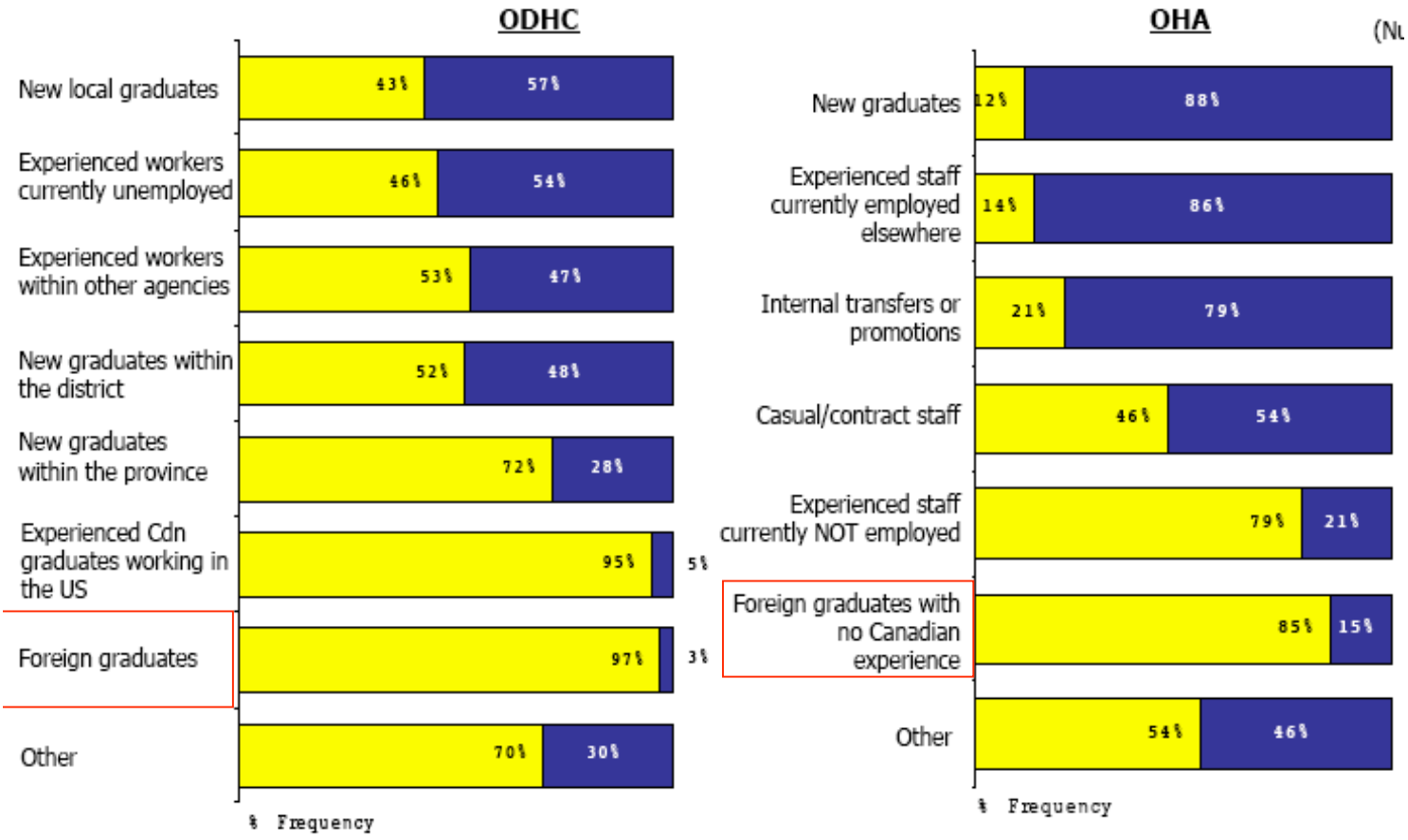


The use of clinical placements as a recruitment method was most viable for the following professions: Medical lab technologist, pharmacist, physiotherapist, and registered nurse.

