



EMPLOYMENT PROSPECTS 2023-31

LONDON REGION'S HEALTH SECTOR

OCTOBER 2023



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About the London Economic Development Corporation

The London Economic Development Corporation (LEDC) is the lead economic development agency for London, Canada. Established in 1998, LEDC is a not-for-profit organization that is funded by the City of London through a Purchase of Service Agreement.

Working with business, government, academic institutions, and industry partners, LEDC supports the growth of existing businesses, attracts new businesses to London, and strives to ensure companies have the talent, resources, and business conditions they need to continue scaling.

LEDC focuses on growing London's primary economic sectors – Agri-Food, Advanced Manufacturing, Digital Media and Tech, Health, and Professional Services. Growth in these sectors creates additional jobs through supply chains, service, retail industries, and more.

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HEALTH

Executive Summary

Like many other sectors of the economy, the health sector is experiencing a wave of retirements as Baby Boomers age into their 60s and 70s. In occupations where demand is growing, this combination of projected retirements and growth will lead to more than 8,800 job openings in health occupations over the next eight years.

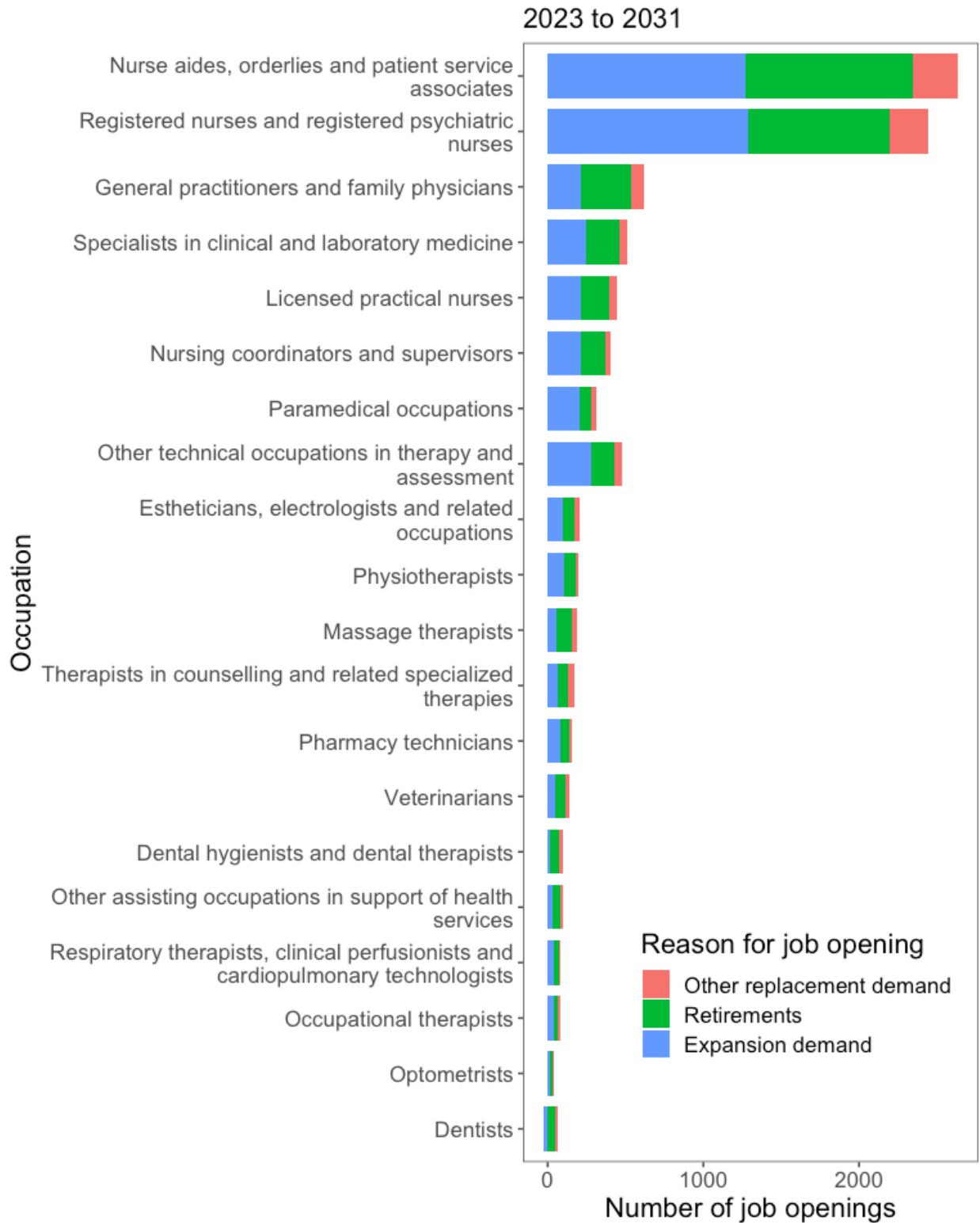
Ambitious federal targets for immigration and increasing demand for healthcare as our population ages make it very likely that health employers will be managing through this demographic transition as they face significant increases in demand. The existing workforce has worked through more than two very stressful years of the COVID-19 pandemic.

Although domestic sources of recruits, including graduates of Fanshawe College, Western University and other postsecondary institutions, will meet some of this need, many new jobs must be filled through immigration. Making sure that federal immigration targets and provincial priorities are aligned with the labour market needs of the health sector in the London economic region will be critical. Making it easier for internationally-trained professionals to practice in the region is an urgent priority.

The combined effect of increasing demand, significant retirements and a booming population make the labour market challenges in the health sector particularly acute. Because access to healthcare services is essential, not meeting these labour market challenges within the health sector may worsen matters for employers in other sectors who are facing similar labour market challenges.

