



Physiotherapists in Canada, 2022

Methodology Notes



Canadian Institute
for Health Information

Institut canadien
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For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120
cihi.ca
copyright@cihi.ca

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About CIHI's physiotherapist data

Collecting and reporting health workforce data assists decision-makers in the planning and distribution of health care professionals. Since 2007, the Canadian Institute for Health Information (CIHI) has collected data on the supply, distribution and practice characteristics of physiotherapists in Canada.

The following physiotherapist companion products are available on [CIHI's website](#):

- *Physiotherapists in Canada, 2022 — Data Tables* (XLSX)
- *Health Workforce in Canada, 2022 — Quick Stats* (XLSX)

Other health workforce products are also available on [CIHI's website](#):

- *Occupational Therapists in Canada, 2022 — Data Tables* (XLSX)
- *Occupational Therapists in Canada, 2022 — Methodology Notes* (PDF)
- *Pharmacists in Canada, 2022 — Data Tables* (XLSX)
- *Pharmacists in Canada, 2022 — Methodology Notes* (PDF)
- *Nursing in Canada, 2022 — Data Tables* (XLSX)
- *Nursing in Canada, 2022 — Methodology Notes* (PDF)
- *Health Workforce in Canada: Overview 2017 to 2021 — Data Tables* (XLSX)
- *Health Workforce in Canada: Overview 2017 to 2021 — Methodology Notes* (PDF)
- *Personal Support Workers in Alberta, 2022 — Data Tables* (XLSX)
- *Personal Support Workers in Alberta, 2022 — Methodology Notes* (PDF)
- *A profile of physicians in Canada, 2022* (infographic)
- *Supply, Distribution and Migration of Physicians in Canada, 2022* (data tables, historical data, methodology notes, Quick Stats)
- *National Physician Database, 2021–2022* (payments and utilization data tables, historical payments and utilization data tables, methodology notes)

Feedback and questions are welcome at hhr@cihi.ca.

For more information, please contact

Health Human Resources
Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Email: hhr@cihi.ca
Website: cihi.ca

About this document

This document summarizes the basic concepts, underlying methodologies, strengths and limitations of the data. It provides a better understanding of the health workforce information presented in our analytical products and the ways in which it can be effectively used. This information is particularly important when making comparisons with other data sources and when looking at trends over time.

Data availability

Physiotherapists or **physical therapists** (PTs) are regulated, evidence-based, primary health care professionals who aim to prevent, assess and treat the impact of injury, disease and/or disorders in movement and function. PTs work to

- Promote optimal mobility;
- Help improve physical activity and overall health and wellness;
- Prevent disease, injury and disability;
- Manage acute and chronic conditions;
- Manage activity limitations and participation restrictions;
- Improve and maintain optimal functional independence and physical performance;
- Rehabilitate injury and the effects of disease or disability; and
- Educate clients and plan maintenance and support programs to prevent reoccurrence, re-injury or functional decline.¹

To practise as a PT in Canada (excluding the Northwest Territories and Nunavut), annual registration with the appropriate provincial or territorial regulatory authority is mandatory, requiring the completion of a registration form. In the Northwest Territories and Nunavut, where physiotherapy is not regulated, PTs can register with the national association — the Canadian Physiotherapy Association. Some employers require registration with a provincial regulatory body.

Data collection

The annual registration form that an applicant completes is the property of the provincial or territorial regulatory authority. Through an agreement with CIHI, regulatory authorities submit a set of standardized data to CIHI, collected using the registration forms. The information collected pertains to demographic, education, training and employment characteristics. The Government of Yukon provides only aggregate counts.

CIHI and the organizations submitting data jointly review and scrutinize the submitted data. Once CIHI and the data providers approve the final data, it is ready for analysis and reporting.

Statistics reported by CIHI may differ from those reported by others, even though the source of the data (i.e., annual registration forms) is the same. Variances may be attributed to differences in the population of reference, the collection period and/or CIHI's data exclusion criteria and editing and processing methodologies.

Population of interest

The population of interest includes all PTs who submit both active and inactive registration forms in a Canadian province or territory.