In both the hospital and non-hospital sectors, new graduates form the most prevalent source of recruitment for health care workers in the province. These included communication disorder assistant, occupational therapist, physiotherapist, registered nurse, and speech language pathologist. The short supply of these professionals in the existing market has forced hospitals to rely on schools and new graduates to meet their staffing requirements.

Hospitals are more likely to be targeting health care workers currently employed elsewhere (86% of hospitals often oral ways target experienced staff employed elsewhere) as compared to agencies in the non-hospital sector (47% often or always target these workers). **In both the hospital and non-hospital sectors, very few are targeting foreign graduates.**

Groups of Prospective Health Care Workers Targeted



yellow = never/seldom: blue = always/often

1.3 Retention

Health provider agencies in Ontario report substantially less difficulty retaining current employees than recruiting new employees. In fact, only a third of agencies report having at least a fair amount of difficulty retaining existing employees while nearly twice as many agencies report having the same amount of difficulty recruiting new employees. Similar to the reasons prospective employees provided for not accepting employment, inadequate remuneration and the inability of the agency to offer full-time employment are perceived to be the factors most responsible for retention difficulty.

1.4 Vacancies

ODHC Survey:

Three-quarters of the agencies surveyed have experienced vacancies within the health care occupations that they employed during the past year. The average length of vacancy was 1.3 months with vacancy rates varying across regions. Most of the agencies that have experienced vacancies during the past year (71%) believe that the vacancies have negatively impacted on the health services that they have been able to provide.

As of December 31, 2001, the 860 agencies that responded to the survey reported having a total of 1,413 vacancies among the health care occupations studied. In total, 62% (877) of the vacancies reported are within the hospital sector and 38% (536) are within the community sector.

Agencies reported that they will require 8,878 health care staff within the balance of the current fiscal year and into the next two fiscal years to meet their agency's needs. Of this number, more than two-thirds (68%) will be replacement positions and just under one-third (32%) will be new positions created due to planned service or program expansion and the increasing demand for health services.

The average vacancy length was 1.3 months (approximately 5 weeks). Using an estimation formula to project the number of vacancies within agencies that did not respond to the survey, we estimate that as of December 31, 2001 there were 3,299 labour market vacancies in the province. It should be noted that the projected number of vacancies does not include nurses or physicians.

The following table shows the total number of vacancies for all the common occupations reported by agencies and hospitals:

Workforce Vacancies in Community Health Care Agencies and Hospitals

Personal Support Care Worker/Personal Aide	511
Physiotherapist	147
Occupational Therapist	117
Radiation Therapist / Technologist	117
Social Worker (BSW / MSW)	103
Medical Laboratory Technician	100
Pharmacist	67
Dietician / Nutritionist	50
Speech Language Pathologist	43
Registered Respiratory Care Practitioner / Respiratory Therapist	43
Pharmacy Assistant / Technician	30
Physiotherapy Assistant	26
Rehabilitation Assistant	21
Medical Imaging Technologist	13
Occupational Therapy Assistant	9
Nuclear Medicine Technologist / Technician	9
Communication Disorder Assistant	8
Genetics Technologist (Cytogenetic and Molecular)	2

If we take into account the number of vacancies as compared to the total number of staff employed within each occupation, the picture is somewhat different.

Some occupations that employ only small numbers of health care workers such as speech language pathologists, communication disorder assistants, and rehabilitation assistants, while they may have a small number of vacancies in an absolute sense, have high vacancy ratios.

NOTE: Although there is no research base that identifies the point at which vacancies are a critical concern, it is generally recognized within the HR industry that professions where vacancy rates exceed 4% should be highlighted. It is also recognized that any figure above 8% indicates serious concerns.