Employers in the London economic region are preparing for this wave of retirements, recruiting far and wide to fill positions. But they need flexibility, fairness and partners at all levels of government, municipal, provincial and federal, to work together in new ways to ensure the continued success of this critical backbone of the regional economy.

Employment Projections at a Glance



Five Key Points From This Report

1. Just under half of all the nearly 9,000 forecasted job openings in the health sector in Elgin Middlesex London will be created through retirements. These openings are a tremendous opportunity for people looking to enter the health sector (or looking to move up within their employer). Still, it comes with a significant loss of experienced and skilled healthcare professionals.
2. Increasing demand for healthcare services is coming at a time when the overall health sector is recovering from a particularly challenging COVID-19 pandemic, and the population of the London economic region is booming, which is putting pressure on an already strained system.
3. Employers are focused on recruitment and retention across various critical occupations, Still, they need help from the federal, provincial and municipal governments to meet their labour market challenges they are facing. They need flexibility and fairness so they can compete with American health sector employers and to be empowered to allocate resources internally to meet their most pressing health human resources challenges.
4. Immigrants are likely to be a key recruitment source in most occupations but will be especially important in some health occupations. Improving not just the intake of immigrants but also speeding up and smoothing their transition into working in the roles they are trained for will be critical.
5. Availability and affordability of housing are critical, especially for recruiting younger workers who are entering the housing market for the first time.

Table of Contents

Executive Summary	2
Employment Projections at a Glance	3
Five Key Points From This Report	4
Table of Contents	5
Introduction	7
The heart of the health sector in Southwestern Ontario	8
Figure 1: Employment in health occupations, London Economic Region	9
Figure 2: Employment in health occupations, Southern Ontario	10
Employment Opportunities in London’s Health Sector	10
Figure 3: Number of jobs in select health occupations, Elgin-Middlesex-Oxford	12
Figure 4: Projected job openings in select health occupations in Elgin-Middlesex-Oxford, 2022 to 2031	13
Retirements will drive most of the job openings	14
Expansion demand will account for almost half of job openings in some occupations	14
Immigration will be critical, especially for some occupations	14
The View From Employers - Labour Market Challenges	15
Employers are finding it difficult to fill open positions, especially in some occupations	15
Bridging programs are too far away, too slow and too expensive	15
New hires have different expectations than previous generations	15
The changing care needed by people outpaces resources	16
Employers are concerned about young people’s perceptions of the health sector	16
Retirements are putting pressure on remaining experienced staff	16
The View From Employers – How to Solve Labour Market Challenges	16
Improve immigration pathways and information	16
Employers need the flexibility to compete on wages	16
Investing in upskilling	16
Recognition of internationally-trained medical graduates	17
Improving housing availability and affordability	17

Greater capacity in bridging programs	17
Freeing up time for paramedics to act as preceptors	17
Final Thoughts	18
Data Appendix	19
Method of calculating forecasts at the Elgin-Middlesex-Oxford level	19
Table 1: Expansion demand (new jobs) 2023 to 2031, Elgin Middlesex Oxford economic region	19
Table 2: Composite projection of job openings, 2022 to 2031, Elgin Middlesex Oxford economic region	20
Recruitment sources, 2022-2031, Health Sector in Elgin Middlesex Oxford economic region	22

Introduction

The health sector is a significant component of the London economic region, accounting for more than 32,200 jobs.¹ Employment in the sector covers a wide range of occupations – the nurses and physicians in hospitals, personal support workers, nurses aides, medical laboratory technicians, veterinarians, therapists, dentists and dental hygienists, just to name a few – in both the broader public sector, private sector and nonprofit sector.

With one of the fastest-growing cities in Canada at its core, the London economic region – comprising the census divisions of Elgin, Middlesex and Oxford – has grown significantly over the past five years, adding roughly 63,000 people and 20,000 new dwellings.

Like many other sectors of the economy, health sector employers are grappling with the demographic wave of Baby Boomers, only half of whom have aged into retirement as of 2021; unlike many sectors of the economy, the health sector did not slow down during the pandemic. Retirement rates are generally expected to increase over the next decade, with fewer working-age people for each retirement-age adult nationwide, reaching a historic low ratio of two working-age people for each retiree in 2035.² To increase the size of the Canadian labour force, the federal government has increased its targets for admitting new permanent residents, which will reach 500,000 per year by 2025.

These two general trends of an aging population and increasing working-age immigrants are well understood. But how do they vary at the local level and by occupation? Building on the Canadian Occupational Projection System (COPS) for 2022-2031, this report forecasts the expected number of job openings for critical occupations in the health sector in the London region until 2031.

To explore what employers are experiencing right now in terms of attracting and retaining talent, we facilitated a roundtable discussion with leading employers in the health sector about these region-specific and occupation-specific forecasts for job openings and opportunities for public policy changes that would help in meeting expected demands for labour over the next eight years.

¹ Source: The 2021 Census reports 66,600 jobs in trades, transport and equipment operators in the Elgin, Middlesex and Oxford census divisions.

² Source: <https://www.canada.ca/en/immigration-refugees-citizenship/news/2022/11/an-immigration-plan-to-grow-the-economy.html>

The heart of the health sector in Southwestern Ontario

The economic region includes three of the 57 Ontario health teams – Elgin, Middlesex-London and Oxford – that support more than 660,000 patients within and beyond the region.³ With close relationships and affiliations with Western University, both London Health Sciences Centre and St. Joseph’s Healthcare London are regional centres for patient care and training of new health professionals. It is part of the larger West region, the second-largest of the Ontario health regions with just over four million people, which stretches from Waterloo to Tobermory to Windsor and Niagara.

The region is also a centre for health and life science research and commercial enterprises, including, for example, Lawson Health Research Institute, Robarts Research Institute, Trudell Medical International, Starlim and Jones Healthcare Group.

