



# Health Human Resources Toolkit

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*Health System Intelligence Project*



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# Preface

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The Health Human Resources Toolkit is produced by the Health System Intelligence Project (HSIP), in partnership with the Health Human Resources Strategy Division (HHRSD). HSIP consists of a team of health system experts retained by the Ministry of Health and Long-Term Care's Health Results Team for Information Management to provide the Local Health Integration Networks (LHINs) with:

- Sophisticated data analysis
- Interpretation of results
- Orientation of new staff to health system data analysis issues
- Training on new techniques and technologies pertaining to health system analysis and planning

The Health Results Team for Information Management created the Health System Intelligence Project to complement and augment the existing analytical and planning capacity within the Ministry of Health and Long-Term Care (MOHLTC). The project team is working in concert with Ministry analysts to ensure that LHINs are provided with the analytic supports they need for their local health system planning activities.

The Health Human Resources Strategy Division was established in 2005 as part of the Government's overall health strategy to increase the supply of appropriately educated health professionals in Ontario to address the needs of the public. HHRSD is responsible for the development of a strategic plan to address the issues of supply, mix, education and distribution of health professionals. This includes developing an implementation plan to improve the province's supply of professional medical resources and labour market policies to allow movement of health professional across an integrated health care system.

The Assistant Deputy Minister of HHRSD is responsible for this commitment and has a unique dual reporting relationship to the Deputy Minister, MOHLTC, and the Deputy Minister, Ministry of Training, Colleges and Universities.

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College of Chiropractors of Ontario  
College of Chiropractors of Ontario  
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Royal College of Dental Surgeons of Ontario  
College of Dental Technologists of Ontario  
College of Denturists of Ontario  
College of Dietitians of Ontario  
College of Massage Therapists of Ontario  
College of Medical Laboratory Technologists of Ontario  
College of Medical Radiation Technologists  
College of Midwives of Ontario  
College of Nurses of Ontario  
College of Occupational Therapists of Ontario  
College of Opticians of Ontario  
College of Optometrists of Ontario  
Ontario College of Pharmacists  
College of Physicians and Surgeons of Ontario  
College of Physiotherapists of Ontario  
College of Psychologists of Ontario  
College of Respiratory Therapists of Ontario

Numerous program areas and units within the Ministry of Health and Long-Term Care

# This Toolkit's Purpose

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## General Context

There is no more crucial element in the delivery of health services in Canada than its human resources. The health care system relies on the services of trained health professionals to deliver health care. Between 60 and 80 cents of every health care dollar in Canada is spent on health human resources (excluding the cost of educating health care providers).<sup>1</sup>

The health care system is extremely complex. Most health professions in Canada are self-regulatory but to varying degrees across provinces. Some professionals are self-employed in community-based private practice while others are employed within public institutions or community agencies. Some, but not all, health care workers operate under collective agreements. Health care professionals also differ by education level. For instance, some professions require a community college diploma while a university degree and postgraduate training is required for other professions, and the requirements are often changing. Some professions may be compensated fully through publicly financed programs while others are largely compensated privately through insurance or direct out-of-pocket payments by patients.

All jurisdictions in Canada are experiencing health care provider shortages, longer waiting lists for many services, and escalating costs. In Ontario, there are over 350,000<sup>2</sup> health care providers but shortages of certain health professionals and skills are still being faced and may worsen in the future without appropriate health human resources planning. Ontario is facing competition in recruiting health care professionals from other provinces, the United States and other countries. Indeed, health human resources are identified as a scarce resource in many jurisdictions and a leading contributor to costs. For example, roughly 75% of Ontario's health sector costs are for health human resources. In fiscal year 2003/04, publicly funded health expenditures for community care access centres (CCACs), community health centres (CHCs), long-term care homes, public hospitals and substance abuse programs was more than \$14 billion.<sup>ii,3</sup>

## Importance of Health Human Resources Planning

The potential for a health human resources crisis, exacerbated by the looming demographic shift of both patients and providers, means it is time to rethink the health workforce and how it is planned and managed. Health human resources planning is undergoing a shift toward interprofessional practice, which is based on having different providers working together to meet population health needs. This is evident in primary care delivery models being developed. Over the next 10 years, Ontario will pursue a range of strategies designed to develop new models of practice and remove barriers that prevent the most effective and efficient use of the health workforce. Examples of models include family health teams, community health centres, assertive community treatment teams and early intervention teams.

Health care workers are, and will continue to be encouraged to work to their full scope of practice – to allow them to use their full knowledge and skills – in order to make more efficient use of the existing workforce. For example, it is expected that the health care system will see greater use of advanced practice nurses in acute care settings, greater use of nurse practitioners and pharmacists in long-term care and home care, as well as the more effective use of the skills of personal support workers and other unregulated providers in complex continuing care, long-term care and home care.

Over the past decade and more, the health system has recognized and supported a number of professions, such as midwives, to meet population health needs. It has also introduced new roles, such as the primary care nurse practitioner, advanced practice nurses, physiotherapy assistants, and pharmacy assistants. Recently, the health care system began using respiratory therapists and nurses working within their existing scope of practice to monitor sedation for patients receiving cataract surgery. It was this use of nurses and respiratory therapists that have allowed Ontario to reduce wait times for cataract surgery. Moving forward, Ontario will continue to explore the potential for new professions and roles, based on population health needs.

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i Includes both regulated and unregulated health care workers.

ii Expenditures for 2003/04 are for health programs funded by the Ontario government and refer to actual payments that have been made. It does not include out-of-pocket expenditures or funding provided by other sources, such as federal or municipal governments.

Health human resources planning by LHINs can contribute to the creation of systems that support health care providers in working to their full competencies and skills. Within the system there are barriers that make it difficult to change practice or to make effective use of all providers' skills. Some of those barriers are attitudinal, and they will gradually be broken down through education and experience. Some are financial, as the incentives in the system do not always encourage or reward interprofessional practice or effective use of all skills. Some barriers may be the result of the legislative and regulatory frameworks that exist for the various professions within the health care sector. Some are a by-product of collective bargaining agreements and concerns about liability. LHINs can work to identify and address other barriers to making effective use of the health workforce.

The health human resources planning history has regularly revisited the same questions of supply, provider mix, distribution, regulation, scope of practice, remuneration and training. The next step is to consider how each of these factors interact as a whole. There is no question that the issues affecting health human resources in Ontario are complex. The multifaceted nature of health human resources suggests the need for coordinated health human resources planning with changes to system design and to incorporate the

interests of sectors, stakeholders and jurisdictions to effectively meet population health needs. Use of evidence, planning tools and best practices will contribute to health human resources planning that is comprehensive.

### **Purpose of the Toolkit**

The Health Human Resources Toolkit represents a high level reference tool for understanding the organization of health human resources in Ontario. Through extensive information gathering, this toolkit compiles relevant planning information in one place. In taxonomy format, the information is intended to provide a foundation for understanding how the health workforce in Ontario is organized and governed, with a broad overview of the supply of regulated health care professions, where available. The toolkit is organized as follows:

- Regulated health care professions in Ontario
- Occupation profiles for regulated health care professions
- Provincial programs that address supply and distribution of health human resources
- Primary care delivery models in Ontario
- HealthForceOntario: a new health human resources strategy



# What are Regulated Health Care Professions?

In Ontario, regulated health professions are governed under the *Regulated Health Professions Act, 1991* (RHPA) and profession-specific Acts which are its companion pieces. Currently, there are 24 regulated health professions which are governed by laws administered by the MOHLTC, under the RHPA.

## 1.1 Self-regulation under the Regulated Health Professions Act, 1991 (RHPA)

The objective of self-regulation under the RHPA is to protect the public from incompetent and unqualified individuals and to promote informed consumer choice through a system of scope of practice statements, controlled acts, protected titles, standards of practice and complaints and discipline processes. Each profession-specific Act establishes a regulatory college with a governing council comprising a majority of elected professional members and a minority of publicly appointed individuals.

### Regulatory Colleges

Each health profession-specific Act establishes a self-financing, nonprofit regulatory college which is responsible for implementation of the RHPA. Regulatory colleges are not teaching institutions. Rather, they are the regulatory bodies for health professions and serve the public interest by:

- regulating the practice of the professions and governing their members in accordance with the legislation;
- setting registration requirements for entry-to-practice into the professions;
- developing and maintaining quality assurance programs that promote the continuing competence of members;
- developing standards of practice that establish how members do their jobs in an effective, safe and ethical manner;
- implementing complaints and discipline processes; and
- fulfilling other objects relating to human health care that the College Council finds desirable.

Appendix A contains a list of the 22 health regulatory colleges in Ontario. Although most regulated health professions in Ontario have their own college, there are a few exceptions such as the College of Audiologists and Speech-Language Pathologists regulates both speech-language pathologists and audiologists and the College of Chiropractors of Ontario regulates both chiropractors and podiatrists. As a result, the 22 health regulatory colleges govern 24 regulated health professions.

The Federation of Health Regulatory Colleges of Ontario (FHRCO) is a body that represents the common interests of all the health regulatory colleges. For additional information, please refer to FHRCO's website at <http://www.regulatedhealthprofessions.on.ca>.

### What is the RHPA?

The RHPA<sup>4</sup> is legislation that provides a comprehensive framework for regulating the provision of most health services in Ontario and serves to help protect patients and the public by ensuring that practitioners meet agreed standards of practice and competencies. The RHPA comprises two schedules: Schedule 1 includes provisions with respect to duties and powers of the Minister, the Health Professions Advisory Council (HPRAC), list of controlled acts and other prohibitions. *The Health Professions Procedural Code* (Code) is Schedule 2 and consists of rules to be followed by the colleges in registering their members, handling complaints, conducting investigations and conducting discipline and fitness to practice proceedings. The Code also sets out:

- general objects of the regulatory colleges and duties and powers of their councils;
- the basic obligation of each college to establish and administer quality assurance and patient relations programs;
- mandatory reporting obligations; and
- provisions regarding funding for victims of sexual abuse.

The information presented in the following sections provides the reader with a general understanding of the RHPA and is not intended as a definitive legal explanation of the legislation. For specific wording, the reader is advised to consult the actual legislation.

The RHPA can be viewed in its entirety at [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18_e.htm).

### Profession-specific Acts

Within the framework of the RHPA, there are a series of profession-specific acts that specify such things as the scope of practice, authorized acts (if any), the title or titles restricted to members of the profession and a small number of other provisions that vary from profession to profession, including the composition of the college council and any special regulation-making authorities. Additionally, each profession-specific Act also contains a section deeming the Code to be part of that Act.

Below is a list of all the regulated health professions in Ontario and their corresponding profession-specific Act.<sup>5</sup>

## 1.2 Roles and Responsibilities

The RHPA assigns duties and responsibilities to the Minister of Health and Long-Term Care, regulatory colleges, the Health Professions Regulatory Advisory Council (HPRAC) and the Health Professions Appeal and Review Board (HPARB). The duties and responsibilities are described in the following sections.

### The Minister of Health and Long-Term Care

The Minister of Health and Long-Term Care has a duty to confirm that the regulatory colleges develop and maintain standards for the professions they regulate. The RHPA specifies that the Minister may direct a college to:

- determine the state of practice in a particular area or institution;
- provide reports and information about its activities;
- make, change or repeal a regulation made under a health profession Act or the *Drug and Pharmacies Regulation Act* (DPRA); and
- follow through on any activity the Minister believes should be done to carry out the intent of the RHPA, a profession-specific Act or the DPRA.

Profession	Profession-specific Act
Audiology and Speech-Language Pathology	<i>Audiology and Speech-Language Pathology Act, 1991</i>
Chiropractic/Podiatry	<i>Chiropractic Act, 1991</i>
Chiropractic	<i>Chiropractic Act, 1991</i>
Dental Hygiene	<i>Dental Hygiene Act, 1991</i>
Dentistry	<i>Dentistry Act, 1991</i>
Dental Technology	<i>Dental Technology Act, 1991</i>
Denturism	<i>Denturism Act, 1991</i>
Dietetics	<i>Dietetics Act, 1991</i>
Massage Therapy	<i>Massage Therapy Act, 1991</i>
Medical Laboratory Technology	<i>Medical Laboratory Technology Act, 1991</i>
Medical Radiation Technology	<i>Medical Radiation Technology Act, 1991</i>
Midwifery	<i>Midwifery Act, 1991</i>
Nursing	<i>Nursing Act, 1991</i>
Occupational Therapy	<i>Occupational Therapy Act, 1991</i>
Opticianry	<i>Opticianry Act, 1991</i>
Optometry	<i>Optometry Act, 1991</i>
Pharmacy	<i>Pharmacy Act, 1991</i>
Medicine	<i>Medicine Act, 1991</i>
Physiotherapy	<i>Physiotherapy Act, 1991</i>
Psychology	<i>Psychology Act, 1991</i>
Respiratory Therapy	<i>Respiratory Therapy Act, 1991</i>
Traditional Chinese Medicine	<i>Traditional Chinese Medicine Act, 2006</i>

iii Refers to the professions of Audiology and Speech-Language Pathology

iv Refers to the professions of Chiropractic and Podiatry

The Minister may also refer any matter concerning the regulation of health professions to HPRAC for its review and recommendations. The Minister also has an obligation, on request from a college council or individual to refer any matter concerning the regulation of health professions to HPRAC. However, there is no timeline specified in legislation when the Minister must refer the matter to HPRAC.

### **The Health Professions Regulatory Advisory Council (HPRAC)**

HPRAC is an arms-length agency to the ministry with a mandate to advise the Minister on issues related to the regulation of health professions in Ontario. Its members are appointed by the government on the recommendation of the Minister. Public servants, Crown employees and past or present members of a regulatory college or college council are not eligible to be a member of HPRAC.

HPRAC is responsible for providing the Minister with advice on:

- which health professions should be regulated or no longer regulated;
- whether changes should be made to the RHPA or related Acts;
- whether proposed regulations under the RHPA and related Acts should be made;
- whether the Colleges' programs for complaints and discipline in sexual misconduct, quality assurance and patient relations programs are effective; and
- any other matter concerning the regulation of health professions that the Minister may wish to refer to the Advisory Council.

In developing its recommendations to the Minister, HPRAC seeks input from a variety of sources, including the public, interest groups, health professionals, health regulatory colleges and professional associations. However, it is important to note that HPRAC's advice and recommendations to the Minister are not binding.

An example of the activities carried out by HPRAC at the time of this publication, is the release of its 2006 report entitled *Regulation of Health Professions in Ontario: New Directions*. In its report, HPRAC provided advice and recommendations on regulating several new professions including, but not limited to, psychotherapists, kinesiologists and naturopaths.

Further information about HPRAC and its current activities is available at <http://www.hprac.org>.<sup>6</sup>

### **The Health Professions Appeal and Review Board (HPARB)**

HPARB is a tribunal that exercises its legislated functions independently of the MOHLTC and whose primary responsibility is to review certain decisions made by college complaints or registration committees when an appeal is made. Through reviews and hearings, HPARB monitors the activities of the colleges' complaints and registration committees, in order to ensure they fulfill their duties in the public interest as mandated by legislation.

Registration reviews and hearings frequently involve applicants trained and registered to practise in other jurisdictions. Issues of educational equivalency, training, knowledge and skills often arise during these proceedings.

HPARB provides a neutral forum for members of the public and health professionals and is obliged to provide its written decision with reasons to the concerned parties and to the College.

Further information about HPARB is available at: <http://www.hparb.on.ca>.

### **1.3 Scope of Practice**

All regulated health professions under the RHPA have a scope of practice statement in their profession-specific Act that describes in a general way what the profession does and the methods it uses. For example, the scope of practice statement for pharmacy in the *Pharmacy Act, 1991* indicates that: *The practice of pharmacy is the custody, compounding and dispensing of drugs, the provision of nonprescription drugs, health care aids and devices and the provision of information related to drug use.*

It is important to note that the scope of practice statement provides a brief description of a profession's activities, and that the profession does not have the exclusive right to provide services within its scope of practice. Hence, there is no prohibition against an unregulated practitioner performing services within a regulated profession's scope of practice. The scope of practice statement also provides a frame of reference for the performance of "controlled acts" by regulated professionals, as discussed in the next section.

## 1.4 Controlled Acts

The RHPA identifies 13 health care activities that when performed by unqualified professionals may put the public at substantial risk of harm and are therefore “controlled” for use by legislation. These controlled acts are authorized by the RHPA to be performed in the course of providing health care services only by certain regulated health professions. Not all health professions are authorized to perform controlled acts; many have some of the controlled acts but with restrictions. For example, some regulated health professions, such as massage therapists, have not been authorized for any controlled acts, while others, such as physicians, have been authorized for many of the controlled acts.

Controlled acts are authorized to professionals and are consistent with their scope of practice, educational standards, skills and expertise. These restricted activities are set out in section 27 of the RHPA. The 13 controlled acts are:<sup>7</sup>

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
  - i. beyond the external ear canal,
  - ii. beyond the point in the nasal passages where they normally narrow,
  - iii. beyond the larynx, beyond the opening of the urethra,
  - iv. beyond the labia majora,
  - v. beyond the anal verge, or
  - vi. into an artificial opening into the body.

7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling of the compounding a drug as defined in subsection 117(1) of the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Additionally, section 30 in the RHPA was added as a tool to prohibit any person – other than a regulated health professional practising within the scope of his or her profession – from treating or advising a person with respect to his or her health in circumstances where it is reasonably foreseeable that serious physical harm may result from the treatment or advice or from an omission from the treatment or advice.

A breach of this section is an offence punishable by a fine, imprisonment for up to 6 months or both.

## 1.5 Protected Titles

Protected titles provide a unique label for individuals or groups of practitioners so that consumers may accurately distinguish between practitioners. Specific practitioners are granted the exclusive use of a particular title so as to set them apart from other regulated and unregulated practitioners. In return for such exclusivity, practitioners are required to adhere to an explicit standard of practice of the profession and to achieve the appropriate qualifications for the use of the title. Consumers may then have reasonable confidence that the health professional of their choice has met minimum standards of knowledge and expertise and is accountable to a governing body.

The RHPA sets out the prohibition on the use of the “doctor” title in providing health care. It exempts five professions: medicine, psychology, dentistry, chiropractic and optometry, and provides the minister with authority to make a regulation to allow additional professions to use the “doctor” title.

The profession of traditional Chinese medicine (TCM) will also be exempt from the prohibition on the use of the “doctor” title once the amendments to the Traditional Chinese Medicine Act, 2006 are proclaimed into force and the transitional Council for the new College makes a regulation outlining the requirements for members to use this title.

### **1.6 Ontario Occupation Profiles**

Occupation profiles for each of the 24 regulated health professions in Ontario are presented in this section. The profile for traditional Chinese medicine practitioners is less detailed as the Act to regulate the profession recently received royal assent in December 2006. The transitional Council and the transitional Registrar of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario will be required to develop the regulatory framework for the profession in accordance with the expectations and requirements set out the RHPA.

Each occupational profile presents information under the following headings:

- NOC Number
- Description
- Responsibilities
- Employment
- Educational Requirements
- Other Professional Requirements
- Access
- Professional Associations and Related Websites

In Appendix C, statistical fact sheets for the regulated health professions are provided. Information presented in the fact sheets includes, where available:

- Number of Active or Registered Members
- Sex and Age Distribution
- Work Status
- Place of Work
- Geographic Distribution by LHIN

# Fact Sheet: Audiology

<b>Name of Health Profession:</b>	<b>Audiologist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3141 Note: Classification refers to both audiologists and speech-language pathologists.
<b>Description</b>	“The practice of audiology is the assessment of auditory function and the treatment and prevention of auditory dysfunction to develop, maintain, rehabilitate or augment auditory and communicative functions.” <sup>8</sup>  Audiologists are responsible for the prevention, identification, assessment, treatment and (re)habilitation of hearing difficulties in children and adults. <sup>9</sup>
<b>Responsibilities<sup>9</sup></b>	Audiologists may choose to work with people of all ages or they may work with a particular age group (e.g. infants, seniors, preschoolers).  Examples of duties performed are as follows: <ul style="list-style-type: none"><li>• Evaluate patients to identify the degree, type and location of hearing problems using electronic equipment and specialized instruments.</li><li>• Prescribe, recommend, select, fit and teach clients how to use appropriate assistive listening devices (e.g. hearing aids, telephone adaptors, visual alarms and captioning devices).</li><li>• Plan and implement management programs (e.g. auditory training, instruction in speech reading).</li><li>• Perform cerumen management (ear wax removal); serve on cochlear implant teams; treat vestibular problems such as tinnitus and dizziness.</li></ul> Other: <ul style="list-style-type: none"><li>• Assess and provide aural habilitation of babies identified under the provincial Infant Hearing Program; sustained audiologic care is essential to maintain and maximize speech, language, cognitive and social development.</li><li>• In Ontario, only audiologists and physicians are authorized to prescribe hearing aids.<sup>10</sup></li></ul>
<b>Employment</b>	Audiologists work in a variety of health and educational settings, including, but not limited to: <sup>10</sup> <ul style="list-style-type: none"><li>• hospitals</li><li>• public health units</li><li>• community health centres</li><li>• preschools and schools</li><li>• private practice offices</li><li>• industrial settings</li><li>• hearing aid manufacturers</li></ul> Some are employed as researchers in hospitals, universities and government agencies (a PhD is usually required); others may be administrators of speech and hearing programs.  Audiologists are often part of teams which include physicians, psychologists, social workers, nurses, teachers, occupational therapists, physical therapists, and counsellors. <sup>11</sup>
<b>Educational Requirements</b>	The education requirement for audiologists is a master’s degree in audiology. Admission to master’s degree programs generally requires an acceptable average in a 4 year bachelor’s degree program with specified courses.  In Ontario, master’s degree programs in audiology are offered at the University of Western Ontario, and the University of Ottawa (French).  A clinical placement in a hospital, private hearing clinic, rehabilitation centre or health care facility is required before graduation.
<b>Other Professional Requirements</b>	Candidates must be registered with the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), which ensures that clinicians meet stringent professional and ethical standards.
<b>Access</b>	Patients do not require a referral from a physician. Audiologists practice independently within their scope of practice.
<b>Professional Associations and Related Websites</b>	<b>College of Audiologists and Speech-Language Pathologists of Ontario:</b> Presents an overview of the profession and provides legislation directly relevant to the professions of audiology and speech language pathology, registration information and links. <a href="http://www.caslpo.com">http://www.caslpo.com</a>  <b>Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA):</b> Is the single national body that supports the needs, interests and development of speech-language pathologists, audiologists and supportive personnel across Canada. <a href="http://www.caslpa.ca">http://www.caslpa.ca</a>  <b>The Ontario Association of Speech-Language Pathologists and Audiologists:</b> Is a voluntary, not-for-profit association providing its members with provincial advocacy, promotion of the professions, educational opportunities, and professional resources. <a href="http://www.osla.on.ca">http://www.osla.on.ca</a>  <b>Canadian Academy of Audiology:</b> Informs members about conferences, newsletters, professional forums and ethical standards of practice in Canada. <a href="http://www.canadianaudiology.ca">http://www.canadianaudiology.ca</a>
<b>Other</b>	<b>Ontario Infant Hearing Program:</b> <a href="http://www.children.gov.on.ca/CS/en/programs/BestStart/InfantHearing/default.htm">http://www.children.gov.on.ca/CS/en/programs/BestStart/InfantHearing/default.htm</a>

# Fact Sheet: Chiropody<sup>vi</sup>

<b>Name of Health Profession:</b>	<b>Chiropodist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3123 Note: Classification refers to 'Other Professional Occupations in Health Diagnosing and Treating'.
<b>Description<sup>12</sup></b>	Chiropody is defined as “the assessment of the foot and the treatment and prevention of diseases or disorders of the foot by therapeutic, orthotic and palliative means.”  Patient care can range from routine nail care to nail surgery, and from mechanical correction of gait and posture to invasive surgical techniques.
<b>Responsibilities<sup>13</sup></b>	Chiropodists help patients reduce or eliminate foot pain, improve mobility and function and maintain healthy feet. Chiropodists consult with radiologists and other medical specialists to ensure appropriate and judicious diagnostic investigations. Ordering diagnostic tests to confirm a diagnosis. Chiropodists utilize lasers and other modalities in treating patients.  Chiropodists treat a variety of functional foot problems with prescription orthotics. Chiropodists treat sports injuries. In addition, chiropodists treat all common foot problems from corns, warts, ingrown toenails, and fungal and bacterial infections. Chiropodists treat and prevent foot problems that result from systemic disease such as diabetes, arthritis and other medical conditions.  Chiropodists treat children to the aged.
<b>Employment</b>	Chiropodists work primarily in private practice. Chiropodists work with many different health care professionals including family physicians, medical specialists, nurses, physical therapists and pharmacist and interface with social service agencies to improved foot health in challenged populations.  Although Chiropodists work in private practice, chiropodists are engaged in consulting in hospitals, community health centres, LHINs, industry, sports teams, occupational and public health units, retirement residences and schools.
<b>Educational Requirements</b>	The Michener Institute for Applied Health Sciences is the only educational institution in Ontario offering a chiropody program. Upon completion of the 3 year program, students received a graduate advanced diploma of health sciences (chiropody).  Candidates must have completed an undergraduate baccalaureate from a recognized university to be admitted to the program.  Chiropodists also undertake training at a variety of academic institutions in the United Kingdom, South Africa, and Ireland. Chiropodists can also undertake postgraduate training in podiatry in the US or UK leading to MSc and PhD in areas of postgraduate research and specialization.
<b>Other Professional Requirements</b>	Individuals wishing to practise as a chiropodist in Ontario must be registered with the College of Chiropodists. Registration includes completion of an examination set or approved by the College of Chiropodists.
<b>Access</b>	In private practice, chiropodists receive referrals from medical and other health care practitioners and consult with these referring practitioners to provide timely and optimal care for their patients. A referral from a family physician is not required to see a chiropodist.
<b>Professional Associations and Related Websites</b>	<b>College of Chiropodists of Ontario:</b> Provides information on regulations, legislation, standards and registration for its chiropody members. All chiropodists and podiatrists who work in Ontario are responsible for meeting its standards. <a href="http://www.cocoo.on.ca">http://www.cocoo.on.ca</a>  <b>The Ontario Society of Chiropodists:</b> Provides information about foot care and foot health in Ontario for both the general public and health professionals in this industry. <a href="http://www.ontariochiropodist.com">http://www.ontariochiropodist.com</a>

vi The College of Chiropodists regulates chiropody, which is one profession with two classes of members i.e., chiropodists and podiatrists. The job title for a person registered with the College of Chiropody is “Chiropodist.”