	Number Employed	*Number of Vacancies*	*Vacancy Ratio **
Speech Language Pathologist	311	43	0.14
Communication Disorder Assistant	69	8	0.12
Rehabilitation Assistant	208	21	0.10
Physiotherapist	1786	147	0.08
Occupational Therapist	1428	117	0.08
Physiotherapy Assistant	330	26	0.08
Pharmacist	867	67	0.08
Occupational Therapy Assistant	120	9	0.08
Radiation Therapist / Technologist	1621	117	0.07
Dietician / Nutritionist	765	50	0.07
Social Worker (BSW / MSW)	1726	103	0.06
Medical Imaging Technologist (Cardiac Sonography / Echocardiography / Radiology)	262	13	0.05
Medical Laboratory Technician	2085	100	0.05
Registered Respiratory Care Practitioner / Respiratory Therapist	927	43	0.05
Nuclear Medicine Technologist / Technician	219	9	0.04
Personal Support Worker / Health Care Aide	14048	511	0.04
Pharmacy Assistant / Technician	1034	30	0.03
Genetics Technologist (Cytogenetic and Molecular)	155	2	0.01

* The vacancy ratio is defined as the number of vacancies relative to the number of staff employed.

The occupations with the highest vacancy rate in the **community sector** are as follows:

	Number Employed	Number of Vacancies	Vacancy Ratio *
Nuclear Medicine Technologist / Technician	33	6	0.18
Rehabilitation Assistant	7	1	0.14
Speech Language Pathologist	306	42	0.14
Physiotherapy Assistant	9	1	0.11
Communication Disorder Assistant	55	6	0.11
Pharmacist	85	8	0.09
Medical Imaging Technologist (Cardiac Sonography / Echocardiography / Radiology)	112	9	0.08
Physiotherapist	546	39	0.07
Occupational Therapist	642	40	0.06
Dietician / Nutritionist	286	15	0.05
Social Worker (BSW)	275	12	0.04
Social Worker (MSW)	495	21	0.04
Personal Support Worker / Health Care Aide	10430	334	0.03
Pharmacy Assistant / Technician	70	2	0.03
Occupational Therapy Assistant	11	0	0.00
Genetics Technologist (Cytogenetic and Molecular)	0	0	0.00
Medical Laboratory Technician	17	0	0.00
Radiation Therapist / Technologist	8	0	0.00
Registered Respiratory Care Practitioner	6	0	0.00

OHA Labour Study:
The overall average vacancy rate as at March 31, 2003 was 4.1%, a decrease from 4.9% reported in 2002.

Professions with Vacancy Concerns, 2003

- Float Nurse
- MRI Technologist
- Diagnostic Cytologist
- Speech Language Pathologist
- Cardiovascular Perfusionist
- Communication Disorder Assistant
- Health Record Technician
- Occupational Therapy Assistant
- Pharmacist
- Instructional Therapist
- Psychologist
- Psychometrist
- Nurse Practitioner
- Occupational Therapist
- Physiotherapist
- MRT - Radiological Technologist
- Registered Nurse
- Clinical Nurse Specialist

Vacancy rates for specific employee groups were 3.1% for full time employees, 5.8% for part time employees, and 3.8% for casual employees.

The majority of the professions experiencing the highest vacancy rates in 2002 also had high vacancy rates again in 2003. This year, the occupational groups where most of the reported vacancies existed were float nurse (26%), MRI technologist (15%), and diagnostic cytologist (13.3%).

The occupations with the highest vacancy rate in the hospital sector are as follows:

	Number Employed	Number of Vacancies	Vacancy Ratio *
Speech Language Pathologist	5	1	0.20
Communication Disorders Assistant	14	2	0.14
Rehab Assistant	201	20	0.10
Occupational Therapist	786	77	0.10
Physiotherapist	1240	108	0.09
Occupational Therapy Assistant	109	9	0.08
Physiotherapist Assistant	321	25	0.08
Pharmacist	782	59	0.08
Dietician	479	35	0.07
Social Worker	956	70	0.07
Medical Radiation Technologist	1613	117	0.07
Personal Support Worker	3618	177	0.05
Medical Lab Technician	2068	100	0.05
Respiratory Therapist	921	43	0.05
Pharmacy Assistant	221	9	0.04
Pharmacist Technician	743	19	0.03
Echocardiographers	150	4	0.02
Nuclear Medicine Technologist	186	3	0.02
Genetic Technologist	155	2	0.01

Regionally, the areas that faced the highest overall average vacancy rates were the GTA (4.7%), followed by the central West (4.6%).