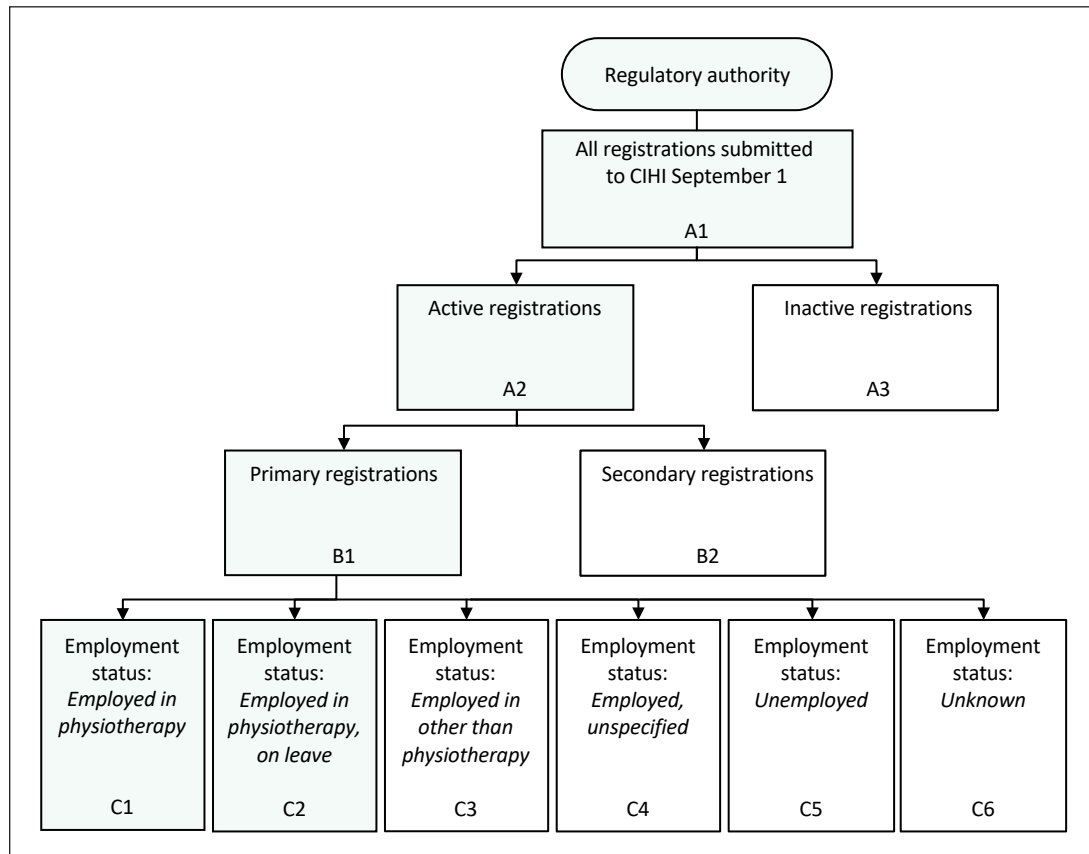
To better ensure timeliness, CIHI collects data prior to the end of the registration period, which varies among jurisdictions. For PTs, a cut-off date for data collection was established through consultation with the data providers and reflects a point in time when the majority of the registrations have been received for the registration period.

Defining the workforce

It is important to note the difference between the terms “supply” and “workforce.” *Supply* refers to all registrants who were eligible to practise in the given year (including those employed and those not employed at the time of registration). Note that inactive registrants and secondary registrants are excluded from the supply. *Workforce* refers to only those registrants who were employed in the profession at the time of annual registration, including those on leave who submit an active registration.

The figure below helps to illustrate how we define the PT workforce.

Figure Tracking regulatory authority data to CIHI:
The PT workforce



The total number of registrations submitted to a physiotherapy regulatory authority is composed of both active and inactive registration types. Of all the registrations received by the physiotherapy regulatory authority, only those received as of September 1 are submitted to CIHI (Box A1 in the figure above). Both active registrations (Box A2) and inactive registrations (Box A3) are submitted to CIHI.