# Fact Sheet: Chiropractic

<b>Name of Health Profession:</b>	<b>Chiropractor</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3122
<b>Description</b>	Chiropractors practice a drug-free, manual approach to health care that includes patient assessment, diagnosis and treatment of neuromuscular-skeletal disorders of the spine, pelvis, extremity joints, and their effect on the nervous system. <sup>14</sup>
<b>Responsibilities<sup>15</sup></b>	<ul style="list-style-type: none"> <li>• Assess patients by obtaining a patient’s case history, conducting an examination, observing the patient and performing X-rays and other tests to diagnose a patient’s condition.</li> <li>• Diagnose neuromuscular-skeletal disorders of the spinal column, pelvis, extremities and associated tissues.</li> <li>• Treat health disorders in a natural manner through adjustments or articular manipulations and complementary treatments such as electrotherapy, nutrition, light and massage with special attention given to the spine.</li> <li>• Advise patients on corrective exercises, posture, lifestyle and nutrition.</li> <li>• Refer patients for medical care when appropriate.</li> </ul>
<b>Employment</b>	Most chiropractors work in their own clinics or with other chiropractors. Some chiropractors share offices with other health providers such as massage therapists, physiotherapists or family physicians. Chiropractors operate independent practices as sole proprietors or join other chiropractors or health providers to form a clinic. Chiropractors may offer services in the areas of occupational and industrial health, athletic injuries, X-ray interpretation, orthopedics, rehabilitation, nutrition, geriatrics or pediatrics.
<b>Educational Requirements<sup>14</sup></b>	Chiropractic students undergo 7 years of university level education. Students are required to complete a minimum of 3 years of university before they are eligible for admission to the Canadian Memorial Chiropractic College (CMCC) in Toronto, the only accredited program in Ontario. Approximately 90% of students entering the CMCC program have completed a baccalaureate or graduate degree. The CMCC program requires 4 years of full-time study, including a 12 month internship in CMCC’s clinics.
<b>Other Professional Requirements</b>	To be considered for registration, candidates must, within 2 years of graduation, apply for registration with the Chiropractic College of Ontario (CCO) and successfully complete the CCO Legislation and Ethics examination, the Canadian Chiropractic Examining Board (CCEB) knowledge-based examinations, and the CCEB Clinical Competency examination.
<b>Access</b>	<p>The services of a chiropractor are not covered by OHIP.</p> <p>A patient does not have to be referred by a medical doctor. Chiropractors are legislated as primary contact health care professionals which means that patients can consult them directly. Similarly, chiropractors refer to medical doctors when necessary.</p> <p>Most federal government departments (such as RCMP and Veteran’s Affairs), all workers’ compensation boards and most employer and other third party insurance plans cover chiropractic services.<sup>14</sup></p>
<b>Professional Associations and Related Websites</b>	<p><b>College of Chiropractors of Ontario:</b> The governing body established by the provincial government to regulate chiropractors in Ontario. The website provides information regarding regulation, standards of practice and registration. <a href="http://www.cco.on.ca">http://www.cco.on.ca</a></p> <p><b>Ontario Chiropractic Association:</b> A voluntary professional association whose mandate is to advance chiropractic health care. <a href="http://www.chiropractic.on.ca">http://www.chiropractic.on.ca</a></p> <p><b>Canadian Chiropractic Association:</b> A federated association representing the chiropractic profession in Canada. The website provides facts to help Canadians live healthier lives with chiropractic care and serves as an advocate for the profession. <a href="http://www.ccachiro.org">http://www.ccachiro.org</a></p> <p><b>The Canadian Chiropractic Examining Board:</b> The sole examination entity for all chiropractic examinations in Canada. <a href="http://www.cceb.ca">http://www.cceb.ca</a></p> <p><b>Canadian Federation of Chiropractic Regulatory Boards:</b> A national association of provincial and territorial chiropractic licensing authorities and functions to promote national excellence in regulatory practice. <a href="http://www.cfcrb.org">http://www.cfcrb.org</a></p>

# Fact Sheet: Dental Hygiene

<b>Name of Health Profession:</b>	<b>Dental Hygienist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3222 Note: Classification refers to “Dental Hygienists and Dental Therapists.” Consult with College for regulated field of practice.
<b>Description</b>	A dental hygienist is a registered oral health professional who performs a variety of roles including clinical therapy, health promotion, education, administration and research in a variety of practice environments. The dental hygienist works with the client/patient and other health professionals and, using a problem solving framework, bases all decisions, judgements, and interventions on current dental hygiene research and theory. <sup>16</sup>
<b>Responsibilities<sup>15</sup></b>	In clinical practice, dental hygienists can work within their own practises but most often work with general practitioner dentists or specialty practice dentists. Depending upon the field they practice, dental hygienists may: <ul style="list-style-type: none"> <li>• Assess oral health.</li> <li>• Screen individuals for dental problems using radiographic equipment to produce diagnostic information, and take and develop X-rays.</li> <li>• Provide therapeutic services and education aimed at the promotion of optimal oral health.</li> <li>• Provide nutrition counselling.</li> <li>• Provide tobacco cessation programs.</li> <li>• Perform restorative and orthodontic procedures under the direction of a dentist.</li> </ul>
<b>Employment</b>	Most dental hygienists work in dental offices but are also employed in hospitals, clinics, educational institutions, government agencies and private industry.
<b>Educational Requirements</b>	Individuals must graduate from an accredited 2 year program, or equivalent, at a college and then successfully complete the Canadian National Dental Hygiene Certification Board Exam. There are currently 17 accredited colleges for dental hygiene in Ontario. <sup>17</sup>
<b>Other Professional Requirements</b>	Registration is required with the College of Dental Hygienists of Ontario.
<b>Access</b>	Most dental hygienists are employed by general practitioner dentists or specialty practice dentists.
<b>Professional Associations and Related Websites</b>	<p><b>College of Dental Hygienists of Ontario:</b> The regulatory body for dental hygiene in the province of Ontario. The website contains regulation, standards of practice and registration information. <a href="http://www.cdho.org">http://www.cdho.org</a></p> <p><b>Canadian Dental Hygienists Association:</b> A national not-for-profit organization that represents dental hygienists in Canada offering information for advocacy and education. <a href="http://www.cdha.ca">http://www.cdha.ca</a></p> <p><b>Ontario Dental Hygienists Association:</b> A nonprofit organization that represents the interest and needs of dental hygienists in Ontario. <a href="http://www.odha.on.ca">http://www.odha.on.ca</a></p>

# Fact Sheet: Dental Technology

<b>Name of Health Profession:</b>	<b>Registered Dental Technologist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3223 Note: NOC code refers to several types of dental technology expertise, e.g., dental technician, dental technician apprentice and dental technician supervisor.
<b>Description</b>	A Dental Technologist (RDT) is licensed (registered) by the College of Dental Technologists of Ontario (CDTO). They are knowledgeable and skilled in the design, construction, repair or alteration of dental prosthetic, restorative and orthodontic device, which are prescribed by dentists, or other qualified health care practitioners for their patients. <sup>18</sup> Only a dental technologist can supervise the technical aspects of a dental laboratory operation.
<b>Responsibilities<sup>19</sup></b>	An RDT is authorized to design, fabricate, modify, and repair by prescription all or any of the following: <ul style="list-style-type: none"> <li>• complete dentures;</li> <li>• partial dentures;</li> <li>• crowns and bridges;</li> <li>• implants; and</li> <li>• appliances used in orthodontics, oral and maxillo-facial surgery and other dental specialties.</li> </ul> <p>In addition, a licensed dental technologist is authorized to own and/or supervise a dental laboratory.</p> <p>All work is custom made requiring dental technologists' knowledge and expertise in dental materials, fabrication processes, changing technology and dental anatomy.</p>
<b>Employment<sup>18</sup></b>	RDTs usually work in dental laboratories, independent of dentists' offices. Some work in institutions such as universities, colleges and hospitals that offer dental technology services. Others work as sales representatives with dental supply companies.
	While working in separate locations, RDTs and dentists work closely together as a team. Dentists rely on RDTs professional judgement in the filling of prescriptions, including assessing and interpreting prescriptions; consulting to jointly consider changes that are beneficial to the patient; determining the shape and contours, material and methods of production.
<b>Educational Requirements<sup>19</sup></b>	Successful completion of 1) Grade 12 or its equivalent, and 2) An approved program in dental technology at a College of Applied Arts and Technology in Ontario, or at an educational institution outside of Ontario that the CDTO considers to be the equivalent.
<b>Other Professional Requirements</b>	<ul style="list-style-type: none"> <li>• Employment as a dental technologist in an apprenticeship program, for a period of not less than 1,950 hours, under the supervision of a member of the CDTO or its predecessor, or of a member of the Royal College of Dental Surgeons, or in such other supervised employment outside of the Province of Ontario as the Registration Committee may approve.</li> <li>• Successful completion of the certification examinations set or approved by the CDTO, and complied with all requirements associated with those examinations, including payment of the examination fees.</li> <li>• Proof of eligibility to acquire professional liability insurance and prior to the issuance of a certificate, must show proof of actual coverage.</li> </ul>
<b>Access</b>	RDTs do not work directly on patients. They perform their duties based on prescriptions received from dentists, or other qualified health care practitioners. They perform colour-matching when delegated by dentists and assist dentists in planning and treatment procedures as in dental implant cases.
<b>Professional Associations and Related Websites</b>	<p><b>College of Dental Technologists of Ontario:</b> The regulatory body that licenses dental technologists. It ensures competency and accountability of dental technologists practicing in Ontario. The website contains information regarding regulations, standards of practice, and registration. <a href="http://www.cdto.ca">http://www.cdto.ca</a></p> <p><b>Association of Dental Technologists of Ontario:</b> The website provides education, communication amongst members, and liaison with external agencies, with the goals of elevating awareness and excellence for the profession. <a href="http://www.adto.org">http://www.adto.org</a></p>

# Fact Sheet: Dentistry

<b>Name of Health Profession:</b>	<b>Dentist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3113
<b>Description</b>	Dentists diagnose, treat, prevent and control disorders of the teeth, mouth, and related hard and soft tissues. <sup>15</sup>
<b>Responsibilities<sup>15</sup></b>	<p>Dentists perform some or all of the following duties:</p> <ul style="list-style-type: none"> <li>• Promote good dental health by advising patients about oral health care and prevention of diseases or disorders of the oral-facial complex.</li> <li>• Examine patients' teeth, gums and surrounding tissue to diagnose disease, decay, injury and then plan appropriate treatment.</li> <li>• Restore, extract and replace diseased and decayed teeth and provide cosmetic restorative services.</li> <li>• Prescribe and dispense drugs for their patients for conditions of the oral-facial complex they are treating.</li> <li>• Perform oral surgery, periodontal surgery and other treatments.</li> <li>• Clean teeth and instruct patients on oral hygiene.</li> <li>• Correct abnormal positioning of the teeth and jaws by designing bridgework and fitting dentures.</li> <li>• Write fabrication instructions or prescriptions for use by dental technicians.</li> <li>• Supervise, direct or otherwise authorize or sanction dental hygienists, dental assistants and other staff as required by applicable legislation and standards.</li> </ul> <p>With additional training, dentists may specialize; examples include orthodontics, periodontics, pediatric dentistry, and public health.</p>
<b>Employment</b>	Dentists work in private practice or may be employed in hospitals, clinics, public health facilities or universities.
<b>Educational Requirements</b>	<p>Candidates must complete 2 to 4 years of predentistry university studies, followed by a 4 year degree from a recognized Dental program, in which a Doctor of Dental Surgery (DDS) or Doctor of Medical Dentistry (DMD) is obtained.</p> <p>Ontario has two accredited dental education programs: University of Western Ontario and University of Toronto. An accredited residency program of at least 1 year is required for dentists who wish to specialize in a particular field of dentistry.</p>
<b>Other Professional Requirements</b>	All dentists practising in Ontario must be licensed with the Royal College of Dental Surgeons of Ontario. Candidates must successfully complete an Ethics and Jurisprudence Exam and certification with the College. Also, Certification by the National Dental Examining Board is required.
<b>Access</b>	<p>Patients do not require a referral to receive dental care. A barrier to access in private dental offices is most dental procedures are not covered by OHIP. However, many private insurance companies provide coverage for dental procedures, which are often through workplace benefit packages.</p> <p>In the event an individual is hospitalized in a public acute care hospital and the services of a dentist is medically necessary, OHIP will cover the procedure(s), usual postoperative care and one postoperative discharge follow up visit.<sup>20</sup></p>
<b>Professional Associations and Related Websites</b>	<p><b>Royal College of Dental Surgeons of Ontario:</b> The governing body for dentists in Ontario, with regulation, standards of practice and registration information contained at its website. <a href="http://www.rcdso.org">http://www.rcdso.org</a></p> <p><b>Ontario Dental Association:</b> Represents a voluntary professional organization representing 80% of dentists in Ontario. The website promotes the attainment of good oral health for Ontarians. <a href="http://www.oda.on.ca">http://www.oda.on.ca</a></p> <p><b>Canadian Dental Association:</b> Provides several program areas on its website as resources for dentistry and the public. <a href="http://www.cda-adc.ca/public/index.html">http://www.cda-adc.ca/public/index.html</a></p>

# Fact Sheet: Denturist

<b>Name of Health Profession:</b>	<b>Denturist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3221
<b>Description</b>	Denturists are dental health professionals who specialize in the field of removable oral prosthesis (dentures). In partnership with other health care professionals, they assess, design, construct, repair and insert complete dentures, partial dentures and removable implant retained dentures. Services include dentures, mouth guards and antisnoring devices. <sup>15</sup>
<b>Responsibilities<sup>15</sup></b>	Denturists work directly with patients, independently or in collaboration with other health care professionals. In general, they: <ul style="list-style-type: none"> <li>• examine patients' teeth, gums and surrounding tissue to diagnose disease, injury and decay and plan appropriate treatment;</li> <li>• perform the intraoral (in mouth) procedures and laboratory procedures required to design dentures (impressions);</li> <li>• insert dentures to fit patients comfortably and properly; and</li> <li>• repair, reline and adjust dentures as required.</li> </ul> Denturists work with dental instruments and machinery. They also use a variety of materials during the process of constructing dentures such as waxes, metals, porcelains and chemical solutions.
<b>Employment</b>	Denturists choose to either establish a private clinical practice or associate with other denturists/dental health providers. Denturists are specially trained in both clinical and laboratory aspects of fabricating dentures to suit the needs of every individual.
<b>Educational Requirements</b>	There is one accredited program in Ontario at George Brown College in Toronto. Candidates receive an Ontario College Advanced Diploma after 3 years (6 semesters).
<b>Other Professional Requirements</b>	Graduates of the denturist program must successfully complete the licensing examination to be eligible for registration by the College of Denturists of Ontario.
<b>Access</b>	Denturists can be directly accessed by patients requiring their services.
<b>Professional Associations and Related Websites</b>	<b>College of Denturists of Ontario:</b> This website offers regulation, governance and development of the profession. <a href="http://www.denturists-cdo.com">http://www.denturists-cdo.com</a> <b>Denturists Association of Ontario:</b> This website is intended to be a centre of information for denturists and the public. <a href="http://www.dao.on.ca">http://www.dao.on.ca</a> <b>Denturist Association of Canada:</b> This website is currently under construction but does provide information on its education congress. <a href="http://www.denturist.org">http://www.denturist.org</a>

# Fact Sheet: Dietetics

<b>Name of Health Profession:</b>	<b>Dietitian</b> <i>Registered Health Care Professional</i>		
<b>NOC Number(s)</b>	3132		
<b>Description<sup>21</sup></b>	<p>The titles “Registered Dietitian”, “Professional Dietitian”, and “Dietitian”, and a variation, abbreviation or equivalent in another language, are protected by law, through provincial legislation, so that only qualified practitioners who have met education qualifications can use the title. The term Nutritionist is not protected by law.</p> <p>The Dietetics Act describes the scope of practice of dietitians as “the assessment of nutrition and nutritional conditions and the prevention and treatment of nutritional disorders by nutritional means.”</p> <p>Registered Dietitians (RDs) are highly educated in the sciences related to foods and human nutrition. They are trained to apply their knowledge in a variety of settings and help people of all ages meet their nutritional needs.</p> <p>RDs work in a variety of clinical and community settings where they are responsible for working with clients to meet disease-specific nutrition needs and for prevention of chronic diseases. RDs work in food production management, government, business and industry settings where they are responsible for quantity food production, nutrition programs, public policies, marketing and sales.</p>		
<b>Responsibilities<sup>15</sup></b>	<p>Duties include some or all of the following:</p> <ul style="list-style-type: none"> <li>• Develop, administer and supervise nutrition and food preparation and service programs in hospitals, nursing homes, schools, company cafeterias or similar settings.</li> <li>• Work with individuals and groups to assess nutritional needs and develop nutrition plans and special therapeutic diets to prevent, treat and manage health conditions like diabetes, heart disease, high blood pressure, osteoporosis and weight problems.</li> <li>• Evaluate nutritional status of individuals and provide nutrition counselling.</li> <li>• Aid in the prevention and/or treatment of inadequate nutrition.</li> <li>• Plan, evaluate and conduct nutrition education programs and develop educational materials for various audiences.</li> <li>• Practice on an individual basis or as a member of an interdisciplinary team to determine nutritional needs of patients and to plan normal and therapeutic diets and menus.</li> <li>• Study and analyze current scientific nutritional studies and conduct research to improve the nutritional value, taste, appearance and preparation of food.</li> <li>• Research and teach to ensure dissemination of information is accurate and current.</li> </ul>		
<b>Employment<sup>21</sup></b>	<b>Area of Practice</b>	<b>#</b>	<b>%</b>
	Clinical nutrition or one-on-one client intervention	1,392	52.9
	Food and nutrition management	216	8.2
	Sales	60	2.3
	Marketing	41	1.6
	Policy Development	63	2.4
	Program Planning	201	7.6
	Clinical Nutrition Management	97	3.7
	Education	218	8.3
	Research	86	3.3
	Other	304	11.6
	<b>Total</b>	<b>2,678</b>	<b>101.8<sup>vii</sup></b>
<i>Continued on next page</i>			

vii Members can choose more than option to indicate Primary Area of Practice and Primary Work Setting

## Fact Sheet: Dietetics *continued...*

<b>Name of Health Profession:</b>	<b>Dietitian</b> <i>Registered Health Care Professional</i>
<b>Educational Requirements<sup>21</sup></b>	<p>Completion of a 4 year accredited undergraduate university program in foods and nutrition (or equivalent) as well as an accredited internship minimum of 35 weeks (or equivalent practical training).</p> <p>In Ontario, there are three accredited undergraduate programs in Dietetic Education: Brescia University College (affiliated with the University of Western Ontario in London), University of Guelph, and Ryerson University in Toronto.</p> <p>In Ontario, there are also four combined Masters Practicum Programs:</p> <ul style="list-style-type: none"> <li>• Master of Health Sciences (MHSc) - Community Nutrition - Department of Nutritional Sciences, University of Toronto</li> <li>• Combined Master of Science (MSc) Dietetic Internship Program - St. Michael's Hospital, Toronto</li> <li>• Combined Master of Science (MSc) Dietetic Internship Program - Hospital for Sick Children, Toronto</li> <li>• Master of Applied Nutrition (MAN) - University of Guelph</li> </ul>
<b>Other Professional Requirements</b>	Following university education, a dietitian must also pass the Canadian Dietetic Registration Examination, demonstrating competence to practice in Canada.
<b>Access</b>	<p>OHIP does not generally cover the services of RDs. However, services in hospitals, long-term care facilities, community health centres, public health units and community care access centres are covered. As well, some private insurance plans do offer the services of an RD as part of an extended health insurance with a limited dollar value.</p> <p>The College of Dietitians of Ontario website offers a comprehensive register of RDs practicing in Ontario. This register is searchable by first name, last name, employer name, city, postal code and language of services. <a href="http://www.cdo.on.ca">http://www.cdo.on.ca</a></p> <p>Individuals can visit the Dietitians of Canada website at and click Find a Nutrition Professional to search for a dietitian in their area. <a href="http://www.dietitians.ca">http://www.dietitians.ca</a></p> <p>Ask a doctor for a referral to a dietitian.</p> <p>Call the local public health department, hospital or community health centre.</p> <p>Call the Dietitians of Canada Consulting Dietitians Network toll free at 1-888-901-7776.</p> <p>Look in the Yellow Pages under "Dietitians."</p>
<b>Professional Associations and Related Websites</b>	<p><b>College of Dietitians of Ontario:</b> The body that regulates and supports the profession of dietetics. <a href="http://www.cdo.on.ca">http://www.cdo.on.ca</a></p> <p><b>Dietitians of Canada:</b> Leads and supports members to promote health and well being through expertise in food and nutrition. <a href="http://www.dietitians.ca/index.asp">http://www.dietitians.ca/index.asp</a></p>

# Fact Sheet: Massage Therapy

<b>Name of Health Profession:</b>	<b>Massage Therapist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3235 Note: Classification refers to 'Other Technical Occupations in Therapy and Assessment'. Consult with College for regulated field of practice.
<b>Description</b>	Massage therapists assess the soft tissue and joints of the body and administer massage treatments to relieve pain and symptoms of stress, or to develop, maintain, rehabilitate or augment physical function. <sup>22</sup>
<b>Responsibilities<sup>15</sup></b>	<p>Massage therapists may be trained in a variety of different massage techniques but, in general, they:</p> <ul style="list-style-type: none"> <li>• Conduct client assessments to determine treatments required.</li> <li>• Administer appropriate massage treatments including soft tissue manipulation, relaxation techniques, stretching techniques, finger/hand pressure to specific points on the body, hydrotherapy, manual stripping or cross-fibre friction of muscle tissue, trigger point therapy and drainage techniques.</li> <li>• Develop their own treatment plans for clients and maintain treatment records.</li> </ul> <p>Massage therapists also may provide guidance and information about techniques for postural improvement and stretching, strengthening, relaxation and rehabilitative exercises.</p>
<b>Employment</b>	<p>Most massage therapists are self-employed. They may travel to clients' offices or homes, or work in their own homes or offices, health clubs, fitness centres or spas, resorts and massage centres. They also work in multidisciplinary settings as part of a rehabilitation team along with chiropractors, physiotherapists, occupational therapists and kinesiologists.</p> <p>Those who work in clubs, centres or clinics are generally responsible for building and maintaining their own clientele and operating as a small business. Advancement in this occupation generally takes the form of building a larger client base. There are growing opportunities in teaching massage therapy and research.</p>
<b>Educational Requirements</b>	Massage therapists have completed a 2 to 3 year diploma program based on the Massage Therapy Competency Standards from a recognized massage therapy school. Training includes a minimum of 150 hours of supervised clinical experience. There are 20 recognized schools in Ontario which offer the massage therapy programme through 29 different campuses.
<b>Other Professional Requirements</b>	<p>Only members of the College of Massage Therapists of Ontario are permitted to use the title Massage Therapist or Registered Massage Therapist and use the letters MT or RMT with their names.</p> <p>Massage therapists participate in a Quality Assurance Program that assists them in the maintenance of high professional standards and quality care of their clients.</p> <p>Ontario is one of only three provinces in Canada (others: British Columbia and Newfoundland and Labrador) currently with licensing requirements.<sup>23</sup></p>
<b>Access</b>	To locate a registered massage therapist, the Ontario Massage Therapist Association recommends that individuals use: <a href="http://www.rmtfind.com">http://www.rmtfind.com</a> . Search options include by postal code, city or therapists' last names.
<b>Professional Associations and Related Websites</b>	<p><b>College of Massage Therapists of Ontario:</b> The regulatory body for massage therapists in Ontario. <a href="http://www.cmta.com">http://www.cmta.com</a></p> <p><b>Ontario Massage Therapist Association:</b> Is a nonprofit association that provides leadership for and advocates on behalf of the profession. <a href="http://www.omta.com">http://www.omta.com</a></p> <p><b>Canadian Massage Therapist Alliance (CMTA):</b> A nationwide organization composed of provincial and territorial professional associations that promote the art, science and philosophy of massage therapy for the betterment of health care in Canada. <a href="http://www.cmta.ca">http://www.cmta.ca</a></p>

# Fact Sheet: Medical Laboratory Technology

<b>Name of Health Profession:</b>	<b>Medical Laboratory Technologist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3211
<b>Description</b>	Medical Laboratory Technologists (MLTs) perform laboratory investigations on the human body or on specimens taken from the human body and evaluate the technical sufficiency of the investigations and their results. <sup>24</sup> The results assist with the diagnosis, treatment and prevention of disease. Areas of practice may include biochemistry, microbiology, phlebotomy, hematology, histology, transfusion science, cytogenetics, molecular genetics and cytology. <sup>25</sup>
<b>Responsibilities<sup>26</sup></b>	The following competencies are defined in generic terms recognizing that technologists may work in many different specialties: <ul style="list-style-type: none"> <li>• Practices medical laboratory technology according to established protocols, safety guidelines and existing legislation.</li> <li>• Ensures specimens are collected and handled according to established protocols.</li> <li>• Performs analytical techniques, analyzes, validates and interprets results.</li> <li>• Documents laboratory results and communicates results.</li> <li>• Practices and promotes the principles of quality management, including calibration, corrective and preventative maintenance of equipment.</li> </ul>
<b>Employment</b>	MLTs are employed mainly in medical laboratories in hospitals, community and government laboratories.
<b>Educational Requirements<sup>27</sup></b>	Medical technologists graduate from a diploma or university program. For a listing of programs that offer Medical Laboratory Technology education in Ontario in either General Medical Laboratory Technology, Cytology or Genetics, visit: <a href="http://www.cmlto.com/registration/courses_programs">http://www.cmlto.com/registration/courses_programs</a>
<b>Other Professional Requirements</b>	To work as an MLT in Ontario you must be registered with the College of Medical Laboratory Technologists of Ontario (CMLTO).
<b>Access</b>	Doctors order medical tests on blood, body fluids and tissues to make decisions about their patients' health. More than 70% of all diagnoses and treatment plans are based on the results of medical laboratory tests. <sup>28</sup>
<b>Professional Associations and Related Websites</b>	<p><b>College of Medical Laboratory Technologists of Ontario (CMLTO):</b> The regulatory body for over 7,700 Medical Laboratory Technologists in Ontario. The CMLTO provides information on laws, regulations, registration, quality assurance, complaints and discipline. <a href="http://www.cmlto.com">http://www.cmlto.com</a></p> <p><b>Ontario Society of Medical Technologists (OSMT):</b> Serves as an advocate for all Medical Laboratory Technologists and Assistants/Technicians in Ontario. OSMT offers certification examinations for medical laboratory assistants/technicians. The OSMT also organizes continuing education and provides publication for members. <a href="http://www.osmt.org">http://www.osmt.org</a></p> <p><b>Canadian Society for Medical Laboratory Science:</b> The national certifying body for medical laboratory technologists and medical laboratory assistants, and the national professional society for Canada's medical laboratory professionals. <a href="http://www.csmls.org">http://www.csmls.org</a></p>

