



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

Submission to the Select Standing Committee on Finance and
Government Services

Budget 2018 Consultation

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Executive Summary

The Health Sciences Association of BC (HSA) is a union that represents more than 18,000 health science and social service professionals who deliver specialized services at over 250 hospitals and agencies in acute and long-term care, child development centres, community health and social service agencies.

Previous budgets have missed the opportunity to address the growing gap in health care and social services for children and youth, families and seniors in rural and urban British Columbia. Budget 2018 provides the opportunity to move the province in a new progressive policy direction with a focus on health and social investments that will improve equity in society, support our workforce and strengthen our economy.

HSA appreciates the opportunity to provide recommendations to the Select Standing Committee on Finance and Government Services as part of the Budget 2018 Consultation. We thank the Committee for considering the perspectives of frontline health science and social service professionals who are committed to improving health and social services for everyone.

Recommendations

1. Reduce surgical and diagnostic wait times

- 1.1. Develop a comprehensive surgical and diagnostic wait time action plan to fully utilize and expand public sector capacity, scale-up public innovations province-wide and optimize provincial health human resources through the use of multidisciplinary teams.
- 1.2. Scale up the multidisciplinary Osteoarthritis Service Integration System (OASIS), including physiotherapist-led assessment and triage, as a provincially coordinated program to reduce orthopedic wait times.

2. Increase access to multidisciplinary mental health and addictions services

- 2.1. Continue to expand access to youth Foundry centres in communities across BC based on the multidisciplinary team approach.
- 2.2. Expand the Foundry model for adults, and integrate this service with the Ministry of Health's plans for team-based family primary care centres.
- 2.3. Examine opportunities to include Behavioural Health Consultants on publicly funded primary health care and mental health and addictions teams.

3. Increase access to early intervention services for children with disabilities

- 3.1. Increase funding for supported child development services, so that children with special needs will have equitable access to newly funded child care spaces.
- 3.2. Increase access to early childhood intervention services, including occupational therapy, physiotherapy and speech and language pathology, with a focus on addressing acute recruitment and retention challenges for health science professionals in the child development sector.
- 3.3. Provide sustained funding lifts to unionized child development centres, in line with negotiated collective agreements, in order to ensure centres can provide high-quality services and can recruit and retain health science and social service professionals.

4. Address health human resources challenges, including recruitment and retention

- 4.1. Develop a comprehensive action plan to address recruitment and retention challenges for all health science professional disciplines, including specific strategies to address workload issues, occupational health and safety, post-secondary training seats, student loan forgiveness and rural/remote practice incentives.
- 4.2. Address health human resources and wait time challenges by focusing health and social services spending on increasing public sector capacity and phasing out publicly funded for-profit health care delivery.

Introduction

The Health Sciences Association of BC (HSA) is a union that represents more than 18,000 health science and social service professionals who deliver specialized services at over 250 hospitals and agencies in acute and long-term care, child development centres, community health and social service agencies.

HSA was established in 1971 with nine health science professional disciplines at two Lower Mainland hospitals. Today, HSA members, working in over 75 professional disciplines, provide critical health care services in acute and community settings in order to support the health and wellness of British Columbians. HSA is also the leading union in the child development sector, representing almost 1,000 members at more than 15 agencies across the province.

Traditionally, health care was just a doctor assisted by a nurse. But today, successful delivery of care depends on a multidisciplinary team approach involving multiple professionals working together. Patients who are dealing with a chronic disease, acute illness or serious injury may receive care from several different health science professionals in their journey to recovery and rehabilitation. British Columbians' health depends on the specialized skills of highly-trained health science and social service professionals who belong to HSA.¹ Our members are dedicated to better access, better outcomes and better health in an integrated public system that benefits all British Columbians.

HSA appreciates the opportunity to provide recommendations to the Select Standing Committee on Finance and Government Services as part of the Budget 2018 Consultation. We thank the Committee for considering the perspectives of frontline health science and social service professionals who are committed to improving health and social services for everyone.