There are 2 types of active registrations:

- Primary registrations (Box B1) are those where the province of registration reflects the registrant's primary jurisdiction of practice.
- Secondary registrations (Box B2) represent PTs who work in more than one jurisdiction concurrently and are registered by the proper authorities. This prevents the double-counting of some PTs who register in more than one jurisdiction. The methodology that identifies primary and secondary registrations is explained in detail in the [Data quality](#) section of this report.

CIHI workforce statistics include only primary registrations where registrants explicitly state their employment status in physiotherapy via one of the following data element values: *employed in physiotherapy* (Box C1) or *employed in physiotherapy, on leave* (Box C2). PTs who are employed outside of physiotherapy, who are unemployed or whose employment status is unknown are excluded from workforce statistics (the corresponding data element values are *employed in other than physiotherapy*, Box C3; *employed, unspecified*, Box C4; *unemployed*, Box C5; and *unknown*, Box C6).

Data quality

Under- and over-coverage

There are a few potential sources of under-coverage:

- **Registration period versus data collection period:** While setting cut-off dates enables CIHI to release more timely data, PTs who register between the cut-off date and the end of the registration period are not included in the Health Workforce Database (HWDB).
- **First-time registrants:** These include new graduates as well as PTs who are registering in a province or territory for the first time. Information on first-time registrants has varied across provinces and territories and over time, which has resulted in cases of under-coverage.

There are a few potential sources of over-coverage:

- **Duplicate and out-of-scope records:** Over-coverage occurs when duplicate records appear in the HWDB or when out-of-scope records (i.e., inactive registrants) are included.
- **PTs on leave:** PTs who are employed in their profession and on leave are included in the population of interest. At the time of registration, these PTs may state that they are employed in their profession but take leave during some of the rest of the registration period. Examples of leave are maternity and paternity leave, family leave, education leave and leave for short-term illness or injury. While potential over-coverage may exist, the assumption is that PTs on temporary leave who register as being employed in their profession and who provide full employment information (when possible) intend to return to that position when the temporary leave ends.
- **Secondary registrations:** PTs can choose to register simultaneously in multiple provinces and territories. In order to avoid double-counting these PTs, CIHI identifies registrations that do not reflect the primary province or territory of practice and excludes them when reporting supply or workforce information. These are known as secondary registrations. However, PTs who register in multiple provinces or territories and also work in more than one province or territory are included more than once in “Provinces/territories with available data” totals.
- **Return to practice:** Beginning in 2020, some professional regulatory bodies put out a call for non-practising health professionals to return to practice to respond to the increased patient care needs associated with COVID-19. Depending on the jurisdiction, return-to-practice data may already be included in the supply totals.

Terminology and general methodology

Throughout the HWDB products,

- *Health Workforce Database* (HWDB) refers to the database that stores both record-level and aggregate-level data collected on more than 30 groups of health care professionals in Canada, including PTs.
- The term *primary employment* refers to employment with an employer or in a self-employed arrangement that is associated with the highest number of usual weekly hours of work. All workforce data and analyses represent primary employment statistics for the respective health care professionals.
- The term *renewal* refers to the number of registrants who renewed their registration in the same province or territory as the one they were registered in the year before.

Average age

The average age of the PTs in a given province or territory and/or Canada is calculated based on the age of the individual PT, which is derived from the data elements Year of Birth and the Current Data Year for each record. Records with missing age are excluded from the calculation.

$$\text{Average age} = \frac{1}{n} \sum_{i=1}^n \text{Age}_i$$

Where

- i = Individual health care professional
- n = Total number of health care professionals in a province or territory or in Canada

Physiotherapists employed in direct care

The term “employed in direct care” refers to only those registrants who provided services directly to clients. Direct care includes those whose Area of Practice is in *general practice, sports medicine, burns and wound management, plastics, amputations, orthopedics, rheumatology, vestibular rehabilitation, perineal, oncology, critical care, cardiology, neurology, respirology, health promotion and wellness, palliative care, return to work rehabilitation, ergonomics* or *other area of direct service*.

Health regions and peer groups

Health regions are defined by the provincial and territorial governments and represent administrative bodies or areas of interest to health authorities.