As shown in Figure 1, people working in health occupations live throughout the London economic region with relatively higher concentrations close to St. Joseph’s Health Care, University Hospital, Victoria Hospital and Children’s Hospital in the City of London (dark blue on the map). This concentration is perhaps unsurprising, given that London Health Sciences Centre and St. Joseph’s Health Care employ over 20,000 people.

Strong population growth over the past five years, along with an aging population, has driven even higher growth in employment in the broad category of health occupations, in excess of 20%. Overall employment in health occupations in the Elgin, Middlesex and Oxford census divisions increased by 5,545, from 26,655 in 2016 to 32,200 in 2021.⁴ This growth in employment in health occupations is unevenly distributed within the region, with Oxford and Elgin census divisions declining and all of the growth in health occupations focused in the Middlesex census division.

³ Total attached and uncertainly-attached attributed population. Source: 2022 data for each Ontario Health Team.

⁴ The 2021 Census reports occupations using the 2021 National Occupation Classification System; the 2016 Census reports using the 2016 National Occupation Classification system. Since the 2021 NOC was a structural update, there are some differences in how occupations are coded. This report uses the 2016 NOC.

Figure 1: Employment in health occupations, London Economic Region

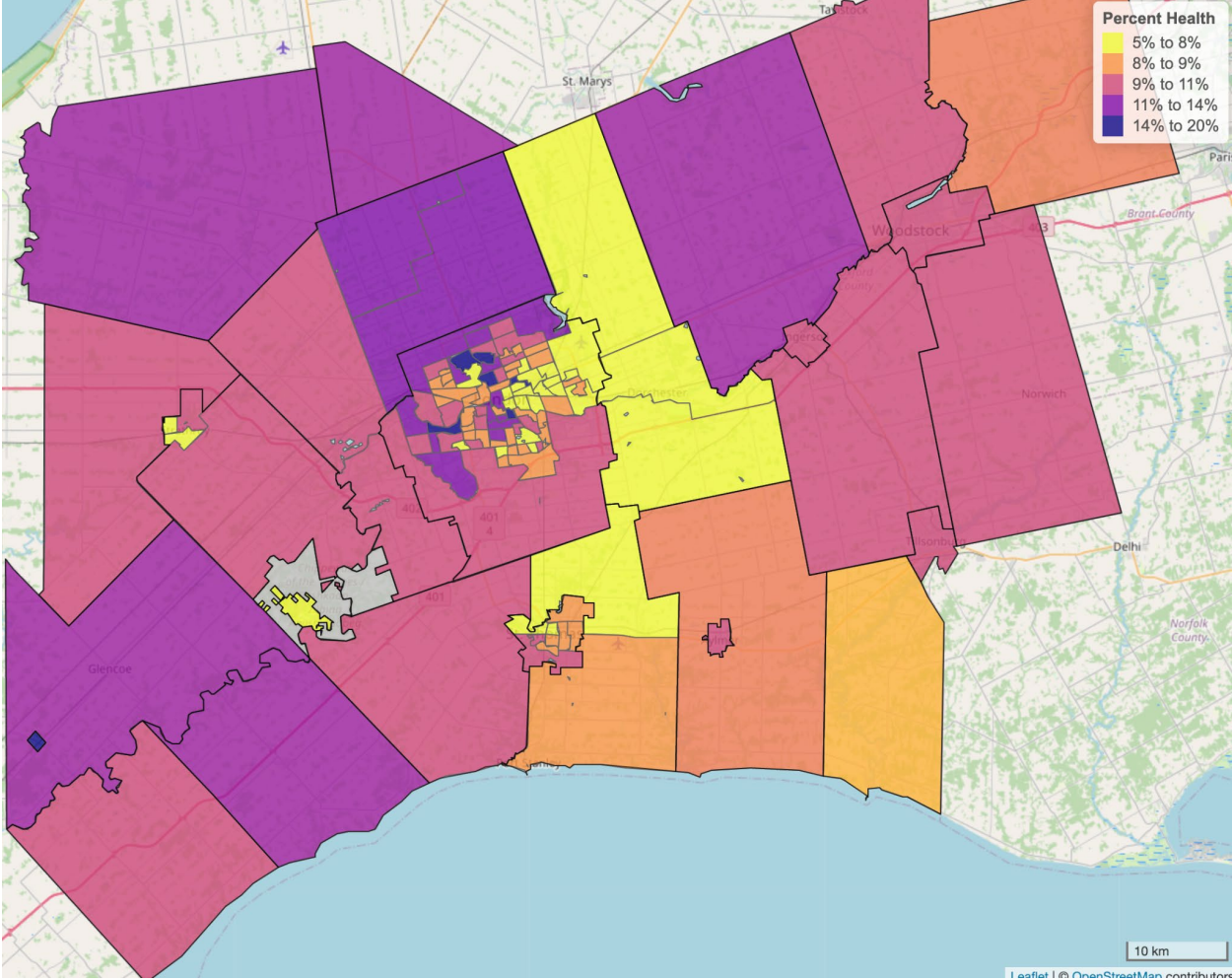
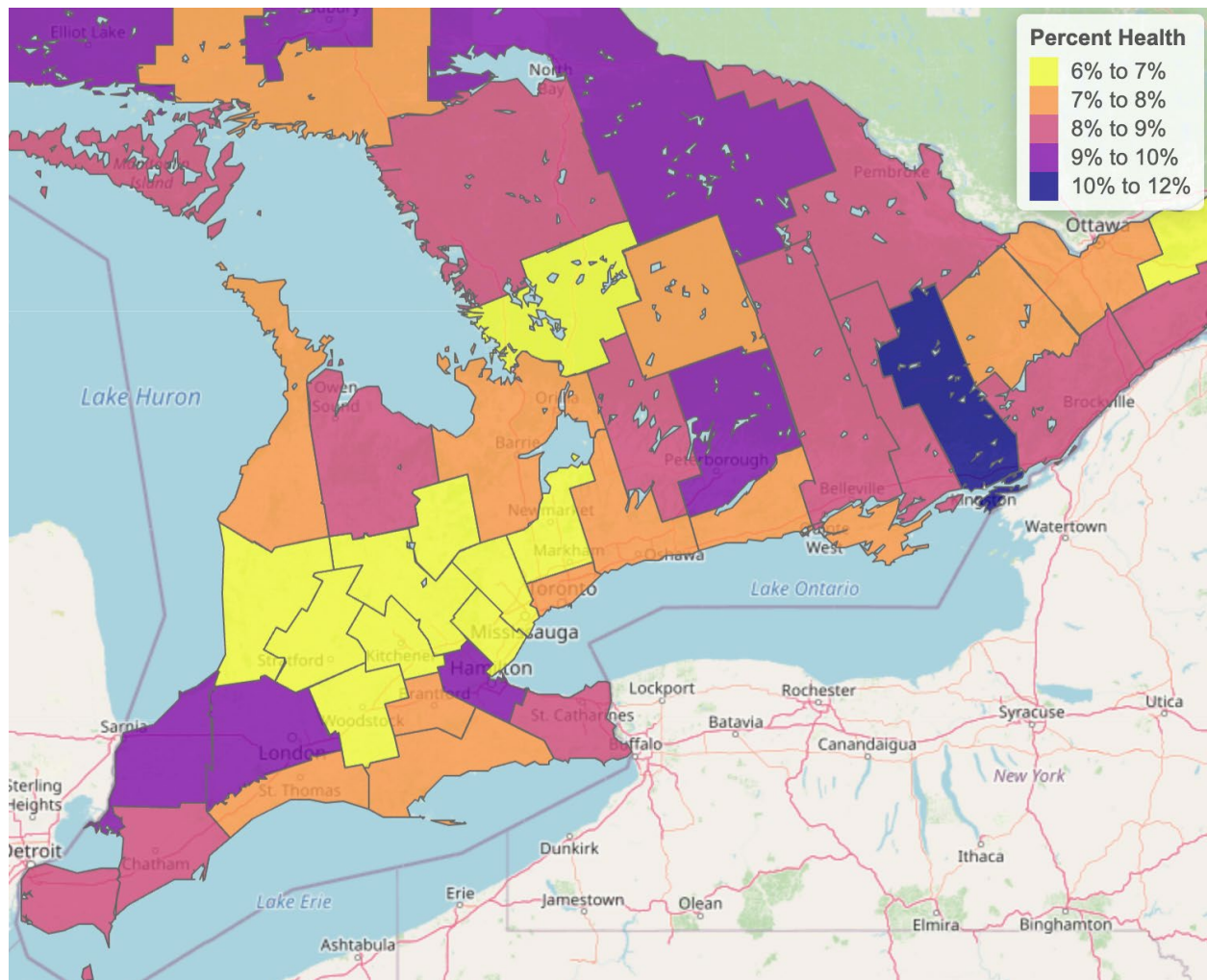