In this submission, we outline our priorities for government services and spending with recommendations that are intended to improve the health and wellbeing of all British Columbians, with a focus on timely access to surgical and diagnostic services, multidisciplinary mental health and addictions care and early childhood intervention services. Our final set of recommendations identifies the urgent need for a robust provincial health human resources action plan to address recruitment and retention challenges for health sciences and social service professionals working in acute, community health and child development sectors.

Budget 2018 context: The need for new health and social investments

Previous budgets have missed the opportunity to address the growing gap in health care and social services for children and youth, families and seniors in rural and urban British Columbia. Budget 2018 provides the opportunity to move the province in a new progressive policy direction with a focus on health and social investments that will improve equity in society, support our workforce and strengthen our economy.

Budget 2017 September Update (henceforth, "Budget Update") reflects the new government's focus on improving public services, including health care and social services. Overall, the three-year budget plan includes \$1.8 billion in new program spending with a surplus of \$246 million for 2017/18. Across health

¹ Health science and social service professional disciplines represented by HSA are listed in Appendix A.

care and social services, there will be an additional \$603 million over three years with \$290 million going towards new and expanded services to address the opioid overdose crisis. The Budget Update commits to strengthening the mental health and addictions system, including increased access to integrated youth mental health services, new substance use centres in areas hardest hit by the fentanyl crisis, and additional training and education for health care professionals to support evidence-based treatment. The Budget Update also includes an additional \$20 million for early childhood development and child care, pushing total funding to \$330 million in 2017/18. These initial commitments provide a strong foundation as the government works to address years of underinvestment across health and social care sectors.

Furthermore, BC is very well-positioned going into Budget 2018 to make significant new investments across health and social program areas that will enable health science and social service professionals to deliver new and expanded services. The Budget Update projects combined surpluses (including surpluses, contingency allocations and forecast allowances) of \$1.15 billion in 2017/18, \$828 million in 2018/19 and \$957 million in 2019/20. The new government's Budget Update still plans for operating spending on a real per person basis to decline through 2019/20. Budget 2018 is an opportunity to reverse this trend.

In the health sector, it is also important to consider how BC compares to other provinces in provincial spending on public health care services. In 2001, BC ranked second in per capita provincial health spending, but by 2016, BC fell to eighth place among the ten provinces and below the Canadian average. BC's annual increases in health care spending from 2001 to 2016 have been the lowest among the provinces (3.3 per cent on average), and below the Canadian average (4.2 per cent) and the provinces of Alberta (5.1 per cent), Ontario (4.2 per cent) and Quebec (3.9 per cent).²

Providing adequate funding for prevention-oriented health care and social services, including early childhood intervention services, can increase health equity and make more cost-efficient use of health care resources by reducing the use of acute and emergency services. Making strategic upstream investments in preventative health and social care is smart public policy and makes good economic sense.^{3 4} As well, these investments can increase economic growth and tax revenues by reducing productivity losses resulting from physical and mental illness.⁵

² CIHI National Health Expenditure Trends as analyzed in A. Longhurst (2017), *Privatization and Declining Access to BC Seniors' Care: An Urgent Call for Policy Change*. Vancouver: Canadian Centre for Policy Alternatives—BC Office, p. 23. Available at: <https://www.policyalternatives.ca/seniorscare>.

³ M. Cohen (2014), *How Can We Create a Cost-Effective System of Primary and Community Care Built Around Interdisciplinary Teams?* Canadian Centre for Policy Alternatives—BC Office Submission to the Select Standing Committee on Health. Accessed at: <https://www.policyalternatives.ca/publications/reports/ccpa-bc-submission-select-standing-committee-health>.

⁴ Conference Board of Canada (2013), *Improving Primary Care Through Collaboration: Briefing 3—Measuring the Missed Opportunities*. Accessed at: <http://www.conferenceboard.ca/e-library/abstract.aspx?did=5479>.

⁵ Mental Health Commission of Canada (2016), *Making the Case for Investing in Mental Health in Canada*. Accessed at: https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf.