# Fact Sheet: Medical Radiation Technology

<b>Name of Health Profession:</b>	<b>Medical Radiation Technologist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3215
<b>Description</b>	<p>Medical Radiation Technologists use radiation to produce diagnostic images of a patient's body or to treat patients for certain medical conditions.<sup>15</sup></p> <p>There are four specialty disciplines within the field of radiation technology, self-regulated under the Regulated Health Professions Act:</p> <ol style="list-style-type: none"> <li>1. Radiography</li> <li>2. Radiation Therapy</li> <li>3. Nuclear Medicine</li> <li>4. Magnetic Resonance Imaging</li> </ol>
<b>Responsibilities<sup>28</sup></b>	<p><b>Radiological (Radiography) Technologist:</b> Aid in the diagnosis of disease and injury by producing permanent images which are read by a physician who specializes in radiology and is called a Radiologist. These images are captured on X-ray film and other imaging devices such as video monitors, video tape and electronic digital imaging devices. The Technologist may also be required to do procedures with mobile X-ray equipment in the operating room, emergency departments, at the patient's bedside or in the special care units, as well as operate Computerized Tomography (CT), mammography and other highly specialized diagnostic imaging equipment.</p> <p><b>Radiation Therapists:</b> A key member of the cancer treatment team and is directly responsible for the administration of a prescribed dose of radiation. The Radiation Therapist must have the knowledge to interpret the radiation treatment prescription, determine its appropriateness, counsel the patient regarding side effects and monitor the patient's physical and psychological well being during the entire course of treatment.</p> <p><b>Nuclear Medicine Technologist:</b> Prepares and administers radiopharmaceuticals to the patient by means of injection, inhalation or ingestion. The organs and tissues process the radiopharmaceuticals and the technologist records their function using specialized cameras. Some studies involve computer recordings and image enhancement. Nuclear Medicine Technologists may also be involved in determining the concentration of various hormones or drugs in the patient's body fluid by using radioactive chemicals, as well as molecular imaging techniques.</p> <p><b>Magnetic Resonance Imaging Technologist:</b> Produces images with soft tissue discrimination using magnetic fields and radio-frequency pulses to aid in diagnosis of disease.</p>
<b>Employment</b>	Most employment is in hospitals, cancer treatment centres, clinics and radiological laboratories.
<b>Educational Requirements</b>	<p>Applicants must complete an approved training program in medical radiation technology in one of the four specialties. A complete list of approved training programs can be found at: <a href="http://www.cmrto.org/registration/how.asp">http://www.cmrto.org/registration/how.asp</a></p> <p>There are several accredited programs in Ontario:</p> <ul style="list-style-type: none"> <li>• The Michener Institute for Applied Sciences in Toronto offers programs in Radiation Therapy, Nuclear Medicine, Radiography, and Magnetic Resonance.</li> <li>• At present, seven colleges in Ontario offer Radiography programs.</li> </ul> <p>Program length is about 3 years.</p>
<b>Other Professional Requirements</b>	Applicants trained in Ontario must successfully complete the examination set by the Canadian Association of Medical Radiation Technologists (CAMRT), which is an examination approved by the College of Medical Radiation Technologists of Ontario (CMRTO) Council.
<b>Access</b>	As an integral member of health care team; doctors refer patients to appropriate technologists for diagnosis or treatment.
<b>Professional Associations and Related Websites</b>	<p><b>College of Medical Radiation Technologists of Ontario:</b> Represents the regulatory body for medical radiation technologists (MRTs) in Ontario. <a href="http://www.cmrto.org">http://www.cmrto.org</a></p> <p><b>Ontario Association of Medical Radiation Technologists:</b> Provides information regarding the profession, career links, and facts for public education. <a href="http://www.oamrt.on.ca">http://www.oamrt.on.ca</a></p> <p><b>Canadian Association of Medical Radiation Technologists:</b> Provides certification, standards and education for all practicing MRTs in Canada. <a href="http://www.camrt.ca">http://www.camrt.ca</a></p>

# Fact Sheet: Medicine

<b>Name of Health Profession:</b>	<b>Physician</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3112
<b>Description<sup>15</sup></b>	Physicians diagnose and treat the diseases, physiological disorders and injuries of patients. They provide primary contact and continuous care toward the management of patients' health.
<b>Responsibilities<sup>15</sup></b>	<p>General duties are listed below:</p> <ul style="list-style-type: none"> <li>• Examine patients, perform and interpret laboratory tests, X-rays and other diagnostic procedures and consult with other medical practitioners to evaluate patients' physical and mental health.</li> <li>• Prescribe and administer medications and treatments.</li> <li>• Perform and assist in surgery.</li> <li>• Provide emergency care.</li> <li>• Provide acute care management.</li> <li>• Inoculate and vaccinate patients.</li> <li>• Deliver babies and provide prenatal and postnatal care.</li> <li>• Advise patients and their families on health care.</li> <li>• Report births, deaths, and communicable diseases to governmental authorities.</li> </ul> <p>Specific duties will vary, based on position and if a physician is a specialist.</p> <p>Physicians may specialize in specific areas of medicine such as anesthesiology, cardiology, emergency medicine, family medicine, geriatrics, gynecology and obstetrics, intensive care, internal medicine, neurology, pediatrics, psychiatry, sport medicine or surgery.</p>
<b>Employment</b>	<p>Family physicians typically work in private practices either alone or with other doctors and most are paid through a fee-for-service arrangement with the Ontario government. Some family physicians also work in hospital inpatient and emergency units, and/or long-term care facilities.</p> <p>Some family physicians work in Family Health Teams which consist of doctors, nurses, nurse practitioners and other health care professionals who work collaboratively.</p> <p>Specialist physicians also may work in private practices or with other physicians in the same or a complementary specialty. Most specialists in Ontario are also affiliated with a teaching and/or community hospital.</p>
<b>Educational Requirements</b>	<p>Training time for family physicians, including both undergraduate education and medical education is 9 to 11 years; for specialist physicians, postgraduate training is required, with training time approximately 13 years, depending on the specialty.<sup>29</sup></p> <p>There are six medical schools in Ontario: McMaster University, University of Ottawa, Queen's University, University of Western Ontario, University of Toronto, and Northern Ontario School of Medicine.</p> <p>After graduating from an approved medical school, individuals must complete either a 2 year residency in Family Medicine or a minimum 4 or 5 year residency in a specialty. In Family Medicine, there is an option to pursue a third year in a specialized area of training. Many physicians also choose to limit their area of practice to a certain component of one of the specialties. For example, an obstetrician may only deal with high risk pregnancies or an ophthalmologist may only treat cataracts and not other diseases of the eye.</p>
<b>Other Professional Requirements</b>	Completion of the qualifying examinations of the Medical Council of Canada, and certification by either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada is usually required before receiving a licence by the College of Physicians and Surgeons of Ontario.
<b>Access</b>	<p>People requiring nonemergency medical services can go to their family doctor or a walk-in clinic. People can visit a walk-in clinic in their area if they do not have a family doctor or if their doctor is unavailable.</p> <p>When requiring emergency care, people go to a hospital. When in a life-threatening emergency, people call 911.</p> <p>Generally, specialists see people on referral from a family physician only.</p>

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## Fact Sheet: Medicine *continued...*

<b>Name of Health Profession:</b>	<b>Physician</b> <i>Registered Health Care Professional</i>
<b>Professional Associations and Related Websites</b>	<p><b>College of Physicians and Surgeons of Ontario:</b> Is the self-regulating body for the province's medical profession. The website contains information regarding registration and includes 'Doctor Search' capabilities with information that is publicly available about all doctors licensed to practice in Ontario. <a href="http://www.cpso.on.ca">http://www.cpso.on.ca</a></p> <p><b>Ontario College of Family Physicians (OCFP):</b> Is a provincial chapter of the national organization. It is a voluntary, not-for-profit association that promotes leadership, education and advocacy in family medicine. The college represents more than 5,800 family physicians. <a href="http://www.ocfp.on.ca">http://www.ocfp.on.ca</a></p> <p><b>Ontario Medical Association (OMA):</b> Represents the political, clinical and economic interests of the province's medical profession. Practising physicians, residents, and students enrolled in any of the Ontario faculties of medicine are eligible for membership in the OMA. <a href="http://www.oma.org">http://www.oma.org</a></p> <p><b>College of Family Physicians of Canada:</b> The national medical association which supports family physicians in providing high quality health care to their patients. <a href="http://www.cfpc.ca">http://www.cfpc.ca</a></p> <p><b>Canadian Medical Association (CMA):</b> A voluntary professional organization representing 44,000 physicians across Canada. Material on the website serves to provide leadership for coordinated national policies and to advocate for the profession. <a href="http://www.cma.ca">http://www.cma.ca</a></p> <p><b>Royal College of Physicians and Surgeons of Canada:</b> Is responsible for setting and maintaining the standards for postgraduate medical education, for the certification of specialist physicians and surgeons in Canada, and for promoting their continued education. <a href="http://www.rcpsc.medical.org">http://www.rcpsc.medical.org</a></p> <p><b>Medical Council of Canada:</b> Is the body that evaluates physicians' competence and maintains a national registry of physicians and their qualifications. <a href="http://www.mcc.ca">http://www.mcc.ca</a></p>

# Fact Sheet: Midwifery

<b>Name of Health Profession:</b>	<b>Midwife</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3232 Note: Classification refers to Midwives and Practitioners of Natural Healing. Consult with College for regulated field of practice.
<b>Description<sup>30</sup></b>	The College provides the following definition: “The practice of midwifery is the assessment and monitoring of women during pregnancy, labour, and the postpartum period and of their newborn babies, the provision of care during normal pregnancy, labour, and postpartum period, and the conducting of spontaneous normal vaginal deliveries.” Midwives hold full legal responsibility for their clients and are not supervised by a physician or obstetrician.
<b>Responsibilities<sup>31</sup></b>	As primary caregivers, they are required to provide full service to their clients in all trimesters, throughout labour and birth, and for 6 weeks postpartum. Midwifery care includes visits with the client at the midwifery clinic, attendance at the labour and birth and postpartum home visits. Throughout the client’s care, a midwife or her practice back-up is available on a 24 hour basis. Midwives consult with physicians if necessary and may transfer care if required. A midwife may provide supportive care to her client if care is transferred. While midwives primarily deliver babies in hospitals, they carry the required equipment to attend women during the delivery of their babies in a home setting. Midwives maintain current knowledge of emergency skills, including neonatal and cardiopulmonary resuscitation, laboratory testing and diagnostics, breastfeeding counselling, and homebirth.
<b>Employment</b>	Midwives work in group practices of two or more registered midwives and are paid by the provincial government. Currently, there must be at least two midwives attending each client’s birth. At times, due to off-call arrangements (such as for vacations or a heavy practice load), a midwifery practice may have an arrangement with a local health care provider (i.e. a registered nurse) to act as a second birth attendant to assist the midwife in cases where another midwife is not available.
<b>Educational Requirements<sup>30</sup></b>	Individuals must be a graduate of the Ontario Midwifery Education Program (MEP), the International Midwifery Pre-registration Program (IMPP) or be a general registrant in another province of Canada. The Ontario Midwifery Education Program (MEP) is a 4 year, baccalaureate degree offered at three Ontario universities: Ryerson University, Laurentian University and McMaster University.
<b>Other Professional Requirements</b>	<ul style="list-style-type: none"> <li>• Certification in Cardiopulmonary Resuscitation (CPR), Obstetrical Emergency Skills (ES) and Neonatal Resuscitation (NRP).</li> <li>• Register with the College of Midwives of Ontario.</li> <li>• Hold membership with the Association of Ontario Midwives (AOM).</li> <li>• Have arranged professional liability insurance.</li> <li>• Midwives are also required to hold admitting privileges in at least one hospital and to attend a minimum number of both home and hospital births per year in order to maintain their registration.</li> </ul>
<b>Access</b>	Midwives in Ontario work as independent practitioners in group practices that are funded by the MOHLTC. As a primary caregiver, a woman can have a midwife, or a doctor; not both. The Association of Ontario Midwives website provides a link for locating a midwife under FAQ. <a href="http://www.aom.on.ca">http://www.aom.on.ca</a>
<b>Professional Associations and Related Websites</b>	<p><b>College of Midwives of Ontario:</b> The regulatory college responsible for regulating the practice of the profession and setting standards of qualification for persons to be issued certificates of registration <a href="http://www.cmo.on.ca">http://www.cmo.on.ca</a></p> <p><b>Association of Ontario Midwives:</b> The professional body representing midwives and the practice of midwifery in the province of Ontario. Advocacy and public education is provided. <a href="http://www.aom.on.ca">http://www.aom.on.ca</a></p> <p><b>Canadian Association of Midwives:</b> A national organization that represents midwives and the profession of midwifery in Canada. <a href="http://www.canadianmidwives.org">http://www.canadianmidwives.org</a></p>

# Fact Sheet: Nursing i

<b>Name of Health Profession:</b>	<b>Registered Nurse<sup>viii</sup></b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3152
<b>Description</b>	<p>The goal of nursing is to restore, maintain and advance the health of individuals, groups or entire communities. It is both a science and an art. The science is the application of nursing knowledge and the technical aspects of the practice. The art is the establishment of a caring relationship through which the nurse applies nursing knowledge, skills and judgment in a compassionate manner.</p> <p>In Ontario, nursing is one profession with two categories of care providers: Registered Nurses (RNs) and Registered Practical Nurses (RPNs).<sup>33</sup></p> <p>The similarities between RNs and RPNs include:</p> <ul style="list-style-type: none"> <li>• the legislative scope of practice including access to the three controlled acts authorized to nursing;</li> <li>• the applicability of the College’s practice standards and guidelines; and</li> <li>• the individual nurse’s accountability.</li> </ul> <p>The College states that although there are areas of overlap between the two categories in the performance of certain client care tasks, critical practice differences exist in terms of entry and ongoing nursing knowledge, and competencies.</p> <p>The two main areas of difference between RNs and RPNs are educational preparation and the level of autonomous practice.</p> <p>The foundational knowledge base of RNs and RPNs is different. RNs graduate with a 4 year baccalaureate degree in nursing; RPNs graduate with a 2 year practical nursing diploma. Although the academic courses within each program have similar titles, there is a difference in both the depth and breadth of knowledge that is covered. As a result of the differences in knowledge, the level of autonomous practice for the RPN is directly impacted.</p> <p>Autonomous practice is the ability to make decisions and independently carry out nursing responsibilities and is directly related to the nurse’s foundational knowledge. The differences in foundational knowledge impacts the level of consultation and collaboration required for the RPN to provide care when client care needs are of higher complexity.</p> <p>For example, RNs practice more autonomously when making decisions and carrying out nursing responsibilities regardless of the complexity of client care needs and in all practice environments. RPNs have greater autonomy when caring for clients with less complex conditions. The RPN practices in consultation and collaboration with a RN when client care needs or situation is of moderate complexity. The RPN may not be involved or provide limited aspect of care when client care needs are highly complex.</p> <p>The level of practice setting supports (i.e. predeveloped care plans, policies and standardized assessment tools); and the stability and predictability of the environment also impact the RPN’s autonomous practice.</p>
<b>Responsibilities</b>	<p>Nurses (RNs and RPNs) may work independently or as members of a health care team. Key duties are:<sup>34</sup></p> <ul style="list-style-type: none"> <li>• planning, implementing and documenting nursing care plans;</li> <li>• observing, assessing and monitoring patient symptoms, reactions and progress;</li> <li>• collaborating with other members of health care teams regarding patient treatments and examinations, and consulting with patients and their families;</li> <li>• administering medications and blood products, as prescribed by a physician or according to established policies and protocols;</li> <li>• operating or monitoring medical apparatus or equipment;</li> <li>• assisting in medical procedures or surgery; and</li> <li>• managing cases, and developing and implementing discharge plans.</li> </ul>
<b>Employment</b>	<p>Nurses care for clients at all stages of the life cycle and in all states of health, from normal functioning to crisis. Nurses have many different roles including direct practitioner, administrator, educator, researcher and work in many different practice settings.</p> <p>Increasingly, nurses are employed in community and workplace settings as well as traditional health care settings such as hospitals. Nurses may also participate in Family Health Teams with other health care professionals.</p>

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i Unless otherwise referenced, content sourced by Registrar, College of Nurses of Ontario.<sup>32</sup>

viii Refer to the “Extended Class Registered Nurse” description provided following this profile as reference for Nurse Practitioner.

## Fact Sheet: Nursing *continued...*

<b>Name of Health Profession:</b>	<b>Registered Nurse<sup>viii</sup></b> <i>Registered Health Care Professional</i>
<b>Educational Requirements</b>	<p>As of January 1, 2005, all new RNs must hold a baccalaureate degree in nursing.<sup>35</sup> There are fourteen universities in Ontario offering registered nurse programs. Twenty-two of Ontario's community colleges have partnered with universities to offer the baccalaureate program.</p> <p>A complete list of programs is found at: <a href="http://www.cno.org/reg/nonmemb/progs_rn.htm#top">http://www.cno.org/reg/nonmemb/progs_rn.htm#top</a></p> <p>Effective January 1, 2005, all new RPNs must obtain a 2 year diploma in Practical Nursing from a Community College of Applied Arts and Technology as a basic educational requirement.<sup>35</sup></p> <p>A complete list of programs is found at: <a href="http://www.cno.org/reg/nonmemb/progs_rpn.htm">http://www.cno.org/reg/nonmemb/progs_rpn.htm</a></p>
<b>Other Professional Requirements</b>	<p>To practise as a nurse in Ontario, or use the title of nurse, Registered Nurse or Registered Practical Nurse, one must hold a valid Certificate of Registration with the College of Nurse of Ontario (CNO). To be eligible for registration, applicants must meet several requirements set out by the College. One requirement includes passing the Canadian Registered Nurse Examination (CRNE) or the Canadian Practical Registered Nurse Examination (CPRNE). One is eligible to write the examination once he/she has met the academic requirements.</p> <p>All nurses are expected to engage in ongoing learning and to maintain the competencies for providing safe client care. All nurses must renew their CNO membership annually, maintaining up-to-date skills and knowledge of current practices, to preserve their professional standing.</p>
<b>Access</b>	<p>In Ontario, a nurse can be directly accessed through Telehealth Ontario, a free, confidential telephone service to call to get health advice or general health information.</p>
<b>Professional Associations and Related Websites</b>	<p><b>College of Nurses of Ontario:</b> The governing body for 140,000 registered nurses (RNs) and registered practical nurses (RPNs) in Ontario. Regulations and registration information, requirements to enter the profession and standards are contained on the website.  <a href="http://www.cno.org">http://www.cno.org</a></p> <p><b>The Registered Nurses Association of Ontario (RNAO):</b> The professional association representing over 20,000 registered nurses in Ontario. The website provides advocacy for the profession, education and links to career information.  <a href="http://www.rnao.org">http://www.rnao.org</a></p> <p><b>Ontario Nurses' Association:</b> The trade union that represents 52,500 registered nurses and allied health professionals. The website provides information to assist members in matters of contract interpretations, contract enforcement and patient care concerns.  <a href="http://www.ona.org">http://www.ona.org</a></p> <p><b>Registered Practical Nurses Association of Ontario:</b> Offers education programs, certifications and publications, and advocates on behalf of the RPN profession through policy and legislation.  <a href="http://www.rpnao.org">http://www.rpnao.org</a></p> <p><b>Nurse Practitioner Association of Ontario (NPAO):</b> Represents nurse practitioners that primarily function in primary care in Ontario. The NPAO strives to provide professional support for NPs and increase public awareness of the profession.  <a href="http://www.npao.org">http://www.npao.org</a></p> <p><b>Canadian Nurses Association (CNA):</b> A federation of 11 provincial and territorial registered nurses associations.  <a href="http://www.cna-nurses.ca">http://www.cna-nurses.ca</a></p> <p><b>Canadian Practical Nurses Association:</b> The national professional association representing provincial/territorial practical nurse organizations and affiliated individuals from across Canada.  <a href="http://www.cpna.ca">http://www.cpna.ca</a></p> <p><b>Canadian Council for Practical Nurse Regulators:</b> A federation of provincial and territorial members identified in legislation responsible for the safety of the public through regulation of Licensed/Registered Practical nurses.  <a href="http://www.ccpnr.ca">http://www.ccpnr.ca</a></p>

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## Fact Sheet: Nursing *continued...*

<b>Name of Health Profession:</b>	<b>Registered Nurse<sup>viii</sup></b> <i>Registered Health Care Professional</i>
<b>Extended Class Registered Nurse<sup>36</sup></b>	<p>There are RNs who have received further education in the provision of primary health care and are able to perform some of the diagnostic and treatment functions that were previously within the domain of physicians. Although nurse practitioners (NPs) have existed for some time, their status was recognized and clarified in the Expanded Nursing Services for Patients Act in 1998. Soon after, the College of Nurses of Ontario (CNO) began registering RNs in a new class – the Extended Class (EC) – which gave them access to controlled acts beyond those of an RN, based on their advanced knowledge and decision-making skills. At present, only primary health care nurses are eligible for registration in the Extended Class. Work is underway to register acute care nurse practitioners in the Extended Class. RN(EC)s offer comprehensive health services encompassing health promotion, prevention of disease and injury, cure, rehabilitation and support services. They have an extended scope in the areas of assessment, diagnosis, prescription of drugs and treatments, and health promotion. Accordingly, they are often seen in community health centres, remote nursing stations emergency departments and outpatient settings with acute care facilities.</p> <p>For further information, visit the College of Nurses of Ontario at: <a href="http://www.cno.org">http://www.cno.org</a> or the Canadian Nurse Practitioners Initiative at: <a href="http://www.cnpi.ca/faq.asp">http://www.cnpi.ca/faq.asp</a>.</p>

viii Refer to the “Extended Class Registered Nurse” description provided following this profile as reference for Nurse Practitioner.