Figure 2: Employment in health occupations, Southern Ontario



Employment Opportunities in London's Health Sector

The Elgin-Middlesex-Oxford area will need thousands of healthcare workers to replace retiring workers and keep up with projected increases in demand for health services. The Institutional Research team at Fanshawe College has developed employment projections for 21 occupations for 2022-31; see Appendix B for details. The occupations include, for example, nurses, physicians, nurse aides, medical technologists, dentists, respiratory therapists, and so on; see Appendix A for more information.

Figure 3 shows the number of people working in these occupations in Elgin-Middlesex-Oxford in 2023. In total, these 21 occupation codes include 27262 jobs, with over 17000 of those jobs in four NOC codes: Nurse aides, orderlies and patient service associates (33102), Registered nurses and registered psychiatric nurses (31301), General practitioners and family physicians (31102), Licensed practical nurses (32101).

These projections, while vital, cannot capture the whole story. In particular, projecting expansion demand is particularly challenging, as models can only project forward past trends. They lack on-

the-ground knowledge of specific regional or local plans, such as the London Health Sciences Centre’s Master Plan or the capital plans of other local institutions.⁵ Given the importance of these anchor institutions in the regional economy, these likely underestimate future health sector employment growth.

Figure 4 provides projected job openings in select health occupations for the years 2022 to 2031 for the Elgin-Middlesex-Oxford region. The projections are broken down into three components: those that will occur due to retirement, those that will occur due to projected expansions, and those which occur for other reasons, which can include workers switching industries. Detailed breakdowns for each of the 21 occupations can be found in Appendix A.

⁵ LHSC’s Master Plan is to be submitted to the Ministry of Health in July 2023. See <https://www.lhsc.on.ca/master-planning>