The health region data presented in the *Physiotherapists in Canada, 2022* analyses and products includes PTs who work in direct patient care and whose postal code is within the province or territory of analysis. Those employed in administration, education or research are excluded from the health region totals.

The postal code data and Statistics Canada's Postal Code Conversion File (PCCF) are used to assign health care professionals to health regions. The Postal Code of Primary Employment is used to conduct this analysis. If the postal code is unknown or invalid, the health region cannot be determined.

Starting in 2021, the methodology for mapping health regions has been enhanced to align with CIHI's data standards; this update has been applied to the reporting period (i.e., 2013 to 2022).

In order to facilitate comparisons among health regions, Statistics Canada developed a methodology that groups health regions with similar socio-economic and socio-demographic characteristics; these are referred to as peer groups. The [health region peer groups defined by Statistics Canada](#) are based on the 2018 classification of peer groups and are presented in [Physiotherapists in Canada, 2022 — Data Tables](#).

Inflow and outflow

Changes in the PT supply reflect the number of registrants entering their profession (inflows) and the number leaving (outflows). Analyzing inflows and outflows provides better information about how the PT supply is changing over time.

The term *inflow* refers to the number of registrants entering the profession. Inflow occurs when a PT registers to practise in a province or territory in which the PT did not register the previous year. Inflow can include new graduates, PTs who migrate in from other Canadian provinces or territories or foreign countries and those who return to the workforce after extended leave (such as for family responsibilities or further education).

The term *outflow* refers to the number of registrants leaving a specific province or territory. Outflow occurs when a PT fails to renew their registration in a province or territory the following year. Outflow is influenced by a number of factors, and these factors will change over time. For those PTs who are late in their careers, not renewing their registration may be a signal that they have retired. For PTs who are early in their careers, reasons for not renewing registration could include choosing an employment opportunity in another province, territory or country, leaving the profession, taking parental leave and fulfilling family responsibilities, or returning to school for additional education.

It should be noted that inflow and outflow are not available at the national level because a national unique identifier is not currently in place to allow tracking a registrant across provinces and territories.

Population estimates and per 100,000 population counts

Using population estimates from Statistics Canada, rates per population can be calculated for health care professionals. *Physiotherapists in Canada, 2022 — Data Tables* includes Statistics Canada's population estimates by province and territory for 2013 to 2021.

Urban and rural/remote

A postal code analysis is performed to determine whether a health care professional is practising in an urban or a rural/remote setting.²⁻⁴ For PTs, the Postal Code of Primary Employment is used to conduct this analysis. If the postal code is unknown or invalid, the urban or rural/remote setting cannot be determined.

Using Statistics Canada's PCCF, postal codes are assigned to statistical area classifications (SACs) — urban or rural/remote. Urban areas are defined (in part) by Statistics Canada as communities with populations greater than 10,000 people; rural/remote is equated with communities outside the urban boundaries and is referred to as *rural and small town* (RST) by Statistics Canada.

Starting in 2021, the methodology for mapping urban and rural boundaries has been enhanced to align with CIHI's data standards; this update has been applied to the reporting period (i.e., 2013 to 2022).

RST communities are further subdivided by identifying the degree to which they are influenced in terms of social and economic integration with larger urban centres. Metropolitan influenced zone (MIZ) categories disaggregate the RST population into 4 subgroups: strong MIZ, moderate MIZ, weak MIZ and no MIZ.

Urban and rural/remote areas are classified as follows:

- Urban: SACtype = 1, 2, 3
- Rural/remote: SACtype = 4, 5, 6, 7, 8

Comparability

As part of the data submission process, the regulatory bodies submit to CIHI the changes that have been made to their data for inclusion in this publication. A review of this information is helpful when looking at trends over time and comparing provinces and territories.

Table 1 highlights the data submitted to CIHI in 2022 by province and territory for PTs.

Table 1 Physiotherapist data submitted to CIHI, by province and territory, 2022

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
PT data	D	D	D	D	D	D	D	D	D	D	*	n/a	n/a

Notes

* Record-level data from Yukon is not currently collected in the Health Workforce Database. Only aggregate counts are available.