# Fact Sheet: Occupational Therapy

<b>Name of Health Profession:</b>	<b>Occupational Therapist (OT)</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3143
<b>Description<sup>37</sup></b>	Occupational therapists (OTs) are health care professionals who assist their patients in “developing or maintaining life roles and activities at home and in the community when one’s ability to function independently has been challenged by accident, handicap, emotional problems, developmental difficulties or disease.”
<b>Responsibilities<sup>38</sup></b>	Occupational Therapists may: <ul style="list-style-type: none"> <li>• Utilize a variety of assessment and treatment techniques to address goals of the patient/client in the areas of self-care, productivity and leisure, with emphasis on the interaction between the person, their environment and their occupation.</li> <li>• Monitor client progress and make recommendations, as an independent consultant or in conjunction with a multidisciplinary team of professionals, regarding client discharge, home or school management, transfer to alternate programs, integration into the community or return to work.</li> </ul>
<b>Employment</b>	OTs work in a wide variety of settings, with patients of all ages and abilities. Work settings include hospitals, schools, outpatient clinics and treatment centres, private practices, long-term care facilities, community-based settings and industry.  OTs typically work during regular office hours although some positions require evening and weekend work.
<b>Educational Requirements</b>	OT candidates for a General Practicing Certificate must have the following: <ul style="list-style-type: none"> <li>• Graduated from an accredited Ontario university program in Occupational Therapy or from a program outside of Ontario recognized by the World Federation of Occupational Therapists (WFOT).</li> <li>• Successfully completed 1,000 hours of fieldwork or clinical practicum as part of the education program.</li> <li>• Currency/recent practice hours (750 hours within the last 3 years or 1,550 hours within the last 5 years) or have successfully completed a supervised clinical review within the last 18 months. Recent graduates (18 months or less) are automatically granted currency.</li> </ul> <p>Note that while the minimum education requirement is a bachelor’s degree in occupational therapy or equivalent, the Canadian Association of Occupational Therapists (CAOT) has announced that, as of 2008, it will only grant academic accreditation to occupational therapy programs that lead to a master’s degree in occupational therapy.</p>
<b>Other Professional Requirements</b>	Occupational Therapists are regulated in Ontario and are required, by law, to be registered with the College of Occupational Therapists of Ontario (COTO) to practice. The College registration process requires confirmation of educational preparation and past practice so that these may be measured against their eligibility requirements.
<b>Access</b>	Individuals seeking access to occupational therapy services can either consult a family physician or other health care professional for referral information to OTs in the community. Local hospitals or CCACs may also be contacts for access to community based services covered under the provincial health insurance plan.  There are OTs that are in private practice and can be located through the Yellow Pages listings.
<b>Professional Associations and Related Websites</b>	<p><b>College of Occupational Therapists of Ontario (COTO):</b> Includes requirements for registration and information about standards of practice, code of ethics and the quality assurance program. <a href="http://www.coto.org">http://www.coto.org</a></p> <p><b>Ontario Society of Occupational Therapists:</b> A provincial professional association of occupational therapists living and/or working in Ontario. The website provides information about occupational therapy, OT practice in Ontario and resources of value to OTs and consumers of OT services. <a href="http://www.osot.on.ca/eng/default.asp">http://www.osot.on.ca/eng/default.asp</a></p> <p><b>Canadian Association of Occupational Therapists (CAOT):</b> Represents the website of Canada’s national occupational therapy association. Find information on education, events, practice resources, federal advocacy initiatives. <a href="http://www.caot.ca">http://www.caot.ca</a></p> <p><b>Canadian Occupational Therapy Foundation (COTF):</b> Contains COTF news and information about COTF, grants, and additional links. <a href="http://www.cotfcanada.org">http://www.cotfcanada.org</a></p> <p><b>World Federation of Occupational Therapists (WFOT):</b> Includes a listing of elected officers, objectives/aims/ principles, structure and policy, membership, and activities. <a href="http://www.wfot.org.au">http://www.wfot.org.au</a></p>

# Fact Sheet: Opticianry

<b>Name of Health Profession:</b>	<b>Optician / Registered Optician</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3231
<b>Description<sup>39</sup></b>	Opticians in Ontario design and dispense eyeglasses, contact lenses and subnormal vision devices such as low vision aids and prosthetic ocular devices. Opticians are nonmedical professionals trained in the theory and practical application of ophthalmic optics.
<b>Responsibilities</b>	Opticians are frontline health care workers. They fill prescriptions for corrective lenses issued by physicians (i.e. ophthalmologists) and optometrists. Opticians also educate and advise consumers about product choices to provide maximum visual acuity.
<b>Employment</b>	Opticians practice in a variety of settings. Although a certain percentage practice in optometrists' offices, physicians' offices, clinics or hospitals, the vast majority are employed in nonregulated environments. These include practitioner-owned businesses, independent dispensaries, chain stores, and nondispensary settings such as eyeglass manufacturing laboratories or wholesale suppliers of ophthalmic appliances and accessories.
<b>Educational Requirements<sup>40</sup></b>	Applicants seeking registration as opticians in Ontario must have a diploma in opticianry from an educational institution that is recognized by the College of Opticians of Ontario.  In Ontario, the educational institutions that offer opticianry programs recognized by the College of Opticians are Georgian College (2 year full-time program) and Seneca College (4 year part-time program).
<b>Other Professional Requirements</b>	After graduating, a candidate must pass a registration examination, complete 1,000 hours of supervised dispensing that includes completing 250 eyeglass fittings and 25 contact lens fittings, before he/she can register with the College of Opticians of Ontario and use the title Registered Optician.
<b>Access<sup>39</sup></b>	Opticians are front line health care workers, providing among other things a screening mechanism for members and the public not readily available by any other means. Due to easy accessibility and the fact that most opticians do not require individuals to make appointments to see them, opticians are well placed to discuss eye care issues with the public. An optician's dispensary is often the first place members of the public go when they find they are experiencing visual problems. Opticians help consumers decide if a new refraction is necessary or if using their existing optical prescription will suffice. Opticians answer consumers' questions on a broad range of eye care issues for everything from dry eyes to refractive surgery and refer to other eye care professionals as appropriate.
<b>Professional Associations and Related Websites</b>	<b>College of Opticians of Ontario:</b> The Health Regulatory College whose function is to regulate and improve the practice of opticians in the public interest. <a href="http://www.coptont.org">http://www.coptont.org</a>  <b>Ontario Opticians Association:</b> Provides members with general information regarding education, legislation and events. <a href="http://www.ontario-opticians.com">http://www.ontario-opticians.com</a>  <b>Opticians Association of Canada:</b> Provides awareness of opticianry to consumers. <a href="http://www.opticians.ca">http://www.opticians.ca</a>

# Fact Sheet: Optometry

<b>Name of Health Profession:</b>	<b>Optometrist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3121
<b>Description<sup>41</sup></b>	An optometrist is an independent primary health care provider who specializes in the examination, diagnosis, treatment, management and prevention of disease and disorders of the visual system, the eye and associated structures as well as the diagnosis of ocular manifestations of systemic conditions.
<b>Responsibilities<sup>42</sup></b>	<p>In general, optometrists recommend treatments for patients that include eyeglasses, contact lenses, special low vision aids, eye coordination exercises, drug therapies, or referral to appropriate specialists for advanced treatments.</p> <p>In general they:</p> <ul style="list-style-type: none"> <li>• Prescribe glasses and contact lenses.</li> <li>• Rehabilitate the visually impaired.</li> <li>• Diagnose and treat diseases and disorders of vision.</li> <li>• Perform comprehensive examinations of both the internal and external structures of the eye.</li> <li>• Evaluate patients' vision and determine appropriate treatments.</li> <li>• Treat clarity problems or eye diseases such as glaucoma and ulcers.</li> <li>• Remove nonpenetrating foreign bodies from the cornea.</li> <li>• Refer patients to ophthalmologists or other physicians and surgeons for treatment of ocular or other diseases or conditions.</li> </ul>
<b>Employment<sup>43</sup></b>	<p>Optometrists are usually self-employed and therefore can determine their working hours.</p> <p>Optometrists usually work with receptionists and ophthalmic assistants. Ophthalmic assistants may participate in some treatment procedures such as dispensing eyeglasses or contact lenses under the supervision of the optometrist.</p> <p>Currently, conflict of interest regulations do not permit optometrists to hire, or be hired by, opticians.</p>
<b>Educational Requirements</b>	<p>In Ontario, the School of Optometry at the University of Waterloo offers the Doctor of Optometry program. For admission, applicants must have successfully completed 2 or 3 years of university level prerequisites.</p> <p>In 2008, applicants to the School of Optometry will be required to have 3 years of biomedical/ preoptometry courses.</p> <p>Internationally trained optometrists must have completed study, and received a doctor of optometry from a school that the Registration Committee of the College deems to be the equivalent of the course at the School of Optometry at the University of Waterloo.</p>
<b>Other Professional Requirements</b>	Optometrists must complete the registration requirements including successful completion of the Canadian Standard Assessment in Optometry, and hold a Certificate of Registration issued by the College of Optometrists of Ontario.
<b>Access</b>	<p>OHIP coverage for full eye examinations is as follows:</p> <ul style="list-style-type: none"> <li>• Children aged 0 to 19 years: One full eye examination annually.</li> <li>• Adults aged 20 to 64 years are not covered by OHIP. Exceptions are outlined below.</li> <li>• Seniors aged 65 and over: One full eye examination annually.</li> </ul> <p><b>Exceptions:</b> There is annual coverage for patients between 20 and 64 years of age due to medical necessity e.g., people with diabetes, cataracts, glaucoma, amblyopia (lazy eye), strabismus (turned eye), visual field defects, retinal disease and corneal disease.<sup>44</sup></p> <p>Patients age 20 to 64 years who are in receipt of social assistance benefits under either the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997 or the Family Benefits Program are eligible once every 24 months to receive a periodic oculo-visual assessment service provided by an optometrist or physician, unless they qualify for a major eye exam service.<sup>45</sup></p>

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## Fact Sheet: Optometry *continued...*

<b>Name of Health Profession:</b>	<b>Optometrist</b> <i>Registered Health Care Professional</i>
<b>Professional Associations and Related Websites</b>	<p><b>College of Optometrists of Ontario:</b> The self-regulatory authority accountable for registering (licensing) and governing optometrists in Ontario. General information regarding vision care is also provided for the public. <a href="http://www.collegeoptom.on.ca">http://www.collegeoptom.on.ca</a></p> <p><b>Ontario Association of Optometrists:</b> The provincial member association for optometrists across Ontario. <a href="http://www.optom.on.ca">http://www.optom.on.ca</a></p> <p><b>Canadian Association of Optometrists:</b> The national member association of nearly 3,000 Optometrists across Canada. <a href="http://www.opto.ca">http://www.opto.ca</a></p> <p><b>Canadian Examiners in Optometry:</b> Responsible for the Canadian Standard Assessment in Optometry, which is required for registration in Ontario. <a href="http://www.ceo-eco.org">http://www.ceo-eco.org</a></p> <p><b>Association of Regulatory Boards of Optometry (ARBO):</b> An association of North American optometric regulatory bodies. <a href="http://www.arbo.org">http://www.arbo.org</a></p>

# Fact Sheet: Pharmacy

<b>Name of Health Profession:</b>	<b>Pharmacist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3151
<b>Description<sup>15</sup></b>	There are two types of pharmacists: Community pharmacists and hospital pharmacists. Both types compound and dispense prescribed pharmaceuticals (drugs) and provide consultative services to both customers and health care providers.
<b>Responsibilities<sup>15</sup></b>	<p>Responsibilities include the following:</p> <ul style="list-style-type: none"> <li>• Check prescriptions for proper dosage and compound prescribed pharmaceutical products by calculating, measuring and mixing the quantities of drugs and other ingredients required and filling appropriate containers with correct quantity.</li> <li>• Dispense prescribed pharmaceuticals to customers or to other health care professionals and counsel them on indications, contraindications, adverse effects, drug interactions and dosage.</li> <li>• Maintain medication profiles of customers including registry of poisons and narcotic and controlled drugs. Ensure proper preparation, packaging, distribution and storage of vaccines, serums, biologicals, and other drugs and pharmaceuticals.</li> <li>• Advise customers on selection and use of nonprescription medication.</li> <li>• May supervise and coordinate the activities of other pharmacists, pharmacy assistants, pharmacy technicians and other staff.</li> </ul>
<b>Employment</b>	Employed in community and hospital pharmacies or they may be self-employed. Industrial pharmacists participate in the research, development, promotion and manufacture of pharmaceutical products and may be employed in pharmaceutical companies and government departments and agencies. Community pharmacies include independent and franchise retail pharmacies, medical clinics and pharmacies offering specialized services such as long-term care support. Hospital pharmacists work in hospital inpatient pharmacy departments overseeing the dispensing and storage of all medicines given to all patients in the hospital. The pharmacy department prepares medicines for patients that are admitted to hospital. One in six of Ontario pharmacists practice in hospitals. <sup>46</sup>
<b>Educational Requirements<sup>47</sup></b>	<p>To be licensed in Ontario, candidates must be a graduate from the Faculty of Pharmacy, University of Toronto, or a comparable academic program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCCAP) or the American Council on Pharmaceutical Education (ACPE). Program length is 4 years, followed by period of internship.</p> <p>International candidates who did not graduate from a program accredited by CCAPP or ACPE must have a degree in pharmacy evaluated by the Pharmacy Examining Board of Canada for the candidate to become eligible to write the Evaluating Exam and the Qualifying Exam of the Pharmacy Examining Board of Canada. The candidates must also complete a period of training approved by Council.</p>
<b>Other Professional Requirements</b>	<p>All candidates must pass the Qualifying Exam of the Pharmacy Examining Board of Canada as well as a provincial jurisprudence exam prior to licensure.</p> <p>Pharmacists must be registered with the College and participate in a quality assurance program to ensure their therapeutic knowledge is current.</p>
<b>Access</b>	<p>Community pharmacies include independent and franchise retail pharmacies and medical clinics. Direct care can be obtained for assistance for over-the-counter medications, as well as with a prescription issued by a health care professional.</p> <p>Hospital pharmacists work in hospital inpatient pharmacy departments overseeing the dispensing and storage of all medicines given to all patients in the hospital.</p>

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## Fact Sheet: Pharmacy *continued...*

<b>Name of Health Profession:</b>	<b>Pharmacist</b> <i>Registered Health Care Professional</i>
<b>Professional Associations and Related Websites</b>	<p><b>Ontario College of Pharmacists:</b> The registering and regulating body for pharmacy in Ontario. <a href="http://www.ocpinfo.com">http://www.ocpinfo.com</a></p> <p><b>Worth Knowing:</b> Administered by the College and provides information about the profession and guidance for consumers. <a href="http://www.worthknowing.ca">http://www.worthknowing.ca</a></p> <p><b>NewOntario Pharmacist:</b> Administered by the College and provides descriptions of education, work and examinations for prospective pharmacists. <a href="http://www.NewOntarioPharmacists.com">http://www.NewOntarioPharmacists.com</a></p> <p><b>Pharmacy Examining Board of Canada:</b> The organization which evaluates credentials and administers an entry to practice exam used by all provinces except Quebec. <a href="http://www.pebc.ca">http://www.pebc.ca</a></p> <p><b>Ontario Pharmacists' Association:</b> Professional association of pharmacists providing advocacy for the profession and leadership for education and communication. <a href="http://www.opatoday.com">http://www.opatoday.com</a></p> <p><b>Canadian Pharmacists Association:</b> A national voluntary organization of pharmacists. The website provides pharmacy publications, practice support material, patient information and news on the association's advocacy efforts and membership benefits. <a href="http://www.pharmacists.ca">http://www.pharmacists.ca</a></p> <p><b>Canadian Society of Hospital Pharmacists:</b> A national voluntary organization committed to the advancement of patient centred pharmacy practice in hospitals and related health care settings. <a href="http://www.cshp.ca">http://www.cshp.ca</a></p>

# Fact Sheet: Physiotherapy

<b>Name of Health Profession:</b>	<b>Physiotherapist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3142
<b>Description<sup>15</sup></b>	Physiotherapists assess patients and plan and carry out individually designed treatment programs to maintain, improve or restore physical functioning, alleviate pain and prevent physical dysfunction in patients.
<b>Responsibilities<sup>15</sup></b>	<p>Physiotherapists perform some or all of the following duties:</p> <ul style="list-style-type: none"> <li>• Assess patients' physical abilities using evaluative procedures such as functional ability tests.</li> <li>• Establish treatment goals with the patient based on physical diagnoses and establish a treatment plan, continually evaluating the client's progress.</li> <li>• Provide direct and indirect client care with implementation programs of physiotherapy including therapeutic exercise, manipulations, massage, education, the use of electrotherapeutic and other mechanical equipment and hydrotherapy.</li> <li>• Assess the need for equipment, physical aids and environmental modifications, obtaining required aids, and fitting client with the right assistive device.</li> <li>• Work as a member of a multidisciplinary professional team and confer with other health care professionals as well as maintain clinical and statistical records.</li> <li>• May conduct research in physiotherapy.</li> <li>• May provide consulting or education services.</li> </ul>
<b>Employment</b>	Physiotherapists practice within a broad range of settings that may include child-development centres, community health centres, fitness centres/health clubs/spas, government/health planning agencies, hospices, hospitals, home care, insurance companies, long-term care facilities, outpatient/ambulatory care clinics, private practice clinics, rehabilitation centres, research facilities, schools/universities/colleges, sporting events, sports medicine clinics and workplace/companies.
<b>Educational Requirements</b>	<p>A minimum of a baccalaureate degree in a physiotherapy education program at a Canadian university or an academic qualification from outside Canada that is considered to be substantially similar is required to practice in Ontario.</p> <p>There are five Ontario universities that offer physiotherapy programs: the University of Western Ontario, McMaster University, the University of Ottawa, the University of Toronto and Queen's University.</p>
<b>Other Professional Requirements</b>	After completing the educational requirements, candidates are required to successfully complete the Physiotherapy Competency Examination.
<b>Access</b>	Physiotherapists are primary care practitioners whereby clients may directly access their services. Practice has evolved to a high level of professional autonomy that is supported by legislation in all Canadian jurisdictions.
<b>Professional Associations and Related Websites</b>	<p><b>The College of Physiotherapists of Ontario:</b> The regulatory body for the profession whose website includes legislation information, entry-to-practice requirements, and standards for professional practice. <a href="http://www.collegept.org">http://www.collegept.org</a></p> <p><b>Ontario Physiotherapy Association:</b> Provides general information on physiotherapy, and includes resources for physiotherapists and students. <a href="http://www.opa.on.ca">http://www.opa.on.ca</a></p> <p><b>Canadian Physiotherapy Association:</b> Provides information for the public and for professionals to guide the profession in Canada. <a href="http://www.physiotherapy.ca">http://www.physiotherapy.ca</a></p>

# Fact Sheet: Podiatry<sup>ix</sup>

<b>Name of Health Profession:</b>	<b>Podiatrist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3123 Note: Classification refers to 'Other Professional Occupations in Health Diagnosing and Treating'.
<b>Description</b>	Podiatrists are concerned with the examination, diagnosis and prevention of foot disorders by mechanical, surgical and other means of treatment.  Podiatrists are able to communicate a diagnosis identifying a disease or disorder of the foot. <sup>48</sup> Podiatrists also perform bone surgery on the forefoot.
<b>Responsibilities<sup>48</sup></b>	Podiatrists help patients reduce or eliminate foot pain, gain mobility and maintain healthy feet. Many podiatrists utilize both conventional and highly specialized methods. X-rays and other diagnostic tests may be performed. Surgery on an outpatient basis may involve the use of traditional open or minimal incision surgery including endoscopic and even laser techniques. Custom orthotics may be prescribed to correct certain biomechanical imbalances and occasionally custom shoes may be prescribed.  Podiatrists treat sports injuries, common foot conditions such as corns, warts, ingrown toenails or calluses, foot infections caused by medical conditions such as diabetes, and foot deformities and misalignments.  Podiatrists treat children to the aged.
<b>Employment</b>	Podiatrists work with many different health care professionals including nurses, dermatologists, occupational therapists, physiotherapists and physicians (both general practitioners and specialists).  Although most Podiatrists work in private practice, there are a range of practice options: hospitals, multidisciplinary health clinics, private foot clinics, industry, long-term care facilities and sporting events.
<b>Educational Requirements<sup>49</sup></b>	Most students entering a College of Podiatric Medicine have a bachelor of science or a higher degree in science. In addition, they must achieve the required results in the medical school entrance exam known as Medical College Aptitude Test (MCAT) designed for medical doctors.  The podiatry course takes 4 years at an accredited College of Podiatric Medicine in the United States. Courses are coordinated with clinical training in universities and hospitals and, upon completion, graduates obtain a degree of "Doctor of Podiatric Medicine" (D.P.M.).
<b>Other Professional Requirements</b>	The College of Chiropractors is the regulatory body for Podiatrists. Podiatrists must pass Comprehensive Board exams as well as provincial licensing exams before being licensed to practice.  Internship for residency, performed at both hospitals and private clinics, are chosen by many podiatrists for advanced postgraduate training in orthopaedics and surgery. In addition, continuing education courses keep podiatrists up to date regarding new developments in podiatric medicine and foot surgery.
<b>Access</b>	A referral from a family physician is not required to see a podiatrist.
<b>Professional Associations and Related Websites</b>	<b>College of Chiropractors of Ontario:</b> Provides information on regulations, legislation, standards and registration for its chiropody members. All chiropractors and podiatrists who work in Ontario are responsible for meeting its standards. <a href="http://www.cocco.on.ca">http://www.cocco.on.ca</a>  <b>Ontario Podiatric Medical Association:</b> This website is a resource for the general public seeking information about foot health matters as well as to podiatrists and other health care professionals. <a href="http://www.opma.ca">http://www.opma.ca</a>  <b>Podiatrists in Canada:</b> Provides information on foot care, names of podiatrists in British Columbia and Alberta, and links for the seven colleges of podiatry in the United States. <a href="http://www.footdoctors.ca">http://www.footdoctors.ca</a>

ix The College of Chiropractors regulates Podiatry, which is one profession with two classes of members i.e., podiatrists and chiropractors.

# Fact Sheet: Psychology

<b>Name of Health Profession:</b>	<b>Psychologist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	4151
<b>Description</b>	<p>Psychologists assess and diagnose behavioural, emotional and cognitive disorders, counsel clients, provide therapy and research, and apply theory relating to behaviour and mental processes. Psychologists apply this knowledge to help people manage psychological difficulties associated with trauma, life stress, health problems and mental health problems or to enable groups such as families or organizations to function better. Psychologists help clients work toward improving physical, intellectual, emotional, social and interpersonal functioning.<sup>15</sup></p> <p>The College of Psychologists of Ontario regulates two groups of autonomous practitioners: Psychologists and Psychological Associates.<sup>50</sup> The specific area of practice and client population served by a member of the College are determined by the member's training and areas of competence. The "Educational Requirements" section in this profile explains the differences in training between Psychologists and Psychological Associates.</p>
<b>Responsibilities<sup>50</sup></b>	<p>Within the profession of psychology are many areas of specialized practice including clinical psychology, health psychology, school psychology, clinical neuropsychology, counselling psychology, forensic/correctional psychology, industrial/organizational psychology and rehabilitation psychology.</p> <p>General responsibilities include:</p> <ul style="list-style-type: none"> <li>• Examining and assessing behaviour, diagnosing behavioural, emotional and cognitive disorders, counselling clients and providing therapy.</li> <li>• Using standard psychological tests for assessment.</li> <li>• Planning intervention programs and conducting program evaluation.</li> <li>• Counselling individuals and groups to achieve more effective personal, social and vocational development and adjustment, including mediation services.</li> </ul>
<b>Employment</b>	Psychologists work in a variety of settings including hospitals, schools, mental health agencies, correctional services, community-based health and social service agencies, industry, or private practice.
<b>Educational Requirements</b>	<p>Psychologists in Ontario must hold a doctorate degree in psychology. Admission to a doctoral program requires an honours undergraduate degree in psychology (4 years), or its equivalent (9 full courses or 14 half courses in psychology) and completion of a master's degree with thesis in psychology (2 years). Most universities in Ontario offer undergraduate degrees in psychology. The Canadian Psychological Association website<sup>51</sup> provides a list of universities in Ontario offering graduate programs in psychology.</p> <p>Registration as a "psychological associate" requires a master's degree in psychology and at least 4 years of relevant, postdegree experience.</p>
<b>Other Professional Requirements<sup>52</sup></b>	<p>In addition to the educational requirements, candidates must also be registered with the College of Psychologists of Ontario.</p> <p>To qualify for registration, the professional must successfully complete a comprehensive written examination that is standard throughout North America as well as a written examination designed to evaluate knowledge of jurisprudence and ethics. Candidates must also complete a year of supervised practice approved by the College. The successful completion of an oral examination designed to evaluate readiness for professional practice is also required.</p>
<b>Access<sup>53</sup></b>	<p>The services provided by a psychologist or psychological associate in private practice are not covered under OHIP and the practitioner bills the patient directly. In Canada, the services provided by a psychologist or psychological associate are covered by provincial health insurance only if the practitioner is employed by, for example, a hospital, correctional facility, community clinic, social agency or school.</p> <p>Many people have extended health benefits through their employers that cover some amount of psychological service annually.</p>

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## Fact Sheet: Psychology *continued...*

<b>Name of Health Profession:</b>	<b>Psychologist</b> <i>Registered Health Care Professional</i>
<b>Professional Associations and Related Websites</b>	<p><b>College of Psychologists of Ontario:</b> The regulatory body for the profession of psychology in the province and sets the standards for the provision of psychological services by Psychologists and Psychological Associates. <a href="http://www.cpo.on.ca">http://www.cpo.on.ca</a></p> <p><b>Ontario Psychological Association:</b> A voluntary professional organization whose website provides information about the practice of psychology for members of the public and for psychological practitioners. <a href="http://www.psych.on.ca">http://www.psych.on.ca</a></p> <p><b>Ontario Association of Psychological Associates:</b> Provides information about the profession, education for members and career links. <a href="http://www.oapa.on.ca">http://www.oapa.on.ca</a></p> <p><b>Canadian Psychological Association:</b> Provides policy information, links to careers, and publications to promote excellence and innovation in psychological research, education, and practice. <a href="http://www.cpa.ca">http://www.cpa.ca</a></p>

# Fact Sheet: Respiratory Therapy

<b>Name of Health Profession:</b>	<b>Respiratory Therapist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3214 Note: This classification refers to “Respiratory Therapists, Clinical Perfusionists and Cardio-Pulmonary Technologists.” Please refer to the College to determine fields of practice regulated in Ontario.
<b>Description<sup>54</sup></b>	<p>Registered Respiratory Therapists (RRTs) are health care professionals who, under a physician’s medical direction and supervision, plan and implement a variety of therapeutic and diagnostic procedures for patients of all ages suffering from a wide range of heart and lung disorders, such as:</p> <ul style="list-style-type: none"> <li>• asthma</li> <li>• heart failure</li> <li>• Chronic Obstructive Pulmonary Disease (COPD): chronic bronchitis and emphysema</li> <li>• premature infants with underdeveloped lungs</li> <li>• drowning victims</li> <li>• pneumonia</li> <li>• car accident victims</li> <li>• respiratory distress</li> <li>• spinal cord injured individuals</li> <li>• croup</li> <li>• strokes</li> <li>• chest trauma - broken ribs, etc.</li> <li>• head injuries</li> </ul> <p>RRTs work in a wide variety of settings including: hospitals, home care, education, private diagnostic laboratories, research, and sales.</p>
<b>Responsibilities<sup>54</sup></b>	<p>The main duties of an RRT are:</p> <ul style="list-style-type: none"> <li>• critical care including emergency, intensive care and trauma services;</li> <li>• intubation and mechanical ventilation;</li> <li>• anesthesia support;</li> <li>• noncritical patient assessment and treatments;</li> <li>• support for patients or clients in their residence;</li> <li>• diagnostic testing services including:               <ul style="list-style-type: none"> <li>◦ analysis of blood for oxygen and carbon dioxide levels (arterial blood gas analysis) and various other blood values</li> <li>◦ analysis of pulmonary function (volumes in/out of lungs; amount of oxygen and carbon dioxide moving between the lungs and the blood; ability to move volumes in/out of lungs fast)</li> <li>◦ analysis of the body’s response to stress (exercise)</li> <li>◦ cardiac electrical activity (electrocardiogram; ECG)</li> <li>◦ sleep studies (polysomnography);</li> </ul> </li> <li>• transporting patients to the hospital and between hospitals;</li> <li>• cardiopulmonary resuscitation (CPR);</li> <li>• controlling and supplying medical gases;</li> <li>• patient/family/caregiver education; and</li> <li>• health promotion.</li> </ul> <p>Within any of the above areas, some of the procedures that a Respiratory Therapist may perform include:</p> <ul style="list-style-type: none"> <li>• artificial airways (intubation – putting a tube through the mouth or nose into the trachea);</li> <li>• “suctioning” – applying suction to keep the trachea or lungs clear of mucous;</li> <li>• mechanical ventilation – “life support system” monitoring, assessing and caring for patients who need assistance breathing;</li> <li>• medication delivery – using a mask and “nebulizer” or a “puffer”; and</li> <li>• ensuring a warm environment for a newborn who is unable to maintain their own temperature.</li> </ul>