Figure 3: Number of jobs in select health occupations, Elgin-Middlesex-Oxford

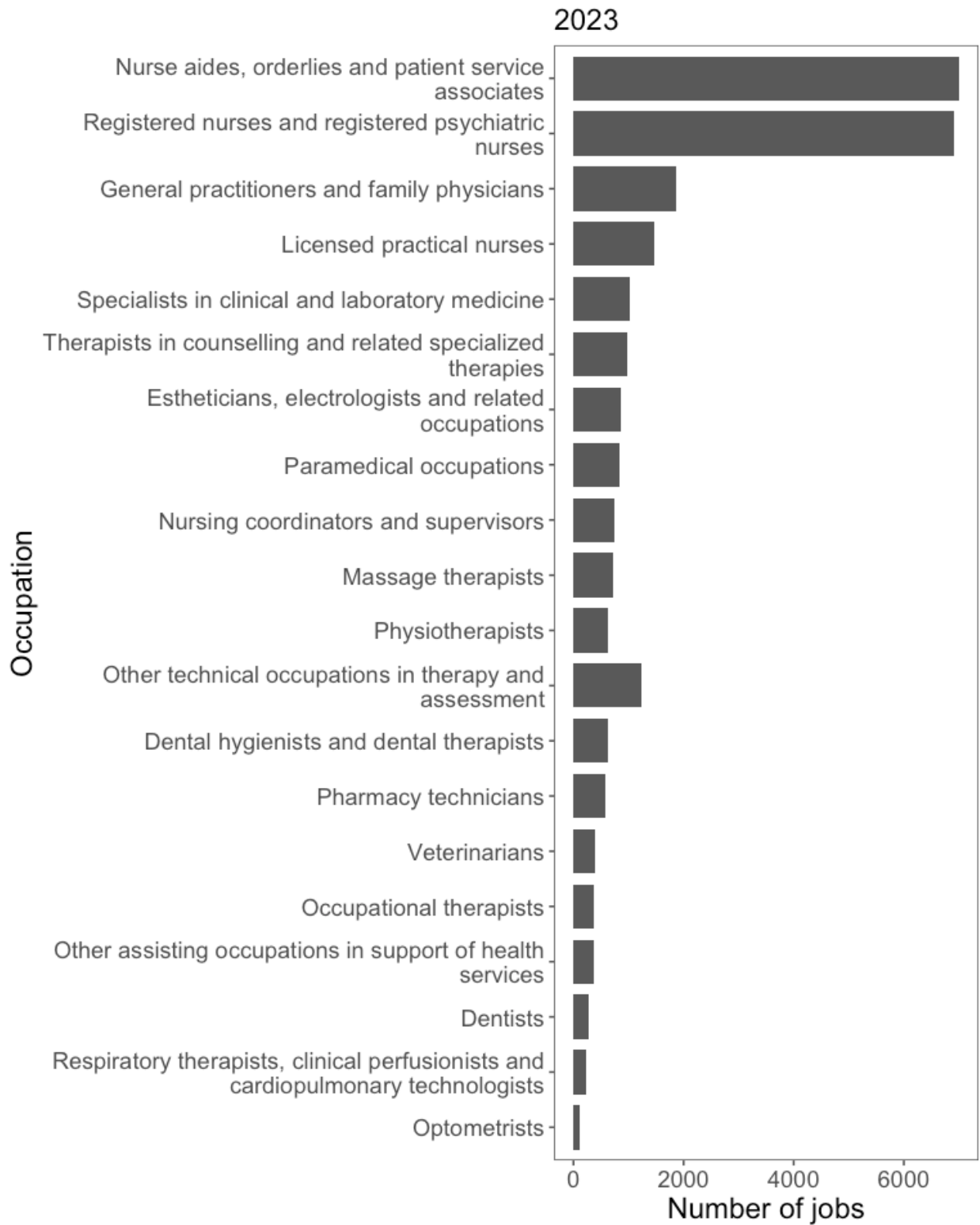
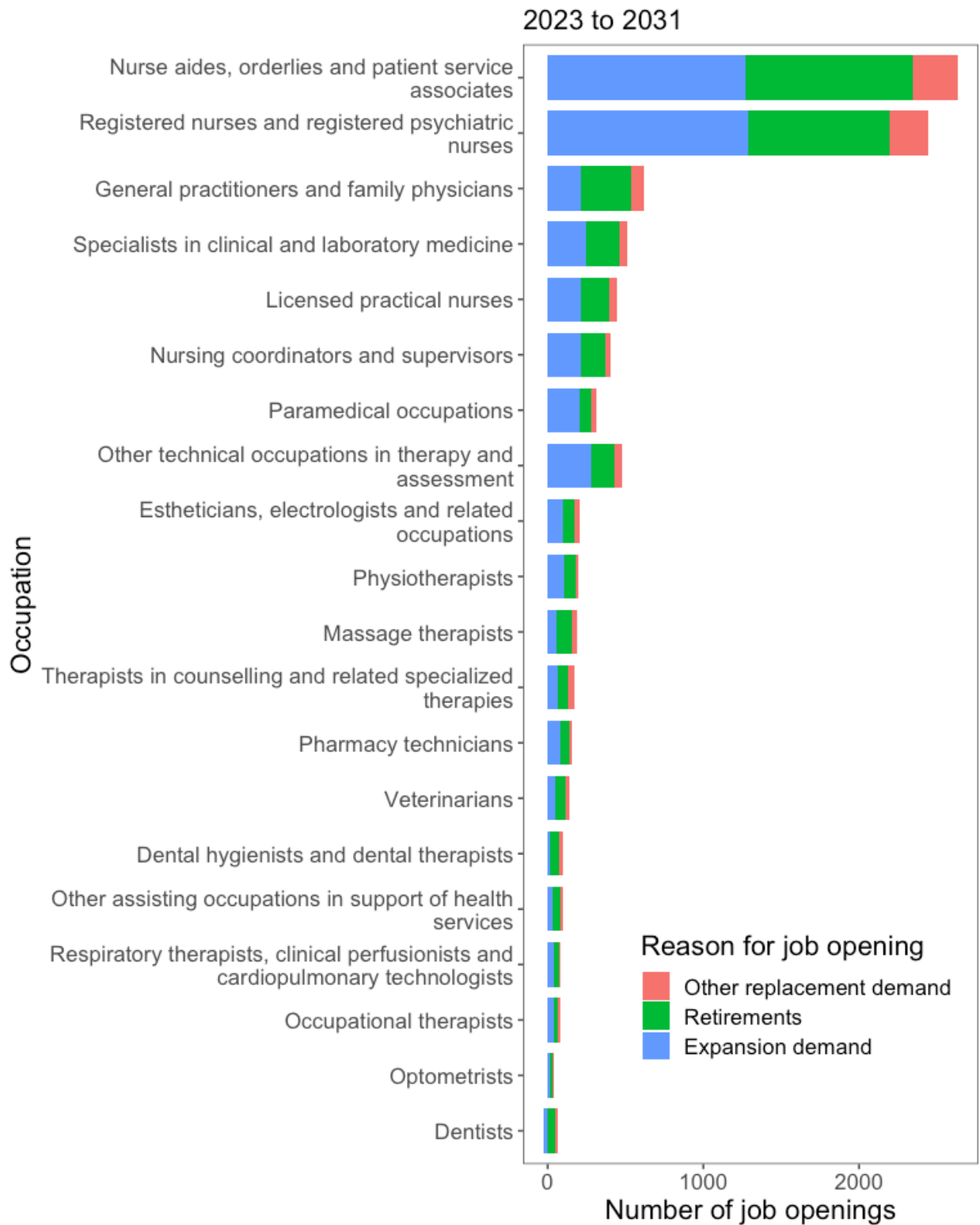