Addiction and Mental Health facilities (7.8%) and Complex Continuing Care and Rehabilitation hospitals (5.3%) had the highest overall average vacancy rates of all hospital types. The driving forces behind high vacancy rates were reported to be a shortage of supply of individuals coming into the system, turnover due to non-organization specific factors, and only part-time positions offered when fulltime positions were being sought.

1.5 Education of Health Care Workers in Ontario

ACAATO Report

Colleges of Applied Arts and Technology play a critical role in the preparation of health workers in Ontario. In 2003, colleges received 91,000 applications and delivered education and training to almost 20,000 students in 277 health programs, representing 13% of total college enrolments. Graduate employment rates average 96% and employer satisfaction rates are high. Colleges are responsible for postsecondary education and training of over 70% of Ontario's major health care occupations.

Ontario College Health Graduates by Program, 1999-2000 through 2003-04

	Number of Graduates				
Health Programs	**1999-2000**	**2000-01**	**2001-02**	**2002-03**	**2003-04**
Health Technology	1,716	1,499	1,728	1,649	1,591
Nursing-related	3,478	4,174	4,564	4,964	5,753
Health (Misc)	362	383	249	415	455
Total Grads	**5,556**	**6,056**	**6,541**	**7,028**	**7,799**

(Source: Employment Profiles, 1999-2003, MTCU)

Ontario's colleges are adept at responding to labour market needs, often through partnerships with employers and occupational associations.

1.6 Planning for the Future Public & Community Health Care Workforce

ODHC Survey

In 2003, staff aged 45 and over represented 42.3% of the full time and part time workforce, an increase from 41.5% reported in 2002. Currently, 43.0% of registered nurses and 52.4% of registered practical nurses are 45 years of age or older.

One quarter of current staff aged 45 and older is expected to retire over the next five years. This represents a total of 6,840 full time and part time positions, which is 10% of the entire full time and part time workforce.

Small hospitals show the largest percentage of current staff retiring over the next five years (35.6%) when compared to other hospital types. It is critical that hospitals develop succession plans to complement their recruitment and retention strategies in order to meet future needs for replacing the aging workforce.

OHA Survey:

The OHA study concludes that the recruitment of various health care professionals is challenging, with a shortage in the supply of individuals coming into the system cited as the primary reason for these difficulties. The supply of recruits in the existing market is so scarce that new graduates from Ontario schools were the dominant recruitment pool in 2003 for a number of professions, including registered nurse, occupational therapist, physiotherapist, speech language pathologist, and communication disorder assistant.

Workforce shortages stemming from a combination of high vacancy rates, high turnover, and recruitment difficulties, have had an adverse effect on the provision of health care services. The repercussions of workforce shortage remained unchanged from 2002, with over-utilization of staff and increased patient waiting time, on the top of the list.

ACAATO Report

In terms of human resources, the public has been focused on an acute shortage of physicians and nurses. However, what has yet to be addressed in any comprehensive way is the growing labour market demand for practitioners in other areas of health care such as medical imaging, laboratory technology and radiation therapy. This demand stems not only from existing shortages but also future needs for service to support increases in the supply of physicians and nurses. Concern has been expressed that action must be taken before shortages in these other areas of health care reach the crises proportions faced in our medical and nursing professions.

In its recent report, the Expert Panel on SARS and Infectious Disease Control (2004) noted a severe shortage of infection control health care workers and formal training programs in infection control in Ontario.

The development of new technologies in many health care occupations has placed pressure on workplaces to find workers with increasingly complex sets of skills. Employer surveys indicate this is a recruitment problem not only because of a shortage of these skills among their traditional labour pools but also due to the unavailability of accessible training.