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## Fact Sheet: Respiratory Therapy *continued...*

Name of Health Profession:	<b>Respiratory Therapist</b> <i>Registered Health Care Professional</i>
<b>Employment</b> <sup>54</sup>	<p>The majority of RRTs work in critical care, however, they are educated to work in various roles and settings such as:</p> <ul style="list-style-type: none"> <li>• <b>Direct patient care:</b> As front line health care professionals, Registered Respiratory Therapists provide direct patient care for those suffering from respiratory and cardio-respiratory disorders.</li> <li>• <b>Diagnostic:</b> Respiratory Therapists perform pulmonary function and stress testing for patients in diagnosing COPD, for example.</li> <li>• <b>Homecare:</b> Respiratory Therapists provide home respiratory services, assess patient respiratory status, identify problems and needs, evaluate the effect of the home setting, educate the patient on proper equipment use, monitor patient response to and complications of therapy, monitor equipment functioning, monitor for appropriate infection control procedures, make recommendations for changes to therapy regimen, and adjust therapy under the direction of the physician.</li> <li>• <b>Rehabilitation:</b> Respiratory Therapists teach people to manage chronic lung conditions through respiratory rehabilitation programs.</li> <li>• <b>Patient education:</b> All RTs are involved patient education when helping patients' learn how to manage their respiratory conditions. But some RTs specialize in patient education and are certified educators working with patients with Asthma or COPD, for instance.</li> </ul>
<b>Educational Requirements</b>	<p>Respiratory Therapists are graduates of 3 year diploma or 4 year diploma/degree programs offered at community colleges and universities. All respiratory therapy programs include practical experience in a hospital setting.</p> <p>There are six postsecondary educational institutions in Ontario that offer programs that are approved by the College of Respiratory Therapists of Ontario: Algonquin College, Canadore College, Conestoga College, Fanshawe College, La Cite Collegiate, and the Michener Institute of Applied Health Sciences.</p>
<b>Other Professional Requirements</b>	<p>Graduates must pass the national registration examination administered by the Canadian Board for Respiratory Care and then register with the College of Respiratory Therapists of Ontario.</p>
<b>Access</b>	<p>Under direction of a physician, respiratory therapists treat persons of all ages experiencing breathing difficulties. They are often the first health professional summoned to the emergency department.</p>
<b>Professional Associations and Related Websites</b>	<p><b>College of Respiratory Therapists of Ontario (CRTO):</b> Regulates the profession of Respiratory Therapy in the public interest. The CRTO does this by setting out the requirements for entering the profession and the standards and competencies required for the practice of respiratory therapy in Ontario.  <a href="http://www.crto.on.ca">http://www.crto.on.ca</a></p> <p><b>Respiratory Therapy Society of Ontario (RTSO):</b> Acts to represent, advocate and advance the professional interests of Respiratory Therapists in the province of Ontario.  <a href="http://www.rtsso.org">http://www.rtsso.org</a></p> <p><b>Canadian Society of Respiratory Therapists:</b> Represents the national professional association for respiratory therapists. Information on education, accreditation and employment is available.  <a href="http://www.csrt.com">http://www.csrt.com</a></p>

# Fact Sheet: Speech-Language Pathology

<b>Name of Health Profession:</b>	<b>Speech-Language Pathologist</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3141 Note: Classification refers to “Audiologists and Speech-Language Pathologists.”
<b>Description<sup>55</sup></b>	<p>Speech-language pathologists assess, evaluate, plan interventions and implement treatment for people ranging in age from infants to adults who have problems with expressive and receptive language, voice, fluency, articulation or swallowing.</p> <p>Speech-language pathologists may work with people who have a particular type of disorder (e.g. stuttering) or with a particular age group (e.g. preschoolers). They often work in teams which may include audiologists, physicians, psychologists, social workers, nurses, teachers, occupational therapists, physiotherapists, recreational therapists or speech-language pathology assistants.</p> <p>Speech-language pathologists are skilled, autonomous professionals with specialized knowledge, skills, and clinical training in assessment and management of communication and swallowing disorders.</p>
<b>Responsibilities<sup>15</sup></b>	<p>Duties represent a broad range of services:</p> <ul style="list-style-type: none"> <li>• Speech-language pathologists use a variety of specialized tests and procedures for assessment and evaluation of speech, language and voice disorders.</li> <li>• They develop and implement remedial programs to correct the disorder.</li> <li>• Treatments for developmental or medical conditions may involve one-to-one therapy, group therapy or consulting with parents and others. Treatment goals vary depending on the situation. For example, the goal may be to restore language use after a stroke.</li> <li>• Provide treatment for language disorders to improve ability to understand spoken and written language, cognitive communication disorders to improve problem solving, memory, and organization skills, speech disorders to improve articulation, voice disorders to improve vocal quality, pitch, and loudness, and swallowing disorders to ensure that patients/clients are on safe diets and not at increased risk for choking or food/liquid build-up in the lungs.</li> <li>• Consultation with other professionals to provide comprehensive programs of care (e.g., audiologists, dietitians, nurses, occupational therapists, physicians, physiotherapists, psychologists, social workers, and teachers).</li> <li>• Clinical and academic research.</li> </ul>
<b>Employment</b>	<p>Speech-language pathologists are employed as clinicians in a variety of health care, education and private settings. Environments include hospitals, rehabilitation centres, community-based health, social service agencies, schools and private practices.</p> <p>They often work closely with audiologists to treat people with hearing impairments.</p> <p>Some are employed as researchers in hospitals, universities and government agencies (PhD usually required); others may be administrators of speech and hearing programs.</p>
<b>Educational Requirements</b>	<p>The education requirement for speech-language pathologists is a master's degree in speech-language pathology.</p> <p>Admission to master's degree programs generally requires an acceptable average in a 4 year bachelor's degree program with specified courses.</p> <p>In Ontario, master's degree programs in speech-language pathology are offered at the University of Western Ontario, the University of Toronto, and the University of Ottawa (French).</p> <p>A clinical placement in a hospital, private hearing clinic, rehabilitation centre or health care facility is required before graduation.</p>

*Continued on next page*

## Fact Sheet: Speech-Language Pathology *continued...*

<b>Name of Health Profession:</b>	<b>Speech-Language Pathologist</b> <i>Registered Health Care Professional</i>
<b>Other Professional Requirements</b>	<p>To practice in Ontario, speech-language pathologists must be registered with the College of Audiologists and Speech-Language Pathologists of Ontario (CASPLO), which ensures that clinicians meet stringent professional and ethical standards.</p>
<b>Access</b>	<p>Referrals to a speech-language pathologist are made by doctors or other health care workers, public health nurses, infant development specialists, teachers, family members or others that are involved in the care of the individual.</p> <p>Self-referrals can also be made.</p>
<b>Professional Associations and Related Websites</b>	<p><b>College of Audiologists and Speech-Language Pathologists of Ontario:</b> Presents an overview of the profession and provides legislation directly relevant to the professions of audiology and speech language pathology, registration information and links.  <a href="http://www.caslpo.com">http://www.caslpo.com</a></p> <p><b>Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA):</b> The single national body that supports the needs, interests and development of speech-language pathologists, audiologists and supportive personnel across Canada.  <a href="http://www.caslpa.ca">http://www.caslpa.ca</a></p> <p><b>The Ontario Association of Speech-Language Pathologists and Audiologists:</b> A voluntary, not-for-profit association providing its members with a wide range of services, including provincial advocacy, promotion of the professions, educational opportunities, and professional resources.  <a href="http://www.osla.on.ca">http://www.osla.on.ca</a></p> <p><b>Other:</b></p> <p><b>Ontario Association for Families of Children with Communication Disorders</b>  <a href="http://www.oafccd.com">http://www.oafccd.com</a></p> <p><b>Ontario Preschool Speech and Language Programs</b>  <a href="http://www.children.gov.on.ca/CS/en/programs/BestStart/PreschoolSpeechLanguage/default.htm">http://www.children.gov.on.ca/CS/en/programs/BestStart/PreschoolSpeechLanguage/default.htm</a></p>

## Fact Sheet: Traditional Chinese Medicine

<b>Name of Health Profession:</b>	<b>Traditional Chinese Medicine Practitioner</b> <i>Registered Health Care Professional</i>
<b>NOC Number(s)</b>	3232 Note: Classification refers to Midwives and Practitioners of Natural Healing
<b>Description<sup>56</sup></b>	“The practice of traditional Chinese medicine is the assessment of body system disorders through traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health.”
	The <i>Traditional Chinese Medicine Act, 2006</i> was proclaimed in December 2006 and the Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO), along with the transitional Registrar, will be developing the regulatory framework for the profession with the objective of ensuring the public interest is protected.
<b>Responsibilities</b>	Not available.
<b>Employment</b>	Not available.
<b>Educational Requirements</b>	Once established, the Transitional Council of the CTCMPAO will be developing a registration regulation, which will include educational requirements, and the process for registering members as is the case with all regulatory colleges. The regulation will be submitted to the minister for review and to the Lieutenant Governor in Council for approval.
<b>Other Professional Requirements</b>	Practitioners must be registered with the CTCMPAO in order to practice traditional Chinese medicine. The Transitional Council will determine when individuals may begin to apply for registration as it is wholly responsible for administering the registration process.
<b>Access</b>	Patients do not require a referral from a physician. Traditional Chinese medicine practitioners and acupuncturists practice independently within their scope of practice. The transitional Council of CTCMPAO may, in future, require transfer of care to another regulated health profession in some instances.
<b>Professional Associations and Related Websites</b>	Not available.

NOTES: • The profile for traditional Chinese medicine practitioners is less detailed as the legislation creating a self-governing regulatory College (Traditional Chinese Medicine Act, 2006 ) was recently proclaimed in December 2006.

# What MOHLTC Programs Address the Supply and Distribution of Health Human Resources in Ontario?

There are a number of program supports provided by the MOHLTC to address the supply and distribution of health care professionals. A brief description of many of the initiatives is provided in this toolkit. The reader should be aware that there are some other programs that may not be featured in this toolkit. It was necessary to select and organize the material to make it relevant for planning decisions. First, programs are organized according to physician-specific programs, nurse-specific programs and multidisciplinary and other health care provider programs. Second, an attempt was made to describe programs with longevity. For example, there are alternative payment plans, alternative funding plans and related arrangements that have been established to directly address the supply of health care professionals in specific sectors, regions or health care facilities. Some of these initiatives represent onetime financial investments that will be managed for a specific time-frame, or will be operated until a specific benchmark or headcount has been achieved. While such programs will impact planning decisions, it would not be practical to describe each specific contractual arrangement and would make this toolkit less useful over time. Finally, a number of MOHLTC programs are excluded which are designed for specific professions to either increase work safety or assist the performance of specific job tasks. It was felt that these initiatives, though important as health career supports, were less relevant from a local planning perspective than those selected for inclusion.

Please note that this section describes current initiatives and programs. Other programs and initiatives are under development through the Ministry's new HealthForceOntario (HFO) Strategy which will be described in Section 4 of this Toolkit.

## 2.1 Physician-Specific Programs within the Underserved Area Program

*At the time of publication, discussions were underway regarding potential changes to the Underserved Area Program. Please refer to the MOHLTC public website for the latest information on the UAP.*

The purpose of the Underserved Area Program (UAP) is to help underserved communities recruit and retain health professionals. The UAP helps communities across the province improve access to health care services by providing a variety of integrated initiatives aimed at attracting and retaining physicians and specialists, as well as providing nursing services in rural and remote areas. Description of nursing services related to UAP is provided in the "Nursing-Specific Programs" section of this toolkit. Similarly, there are UAP supports available for other health care providers and these are described in the "Multidisciplinary and Other Health Care Provider Programs" section of this toolkit.

In order to be eligible for many of the UAPs recruitment and retention benefits, a community must be designated as underserved by the MOHLTC. However, there are UAP supports that are offered to both designated and nondesignated communities across Ontario.

The UAP is aligned with the MOHLTC Primary Health Care Team and works closely with underserved communities and other MOHLTC initiatives (e.g., International Medical Graduates Program, Rural and Northern Physician Group Agreements) in matching appropriate programs and optimal benefits to communities and health providers.

Further information on the Underserved Area Program is available at: [http://www.health.gov.on.ca/english/providers/program/uap/uap\\_mn.html](http://www.health.gov.on.ca/english/providers/program/uap/uap_mn.html)

Designation of communities as underserved is an ongoing self-assessment process, wherein communities identify themselves to the MOHLTC as experiencing long-standing difficulties attracting physicians, and being in need of recruitment and retention supports through the UAP.

The UAP designates communities as underserved when specific criteria are met, and there is indication that the communities have significantly fewer physicians than are needed.

Factors that are considered for designating a community as underserved include:

- health care professional data including the number of physicians serving the community,
- population and physician-to-population ratios,
- previous recruitment efforts,
- local demand for services,
- additional health service needs and resources, and the
- support of local health care professionals and other community endorsements.

The UAP may designate communities as:

- a) underserved for General/Family Practitioners (FPs),
- b) underserved for Specialists, or
- c) underserved for rehabilitation professionals.

Guidelines for obtaining designation or qualifying for specific programs are available at:

[http://www.health.gov.on.ca/english/providers/program/uap/guidelines\\_mn.html](http://www.health.gov.on.ca/english/providers/program/uap/guidelines_mn.html).

There are three key characteristics of the UAP. One, only Northern communities may be designated as underserved for Specialists. Northern Ontario is defined as the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Temiskaming. These districts fall within the boundaries of North East LHIN (#13) and North West LHIN (#14). Two, communities across the province may be designated as underserved for GP/FPs. Three, underserved area designation for GP/FP is based on resident population and not hospital catchment areas. Designation is primarily applied at the lower or single tier municipal level. It is possible for neighbouring communities to join together for designation purposes as long as there is written confirmation that neither will apply separately in the future.

Once a community has been designated as underserved, practice opportunities are displayed on a “list of areas designated as underserved” (LADAU). LADAUs are electronically available to health professionals who are interested in exploring practice opportunities. The list is updated quarterly.

A list of areas designated as underserved (LADAU) for either GP/FPs or Specialists are published quarterly and available in two separate documents at:

<http://www.health.gov.on.ca/english/providers/program/uap/about/designation.html>

There is a third LADAU for rehabilitation professionals and is described under the “Multidisciplinary Health Care Provider Programs” section of this toolkit.

### UAP Program Supports for Physicians in Designated Areas

Table 2 provides a list of the integrated programs that comprise the UAP that are physician-specific. A brief description of each of these initiatives is provided following the table.

**Table 2: UAP Integrated Program Supports for Physicians**

Initiatives for Areas Designated as Underserved for Physicians
Incentive Grant Program
Free Tuition Program
Community Assessment Visit Program
PAIRO Registry
OMA Physician Job Registry
Locum Tenens Program

  

Initiatives for All Areas, Designated or Not Designated as Underserved for Physicians, requiring UAP Support
Community Development Officers
Resident Placement Program
Psychiatric Outreach Program
Visiting Specialists Clinic Program
Physician Outreach Program

### Incentive Grant Programs

There are a number of incentive grant programs that are offered to assist in the recruitment and retention of both GP/FPs and specialists. For example, incentive grants may be paid over 4 years to GP/FPs and psychiatrists who relocate to designated northern communities. Incentive grants may also be paid over 4 years to GP/FPs who relocate to designated southern communities. Further, incentive grants may be paid over 4 years to physician specialists who relocate to designated communities in Northern Ontario with an additional grant payment offered if the specialist provides a minimum (MOHLTC defined) number of days of outreach services per year.

Further information about incentive grant programs is available at:

<http://www.health.gov.on.ca/english/providers/program/uap/about/incentives.html>

### **Free Tuition Program**

Established in July 2000 as a recruitment strategy, the Free Tuition Program provides paid tuition, up to a maximum amount, to final-year medical students, residents and new physician graduates, in exchange for a full-time 3 or 4 year return-of-service commitment in an eligible underserved community.

Further information about the free tuition program is available at: <http://www.health.gov.on.ca/english/providers/ministry/recruit/tuition.html>

### **Community Assessment Visit Program**

The Community Assessment Visit Program represents a recruitment initiative by providing reimbursement for travel and accommodation expenses within Ontario, for a physician and spouse, to visit MOHLTC designated underserved communities for the purpose of exploring practice opportunities.

Further information about the community assessment visit program is available at: <http://www.health.gov.on.ca/english/providers/program/uap/guidelines/comassessvisit.html>

### **OMA Physician Job Registry**

The Physician Job Registry is internet-based and administered by the Ontario Medical Association (OMA). The registry identifies underserved communities with current vacancies for GP/FPs and helps match physicians to communities. Further information on the Physician Job Registry is available from the UAP or directly from the OMA at: <http://oma.org>.

### **Locum Tenens Programs**

Locum Tenens Programs assist specific designated underserved communities in Ontario with temporary medical services to replace physicians on holidays, education leave, etc. The GP/FP program is

administered by the OMA locum program<sup>57</sup> and is available to identified communities across the province. There are two additional Locum Tenens Programs: the Specialist Urgent Locum Program and the Specialist Respite Locum Program, both administered directly by the UAP and is available to designated communities in Northern Ontario. The Specialist Urgent Locum Program provides urgent specialist locum services to underserved communities in Northern Ontario where the specialist complement is two or less; or, where there are vacancies and the community is actively recruiting for full-time staff. The Specialist Respite Locum Program provides respite specialist locum services to underserved communities in Northern Ontario where the specialist complement is three or more; and, where there is full complement for that specialty.

### **Community Development Officers**

Community Development Officers (CDOs) facilitate, liaise and coordinate the independent recruitment initiatives of physicians, by communities, government agencies and other stakeholders to address regional physician resource issues.

The MOHLTC funds six CDO positions. There are three positions in northern Ontario. There is a CDO for Northwestern Ontario located in Thunder Bay, and two CDOs for Northeastern Ontario, located in Sudbury and Timmins, and administered by the Northern Ontario School of Medicine. As well, there are three positions in Southern Ontario. There is a CDO position serving Southeastern Ontario, which is located in Kingston and is administered by Queen's University, Faculty of Health Sciences. There is a CDO for Southwestern Ontario in London and associated with the University of Western Ontario. A third CDO position serving Southcentral Ontario is administered by the Rural Ontario Medical Program in Collingwood, and associated with the McMaster Academic Health Science Centre.

**Table 3: Community Development Offices in Ontario**

<b>Northwestern Ontario</b>
Northern Ontario School of Medicine Thunder Bay Website: <a href="http://www.nomp.on.ca">http://www.nomp.on.ca</a>
<b>Northeastern Ontario</b>
Northern Ontario School of Medicine Sudbury Website: <a href="http://www.nomec.on.ca">http://www.nomec.on.ca</a>
Northern Ontario School of Medicine Timmins Website: <a href="http://www.nomec.on.ca">http://www.nomec.on.ca</a>
<b>Southeastern Ontario</b>
Queen's University Kingston Website: <a href="http://www.cdoseo.com">http://www.cdoseo.com</a>
<b>Southwestern Ontario</b>
University of Western Ontario London Website: <a href="http://www.swomen.ca">http://www.swomen.ca</a>
<b>Southcentral Ontario</b>
Rural Ontario Medical Program Collingwood Website: <a href="http://www.romponline.com">http://www.romponline.com</a>

### **Resident Placement Program**

The Resident Placement Program (RPP) is a coordinated partnership with PAIRO and the province's regional Community Development Officers to help medical residents better understand the career opportunities available in Ontario and to select those positions that best meet personal and professional needs.

Further information on the Resident Placement Program is available at: <http://www.pairo.org/Content/Default.aspx?pg=1007>

### **Psychiatry Outreach Program**

The objective of the Psychiatry Outreach Program is to improve access to psychiatric services. Administered by the University of Toronto, the Psychiatry Outreach Program provides clinical service, education, and support to Northern rural or remote communities underserved in mental health care. The program emphasizes service delivery and resident training in partnership with all five Ontario university departments of psychiatry.

For further information about the psychiatry outreach program, contact the MOHLTC Primary Health Care Team, Underserved Area Program.

### **Visiting Specialists Clinic Program**

Through the Visiting Specialists Clinic Program, a specialist provides 1 to 3 day clinics in a community that is more than 40 kilometres from the nearest health care professional in that specialty and where the local population cannot support a full-time specialist. This initiative is designed to enhance access to medical services.

Further information about the Visiting Specialists Clinic Program is available at: <http://www.health.gov.on.ca/english/providers/program/uap/about/access.html>

### **Physician Outreach Program**

Through this program, physicians provide regularly scheduled primary care outreach clinics to remote communities that have UAP-funded nursing stations or medical clinics for a set number of clinic days per week. Physicians are remunerated through fee-for-service as well as an additional honorarium provided for each day of outreach service provided.

Further information about the Physician Outreach Program is available at: [http://www.health.gov.on.ca/english/providers/program/uap/guidelines/genfamily\\_outreach.html](http://www.health.gov.on.ca/english/providers/program/uap/guidelines/genfamily_outreach.html)

## 2.2 Other Physician-Specific Programs

### International Medical Graduate Program

*At the time of publication, discussions were underway regarding potential changes to the International Medical Graduate Program (IMGP). Please refer to the MOHLTC public website for the latest information on the IMGP.*

#### Training and Assessment Positions for International Medical Graduates (IMGs)

An International Medical Graduate (IMG) refers to a physician who obtained his/her basic medical degree from a medical school outside of Canada or the United States.

IMGs come from many different medical education systems around the world. Upon arrival in Ontario, some IMGs are immediately eligible for registration with the College of Physicians and Surgeons of Ontario (CPSO), see: <http://www.cpso.on.ca>, while others require additional assessment or training at the entry level or advanced level to meet Ontario's practice standards. To find out what he or she might require, an IMG can contact IMG Ontario, an organization providing information and evaluation services to assist IMGs to obtain the qualifications needed for registration. Information about IMG Ontario is found at: <http://www.imgo.ca>.

The ministry provides up to 200 training and assessment positions annually for IMGs. All ministry-funded postgraduate training and assessment positions for IMGs require individuals to provide service in Ontario's underserved communities. For access to an entry level training position, IMGs can apply directly to the national residency match, administered by the Canadian Residency Matching Service (CaRMS). This is a competitive match for residency training positions in various specialties. IMGs can improve their competitiveness by participating in an optional evaluation, offered through IMG Ontario. This match is held once a year, in the spring. Application information and eligibility criteria are found at: <http://www.carms.ca>.

Experienced physicians who have practiced in their specialty for several years can apply for an advanced level training position or a 6 month practice ready assessment position, which determines if they are eligible to enter practice directly. For access to these positions, individuals must contact IMG Ontario and participate in a mandatory specialty-specific evaluation. Individuals who are evaluated as eligible for these advanced level training or practice ready assessment positions are recommended for positions in Ontario's postgraduate training programs.

### Repatriation Program

The ministry funds training positions in Ontario for physicians who have completed postgraduate residency training outside of Ontario and require up to 2 years of additional training to meet the national certification requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC). This program is open to graduates of Canadian, international or U.S. medical schools.

To be eligible, individuals must:

- be a Canadian citizen or landed immigrant;
- be a graduate of an accredited medical school;
- have completed postgraduate residency training; and
- have received confirmation from the RCPSC that he or she requires up to 2 years of additional residency training to take the national certification examination for his or her specialty.

Information about this program is available from the Health Human Resources Policy Branch at [HPBProgramOfficer@moh.gov.on.ca](mailto:HPBProgramOfficer@moh.gov.on.ca) or by calling 416-327-8339.

### Medical Officer of Health Training Bursary Program

The MOHLTC offers a cost-shared bursary program for prospective medical officers of health to undertake Master's level training in public health. A prospective medical officer of health refers to a physician who is in good standing or eligible for registration with the College of Physicians and Surgeons of Ontario and interested in a career in public health. The province will cover a portion of the funding to the respective Board of Health for salary, tuition and expenses for bursary students.

For further information, contact the MOHLTC, Controllship and Resources Management Branch, Public Health Division.

### Physician Re-Entry Program

The MOHLTC offers 50 positions each year for physicians currently practicing in Canada to re-enter postgraduate medical training. Opportunities are available in all specialties, all subspecialties, third year family medicine and family medicine residency.

All positions have return of service requirements, which are part of a package of government initiatives designed to bring physician services to Ontario's underserved areas and provide opportunities for physicians to pursue different practice interests.

Available positions include:

- 20 positions in Family Medicine training (including third year and full residency)
- 20 positions in Specialty training
- 5 positions for Community Medicine specialty or Masters of Public Health training
- 5 positions for Subspecialty training

Information about the Re-Entry Training program is available at: [http://www.health.gov.on.ca/english/providers/ministry/recruit/reentry\\_training.html](http://www.health.gov.on.ca/english/providers/ministry/recruit/reentry_training.html)

## 2.3 Nurse-Specific Programs

### Nursing Stations

The UAP provides operational funding to nursing stations that provide primary care services in rural and northern communities whose population is not able to support a full-time family physician. Nursing stations are staffed with a full-time nurse or nurse practitioner and are supported by regular visits from a family physician. For further information, contact the MOHLTC Primary Care Team, UAP.

### Nurse Practitioner Initiative

The UAP administers Nurse Practitioner (NP) positions across the province in order to improve access to basic primary health care services, especially in remote, underserved areas. The initiative began in 2000 with NP positions added to the long-term care home sector through the UAP.

For further information, contact the MOHLTC Primary Health Care Team.

### Grow Your Own Nurse Practitioner Program

The Grow Your Own Nurse Practitioner Program (GYONP) is intended to increase access to primary health care, and to support the recruitment and retention of nurses. Funds allocated to an NP position that has remained unfilled for a period of time can be used to sponsor a local registered nurse (RN) to obtain his or her NP education. The funding is used to pay the RN's salary while he/she is in school and to reimburse education-related expenses. In exchange, the new NP must agree to a return of service commitment. While the GYONP is administered by the UAP, information can be obtained from either the UAP or the MOHLTC Nursing Secretariat.