Figure 4: Projected job openings in select health occupations in Elgin-Middlesex-Oxford, 2022 to 2031



Retirements will drive most of the job openings

Across the 21 occupations, as Baby Boomers reach retirement age between now and 2031, retirements are projected to account for between 23.2% and 122.5% of all job openings in EMO (the latter is a case where expansion demand is forecast to be negative). In total numbers, retirements are projected to be particularly significant in terms of overall job openings for the following occupations:

- Registered nurses and registered psychiatric nurses (31301): 910 projected retirements
- Nurse aides, orderlies and patient service associates (33102): 1,068 projected retirements
- Specialists in clinical and laboratory medicine (31100): 215 projected retirements
- General practitioners and family physicians (31102): 319 projected retirements
- Nursing coordinators and supervisors (31300): 155 projected retirements.

Overall, almost 3,700 people in these 21 occupations are projected to retire over the next eight years, representing a significant loss of experienced supervisors and workers.

The highest rates of retirement are in supervisory or highly-specialized occupations (~24%). For example, **one in five nursing co-ordinators and supervisors, specialist physicians and dentists** are expected to retire over the next eight years.

Expansion demand will account for almost half of job openings in some occupations

In addition to the job openings created through retirements, the expansion demand estimates calculated by Fanshawe College's institutional research team indicate that growing demand will drive additional job openings. The five highest areas of growth in terms of jobs needed to meet expansion demand:

- Registered nurses and registered psychiatric nurses (31301): 1,286 new jobs
- Nurse aides, orderlies and patient service associates (33102): 1,275 new jobs
- Specialists in clinical and laboratory medicine (31100): 246 new jobs
- General practitioners and family physicians (31102): 217 new jobs
- Nursing coordinators and supervisors (31300): 215 new jobs

Some occupations that are particularly sensitive to an aging population are projected to have roughly half of all job openings attributable to increased demand. These occupations include, for example, physiotherapists (55%), other professional occupations in therapy (60%), occupational therapists (50%) and paramedical occupations (66%).

Immigration will be critical, especially for some occupations

New employees will be a mix of new graduates and skilled immigrants, but the mix varies considerably by occupation.

There are three general sources to fill these job openings: new graduates, immigrants, and people already working in other occupations.

Supervisory occupations are the most likely to be filled by people working in other occupations (including more junior roles within the same organization), accounting for at least 60% of job openings for nursing coordinators and supervisors. This statistic may be unsurprising because employers focus on internal development and training.

New graduates are projected to account for between 35% and more than 200% of all job seekers, depending on the occupation. New graduates are expected to account for a very high proportion of occupational therapists, veterinarians and physiotherapists.

Immigrants are projected to be a significant recruitment source outside of paramedical occupations and nursing coordinators. This phenomenon is especially true in some occupations, like estheticians, electrologists and related occupations, where immigrants are projected to fill more than 60% of job openings, including nurse aides (38%), licensed practical nurses (34%) and specialist physicians (24%).

The View From Employers - Labour Market Challenges

LEDC convened a roundtable discussion facilitated by Smart Prosperity Institute at Fanshawe College's South Campus in London to understand health sector organizations' labour market challenges. Leaders from different kinds of organizations – including hospitals, primary care, home care, long-term care and retirement homes – and staff from LEDC, Elgin Middlesex Oxford Workforce Development Board and Fanshawe College participated.

Employers are finding it difficult to fill open positions, especially in some occupations

Employers reported significant vacancies in key roles (as much as 10%), including nurses and some specialized occupations such as cardiac perfusionists and medical lab technologists. Different reasons were identified regarding barriers to recruiting new people in these roles, including competition from American healthcare organizations (higher wages and signing bonuses), a lack of new graduates relative to the opportunities available, and sometimes higher wages at hospital employers than in non-hospital employers.

Bridging programs are too far away, too slow and too expensive

Participants recognized that the College of Nurses had improved its bridging program. Still, some of the bridging programs for specialized positions where internationally-trained people are hope to enter into working in their speciality in Ontario are located too far away (often in Toronto), take too long and cost too much.

New hires have different expectations than previous generations

In very high-demand occupations, participants report that new hires are keenly interested in their overall career path at the organization and are not necessarily content to stay in the occupation they start out in. Compared to previous generations, participants shared that new hires tend to be more focused on compensation today (rather than deferred compensation through robust pensions) and rapid upward progression within an employer – with less interest than previous

generations in “zigzag” progression that might involve a combination of lateral and upward progression within an organization.