D: Data was submitted to CIHI.

n/a: Not applicable.

International comparability

In an effort to improve the usability of Canada's health workforce statistics for international stakeholders, CIHI has developed a series of health workforce indicators grounded in the work of the World Health Organization's *National Health Workforce Accounts: A Handbook*.⁵ CIHI's release is focused on indicators identified in Module 1: Active health workforce stock.

Table 2 highlights the PT component of the 8 indicators included in CIHI's *Physiotherapists in Canada, 2022* release, as well as variations in terminology for the data presented by CIHI. Please see CIHI's [Indicator library](#) for the detailed methodology for each health workforce indicator.

Table 2 CIHI-reported World Health Organization indicators

WHO indicator	Corresponding table in <i>Physiotherapists in Canada, 2022 — Data Tables</i>
1 – 02: Density of active health workers per 1000 population, by cadre 1 – 03: Density of active health workers per 1000 population, by cadre and at subnational level	Table 4: Physiotherapist workforce employed in direct care per 100,000 population, by jurisdiction, provinces/territories with available data, 2013 to 2022
1 – 04: Density of health workers per 1000 population, by cadre, by activity level (practising, professionally active, licensed to practice)	Table 5: Physiotherapist supply, by employment status, per 100,000 population, provinces/territories with available data, 2013 to 2022
1 – 05: Ratio between active and registered health workers, by cadre	Table 6: Ratio of physiotherapist workforce employed in direct care to supply, provinces/territories with available data, 2013 to 2022
1 – 07: Percentage of active health workers in different age groups, by cadre and sex	Table 7: Physiotherapist workforce employed in direct care, by age group, provinces/territories with available data, 2013 to 2022
1 – 09: Percentage of active foreign-trained health workers by place of birth (domestic/foreign) and by country of training	Table 8: Physiotherapist workforce employed in direct care, by top 10 countries of graduation, provinces/territories with available data, 2013 to 2022
1 – 11: Percentage of active health workers employed by facility type, by cadre	Table 9: Physiotherapist workforce employed in direct care, by place of employment, provinces/territories with available data, 2013 to 2022
1 – 12: Density of active health workers in different regions (by regional typology, by cadre)	Table 10: Physiotherapist workforce employed in direct care, by health region and jurisdiction, provinces/territories with available data, 2013 to 2022
1 – 12: Density of active health workers in different regions (by regional typology, by cadre)	Table 11: Physiotherapist workforce employed in direct care per 100,000 population, by health region and jurisdiction, 2013 to 2022

SourceWorld Health Organization. *National Health Workforce Accounts: A Handbook*. 2016.

Data limitations and considerations

Methodological and historical changes to the data have the potential to make it difficult to compare data across time. CIHI, in collaboration with the regulatory authorities, is continually striving to improve data quality; therefore, the following information should be considered when making historical comparisons and consulting previous CIHI publications. In all cases, comparisons should be made with caution and in consideration of the methodological and historical changes made. For a complete list of data elements, please review the [Health Workforce Database metadata](#) page on CIHI’s website.

The section below provides information on the data elements that had data quality improvements or changes in data years 2013 to 2022 that may have an impact on comparability.

If more than 30% of records in a province/territory have a *not stated* value (i.e., *unknown*, *not applicable* or *not collected*) for a data element, statistics based on that element are not reported. When the population of provinces/territories for which the data is unavailable exceeds 35% of the total Canadian population, no overall result is reported for “Provinces/territories with available data.”

Statistics on *not stated* values for each reporting data element are available in [Physiotherapists in Canada, 2022 — Data Tables](#). Caution should therefore be used when comparing data within this time period.

Physiotherapist data, 2013 to 2022

General

Province or territory	Data limitation
Prince Edward Island	Data was unavailable for Prince Edward Island in 2014.
Yukon	Data from 2013 to 2016 was submitted at the record level. Data was unavailable for Yukon in 2017. From 2018 to 2022, the Yukon Department of Community Services submitted aggregate-level supply data for PTs.