Further information is available at: [http://www.health.gov.on.ca/english/providers/program/nursing\\_sec/materials.html](http://www.health.gov.on.ca/english/providers/program/nursing_sec/materials.html)

### Nursing Education Initiative

The Nursing Education Initiative provides educational grants through the Registered Nurses' Association of Ontario (RNAO) and the Registered Practical Nurses' Association (RPNAO) to nurses who fulfill the program requirements. These education grants support the development of skills and specialties that allow to nurses to remain current and able to provide quality care.

Further information about the Nursing Education Initiative for Nurses is available at: <http://www.rnao.org/Page.asp?PageID=749&SiteNodeID=263> and <http://www.rpnao.org/sni/nei.asp>

### Nursing Strategy

Please note that at the time of publication there are portions of the Nursing Strategy that are being enhanced and incorporated within the HFO Strategy described in Section 4 of this Toolkit (e.g. New Grad Promise).

The Nursing Strategy is designed to increase the recruitment, retention and supply of nurses across the province and thereby improve access to care and improve patient outcomes. There are a number of initiatives currently within the Nursing Strategy. Three examples are provided here:

1. The Nursing Enhancement Fund provides hospitals with funding to create and maintain full-time nursing positions.
2. The Late Career Nurses Initiative provides opportunities for experienced nurses to spend a portion of their time in a less physically-demanding role that allows them to use their knowledge, skill and experience.
3. The Nursing Retention Fund aims to mitigate the risks of nursing layoffs in hospitals by providing proactive funding for strategies such as education, training and other initiatives that promote the retention of nurses.

Further information about the Nursing Strategy is available at: [http://www.health.gov.on.ca/english/providers/program/nursing\\_sec/strategy\\_app\\_mn.html](http://www.health.gov.on.ca/english/providers/program/nursing_sec/strategy_app_mn.html). Alternatively, the Nursing Secretariat, MOHLTC can be contacted.

## 2.4 Multidisciplinary and Allied Health Care Provider Programs

### Careers in Health

Careers in Health or Carrière en Santé is a program offered by the French Language Health Services Office for the promotion of careers in a variety of health disciplines to French-speaking high school students in Ontario. The initiative is administered by the MOHLTC French Language Health Services Office, Acute Services Division.

Further information is available at:

[http://www.health.gov.on.ca/english/public/program/flhs/carriere\\_mn.html](http://www.health.gov.on.ca/english/public/program/flhs/carriere_mn.html)

### Health Professionals Recruitment Tour

The Health Professionals Recruitment Tour is an annual tour that enables communities designated as underserved to market themselves to current and future health care professionals by providing information about practice opportunities in underserved areas. The tour targets health care professionals and physicians (family and specialists), nurse practitioners, nurses, physiotherapists, occupational therapists, speech language pathologists, audiologists and chiropodists. The tour visits the province's five Academic Health Science Centres for a duration of 1 week in September. The communities and organizations that participate in the tour have an opportunity to promote lifestyle and employment opportunities to health care professionals during the event. It also includes an educational program to help communities with the recruitment and retention of physicians.

The Health Professionals Recruitment Tour is organized and administered by PAIRO and cosponsored by both the MOHLTC and the Ministry of Northern Development and Mines.

Further information is available at:

<http://www.health.gov.on.ca/english/providers/program/uap/about/recruit.html>

### Northeastern Ontario Health Professional Development Program

Administered by UAP, the Northeastern Ontario Health Professional Development Program provides support to health care professionals working in northern underserved areas by offering educational opportunities. The objective is to reduce professional isolation and promote retention of health care professionals.

Further information on the Northeastern Ontario health professional development program is available at:

<http://www.health.gov.on.ca/english/providers/program/uap/about/supports.html>

### Northern Ontario Virtual Library

Northern Ontario Virtual Library provides Northern Ontario health care providers such as physicians, nurses, occupational therapists, physiotherapists, etc., who do not have access to biomedical information resources locally, with 24/7 virtual access to a selected suite of Ovid biomedical databases, full text journals and textbooks, etc. Traditional library service is also offered including document delivery and mediated literature searches. The use of the internet to access information resources and training may help to overcome isolation barriers and promote the retention of practitioners.

Further information about the Northern Ontario Virtual Library is available at: <http://www.health.gov.on.ca/english/providers/program/uap/about/library.html>

### Incentive Grants for Allied Health Professionals

This program is eligible for audiologists, chiropodists, occupational therapists, physiotherapists and speech-language pathologists. These health professionals, who accept a fulltime position in a MOHLTC funded position in Northern Ontario, may be eligible to receive an incentive grant. The objective of the incentive grant program is to attract health care professionals to fill full-time vacancies in MOHLTC fully-funded positions in Northern Ontario. The program is managed by the UAP.

Further information and a List of Areas Designated as Underserved for Rehabilitation Professionals is available at: [http://www.health.gov.on.ca/english/providers/program/uap/desiglist\\_mn.html](http://www.health.gov.on.ca/english/providers/program/uap/desiglist_mn.html)

### **Community Assessment Visit Program**

The Community Assessment Visit Program provides reimbursement for travel and accommodation expenses within Ontario for a rehabilitation professional and spouse, to visit MOHLTC designated underserved communities for the purpose of exploring practice opportunities. The UAP administers this program.

Further information about the Community Assessment Visit Program is available at:

<http://www.health.gov.on.ca/english/providers/program/uap/guidelines/comassessvisit.html>

# What are Primary Care Delivery Models?

Primary care refers to a patient’s first point of contact with a physician or a health care team and focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.<sup>58</sup> Ontario has implemented a number of primary care delivery models aimed at improving access to first-contact primary health care services that incorporates service integration and interdisciplinary/multidisciplinary teams.

Primary care delivery models impact health human resources by striving to achieve a balance between the supply of health care providers and the provision of accessible, quality patient care. Effective delivery of primary health care services relies on a number of important components including an adequate supply of health human resources and a team approach that is focussed on patient needs, so that each service is provided by the most appropriate provider, and that providers work collectively to optimize outcomes.

There is growing consensus that family physicians, nurses, and other professionals working as partners will result not only in better health and improved access to services, but also in more efficient use of resources, including health human resources, and better satisfaction for both providers and patients.<sup>58</sup> Studies show that having health care providers from various disciplines working together in primary care can lead to better mental health among the providers and higher quality of care for patients.<sup>59</sup>

This section reviews primary care delivery models in Ontario. These models provide choice to health care providers, flexibility to adapt services to meet patient needs and provider skills, provide supports to care such as information technology and care guidelines, and enable local providers to innovate and adapt care delivery and processes to best meet the needs of their patients.<sup>60</sup>

Table 4 provides an overview of the key characteristics of 10 primary care delivery models.

**Table 4: Primary Care Delivery Models in Ontario**

Comprehensive Care Model (CCM)					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
October 2005	Solo physicians	<ul style="list-style-type: none"> <li>Only 3 hour block of after-hours services per week</li> <li>Patient enrolment required</li> </ul>	<ul style="list-style-type: none"> <li>Fee-for-service based plus after-hours premiums</li> <li>Additional payments for delivering targeted preventative care services</li> <li>Monthly comprehensive capitation payments for enrolled patients</li> </ul>	Not applicable	351 physicians <sup>60</sup> 412,275 enrolled patients
Family Health Groups (FHG)					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
2003	Groups of three or more physicians	<ul style="list-style-type: none"> <li>Regular and extended hours</li> <li>One 3 hour block of after-hours service per physician per week up to a maximum of five blocks</li> <li>Nurse-staffed Telephone Health Advisory Service (THAS)</li> <li>Patient enrolment is voluntary but some premiums are only paid for enrolled patients<sup>i</sup></li> </ul>	<ul style="list-style-type: none"> <li>Fee-for-Service plus after-hours and comprehensive care premiums and bonuses</li> <li>Additional payments for delivering targeted services to patients.</li> <li>Monthly comprehensive care capitation payments for enrolled patients</li> </ul>	Not applicable	333 groups <sup>60</sup> 4,479 physicians 4,840,803 enrolled patients

<sup>i</sup> Patients complete a Patient Enrolment and Consent to Release Personal Health Information form (the enrolment/consent form). Once the enrolment/consent form is completed, the physician acknowledges it and sends it to the MOHLTC for processing. Patient enrolment is voluntary, however, physicians receive some incentives for enrolled patients only. Patients must have OHIP coverage.

**Table 4: Primary Care Delivery Models in Ontario ...continued**

Family Health Networks (FHN)					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
2001	Groups of three or more physicians	<ul style="list-style-type: none"> <li>• Regular and extended hours</li> <li>• Nurse-staffed THAS</li> <li>• Patient enrolment required</li> </ul>	<ul style="list-style-type: none"> <li>• Blended capitation model</li> <li>• Additional payments for delivering targeted services to patients</li> <li>• CME</li> <li>• I.T. subsidy</li> </ul>	Not applicable	102 groups <sup>60</sup> 1058 physicians 1,242,623 patients
Family Health Teams (FHT)					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
April 2005	Interdisciplinary	<ul style="list-style-type: none"> <li>• Regular and extended hours</li> <li>• Nurse-staffed THAS</li> <li>• Patient enrolment required</li> </ul>	Three Options: <ul style="list-style-type: none"> <li>• Blended capitation model (to groups with three or more physicians)</li> <li>• Blended complement model (to groups with one to seven physicians in specific defined areas of Ontario)</li> <li>• Blended Salary compensation model (available to community-led governance FHTs and mixed governance i.e., community and providers, FHTs)</li> </ul>	Options: <ul style="list-style-type: none"> <li>• Salary</li> <li>• Sessional funding</li> <li>• Contractual arrangement</li> </ul>	150 teams operational by 2007/08
Primary Care Networks (PCN)					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
Introduced 1999 <sup>ii</sup> • Now Family Health Organization	Physician groups	<ul style="list-style-type: none"> <li>• Regular and extended hours</li> <li>• Nurse-staffed THAS</li> <li>• Patient enrolment required</li> </ul>	<ul style="list-style-type: none"> <li>• Blended capitation model</li> <li>• Additional payments for delivering targeted care services</li> </ul>	Not applicable	12 PCN <sup>60</sup> 170 physicians 299,626 patients
Health Service Organizations (HSO) <sup>iii</sup>					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
• Now Family Health Organization	Solo physicians or groups of physicians	<ul style="list-style-type: none"> <li>• Regular and extended hours</li> <li>• Patient enrolment required</li> <li>• Nurse staffed THAS</li> </ul>	<ul style="list-style-type: none"> <li>• Blended capitation model</li> <li>• Additional payments for delivering targeted care services</li> </ul>	Not applicable	48 HSO <sup>60</sup> 161 physicians 258,918 patients
Family Health Organization					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
November 2006	<ul style="list-style-type: none"> <li>• Physician Groups</li> <li>• Harmonization of HSO and PCN models into one model</li> <li>• New groups in future</li> <li>• Three or more physicians</li> </ul>	<ul style="list-style-type: none"> <li>• Regular and extended hours</li> <li>• Nurse-staffed THAS</li> <li>• Patient enrolment required</li> </ul>	<ul style="list-style-type: none"> <li>• Blended capitation model</li> <li>• Additional payments for delivering targeted care services</li> </ul>	Not applicable	See PCNs and HSOs noted above. New groups in future

ii Transitioned to Family Health Organization Model November 1, 2006

iii Transitioned to Family Health Organization Model November 1, 2006

**Table 4: Primary Care Delivery Models in Ontario ...continued**

Rural and Northern Physician Group Agreement					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
<ul style="list-style-type: none"> <li>Introduced April 1, 2004</li> </ul>	<ul style="list-style-type: none"> <li>Physician Groups (Group 1 complement, 3-7; Group 2 complement, 1-2; New Group 3 complement, 1, 1.5, 2) to be added Spring 2007</li> </ul>	<ul style="list-style-type: none"> <li>Regular and extended hours</li> <li>Nurse-staffed THAS with access to Group physician if required</li> <li>Patient enrolment incentives</li> </ul>	<ul style="list-style-type: none"> <li>Base Remuneration</li> <li>Incentives, premiums, special payments for delivering targeted care services</li> <li>After-hours on-call services to patients</li> </ul>	Not applicable	14 RNPGA Group 1 25 RNPGA Group 2 Total for both groups: 39 groups 95 physicians 22,425 enrolled patients Expanding to 22 additional communities (14 of which will be Group 3) in Spring 2007
Community Health Centres (CHC) and Aboriginal Health Access Centres (AHAC)					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
	<ul style="list-style-type: none"> <li>Interdisciplinary</li> <li>Nonprofit organizations</li> <li>Community governance</li> <li>Integration with social services</li> </ul>	<ul style="list-style-type: none"> <li>Regular and extended hours</li> <li>Targets one or more priority groups/vulnerable populations</li> </ul>	<ul style="list-style-type: none"> <li>Blended salary</li> </ul>	Salary	54 CHC <sup>61</sup> 177 FTE physicians 10 satellite CHC 10 AHAC <sup>62</sup> 12.6 FTE physicians
Group Health Centre (GHC)					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
Opened in 1963 in Sault Ste. Marie; still in operation	<ul style="list-style-type: none"> <li>Interdisciplinary teams</li> <li>Mixed governance</li> </ul>	<ul style="list-style-type: none"> <li>Regular and extended hours</li> <li>Nurse-staffed THAS</li> </ul>	<ul style="list-style-type: none"> <li>Blended capitation</li> <li>Additional payments for delivering targeted care services</li> </ul>	Salary	36 primary care physicians, 19 specialist FTE and 11.07 FTE General Practice Specialists. <sup>60</sup> 61,000 patients
Shared Care Pilot Sites					
Introduced	Composition	Characteristics	Physician Compensation Model	Interprovider Compensation Model	Roster
Launched 2006	<ul style="list-style-type: none"> <li>Six pilot sites</li> <li>Interdisciplinary teams with 3 to 15 physicians</li> </ul>	<ul style="list-style-type: none"> <li>Regular and extended hours</li> <li>Patient enrolment required</li> <li>Nurse staffed THAS</li> </ul>	<ul style="list-style-type: none"> <li>Fee-for-service</li> <li>Additional payments for delivering targeted care services</li> </ul>	Salary	Not Available

## Comprehensive Care Model

The Comprehensive Care Model (CCM) model of primary care delivery was first offered to physicians in October 2005. The CCM model is offered to individual family physicians. Physicians signing CCM agreements commit to providing comprehensive primary health care (health assessments, reproductive care, mental health care, palliative care, patient education, disease prevention and health promotion) and a weekly block of after-hours services to their patients. Physicians are compensated primarily through fee-for-service with some bonuses and premiums for delivering targeted preventative care services such as managing diabetes patients, providing smoking cessation counselling, and rostering unattached patients. Physicians also receive a modest monthly capitation payment for their enrolled patients.

The doctor's patients are 'enrolled' the same way they might be to a Family Health Team, a Family Health Network, or a Family Health Group. Patient enrolment means that all patients in the practice of a physician, regardless of their health status, must be invited to enrol. In order to enrol, patients complete the Patient Enrolment and Consent to Release Personal Health Information form (the enrolment/consent form). Once the enrolment/consent form is completed, the physician acknowledges it and sends it to the MOHLTC for processing. It should be noted that enrolling is voluntary however CCM premiums and bonuses are only paid for enrolled patients. Patients are not required to enrol to continue receiving services, nor will they be refused enrolment due to their health status or need for services.

The CCM Agreement provides that within 6 months of signing the Agreement, the signatory physician must begin to provide Block Coverage to his/her enrolled patients. Block Coverage is defined as one 3 hour block one day per week after-hours or on Saturdays, Sundays, or statutory holidays.

## Family Health Groups

The Family Health Group (FHG) model was launched in July 2003. A FHG is a collaborative comprehensive primary care delivery model involving three or more physicians practising together.<sup>63</sup> These physicians must be within reasonable distance of each other but need not be located in the same physical office space. FHG physicians agree to provide 3 hours of after-hours services for each FHG physician to a maximum of five

periods per week at appropriate locations. An appropriate location is one that is convenient and accessible to all patients. For example: three physicians in a FHG could each work a 3 hour shift, Monday, Wednesday and Friday, from 5 p.m. to 8 p.m. Alternatively, one physician could be designated the "after-hours" physician and work all 3 after-hours shifts. As the number of FHG physicians increases in the group, the number of after-hours increases. The obligation for physicians to provide after-hours services may be waived at the group's written request, provided that more than 50% of the group physicians provide regular emergency services or hospital anaesthetic services.

FHG physicians are paid fee-for-service and receive additional premiums and bonuses for providing after-hours care and comprehensive care to both enrolled and nonenrolled patients. Additional premiums are provided for delivering targeted services such as managing diabetes patients, providing smoking cessation counselling, senior's care, care for patients with serious mental illnesses (bipolar disorder or schizophrenia), new patient premiums and palliative care.

Patients of FHG physicians also have access to a nurse-staffed, after-hours Telephone Health Advisory Service (THAS). THAS is an integrated, after-hours telephone triage service designed to support primary care physicians in providing 24/7 primary care services to their enrolled patients. The service is available after-hours (Monday to Friday, 5 p.m. to 9 a.m.; Friday 5 p.m. to Monday 9 a.m.; and all-day on recognized holidays).

The THAS is a dedicated phone health service available to ensure patients of FHGs and other primary care delivery models have access to primary care services after-hours and on weekends and recognized holidays. When the physician's office is closed, patients can access this phone line, which is staffed by Registered Nurses. Based on callers' symptoms, the nurses can provide advice on next steps including how to administer self-care, to see or speak to caller's family physician within a certain time frame, or to visit the nearest hospital emergency. Nurses also have access to an on-call physician from the groups using the service. THAS on-call physicians are contacted for secondary triage if the nurse, based on his/her clinical judgment and the guideline used, deems the patient must be seen or should speak to a physician within a timeframe for

which an extended hour or regular clinic is not available. With callers' consent the THAS nurse will also provide a fax back report to the caller's physician which summarizes the details of the caller's encounter with THAS. This report is sent within 1 business day of the caller's encounter.

### **Family Health Networks**

The Family Health Network (FHN) model<sup>64</sup> was first offered to physicians in 2001 to encourage family physicians to work together to provide enhanced and accessible primary health care for both enrolled and nonenrolled patients. It is a blended payment (capitation, fee-for-service, premiums and bonuses) compensation model for groups consisting of a minimum of three family physicians. Physicians receive additional payments, premiums and bonuses for providing comprehensive care, preventive care services such as childhood immunizations, influenza vaccines, mammograms, pap smears, colorectal screening, hospital services, palliative care, office procedures, prenatal care, obstetrics and home visits. There is also compensation for continuing medical education and funding for improved clinical and practice management software and technology.

Except for recognized holidays, at least one FHN physician office staffed by a FHN physician agree to provide 3 hours of after-hours services for each FHN physician to a maximum of five periods per week at appropriate locations. After-hours sessions are usually provided between Monday and Thursday until 8 p.m. and a minimum of 3 hours on weekends (evening and weekend hours). If more than 50% of the FHN physicians provide public hospital emergency room coverage, public hospital anaesthesia services or after-hours obstetrical services on a regular ongoing basis, then the obligation to provide evening and weekend hours may be waived by the MOHLTC.

FHN physicians work together, along with the provision of THAS, to provide primary care services to their patients 24 hours a day, 7 days a week. The networks emphasize illness prevention and comprehensive care for patients while promoting a stronger doctor-patient relationship. Benefits for doctors include an access bonus for limiting the number of times their enrolled patients seek primary care services from a physician outside of the FHN, enhanced information technology, predictable income, better information on which to base care and improved work/life balance. Benefits for

patients are improved access to primary health care, continuous care through 24/7 access to medical advice, increased focus on preventive care and health promotion and illness prevention.

### **Family Health Teams**

The Family Health Team (FHT) model<sup>65</sup> was introduced in 2005 and is an approach to primary health care that brings together different health care providers to coordinate care for patients. The FHTs are designed by the communities and providers to address their unique local health care needs. While most FHTs consist of a core group of health care professionals that include doctors, nurses, and nurse practitioners, a number of different professional groups may also comprise a FHT that includes mental health workers, physician specialists, dietitians, pharmacists, chiropractors, peer support workers, care navigators, health educators/health promoters, social workers and representatives of community agencies.

Three compensation models are available as options to the FHT physicians, depending on the number of physicians in the group. Nonphysician providers may be compensated by salary, sessional funding or with a contractual arrangement.

Collaborative programs organized and delivered by a Family Health Team can include primary mental health care, primary palliative care, primary reproductive care such as counselling on birth control and family planning, support for hospital, home, public health and long-term care facilities, service coordination/care navigation, patient education and prevention, chronic disease management programs, health promotion and disease prevention, maternal/child health, care of the frail elderly and addiction treatment. These programs can include other local health care providers such as Public Health Units, hospitals, Community Care Access Centres, and community mental health programs.

Further information about Family Health Teams is available at: [http://www.health.gov.on.ca/transformation/fht/fht\\_mn.html](http://www.health.gov.on.ca/transformation/fht/fht_mn.html)

### **Family Health Organizations**

Effective November 1, 2006, all Primary Care Networks (PCN) and Health Service Organization (HSO) groups were transitioned into Family Health Organizations (FHO).<sup>60</sup> As background, PCNs were introduced in 1999 for groups of physicians. PCN physicians are family

physicians who worked together to provide comprehensive primary care to patients enrolled with them through a combination of regular and extended office hours, as well as access to THAS. Physicians were compensated with a blended capitation model. HSOs have been a component of Ontario's health care system since the early 1970s. HSOs allow individual physicians and physician groups to enrol patients, receive capitation payments for services, and obtain additional payments for services to targeted patient groups.

Pursuant to the 2004 Memorandum of Agreement between the MOHLTC and the Ontario Medical Association, a joint working group was created to align the PCN and HSO models into one model that provides for common capitated services. The three objectives underlying harmonization are to streamline the administration of agreements, reduce complexity in changes of payment systems and contract management, bring financial equity ("relativity") across primary health care models and participating physicians and make the model available to any physician in Ontario.

Family physicians are compensated through a blended capitation model based on a defined basket of services. FHO patients will also have access to after-hours health information and advice through the THAS. Except for recognized holidays, at least one FHO physician office staffed by a FHO physician will offer extended hours and a minimum of 3 hours on weekends (evening and weekend hours). If more than 50% of the FHO physicians provide public hospital emergency room coverage, public hospital anaesthesia services or after-hours obstetrical services on a regular ongoing basis, then the obligation to provide evening and weekend hours may be waived by the MOHLTC.

### **Community Health Centres**

Community Health Centres (CHCs)<sup>61</sup> use a community development approach to health care and play an important role in expanding access to comprehensive primary care, health promotion and coordination and delivery of community-based programs.<sup>66</sup> CHCs ensure that primary care services are accessible for those who face access barriers due to race, language, physical disabilities, poverty or geographic isolation.

CHCs are nonprofit organizations that provide primary health care and health promotion programs for individuals, families and communities. A health centre is

established and governed by a community-elected board of directors. CHCs offer a range of primary care services focused on illness prevention and health promotion with teams of health care professionals including physicians, nurse practitioners, nurses, counsellors, community workers and dietitians. Physicians are compensated with a blended salary and other health care providers receive salary.

CHCs work together with others on health promotion initiatives within schools, in housing developments, and in the workplace. CHCs' health promotion programs that contribute to child and family health include domestic violence prevention/treatment; parent-child resource rooms and drop-ins; antiracist initiatives and other programs to promote tolerance, cultural diversity and acceptance of minority groups; education, counselling and groups related to weight/body image issues, peer relationships, healthy sexuality; and programs for teen mothers.

There are currently 54 CHCs, two of which are aboriginal community health centres, four that focus services specifically to youth aged 14 to 24 years, as well as a number of satellite CHCs benefiting over 300,000 people across Ontario.<sup>67</sup> Additional CHCs and satellite CHCs will be slated for development by 2008 to help improve access to primary health care and strengthen communities.

A list of CHCs in Ontario is available at:  
[http://www.health.gov.on.ca/english/public/contact/chc/hcloc\\_mn.html](http://www.health.gov.on.ca/english/public/contact/chc/hcloc_mn.html)

### **Group Health Centre**

The Group Health Centre (GHC)<sup>60</sup> is a one-of-a-kind primary health care model that was originally opened in 1963 after union groups, led by the United Steelworkers of America, in the area brought forward a proposal to improve access to medical services and reduce the financial burden of receiving care. There is only one GHC in the province and it is located in the city of Sault Ste. Marie. The GHC governance structure comprises a nonprofit organization, called The Group Health Association, and a local physician corporation, the Hackett Medicine Professional Corporation (now known as Algoma District Medical Group). These groups work together to provide integrated services at the GHC to ensure that necessary health services are provided to Sault Ste. Marie. The GHC represents a public-private funding mix. It receives public funding

through an Alternate Funding Plan from the Primary Health Care Team, and receives private funding through internal fundraising and other private sources.

The GHC is comprised of interdisciplinary teams that provide both regular and extended hours. Patients also have access to the nurse staffed THAS. The GHC provides fully developed chronic disease management and health promotion/disease prevention programs. There are also integrated diagnostic services and minor day surgery procedures provided. Physicians are compensated through a blended capitation model and also receive payments for delivering targeted care services. Other health care providers are paid by salary.

### Shared Care Pilot Sites

On May 6, 2006 the Minister of Health and Long-Term Care advised the OMA that there would be a Shared Care Pilot Initiative<sup>68</sup> involving Ontario family physicians working with interdisciplinary health care providers in a team based collaborative environment. This initiative involves six pilot sites made of up of 3 to 15 physicians selected from interested FHGs or groups of physicians who are interested in forming a FHG. The groups participating in this initiative were selected through a competitive application process.