The changing care needed by people outpaces resources

Some participants reported that changes in the needs of the people they support are not matched with adequate staffing to provide that level of care. Although the specifics of this issue vary from employer to employer and by occupation, there was a common issue expressed that higher acuity patients need sufficient support and an appropriate model of care regardless of what kind of health organization they are engaged with.

Employers are concerned about young people’s perceptions of the health sector

Participants identified that more than two years of the pandemic, retirements, vacancies, and limited wage increases in the broader public sector have negatively impacted young people’s perceptions of starting careers in the health sector. Employers that did not have to expend significant efforts on recruitment before the pandemic are now focusing significant efforts on recruitment and retention.

Retirements are putting pressure on remaining experienced staff

Some participants shared that the demographics of their workforce have already started to trend younger as Baby Boomers retire. The combination of experienced staff retiring and a significant proportion of the workforce being relatively new to their occupations has put a significant strain on the remaining experienced staff in terms of mentoring and helping to develop the skills and talents of their less experienced colleagues.

The View From Employers – How to Solve Labour Market Challenges

Improve immigration pathways and information

Significantly higher federal targets for permanent residents were identified by participants as providing an essential source of potential workers. Still, participants emphasized the need for a more streamlined, quicker and effective immigration process. They identified mismatches between international student expectations and reality regarding the likelihood that a program will lead to employment in the health sector.

Employers need the flexibility to compete on wages

Recruitment incentives and higher per-hour wages provided by private-sector employers, especially in the United States, can make it more difficult for broader public-sector employers to recruit and retain workers. Flexibility on wage rates and the provincial funding to meet their specific needs would be helpful.

Investing in upskilling

Participants mentioned that they are already investing in upskilling existing staff for critical roles where the labour market is particularly challenging, including internal application processes for funding to cover the cost of specific training programs. The provincial government could be providing funding to employers to allow them to allocate those funds to training employees in the

areas they see as most critical. Generally, participants identified that employers and their employees have a good sense of what's needed in their organizations, so provincewide programs targeting positions may be less effective than programs that allow for tailored approaches at the local level.

Recognition of internationally-trained medical graduates

Participants shared stories of very highly trained international health professionals (including physicians) who are underemployed in health-adjacent roles that underutilize their skills and abilities. [Recent changes made by the province are headed in the right direction](#). Still, the scale – 50 additional physicians for the whole province by 2024 – needs to be greater, as the London region alone is expecting over 300 general practitioners to retire by 2031.

Improving housing availability and affordability

Although people who are selling homes in higher priced markets like the GTHA and moving to the London region may see London as a more affordable option, this is not the case for younger workers who are not homeowners, people who prefer to rent or people who are moving from lower-cost housing markets within or outside of Canada. Population growth and aging is driving healthcare demand up, but these same factors also drive up the cost of homeownership and renting while supply is tight.

Greater capacity in bridging programs

The distance, cost and relatively small capacity of current bridging programs, such as for cardiac perfusionists, was identified as an opportunity for Fanshawe College.

Freeing up time for paramedics to act as preceptors

Given the expected increased demand for paramedics and the projected impact of retirements, funders of paramedic services should do what they can now to free up more time for paramedics to act as preceptors.

Final Thoughts

Health sector workers have faced a lot of challenges over more than two years of the COVID-19 pandemic. Those working in the broader public sector were also subject to three years of legislated wage caps of 1% through Bill 124. The legislation's combined effect and occupation-specific COVID-19 related increases, have negatively impacted on morale and retention. Employers are worried about perceptions among young people of healthcare as a long-term career path.

Facing a significant loss of experienced people across the board in many healthcare occupations, increasing demand related to a growing and aging population and significant educational requirements for many new hires, the challenge of recruiting, training and retaining the next generation of workers in the health sector is perhaps the most acute.

Similar to housing and education, the availability of quality healthcare matters in the attracting and retaining of workers in other industries. So, meeting this challenge in the health sector should be a priority for all levels of government.

While many of the direct actions that should be taken are provincial responsibilities, the municipal government should also play a role, especially regarding the availability and affordability of housing and transportation mobility options connecting to major health sector employers.

Employers of different sizes are focusing not just on recruitment but retention of employees, including investing in training existing employees to take on roles with particularly tight labour markets.

The pathway for immigrants, whether internationally trained or coming to Canada on study visas, must be improved. The province has taken some steps in the right direction, but across many occupational roles, improvements in immigration and recognition of internationally-trained medical graduates will be essential.

Data Appendix

Method of calculating forecasts at the Elgin-Middlesex-Oxford level

COPS provides national-level projections for 293 occupational groupings covering the more than 500 specific NOC codes. Using EMSI Lightcast Analyst software, Fanshawe College's Institutional Research team has estimated expansion demand at the EMO for each occupation. These estimates represent the number of new jobs required to meet expected changes in overall demand in the industry. It is usually positive, but expansion demand could be negative. Overall, at the EMO level, expansion demand for these case occupations ranges from -9.3% at the low end to 29.2% at the high end from 2023 to 2031.

To estimate the number of job openings arising from retirements and other replacement demand, the rate of change for each component at the national level (2022 to 2031) has been applied to the baseline number of jobs in each occupation at the EMO level. Essentially, locally estimated expansion demand is added to estimates of the rates of retirements and other job openings at the national level to develop a composite projection of job openings at the EMO level. Although it would be preferable to develop EMO-level estimates of retirements and job openings for other reasons, data are unavailable.

An example will illustrate the general method. NOC 31300 is nursing coordinators and supervisors. At the national level, 21% of workers in NOC 31300 are expected to retire between 2023 and 2031. That translates to 155 forecasted retirements over the same period in EMO. Another 37 jobs in that same occupation are expected to open for other reasons. Combined with the estimate of expansion demand at the EMO level of 215 net new jobs, that results in a total of 407 total job openings between 2023 and 2031.