Supply and workforce

Province or territory	Data limitation
Prince Edward Island	Due to COVID-19, the November 2020 Physiotherapy Competency Exam was cancelled, thereby preventing some new applicants from becoming licensed in 2020. This could account for decreased inflow numbers in 2020.
Nova Scotia	In 2019, the Nova Scotia College of Physiotherapists implemented a new identifier in its annual submission to CIHI, limiting the ability to analyze the flow of PTs in and out of Nova Scotia between 2018 and 2019. In 2019, Employment Status data was not reported due to data quality issues.
Quebec	The Ordre professionnel de la physiothérapie du Québec (OPPQ) provided its 2018 data after the cut-off date. Thus, the Supply and Workforce of PTs in Quebec increased between 2017 and 2018. The fluctuation is also attributed to the implementation of a new database. Comparisons should be made with caution. In 2019, Employment Status was unavailable; therefore, workforce information could not be reported. In Quebec, there are 2 types of physiotherapy professionals: PTs and physiotherapy technologists (Phys. T.). Physiotherapy technologists are not included in Quebec's PT data. At the end of 2022–2023, there were 3,154 physiotherapy technologists registered with the OPPQ. The 2020, 2021 and 2022 PT supply data for Quebec does not include return-to-practice data.
Manitoba	The 2020, 2021 and 2022 PT supply data for Manitoba does not include return-to-practice data.
British Columbia	Due to COVID-19, the November 2020 Physiotherapy Competency Exam was cancelled, thereby preventing some new applicants from becoming licensed in 2020. This could account for decreased inflow numbers in 2020.

Demographic

Province or territory	Data limitation
Manitoba	Gender and Year of Birth are not directly provided to CIHI by the College of Physiotherapists of Manitoba. For reporting, CIHI uses aggregated age and gender information provided by Manitoba Health.
Yukon	In 2018, the Yukon Department of Community Services submitted aggregate-level supply data (including Gender , 5-Year Age Band and Average Age) for PTs.
British Columbia	In 2019, Flow by Age Group was not available due to data quality issues.

Education

Province or territory	Data limitation
Quebec	In 2018, OPPQ implemented a new database. As a result, education data elements were unavailable for new registrants in 2018.
Ontario	Due to the cancellation of the Physiotherapy Competency Exam, there is a significant number of Provisional Practice Certificate members with a registration date outside of the cut-off time frame. Data for these registrants is captured in the 2021 data.

Employment

Province or territory	Data limitation
Prince Edward Island	<p>From 2015 to 2022, Place of Employment was not reported due to a high proportion of missing values.</p> <p>Data for Area of Practice and Sector of Employment was unavailable for Prince Edward Island for 2014 and 2015. Data for 2016 to 2022 was not reported due to a high proportion of missing values.</p>
Nova Scotia	<p>Data for Employment Category was unavailable from 2013 to 2018. Data for 2019 and 2021 was not reported due to a high proportion of missing values.</p> <p>In 2019, Employment Status, Workforce (number of providers), Full-Time/Part-Time Status, Place of Employment, Sector of Employment, Area of Practice and Geography (urban and rural/remote) were not reported due to a high proportion of missing values.</p> <p>Due to a data quality issue affecting PTs with multiple employers, the following data elements were not reported for 2020: Full-Time/Part-Time Status, Place of Employment, Sector of Employment and Area of Practice.</p> <p>In 2021 and 2022, data for Sector of Employment was not reported due to a high proportion of missing values.</p>
New Brunswick	Self-employment for physiotherapists in New Brunswick is currently captured under other categories (e.g., Permanent Employee, Temporary Employee, Casual Employee).
Quebec	<p>Data for Employment Category and Full-Time/Part-Time Status was unavailable for Quebec from 2013 to 2022.</p> <p>Data for Area of Practice and Sector of Employment was also unavailable from 2013 onward.</p> <p>In 2018 and 2019, data for Place of Employment was unavailable.</p>
Ontario	In 2018 and 2019, Employment Category , Full-Time/Part-Time Status , Place of Employment , Sector of Employment and Area of Practice were not reported due to a high proportion of missing values.