Each pilot site will include family physicians that will be compensated primarily on a fee-for-service basis. Interdisciplinary health care providers will be identified by the FHGs in their application for funding. Funding will provide compensation for the interdisciplinary health care providers and will assist with costs pertaining to overhead and supplies for these providers. Participating physicians will not be able to bill for services that are delegated to the interdisciplinary health care providers who are on salary in the pilot site.

These pilot sites will target high needs populations and/or reflect MOHLTC priority initiatives such as:

- Chronic disease management and prevention
- Health promotion
- Mental health

The pilots are for a 2 year period and will be evaluated throughout the period of their operation.

### Rural and Northern Physician Group Agreement (RNPGA)

Term: April 1, 2004 – March 31, 2007

The Rural and Northern Physician Group Agreement (RNPGA) is a combination and amalgamation of the Northern Group Funding Plans (NGFP) – now RNPGA Group 1 and Community Sponsored Contracts (CSC), now RNPGA Group 2. The funding for this agreement was designed to address the historic shortage of primary care and other related services in eligible rural northern communities. The combined agreement solidifies current physician resources and will strengthen the recruitment of primary care physicians to Ontario's most isolated northern communities. There are 39 signed contracts under this initiative – 14 Group-1s and 25 Group-2s. The RNPGA incorporates primary care reform elements including, amongst many others, bonuses and incentives for preventative care, prenatal and palliative care, after-hours care, home visits, and a rurality bonus depending on a degree of isolation, THAS and complement based Emergency Department funding. Currently the RNPGA is undergoing expansion, as per the Ontario Medical Association (OMA) Memorandum of Agreement (2004), to additional northern (8 communities) and some southern (Group 3, 14 communities) underserved areas. There are currently 95 physicians practicing in RNPGAs with over 22,425 enrolled patients (as of January 1, 2007).



## Section 4.0

# HealthForceOntario

### 4.1 Background

HealthForceOntario is a collaborative initiative that involves three ministries: Ministry of Health and Long-Term Care (MOHLTC), Ministry of Training, Colleges and Universities (MTCU) and Ministry of Citizenship and Immigration (MCI).

#### Two Ministries: One Division, One ADM.

Ontario is the first province in Canada to establish a Health Human Resources Strategy Division that links the health care system and education system, and to appoint one assistant deputy minister reporting to both the Minister of Health and Long-Term Care and the Minister of Training, Colleges and Universities. The two systems will work together to develop the number and mix of health professionals with the knowledge, skills and attitudes to meet Ontario's health needs. The mandate of this division has recently been extended to 2009.

Ontario has over 200,000 regulated health professionals. Every year the province prepares many more to join the health workforce. The growth in numbers is a reflection of the growth in population, normal attrition and the subsequent need for growth in the number of health care professionals needed to serve Ontarians. Despite the number of health professionals in the workforce now and the new graduates currently in training some current projections suggest it will be difficult to meet our health care needs over the next 10 years using traditional approaches and models.

This is due to three key factors:

1. A growing, aging population that will require and expect more health services.
2. The aging and changing practice patterns of our health workforce.
3. Fierce global competition for skilled health professionals – Ontario is not the only jurisdiction facing a health human resources shortage.

To overcome these challenges, Ontario has developed HealthForceOntario: a comprehensive, multiyear integrated health human resources (HHR) strategy designed to make Ontario the employer-of-choice for health care professionals.

### 4.2 What is HealthForceOntario?

On May 3, 2006, the Minister of Health and Long-Term Care announced HealthForceOntario: an innovative, collaborative multiyear plan to give Ontario the right number and mix of appropriately educated health care providers, working in communities across the province to meet our health needs – now and in the future. It includes a range of initiatives designed to help Ontario identify its health human resource needs, develop new provider roles to meet our changing health needs, work closely with the education system to develop people with the right knowledge, skills and attitudes, and to prepare Ontario to compete effectively for health care professionals.

### 4.3 How Does HealthForceOntario Fit with Other Health Initiatives?

HealthForceOntario is designed to complement other health human resources strategies already implemented by the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities, including:

- the 70% increase in postgraduate family medicine training positions,
- the 23% increase in undergraduate medical training positions,
- the establishment of the Northern Ontario School of Medicine to prepare more health professionals to practice in small, rural and remote communities,
- the development of more high quality community college health science programs in northern, rural and small communities,
- the doubling of the number of education positions for nurse practitioners,
- the increase in education positions for nurses, midwives, pharmacists, medical laboratory science technologists, magnetic resonance imaging technologists and radiation therapists,
- making traditional Chinese medicine a regulated profession, and
- providing bridging programs for internationally educated physicians, nurses and midwives.

Although specific responsibility for health human resources planning rests with the Ministry, as the planners and managers of health services in their geographic area, LHINs will play a vital role in HHR planning. Through their community engagement activities as well as their Integrated Health Service Plans (IHSPs), the LHINs will help identify the health needs of their populations, and the number and mix of health professionals required to meet those needs. They may also identify key shortages to be addressed in their region. Furthermore, these activities and plans may also help to shape and identify issues related to the education of health providers as all LHINs will have some level of students and trainees engaged in various health disciplines.

Working with the Ministry and their local health service providers, the LHINs may be involved in developing innovative models for delivering care, which will help make better use of knowledge and skills. According to a 2003 study by the Association of District Health Councils of Ontario, communities where health care organizations collaborate on HHR tend to be more successful in recruiting and retaining health care professionals.<sup>69</sup>

## 4.4 HealthForceOntario Initiatives

### Better Data and More Expertise in Health Human Resources Planning

To plan effectively to meet the health system's needs, Ontario needs good data and the expertise to use the data to develop health human resources plans.

#### Allied Health Human Resources Database (AHHRDB)

Ontario already has significant information and data on physicians and nurses. However, our knowledge of other key allied health professionals is lacking. As part of HealthForceOntario, the ministry will continue to develop the AHHRDB. Recently, a successful pilot project was completed where data for nine health professions was collected with the assistance of Ontario regulatory colleges: dietitians, dental technologists, occupational therapists, opticians, optometrists, pharmacists, physiotherapists, psychologists/psychological associates and respiratory therapists. The Ministry is expanding the number of professions collected in the database, and by the end of 2006, the AHHRDB will contain HHR planning data on audiologists, speech-language pathologists, midwives, chiropractors and podiatrists. The Ministry is also developing a go-forward strategy to ensure that the AHHRDB is maintained and enhanced over the long-term with additional professions and improved data quality.

### Health Human Resources Expert Advisory Group

Evidence-based support and expert advice is essential to developing comprehensive plans to ensure the right supply, distribution and mix of health providers across the province. As part of the HFO strategy, the Ministry is consulting with a wide variety of organizations to get input on how a Health Human Resources Expert Advisory Group could potentially inform the correct number and mix of providers required in the province through the development and enhancement of forecasts and planning data.

### Research and Fellowship Grants

The Ministry is exploring ways to promote research in HHR planning and modelling and develop expertise in the province, such as providing endowments to academic centres and funding fellowships.

### Better Use of Provider Knowledge and Skills

One way to reduce shortages and wait times is to use existing health professionals differently and develop new roles.

### New Provider Roles

HealthForceOntario has already taken steps to introduce four new roles:

1. **Physician Assistant.** The physician assistant (PA) will assist her/his supervising physician to deliver services within the patient care team. Depending on the agreement between the physician and PA, this may include conducting patient interviews, histories, physical examinations; performing selected diagnostic and therapeutic interventions; ordering and interpreting patient laboratory and radiological results; and counselling patients on preventive health care.
2. **Nurse Endoscopist.** A registered nurse with specialized education in anatomy, physiology and pathophysiology who works with a physician to perform flexible sigmoidoscopies (i.e., diagnostic procedure used to screen for abnormalities in the lower third of the colon).
3. **Surgical First Assist.** A health care professional who works with the surgeon and the rest of the operating room team to ensure the safe outcome of a surgical patient before, during and after surgery.
4. **Clinical Specialist Radiation Therapist.** A medical radiation technologist (radiation therapist) with additional training to provide more specialized care within the radiation treatment team. They will work with the radiation oncologists, nurses and medical physicists to ensure safe and optimal patient outcomes.

## **Stronger Links Between the Colleges and Universities, and the Health System**

The size, knowledge, skills and attitudes of our workforce depend largely on the education programs that prepare health professionals. There must be close links between the institutions that fund and provide education, and those that fund and provide health services.

## **More Education Opportunities**

### **Tuition Support Program for Nurses**

The TSPN supports tuition costs for new nursing graduates interested in practicing in rural, remote and underserved communities.

### **Expanding Number of Nurse Practitioner Seats to 150**

The Nurse Practitioner seat expansion was expedited, meeting the target to admit 150 students in September 2006, 1 year ahead of schedule.

### **Allied Health Professional Development Fund**

A fund is available until March 2007 to extend skill and knowledge development opportunities for Medical Radiation Technologists, Medical Laboratory Technologists, Physiotherapists, Occupational Therapists, Speech Language Pathologists and Audiologists. These health professionals are eligible to be reimbursed for professional development courses and/or programs. The program is one of the few in Canada to support the ongoing education of Allied Health Professionals.

## **Interprofessional Education and Practice**

Collaborative interprofessional teams of health care providers can improve access to health services, health outcomes and client satisfaction. They also make more effective use of vital health human resources and can help Ontario recruit and retain health professionals.

### **Provincial Summit on Interprofessional Education and Care**

In June 2006, the Ministry hosted a Summit on Advancing Interprofessional Education and Practice, where leaders in the field discussed how to advance IPC in health care workplaces.

### **Interprofessional Mentorship, Preceptorship, Leadership and Coaching fund**

Health organizations are encouraged to submit proposals for funding on programs that enhance the readiness and competence of health professionals to practise together and which support the development of teams to deliver coordinated care.

## **Interprofessional Curriculum at Michener**

Early in 2006 the ministry funded the Michener Institute to develop a curriculum which will facilitate interprofessional education and practice. Five new courses focusing on interprofessional competencies are being developed to promote a team approach which will improve access to health care, patient outcomes, and patient satisfaction.

### **Interprofessional Health Education Innovation Fund**

To support interprofessional health sciences education in postsecondary institutions, a fund was established to facilitate and expand the integration and collaboration of different health professionals. The redesign of health curriculum and delivery models will enhance the cultural shift to collaborative patient-centred practice.

## **Making Ontario the Employer-of-Choice!**

### **HFO Jobs**

HFOJobs, is a comprehensive, online portal for health care professionals seeking employment, as well as employers and communities. Employers and communities are able to post positions and receive applications online free-of-charge. The portal allows for the creation and management of customized community profiles to market job opportunities and provide community information to health professionals and their families. In December 2006, the HFOJobs portal became accessible through the HealthForceOntario website at: <http://www.healthforceontario.ca>.

### **HFO Marketing and Recruitment Agency**

The new Agency will offer a number of unique features including a capacity to:

- market or showcase to the external world, while working under ethical guidelines, that Ontario is the employer-of-choice for health professionals,
- unite a broad array of stakeholders and resources within Ontario in the common cause of marketing and recruitment that is patient focused and eliminate unnecessary competition and duplication of efforts, and
- offer an individualized case management approach for health professionals such that navigating the waters of registration, certification, immigration etc, are streamlined and relatively barrier free.

## **Access Centre for Internationally Educated Health Professionals**

Developing an Access Centre for Internationally Educated Health Professionals will provide a single point of access to comprehensive information, resources and counselling that will assist Internationally Educated Health Professionals to access the information, assessment, education, and training required to practice in Ontario.

### **The Commitment to Nurses**

Nurses are the heart of the health care system; they are skilled professionals who deliver timely and quality services upon which the public depends. The government of Ontario recognizes the valuable contributions of our nurses and the vital role they play in the ongoing success of the health care system. The government is committed to supporting these professionals and ensuring that the need for an appropriate mix and number of health care providers is met over the long-term. Retention is a priority, and key to retention is the provision of education and programs, supports, and improved work environments that continue to make Ontario the employer-of-choice.

### **Nursing Strategy and Nursing Graduate Guarantee**

The Ontario Nursing Strategy is a comprehensive multi-year strategy aimed at addressing causes for instability in the nursing workforce. It is a part of HealthForceOntario and the overall goals of the strategy are to:

- increase the number of full-time positions for nurses;
- improve recruitment and retention of nurses; and
- improve nursing workplaces.

In keeping with the government's commitment to restore stability to the workforce and make Ontario an employer of choice for nurses, the government has introduced the New Graduate Promise. Making sure that nurses are there for tomorrow, means keeping them here today, so the government has committed to ensuring that all new nursing graduates in Ontario that wish to work full-time will be given the opportunity beginning in 2007.

## **Public Education Campaign/Recognizing the Health Workforce**

A strong understanding of the different roles and contributions made by each member of the health care team, builds collaboration and supports health care professionals in making a difference in their communities. The government aims to support the introduction of new roles and greater interprofessional collaboration through a public communication strategy that will inform the public of the roles of various health care practitioners and how they work together. This will lead to a better understanding of the Government's efforts to best meet the health care needs of Ontarians.

Two examples of public education include the Nurse Media Campaign and the International Medical Graduates (IMGs) Recognition Ceremony. In March 2006, MOH funded a public communication campaign based on the reality that "nurses do more than you think." The campaign aimed at addressing nursing retention and educating the public about the education, knowledge, skills and experience that nurses possess. On June 12, 2006, the Premier and Minister of Health and Long-Term Care hosted a recognition ceremony for IMGs to formally thank them for choosing Ontario as their practice location. Over 400 people attended the ceremony, including IMGs who are currently practicing, in residency training or about to begin residency training, Members of Provincial Parliament and other dignitaries. Additional public communication campaigns will be organized for medical doctors and allied health professionals.

### **For More Information**

Further initiatives are in development and are presently under consultation with Ontario's health educators, and the organizations representing Ontario's health care professionals. For further information and updates on HealthForceOntario initiatives please visit:  
<http://www.healthforceontario.ca>

# Colleges Legislated under the Regulated Health Professions Act<sup>70</sup>

College	Address	Telephone	Fax	Website
<b>College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)</b>	3080 Yonge Street, Suite 5060 Toronto, Ontario M4N 3N1	416-975-5347 1-800-993-9459	416-975-8394	<a href="http://www.caspo.com">http://www.caspo.com</a>
<b>College of Chiroprodists of Ontario</b>	180 Dundas Street West Suite 2102 Toronto, Ontario M5G 1Z8	416-542-1333 Toll-Free: 1-877-232-7653	416-542-1666	<a href="http://www.cocoo.on.ca">http://www.cocoo.on.ca</a>
<b>College of Chiropractors of Ontario</b>	130 Bloor Street West, Suite 902 Toronto, Ontario M5S 1N5	416-922-6355	416-925-9610	<a href="http://www.cco.on.ca">http://www.cco.on.ca</a>
<b>College of Dental Hygienists of Ontario</b>	69 Bloor Street East, Suite 300 Toronto, Ontario M4W 1A9	416-961-6234 1-800-268-2346	416-961-6028	<a href="http://www.cdho.org">http://www.cdho.org</a>
<b>Royal College of Dental Surgeons of Ontario</b>	6 Crescent Road, 5th Floor Toronto, Ontario M4W 1T1	416-961-6555 1-800-565-4591	416-961-5814	<a href="http://www.rcdso.org">http://www.rcdso.org</a>
<b>College of Dental Technologists of Ontario</b>	2100 Ellesmere Road, Suite 260 Toronto, Ontario M1H 3B7	416-438-5003 1-877-391-2386	416-438-5004	<a href="http://www.cdto.ca">http://www.cdto.ca</a>
<b>College of Denturists of Ontario</b>	180 Bloor Street West, Suite 903 Toronto, Ontario M5S 2V6	416-925-6331 1-888-236-4326	416-925-6332	<a href="http://www.denturists-cdo.com">http://www.denturists-cdo.com</a>
<b>College of Dietitians of Ontario</b>	5775 Yonge Street, Suite 1810 Box 30 Toronto, Ontario M2M 4J1	416-598-1725 or 1-800-668-4990	416-598-0274	<a href="http://www.cdo.on.ca">http://www.cdo.on.ca</a>
<b>College of Massage Therapists of Ontario</b>	1867 Yonge Street, Suite 810 Toronto, Ontario M4S 1Y5	416-489-2626 1-800-465-1933	416-489-2625	<a href="http://www.cmtto.com">http://www.cmtto.com</a>
<b>College of Medical Laboratory Technologists of Ontario</b>	36 Toronto Street, Suite 950 Toronto, Ontario M5C 2C5	416-861-9605 1-800-323-9672	416-861-0934	<a href="http://www.cmlto.com">http://www.cmlto.com</a>
<b>College of Medical Radiation Technologists</b>	170 Bloor Street West, Suite 1001 Toronto, Ontario M5S 1T9	416-975-4353 1-800-563-5847	416-975-4355	<a href="http://www.cmrto.org">http://www.cmrto.org</a>
<b>College of Midwives of Ontario</b>	55 St. Clair Avenue West, 8th Floor, Box 27 Toronto, Ontario M4V 2Y7	416-327-0874	416-327-8219	<a href="http://www.cmo.on.ca">http://www.cmo.on.ca</a>
<b>College of Nurses of Ontario</b>	101 Davenport Road Toronto, Ontario M5R 3P1	416-928-0900 1-800-387-5526	416-928-6507	<a href="http://www.cno.org">http://www.cno.org</a>
<b>College of Occupational Therapists of Ontario</b>	20 Bay Street, Suite 900 Toronto, Ontario M5J 2N8	416-214-1177 1-800-890-6570	416-214-1173	<a href="http://www.coto.org">http://www.coto.org</a>
<b>College of Opticians of Ontario</b>	85 Richmond Street West Suite 902 Toronto, Ontario M5H 2C9	416-368-3616 1-800-990-9793	416-368-2713	<a href="http://www.coptont.org">http://www.coptont.org</a>

Continued on next page

## Colleges Legislated under the Regulated Health Professions Act<sup>70</sup> *continued...*

College	Address	Telephone	Fax	Website
<b>College of Optometrists of Ontario</b>	6 Crescent Road, 2nd Floor Toronto, Ontario M4W 1T1	416-962-4071 1-888-825-2554	416-962-4073	<a href="http://www.collegeoptom.on.ca">http://www.collegeoptom.on.ca</a>
<b>Ontario College of Pharmacists</b>	483 Huron Street Toronto, Ontario M5R 2R4	416-962-4861 1-800-220-1921	416-847-8200	<a href="http://www.ocpinfo.com">http://www.ocpinfo.com</a>
<b>College of Physicians and Surgeons of Ontario</b>	80 College Street Toronto, Ontario M5G 2E2	416-967-2603 1-800-268-7096	416-961-3330	<a href="http://www.cpso.on.ca">http://www.cpso.on.ca</a>
<b>College of Physiotherapists of Ontario</b>	375 University Avenue Suite 901 Toronto, Ontario M5G 2J5	416-591-3828 1-800-583-5885	416-591-3834	<a href="http://www.collegept.org">http://www.collegept.org</a>
<b>College of Psychologists of Ontario</b>	110 Eglinton Avenue West Suite 500 Toronto, Ontario M4R 1A3	416-961-8817 1-800-489-8388	416-961-2635	<a href="http://www.cpo.on.ca">http://www.cpo.on.ca</a>
<b>College of Respiratory Therapists of Ontario</b>	180 Dundas Street West, Suite 2103 Toronto, Ontario M5G 1Z8	416-591-7800 1-800-261-0528	416-591-7890	<a href="http://www.crto.on.ca">http://www.crto.on.ca</a>

## Appendix B

# Professional Associations for Professions under Ontario Regulated Health Professions Act

College	Address	Telephone	Fax	Website
<b>Ontario Association of Speech-Language Pathologists and Audiologists (OSLA)</b>	410 Jarvis Street Toronto, Ontario M4Y 2G6	416-975-5347 1-800-993-9459	416-975-8394	<a href="http://www.caspo.com">http://www.caspo.com</a>
<b>Ontario Society of Chiropractors</b>	6519-B Mississauga Road Mississauga, Ontario L5N 1A6	416-542-1333 1-877-232-7653	416-542-1666	<a href="http://www.cocoo.on.ca">http://www.cocoo.on.ca</a>
<b>Ontario Chiropractic Association</b>	5160 Explorer Drive, Unit 30 Mississauga, Ontario L4W 4T7	416-922-6355	416-925-9610	<a href="http://www.cco.on.ca">http://www.cco.on.ca</a>
<b>The Ontario Dental Hygienists' Association</b>	201 – 3425 Harvester Road Burlington, Ontario L7N 3N1	416-961-6234 1-800-268-2346	416-961-6028	<a href="http://www.cdho.org">http://www.cdho.org</a>
<b>Ontario Dental Association</b>	4 New Street Toronto, Ontario M5R 1P6	416-922-3900 1-800-387-1393	416-922-9005	<a href="http://www.oda.on.ca">http://www.oda.on.ca</a>
<b>Association of Registered Dental Technologists of Ontario</b>	3 – 54 Village Centre Place Mississauga, Ontario L4Z 1V9	905-279-1025 1-877-273-8668	905-277-9506	<a href="http://www.adto.org">http://www.adto.org</a>
<b>The Denturist Association of Ontario</b>	6205 Airport Road Building B, Suite 100 Mississauga, Ontario L4V 1E1	905-677-0440 1-800-284-7311	905-677-5067	<a href="http://www.dao.on.ca">http://www.dao.on.ca</a>
<b>Dietitians of Canada</b>	480 University Avenue, Suite 604 Toronto, Ontario M5G 1V2	416-596-0603	416-596-0857	<a href="http://www.dietitians.ca">http://www.dietitians.ca</a>
<b>Ontario Massage Therapist Association (OMTA)</b>	2 Carlton Street, Suite 1304 Toronto, Ontario M5B 1J3	416-979-2010 1-800-668-2022	416-968-6818	<a href="http://www.omta.com">http://www.omta.com</a>
<b>Ontario Medical Association</b>	525 University Avenue, Suite 300 Toronto, Ontario M5G 2K7	416-599-2580 1-800-268-7215	416-599-9309	<a href="http://www.oma.org">http://www.oma.org</a>
<b>Ontario Society of Medical Technologists (OSMT)</b>	234 Eglinton Avenue East, Suite 402 Toronto, Ontario M4P 1K5	416-485-6768 1-800-461-6768	416-485-7660	<a href="http://www.osmt.org">http://www.osmt.org</a>
<b>Ontario Association of Medical Radiation Technologists (OAMRT)</b>	P.O. Box 1054 Brantford, Ontario N3T 5S7 Canada	519-753-6037 1-800-387-4674	519-753-6408	<a href="http://www.oamrt.on.ca">http://www.oamrt.on.ca</a>
<b>Association of Ontario Midwives</b>	789 Don Mills Road, Suite 500 Don Mills (Toronto), Ontario M3C 1T5	416-424-6755	416-424-6756	
<b>Registered Nurses Association of Ontario</b>	438 University Avenue, Suite 1600 Toronto, Ontario M5G 2K8	416-599-1925 1-800-268-7199	416-599-1926	<a href="http://www.rnao.org">http://www.rnao.org</a>

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## Professional Associations for Professions under Ontario Regulated Health Professions Act *continued...*

College	Address	Telephone	Fax	Website
<b>Registered Practical Nurses Association of Ontario</b>	5025 Orbitor Drive Building 4, Suite 200 Mississauga, Ontario L4W 4Y5	905-602-4664	905-602-4666	<a href="http://www.rpnao.org">http://www.rpnao.org</a>
<b>Nurse Practitioners' Association of Ontario</b>	180 Dundas St. West, Suite 1410, P.O. Box 14 Toronto, ON M5G 1Z8	416-593-9779	416-593-0200	<a href="http://www.npao.org">http://www.npao.org</a>
<b>Ontario Society of Occupational Therapists (OSOT)</b>	55 Eglinton Avenue East, Suite 210 Toronto, Ontario M4P 1G8	416-322-3011	416-322-6705	<a href="http://www.osot.on.ca">http://www.osot.on.ca</a>
<b>Ontario Opticians Association</b>	5650 Yonge Street, Suite 1500 Toronto (North York), Ontario M2M 4G3	416-226-7245 1-888-690-8889	416-226-6879	<a href="http://www.ontario-opticians.com">http://www.ontario-opticians.com</a>
<b>Ontario Association of Optometrists</b>	290 Lawrence Avenue West Toronto, Ontario M5M 1B3	416-256-4411	416-256-9881	<a href="http://www.optom.on.ca/">http://www.optom.on.ca/</a>
<b>Ontario Pharmacists' Association</b>	23 Lesmill Road, Suite 301 Toronto (Don Mills), Ontario M3B 3P6	416-441-0788 1-877-341-0788	416-441-0791	<a href="http://www.ontpharmacists.on.ca">http://www.ontpharmacists.on.ca</a>
<b>Ontario Physiotherapy Association</b>	55 Eglinton Avenue East, Suite 210 Toronto, Ontario M4P 1G8	416-322-6866 Cdn.Phys.Assoc. at 1-800-387-8679	416-322-6705	<a href="http://www.opa.on.ca">http://www.opa.on.ca</a>
<b>Ontario Podiatric Medical Association</b>	45 Sheppard Avenue East, Suite 900 Toronto (Willowdale), Ontario M5N 5W9	416-927-9111 1-888-220-3338	416-733-2491	<a href="http://www.opma.on.ca">http://www.opma.on.ca</a>
<b>Ontario Psychological Association</b>	730 Yonge Street, Suite 221 Toronto, Ontario M4Y 2B7	416-961-5552	416-961-5516	<a href="http://www.psych.on.ca">http://www.psych.on.ca</a>
<b>Respiratory Therapy Society of Ontario</b>	6519-B Mississauga Road Mississauga, Ontario L5N 1A6	905-567-0020 1-800-267-2687	905-567-7191	<a href="http://www.rtso.org">http://www.rtso.org</a>
<b>Ontario Association of Medical Laboratories</b>	5160 Yonge Street Suite 710, Box 56 Toronto (North York), Ontario M2N 6L9	416-250-8555	416-250-8464	<a href="http://www.oaml.com">http://www.oaml.com</a>

## Legislated under the Drugless Practitioners Act

College	Address	Telephone	Fax	Website
<b>Ontario Association of Naturopathic Doctors (OAND)</b>	4174 Dundas Street West, Suite 304, Toronto (Etobicoke), Ontario M8X 1X3	416-233-2001	416-233-2924	<a href="http://www.oand.com">http://www.oand.com</a>

# Statistics Fact Sheets for the Regulated Health Care Professions

## Statistics Fact Sheet: Audiology

Name of Health Profession:		Audiologist <i>Registered Health Care Professional</i>	
NOC Code	3141		
Count of Registered Members	496		
Sex Distribution	Female	79%	
	Male	21%	
Age Distribution	<45	66%	
	45 – 54	27%	
	>54	7%	
Work Status	FT	76%	
	PT	20%	
Place of Work	Hospital	18%	* Other can be further subdivided into the following areas: Education 2%; Industry 5%; Adult Rehabilitation Centre 1%; Specialized Centre 4%; Children's Treatment Centre 3%; University 3%; Other 6%.
	Long-Term Care	<1%	
	Community Center	0%	
	Public Health	2%	
	Private	51%	
	Other*	25%	
LHIN Distribution	Data not available		

NOTES: • All statistics sourced from data collected from the College of Audiologists and Speech Language Pathologists of Ontario, by the MOHLTC.  
• Data collected are for 2005.