Table 1: Expansion demand (new jobs) 2023 to 2031, Elgin Middlesex Oxford economic region

Occupation (NOC Code)	Net New Jobs	% Change from 2023
Registered nurses and registered psychiatric nurses (31301)	1,286	18.6
Nurse aides, orderlies and patient service associates (33102)	1,275	18.2
Specialists in clinical and laboratory medicine (31100)	246	23.9
General practitioners and family physicians (31102)	217	11.7
Nursing coordinators and supervisors (31300)	215	29.2
Licensed practical nurses (32101)	215	14.6
Paramedical occupations (32102)	206	24.4
Other technical occupations in therapy and assessment (32109)	169	27.5
Physiotherapists (31202)	109	17.2

Occupation (NOC Code)	Net New Jobs	% Change from 2023
Other technical occupations in therapy and assessment (32109)	108	17.2
Estheticians, electrologists and related occupations (63211)	99	11.4
Pharmacy technicians (32124)	80	13.7
Therapists in counselling and related specialized therapies (41301)	64	6.5
Massage therapists (32201)	53	7.4
Veterinarians (31103)	51	12.8
Respiratory therapists, clinical perfusionists and cardiopulmonary technologists (32103)	44	20.1
Occupational therapists (31203)	40	10.6
Other assisting occupations in support of health services (33109)	30	8.2
Optometrists (31111)	14	11.9
Dental hygienists and dental therapists (32111)	12	1.9
Dentists (31110)	-25	-9.3

Table 2: Composite projection of job openings, 2022 to 2031, Elgin Middlesex Oxford economic region

Table 2: Composite projection of job openings, 2023 to 2031, Elgin Middlesex Oxford economic region

Occupation (NOC Code)	Reason for job opening				Total	As % of 2023 Jobs
	Expansion demand	Retirements	Other			
Registered nurses and registered psychiatric nurses (31301)	1,286	910	252	2,448	35.4	
Nurse aides, orderlies and patient service associates (33102)	1,275	1,068	291	2,634	37.6	
Specialists in clinical and laboratory medicine (31100)	246	215	48	509	49.5	

Occupation (NOC Code)	Reason for job opening				Total	As % of 2023 Jobs
	Expansion demand	Retirements	Other			
General practitioners and family physicians (31102)	217	319	81	617	33.2	
Nursing coordinators and supervisors (31300)	215	155	37	407	55.3	
Licensed practical nurses (32101)	215	177	52	444	30.1	
Paramedical occupations (32102)	206	72	32	310	36.8	
Other technical occupations in therapy and assessment (32109)	169	86	26	281	45.8	
Physiotherapists (31202)	109	68	23	200	31.6	
Other technical occupations in therapy and assessment (32109)	108	67	23	198	31.6	
Estheticians, electrologists and related occupations (63211)	99	70	34	203	23.3	
Pharmacy technicians (32124)	80	59	19	158	27.1	
Therapists in counselling and related specialized therapies (41301)	64	71	34	169	17.3	
Massage therapists (32201)	53	101	31	185	25.8	
Veterinarians (31103)	51	62	24	137	34.3	
Respiratory therapists, clinical perfusionists and cardiopulmonary technologists (32103)	44	29	7	80	36.5	
Occupational therapists (31203)	40	27	13	80	21.2	
Other assisting occupations in support of health services (33109)	30	51	16	97	26.5	
Optometrists (31111)	14	21	5	40	33.9	
Dental hygienists and dental therapists (32111)	12	65	25	102	16.5	
Dentists (31110)	-25	49	16	40	14.8	

Recruitment sources, 2022-2031, Health Sector in Elgin Middlesex Oxford economic region

Recruitment sources, 2023-2031, Health Sector in Elgin Middlesex Oxford economic region

Occupation (NOC Code)	Recruitment source		
	New Graduates	Immigrants	Other
Registered nurses and registered psychiatric nurses (31301)	101.4%	15%	-23.9%
Nurse aides, orderlies and patient service associates (33102)	48.7%	33.7%	6.6%
Specialists in clinical and laboratory medicine (31100)	71.1%	23.5%	-14.1%
General practitioners and family physicians (31102)	46.2%	17.4%	-3.3%
Nursing coordinators and supervisors (31300)	32.9%	3%	58.4%
Licensed practical nurses (32101)	112.9%	34.5%	-53.2%
Paramedical occupations (32102)	91.9%	2.9%	12.2%
Other technical occupations in therapy and assessment (32109)	63.1%	15.8%	-0.6%
Physiotherapists (31202)	109.1%	20.3%	-30.8%
Other technical occupations in therapy and assessment (32109)	109.1%	20.3%	-30.8%
Estheticians, electrologists and related occupations (63211)	97.6%	54.2%	-68.9%
Pharmacy technicians (32124)	87.5%	20.6%	-8.1%
Therapists in counselling and related specialized therapies (41301)	238.5%	14.3%	-168.1%
Massage therapists (32201)	63.1%	15.8%	-0.6%
Veterinarians (31103)	104%	18%	-36%
Respiratory therapists, clinical perfusionists and cardiopulmonary technologists (32103)	96%	9.5%	-9%
Occupational therapists (31203)	238.5%	14.3%	-168.1%

Occupation (NOC Code)	Recruitment source		
	New Graduates	Immigrants	Other
Other assisting occupations in support of health services (33109)	63.1%	15.8%	-0.6%
Optometrists (31111)	71.5%	9.5%	15.1%
Dental hygienists and dental therapists (32111)	152.4%	23.3%	-18.4%
Dentists (31110)	74.1%	14.8%	-11.1%



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