Province or territory	Data limitation
Manitoba	<p>In 2020, Employment Status, Place of Employment and Sector of Employment were not reported due to data quality issues.</p> <p>In 2020, the College of Physiotherapists of Manitoba was unable to encode Full-Time/Part-Time Status data based on the annual hours worked. Consequently, Full-Time/Part-Time Status data was not available.</p> <p>Due to the system enhancement in 2022, Employment Status data (i.e., full-time/part-time status) prior to 2022 is not comparable with 2022 data. As a result, comparisons with previous years should be made with caution.</p>
Saskatchewan	<p>In 2018, the Saskatchewan College of Physical Therapists changed its data collection methodology, resulting in fluctuations in employment data elements; comparisons should be made with caution. Data for Place of Employment and Sector of Employment was not reported due to a high proportion of missing values.</p>
Alberta	<p>In 2021 and 2022, Full-Time/Part-Time Status was not reported due to data quality issues resulting from a database update by the College of Physiotherapists of Alberta.</p>
British Columbia	<p>In 2017, the College of Physical Therapists of British Columbia (CPTBC) reported a higher proportion of missing values than in previous years for employment data elements.</p> <p>In 2019, the CPTBC updated its database. Fluctuations are observed in employment data between 2018 and 2019. Comparisons should be made with caution.</p> <p>For 2019 and 2020, higher-quality data for Full-Time/Part-Time Status and Employment Category was resubmitted in 2021, and the data has been updated.</p> <p>Between 2019 and 2020, the number of PTs with Area of Practice not stated decreased significantly, which is an improvement in data quality. Comparisons between 2020 and prior years should be made with caution.</p> <p>From 2013 to 2021, the option <i>self-employed</i> for Employment Category was not available on the registration form for physiotherapists in B.C. Therefore, self-employed physiotherapists were captured in other categories.</p>
Yukon	<p>In 2015 and 2016, Sector of Employment was not reported.</p>

Privacy and confidentiality

The protection of individual privacy, the confidentiality of records and the security of information are essential to CIHI's operations. In support of this position, CIHI established a comprehensive privacy, confidentiality and security program. A key element of the program is the statement of principles and policies set out in the document *Privacy Policy on the Collection, Use, Disclosure and Retention of Health Workforce Personal Information and De-identified Data, 2011* (in short, the Health Workforce Privacy Policy, 2011). A copy of this document can be downloaded free from [CIHI's website](#).

CIHI is a prescribed entity in Ontario, which means that health information custodians in Ontario can provide personal health data to us without the consent of individuals.

The HWDB does not collect, use or disclose personal information. The data collected may contain small cell sizes. However, in keeping with Section 32 of the Health Workforce Privacy Policy, 2011, CIHI makes statistical information publicly available only in a manner designed to minimize any risk of identifiability and residual disclosure of personal information about individuals.

Appendices

Appendix A: Physiotherapists, first year of regulation, by province and territory

Type of professional	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Physiotherapists	1970	1973	1959	1960	1973	1953	1956	1945	1985	1946	2007	n/r	n/r

Note

n/r: Not regulated as of 2022.

Appendix B: Physiotherapist data providers, 2022

Physiotherapists	
Newfoundland and Labrador	Newfoundland and Labrador College of Physiotherapists
Prince Edward Island	Prince Edward Island College of Physiotherapy
Nova Scotia	Nova Scotia College of Physiotherapists
New Brunswick	College of Physiotherapists of New Brunswick
Quebec	Ordre professionnel de la physiothérapie du Québec
Ontario	College of Physiotherapists of Ontario
Manitoba	College of Physiotherapists of Manitoba
Saskatchewan	Saskatchewan College of Physical Therapists
Alberta	College of Physiotherapists of Alberta
British Columbia	College of Physical Therapists of British Columbia
Yukon	Department of Community Services, Government of Yukon
Northwest Territories and Nunavut	n/a

Note

n/a: Not applicable.

Appendix C: Text alternative for average age image

Average age equals numerator 1 over denominator n (defined as the total number of health care professionals in a jurisdiction or Canada) times the sum of the individual health care professionals' ages for the total number of n health care professionals; the count of individual health care professionals i equals 1 to n .

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**CIHI Ottawa**

495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto

4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria

880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal

1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca

38355-0923