## Statistics Fact Sheet: Chiropractic

Name of Health Profession:		Chiropractor <i>Registered Health Care Professional</i>	
NOC Code	3122		
Count of Registered Members	3,073		
Sex Distribution	Female	28%	
	Male	72%	
Age Distribution	<45	67%	
	45 – 54	22%	
	>54	11%	
Work Status	Data not available		
Place of Work	Data not available		
LHIN Distribution	Data not available		

NOTES: • All statistics sourced from the 2004 Annual Report from the College of Chiropractors, retrieved by the MOHLTC.  
• Data are for the year 2004.

# Statistics Fact Sheet: Chiropody

<b>Name of Health Profession:</b>	<b>Chiropodist and Podiatrist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3123 Note: Classification refers to 'Other Professional Occupations in Health Diagnosing and Treating'.	
<b>Count of Registered Members</b>	480	
<b>Sex Distribution</b>	Female	45%
	Male	55%
<b>Age Distribution</b>	<45	68%
	45 – 54	22%
	>54	10%
<b>Work Status</b>	Data not available	
<b>Place of Work</b>	Member of this College work in these noted places:	
	Education Facility/System	
	Hospital	
	Long-Term Care	
	Rehabilitation Centre	
	Mental Health Centre	
	Community	
	Group Practice	
	Solo Practice	
	Client's Environment	
Other Areas		
Unknown		
<b>LHIN Distribution</b>	Data not available	

- NOTES:
- The college regulates both chiropodists and podiatrists. The registered members count includes both classes of members.
  - All statistics sourced from data collected from the College of Chiropodists of Ontario, by the MOHLTC.
  - Data are the year 2006.

# Statistics Fact Sheet: Dental Hygiene

<b>Name of Health Profession:</b>	<b>Dental Hygienist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3222 Note: Classification refers to "Dental Hygienists and Dental Therapists." Consult with College for regulated field of practice.	
<b>Count of Registered Members</b>	8,262	
<b>Sex Distribution</b>	Female	98%
	Male	2%
<b>Age Distribution</b>	Data not available	
<b>Work Status</b>	Data not available	
<b>Place of Work</b>	Data not available	
<b>LHIN Distribution</b>	Data not available	

- NOTES:
- All statistics are sourced from data collected from the College of Dental Hygienists, by the MOHLTC.
  - Data are for the year 2005.

# Statistics Fact Sheet: Dental Technology

<b>Name of Health Profession:</b>	
	<b>Registered Dental Technologist</b> <i>Registered Health Care Professional</i>
<b>NOC Code</b>	3223 Note: NOC code refers to several types of dental technology expertise, e.g., dental technician, dental technician apprentice and dental technician supervisor.
<b>Count of Registered Members</b>	469
<b>Sex Distribution</b>	Female 14%
	Male 86%
<b>Age Distribution</b>	<45 32%
	45 – 54 33%
	>54 94%
<b>Work Status</b>	FT 94%
	PT 13%
	Casual 5%
<b>Place of Work</b>	Education Facility/System 2%
	Hospital 0%
	Long-Term Care 0%
	Rehabilitation Centre 0%
	Mental Health Centre 0%
	Community 0%
	Group Practice 108%
	Solo Practice 0%
	Client's Environment 0%
	Other Areas 0%
<b>LHIN Distribution</b>	Central 25%
	Central East 11%
	Central West 4%
	Champlain 8%
	Erie St. Clair 4%
	Hamilton Niagara Haldimand Brant 10%
	Mississauga Halton 12%
	North Simcoe Muskoka 2%
	North East 2%
	North West -
	South East 3%
	South West 5%
	Toronto Central 19%
	Waterloo Wellington 4%

NOTES: • Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.  
 • All statistics sourced are from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in time snapshot of membership information as of December 2005.

# Statistics Fact Sheet: Dentistry

<b>Name of Health Profession:</b>	<b>Dentist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3113	
<b>Count of Registered Members</b>	7,908	
<b>Sex Distribution</b>	Data not available	
<b>Age Distribution</b>	<31	16%
	31 – 40	28%
	41 – 50	27%
	51 – 60	18%
	61 – 65	3%
	>65	4%
	Not available	5%
<b>Work Status</b>	Data not available	
<b>Place of Work</b>	Data not available	
<b>LHIN Distribution</b>	Data not available	

- NOTES:
- Registered members include both general and specialty counts.
  - All statistics are sourced from the Royal College of Dental Surgeons, MOHLTC.
  - Data are for the year 2005.
  - Age distribution was retrieved from the college's 2005 Annual Report: A Lifetime Journey of Learning.
  - Although the LHIN distribution is not available, the college does have member geographic distribution by electoral district and county in their 2005 Annual Report: A Lifelong Journey of Learning, available at: <http://www.rcdso.org>

# Statistics Fact Sheet: Denturist

<b>Name of Health Profession:</b>	<b>Denturist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3221	
<b>Count of Registered Members</b>	508	
<b>Sex Distribution</b>	Data not available	
<b>Age Distribution</b>	Data not available	
<b>Work Status</b>	Active	
	Inactive	
<b>Place of Work</b>	Private Clinic	
	Dental Clinic	
<b>LHIN Distribution</b>	Data not available	

- NOTES:
- All statistics sourced from data collected from the College of Denturists, by the MOHLTC.
  - Data collected are for the year 2005.

# Statistics Fact Sheet: Dietetics

<b>Name of Health Profession:</b>	
<b>Dietitian</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3132
<b>Count of Registered Members</b>	2,631
<b>Sex Distribution</b>	Female 99%
	Male 1%
<b>Age Distribution</b>	<45 63%
	45 – 54 27%
	>54 10%
<b>Work Status</b>	FT 58%
	PT 23%
	Self-Employed 8%
	On Leave 3%
	Unemployed 7%
<b>Place of Work</b>	Business 4.9%
	CCAC/Home Care Program 3.2%
	Chronic Care/LTC Facility 5.5%
	Work Site 0.2%
	Media (All Mediums) 0.5%
	Community Health Centre/ Agency/Clinic 5.5%
	Correctional Institution 0.1%
	Elementary/Secondary Schools 0.5%
	University/Community College 2.5%
	Government 3.5%
	Group Home 0.0%
	Home for the Aged 2.5%
	Hospital 38.2%
	Food Industry 2.9%
	Private Health Care 0.5%
	Private Practice and Consulting 4.3%
	Professional Association 0.3%
	Professional Services 1.1%
	Public Health Department/Unit 9.2%
	Regulatory Body 0.1%
	Rehabilitation Centre 1.1%
	Research Facility 1.0%
	Retail Business 0.2%
Nongovernment/Not-for-profit 1.4%	
Other 2.7%	

*Continued on next page*

# Statistics Fact Sheet: Dietetics *continued...*

Name of Health Profession:		Dietitian <i>Registered Health Care Professional</i>
<b>LHIN Distribution</b>	Central	10%
	Central East	6%
	Central West	3%
	Champlain	10%
	Erie St. Clair	3%
	Hamilton Niagara Haldimand Brant	10%
	Mississauga Halton	7%
	North Simcoe Muskoka	3%
	North East	4%
	North West	2%
	South East	4%
	South West	7%
	Toronto Central	18%
	Waterloo Wellington	5%
	Unknown	23%

- NOTES:
- Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.
  - Some statistics sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership as of December 2005.
  - Count of Active Members, Work Status and Place of Work sourced from College of Dietitians submission to MOHLTC for August, 2006.

# Statistics Fact Sheet: Medicine

<b>Name of Health Profession:</b> Physician <i>Registered Health Care Professional</i>			
<b>NOC Code</b>	3152		
<b>Count of Registered Members</b>	Family Physicians	10,641	
	Specialists	11,636	
<b>Sex Distribution</b>		<b>FPs</b>	<b>Specialist</b>
	Female	36%	27%
	Male	64%	73%
<b>Age Distribution</b>		<b>FPs</b>	<b>Specialist</b>
	<44	38%	34%
	45 – 54	31%	31%
	>54	31%	35%
<b>Work Status</b>	Data not available		
<b>Place of Work</b>	Data not available		
<b>LHIN Distribution</b>		<b>FPs</b>	<b>Specialist</b>
	Central	12%	9%
	Central East	9%	7%
	Central West	4%	3%
	Champlain	12%	13%
	Erie St. Clair	4%	3%
	Hamilton Niagara Haldimand Brant	9%	11%
	Mississauga Halton	7%	5%
	North Simcoe Muskoka	3%	2%
	North East	5%	3%
	North West	2%	1%
	South East	5%	4%
	South West	7%	8%
	Toronto Central	15%	27%
Waterloo Wellington	5%	3%	

NOTES: • Data are for the year 2005.

• All statistical information collected from Ontario Physician Human Resources Data Centre by the MOHLTC.

# Statistics Fact Sheet: Midwifery

<b>Name of Health Profession:</b>	<b>Midwife</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3232 Note: Classification refers to Midwives and Practitioners of Natural Healing. Consult with College for regulated field of practice.	
<b>Count of Registered Members</b>	334	
<b>Sex Distribution</b>	Females	100%
	Males	0%
<b>Age Distribution</b>	<44	67%
	45 – 54	25%
	>54	7%
<b>Work Status</b>	This category is not applicable to midwives.	
<b>Place of Work</b>	All midwives have a Group Practice Office and provide various levels of care in the client's environment.	
<b>LHIN Distribution</b>	Central	5%
	Central East	9%
	Central West	0%
	Champlain	9%
	Erie St. Clair	2%
	Hamilton Niagara Haldimand Brant	12%
	Mississauga Halton	6%
	North Simcoe Muskoka	4%
	North East	5%
	North West	3%
	South East	2%
	South West	7%
	Toronto Central	14%
Waterloo Wellington	10%	

NOTES: • All statistics sourced from data collected from the College of Midwives to the MOHLTC.  
• Data collected are for 2005.

# Statistics Fact Sheet: Medical Lab Technology

<b>Name of Health Profession:</b>	<b>Medical Lab Technologist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3211	
<b>Count of Registered Members</b>	7,738	
<b>Sex Distribution</b>	Females	82%
	Males	18%
<b>Age Distribution</b>	<44	41%
	45 – 54	39%
	>54	20%
<b>Work Status</b>	FT	73%
	PT	21%
	Unknown	6%
<b>Place of Work</b>	Hospital	68%
	Private Laboratory	14%
	Public Laboratory	8%
	Other	5%
	Not specified	5%
<b>LHIN Distribution</b>	Data not available.	
	Note: CMLTO Districts do not match the LHINs. However, data for CMLTO Districts is available on request.	

- NOTES:
- ‘Other’ includes education, specimen collection centre, commercial company, research, infertility lab, short/long-term care, psychiatric care.
  - ‘Not Specified’ includes working outside Ontario or Canada, not working, self-employed, maternity/paternity leave.
  - All statistics sourced from data collected from the College of Medical Laboratory Technologists of Ontario, by the MOHLTC. Data collected are for the year 2005.

# Statistics Fact Sheet: Massage Therapy

<b>Name of Health Profession:</b>	
<b>Massage Therapist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3235
<b>Count of Registered Members</b>	7,647
<b>Sex Distribution</b>	Females 78%
	Males 22%
<b>Age Distribution</b>	<30 26%
	30 – 40 39.9%
	41 – 50 19%
	51 – 60 8.6%
	>60 1.8%
	Birth Date Not Available 4.8%
<b>Work Status</b>	Working 88%
	Not Working 12%
<b>Place of Work</b>	Clinic 70.5%
	Factory 0.2%
	Group Clinic 15.2%
	Health Club 4.5%
	Home 25.7%
	Hospital 0.4%
	Hospice 0.4%
	Hotel 1.1%
	Nursing Home 1.8%
	Out Calls/On Site 18.9%
	School 2.3%
Spa 15.1%	
<b>LHIN Distribution</b>	Data not available.

- NOTES:
- Members may have more than one practice location.
  - All statistics sourced from data collected from the College of Massage Therapists by the MOHLTC. Data collected are for the year 2005.

# Statistics Fact Sheet: Medical Radiation Technology

<b>Name of Health Profession:</b>	<b>Medical Radiation Technologist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3215	
<b>Count of Registered Members</b>	5,939	
<b>Sex Distribution</b>	Female	80%
	Male	20%
<b>Age Distribution</b>	<45	60%
	45 – 54	27%
	>54	13%
<b>Work Status</b>	Data not available	
<b>Place of Work</b>	Data not available	
<b>LHIN Distribution</b>	Data not available	

- NOTES:
- Medical Radiation Technologists include subspecialties in the areas of Radiography, Nuclear Medicine, Magnetic Resonance Imaging, and Radiation Therapy. The count of registered members includes the total of all subspecialties.
  - All statistics sourced from data collected from the College of Medical Radiation Technologists, by the MOHLTC.
  - Data are for the year 2005.

# Statistics Fact Sheet: Nursing

<b>Name of Health Profession:</b>		<b>Nurse</b> <i>Registered Health Care Professional</i>		
<b>NOC Code</b>	3152			
<b>Count of Registered Members</b>	Registered Nurse (RN)	89,054		
	Registered Practical Nurse (RPN)	24,482		
	Registered Practitioner – Extended Class (NP)	594		
<b>Sex Distribution</b>		<b>RN</b>	<b>RPN</b>	<b>NP</b>
	Female	96%	94%	94%
	Male	4%	6%	6%
<b>Age Distribution</b>		<b>RN</b>	<b>RPN</b>	<b>NP</b>
	<44	47%	44%	66%
	45 – 54	32%	35%	29%
	>54	21%	21%	3%
<b>Work Status</b>		<b>RN</b>	<b>RPN</b>	<b>NP</b>
	FT	60%	55%	76%
	PT	31%	36%	22%
	Casual	9%	9%	3%
<b>Place of Work</b>		<b>RN</b>	<b>RPN</b>	<b>NP</b>
	Hospital	64%	46%	24%
	Long-Term Care	9%	33%	<5%
	Community	18%	13%	42%
	Other Areas	7%	2%	32%
	Unknown	3%	6%	<5%
<b>LHIN Distribution</b>		<b>RN</b>	<b>RPN</b>	<b>NP</b>
	Central	7%	6%	2%
	Central East	9%	10%	7%
	Central West	3%	2%	2%
	Champlain	11%	11%	13%
	Erie St. Clair	5%	6%	8%
	Hamilton Niagara Haldimand Brant	12%	13%	11%
	Mississauga Halton	6%	3%	1%
	North Simcoe Muskoka	6%	8%	13%
	North East	3%	5%	4%
	North West	3%	4%	7%
	South East	5%	7%	2%
	South West	9%	11%	5%
	Toronto Central	17%	9%	7%
	Waterloo Wellington	4%	6%	13%
Unknown	1%	1%	6%	

NOTES: • All statistics sourced from data collected from the College of Nurses of Ontario website, by the MOHLTC. Data collected are for the year 2005. Parts of this material are based on data and information provided by the College of Nurses of Ontario; however, the analyses, conclusions, opinions and statements expressed herein are those of the author and not necessarily of the College.

# Statistics Fact Sheet: Opticianry

<b>Name of Health Profession:</b>		<b>Optician/Registered Optician</b> <i>Registered Health Care Professional</i>
<b>NOC Code</b>	3231	
<b>Count of Registered Members</b>	Active Opticians	2,116
	Students/Interns	299
<b>Sex Distribution</b>	Female	49%
	Male	51%
<b>Age Distribution</b>	<45	55%
	45 – 54	25%
	>54	16%
	Unknown	4%
<b>Work Status</b>	FT	71%
	PT	10%
	Casual	0%
	Unknown	19%
<b>Place of Work</b>	Data not available	
<b>LHIN Distribution</b>	Central	17%
	Central East	12%
	Central West	4%
	Champlain	6%
	Erie St. Clair	3%
	Hamilton Niagara Haldimand Brant	7%
	Mississauga Halton	9%
	North Simcoe Muskoka	4%
	North East	3%
	North West	1%
	South East	2%
	South West	4%
	Toronto Central	13%
	Waterloo Wellington	3%
	Unknown	12%

- NOTES:
- The college also registers students and interns.
  - The member count is of August, 2006. Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.
  - All statistics (excluding member count) sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership information as of December 2005.

# Statistics Fact Sheet: Optometry

<b>Name of Health Profession:</b>		<b>Optometrist</b> <i>Registered Health Care Professional</i>
<b>NOC Code</b>	3121	
<b>Count of Registered Members</b>	1,388	
<b>Sex Distribution</b>	Female	42%
	Male	58%
<b>Age Distribution</b>	<45	59%
	45 – 54	27%
	>54	13%
<b>Work Status</b>	Data not available	
<b>Place of Work</b>	Education Facility/System	0%
	Hospital	0%
	Long-Term Care	0%
	Rehabilitation Centre	0%
	Mental Health Centre	0%
	Community	0%
	Group Practice	84%
	Solo Practice	15%
	Client's Environment	0%
	Other Areas	0%
	Unknown	0%
<b>LHIN Distribution</b>	Central	12%
	Central East	9%
	Central West	4%
	Champlain	9%
	Erie St. Clair	6%
	Hamilton Niagara Haldimand Brant	10%
	Mississauga Halton	7%
	North Simcoe Muskoka	3%
	North East	6%
	North West	2%
	South East	3%
	South West	8%
	Toronto Central	8%
	Waterloo Wellington	10%
	Unknown	1%

- NOTES:
- Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.
  - All statistics sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership information as of December 2005.

# Statistics Fact Sheet: Occupational Therapy

<b>Name of Health Profession:</b>		<b>Occupational Therapist (OT)</b> <i>Registered Health Care Professional</i>
<b>NOC Code</b>	3232	
<b>Count of Registered Members</b>	4,010	
<b>Sex Distribution</b>	Female	94%
	Male	6%
<b>Age Distribution</b>	<45	73%
	45 – 54	20%
	>54	7%
<b>Work Status</b>	FT	71%
	PT	65%
	Casual	39%
	Unknown	11%
<b>Place of Work</b>	Education Facility/System	14%
	Hospital	20%
	Long-Term Care	0%
	Rehabilitation Centre	6%
	Mental Health Centre	3%
	Community	23%
	Group Practice	0%
	Solo Practice	0%
	Client's Environment	7%
	Other Areas	0%
	Unknown	45%
<b>LHIN Distribution</b>	Central	19%
	Central East	7%
	Central West	3%
	Champlain	11%
	Erie St. Clair	3%
	Hamilton Niagara Haldimand Brant	14%
	Mississauga Halton	7%
	North Simcoe Muskoka	3%
	North East	4%
	North West	2%
	South East	4%
	South West	10%
	Toronto Central	19%
	Waterloo Wellington	5%
	Unknown	6%

NOTES: • Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.  
 • All statistics sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership information as of December 2005.

# Statistics Fact Sheet: Pharmacy

<b>Name of Health Profession:</b>		<b>Pharmacist</b> <i>Registered Health Care Professional</i>
<b>NOC Code</b>	3131	
<b>Count of Registered Members</b>	10,351	
<b>Sex Distribution</b>	Female	55%
	Male	45%
<b>Age Distribution</b>	<45	54%
	45 – 54	27%
	>54	19%
<b>Work Status</b>	Data not available	
<b>Place of Work</b>	Education Facility/System	1%
	Hospital	16%
	Long-Term Care	0%
	Rehabilitation Centre	0%
	Mental Health Centre	0%
	Community	71%
	Group Practice	0%
	Solo Practice	0%
	Client's Environment	0%
	Other Areas	5%
	Unknown	8%
<b>LHIN Distribution</b>	Central	11%
	Central East	9%
	Central West	3%
	Champlain	8%
	Erie St. Clair	4%
	Hamilton Niagara Haldimand Brant	9%
	Mississauga Halton	8%
	North Simcoe Muskoka	2%
	North East	4%
	North West	2%
	South East	3%
	South West	6%
	Toronto Central	14%
	Waterloo Wellington	4%
	Unknown	6%
	No recorded place of practice	8%

NOTES: • Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.  
 • All statistics sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership information as of December, 2005.

# Statistics Fact Sheet: Physiotherapy

<b>Name of Health Profession:</b>		<b>Physiotherapist</b> <i>Registered Health Care Professional</i>
<b>NOC Code</b>	3142	
<b>Count of Registered Members</b>	6,080	
<b>Sex Distribution</b>	Female	81%
	Male	19%
<b>Age Distribution</b>	<45	63%
	45 – 54	23%
	>54	13%
	Unknown	1%
<b>Work Status</b>	FT	64%
	PT	60%
	Casual	0%
	Unknown	8%
<b>Place of Work</b>	Education Facility/System	4%
	Hospital	39%
	Long-Term Care	6%
	Rehabilitation Centre	6%
	Mental Health Centre	0%
	Community	1%
	Group Practice	49%
	Solo Practice	0%
	Client's Environment	12%
	Other Areas	8%
Unknown	6%	
<b>LHIN Distribution</b>	Central	14%
	Central East	10%
	Central West	4%
	Champlain	16%
	Erie St. Clair	4%
	Hamilton Niagara Haldimand Brant	14%
	Mississauga Halton	8%
	North Simcoe Muskoka	4%
	North East	4%
	North West	2%
	South East	5%
	South West	10%
	Toronto Central	20%
	Waterloo Wellington	6%
	Unknown	11%

NOTES: • Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.  
 • All statistics sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership information as of December, 2005.

# Statistics Fact Sheet: Psychology

<b>Name of Health Profession:</b>	
Psychologist/Psychological Associate <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	4151
<b>Count of Registered Members</b>	2,944
<b>Sex Distribution</b>	Female 62%
	Male 38%
<b>Age Distribution</b>	<45 22%
	45 – 54 32%
	>54 34%
	Unknown 12%
<b>Work Status</b>	Data not available
<b>Place of Work</b>	Education Facility/System 25%
	Hospital 15%
	Long-Term Care 9%
	Rehabilitation Centre 3%
	Mental Health Centre 9%
	Community 0%
	Group/Solo Practice 34%
	Client's Environment 0%
	Other Areas 8%
	Unknown 2%
<b>LHIN Distribution</b>	Central 10%
	Central East 6%
	Central West 2%
	Champlain 15%
	Erie St. Clair 3%
	Hamilton Niagara Haldimand Brant 6%
	Mississauga Halton 7%
	North Simcoe Muskoka 2%
	North East 3%
	North West 1%
	South East 5%
	South West 7%
	Toronto Central 19%
	Waterloo Wellington 5%
	Unknown 11%

- NOTES:
- Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.
  - All statistics sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership information as of December, 2005.

# Statistics Fact Sheet: Respiratory Therapy

Name of Health Profession: <b>Respiratory Therapist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3214 Note: This classification refers to Respiratory Therapists, Clinical Perfusionists and Cardio-Pulmonary Technologists. Please refer to the College to determine fields of practice regulated in Ontario.
<b>Count of Registered Members</b>	2,032
<b>Sex Distribution</b>	Female 69%
	Male 31%
<b>Age Distribution</b>	<45 75%
	45 – 54 21%
	>54 3%
<b>Work Status</b>	FT 74%
	PT 33%
	Casual 19%
	Unknown 1%
<b>Place of Work</b>	Education Facility/System 2%
	Hospital 103%
	Long-Term Care 0%
	Rehabilitation Centre 0%
	Mental Health Centre 0%
	Community 0%
	Group Practice 2%
	Solo Practice 0%
	Client's Environment 11%
	Other Areas 6%
	Unknown 1%
<b>LHIN Distribution</b>	Central 9%
	Central East 9%
	Central West 4%
	Champlain 17%
	Erie St. Clair 7%
	Hamilton Niagara Haldimand Brant 12%
	Mississauga Halton 7%
	North Simcoe Muskoka 3%
	North East 7%
	North West 2%
	South East 4%
	South West 15%
	Toronto Central 25%
	Waterloo Wellington 5%
	Unknown 1%

NOTES: • Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.  
 • All statistics sourced from the Pilot Allied Health Human Resources Database, MOHLTC. Data are a point-in-time snapshot of membership information as of December, 2005.

# Statistics Fact Sheet: Speech Language Pathology

<b>Name of Health Profession:</b>	
<b>Speech Language Pathologist</b> <i>Registered Health Care Professional</i>	
<b>NOC Code</b>	3141
<b>Count of Registered Members</b>	2,385
<b>Sex Distribution</b>	Female 95%
	Male 5%
<b>Age Distribution</b>	<45 67%
	45 – 54 24%
	>54 9%
<b>Work Status</b>	FT 68%
	PT 24%
	Casual 9%
<b>Place of Work</b>	Long-Term Care 1%
	Community Center 0%
	Private 10%
	Other 70%
	Unknown 3%
<b>LHIN Distribution</b>	Data not available

- NOTES:
- Percentages may not add up to 100% due to some professionals having more than one employer. Data are collected for each employer.
  - All statistics sourced from data collected from the College of Audiologists and Speech Language Pathologists by the Ministry of Health and Long-Term Care. Data collected is for the year 2005.

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