Budget 2018 Recommendations

1. Reduce surgical and diagnostic wait times

British Columbians generally receive timely, high-quality and appropriate health care services. However, as our population ages, surgical and diagnostic wait times are growing longer for many common elective procedures, including orthopedic surgery (e.g., hip and knee replacements).⁶ Since 2010, surgical wait times have increased significantly for three out of four key surgical procedures (hip replacement, knee replacement and cataract surgery) and BC's waits are now among the longest in the country.⁷ These surgical wait times do not even capture wait times for diagnostic services, including MRI and CT scans, which often represent a significant period of time during the patient journey.

Budget 2018 is an important opportunity to improve timely access to surgical and diagnostic services and establish BC as a global leader in public sector surgical and diagnostic innovation. There are many evidence-based innovations that should be included in a provincial surgical and diagnostic strategy.⁸ This submission, however, prioritizes one specific program that can significantly reduce wait times for orthopedic procedures which comprise about one-quarter of total surgical cases.

Vancouver Coastal Health's Osteoarthritis Service Integration System (OASIS) uses multidisciplinary teams, allowing patients to receive surgical consultation, surgery and non-operative therapy more quickly. When health science professionals—including physiotherapists and occupational therapists—work in multidisciplinary teams and are supported to work to their full scope of practice, it can free surgeons' time to perform additional surgeries and consult with patients who have the most urgent need.

This successful multidisciplinary model should be implemented province-wide and expanded to include other specialty areas. The key innovation is that potential surgical candidates receive a one-on-one comprehensive assessment by a physiotherapist and triaging services. At OASIS clinics in Vancouver, North Vancouver and Richmond, physiotherapists, occupational therapists and nurses work as a team to quickly assess appropriateness for surgery, thereby preventing non-surgical patients from filling waitlists for specialist (surgeon) consultations and surgery. Non-surgical patients, as well, benefit from rapid access to non-surgical treatment provided by a multidisciplinary team.

By accepting referrals from family doctors and providing community education classes and outreach, OASIS supports the working relationship between primary and acute care providers and ensures that patients for whom surgery is not required are not filling waitlists. Patients are supported to manage their condition and prevent or delay the need for surgery. Better surgery preparation also reduces cancelled surgeries that create inefficiencies and longer waits.

⁶ A. Longhurst, M. Cohen, M. McGregor (2016), *Reducing Surgical Wait Times: The Case for Public Innovation and Provincial Leadership*. Vancouver: Canadian Centre for Policy Alternatives—BC Office. Available at: <https://www.policyalternatives.ca/publications/reports/reducing-surgical-wait-times>.

⁷ Ibid.

⁸ Ibid.

Nearly half of all patients referred to OASIS as surgical candidates by their family doctor were ultimately found to be better suited for non-surgical treatment.⁹ Without OASIS, 1,955 patients between 2012 and 2015 would have been inappropriately placed on an orthopedic surgeon's waitlist, increasing waits for those in urgent need and unnecessary billing for surgical consultations.

As the central intake and triage service, OASIS is necessary to realize the full potential of operating room efficiency programs like the Richmond Hip & Knee Project (an initiative that reduced hip and knee surgery waits by 75 per cent).¹⁰ Scotland—recognized by the national Wait Time Alliance and Canadian Medical Association as a global leader in wait time solutions¹¹—visited BC to learn from the OASIS model and streamline its own orthopedic pathways and optimize the use of its health care workforce.

Importantly, patients and physicians report a high level of satisfaction with OASIS, and the program has the potential to reduce wait times and make better use of health care resources in other specialty areas. Implementing the OASIS model province-wide, beyond three VCH sites, would reduce wait times for orthopedic surgery and non-operative therapy.

Recommendations

- 1.1. Develop a comprehensive surgical and diagnostic wait time action plan to fully utilize and expand public sector capacity, scale-up public innovations province-wide and optimize provincial health human resources through the use of multidisciplinary teams.
- 1.2. Scale up the multidisciplinary Osteoarthritis Service Integration System (OASIS), including physiotherapist-led assessment and triage, as a provincially coordinated program to reduce orthopedic wait times.

2. Increase access to multidisciplinary mental health and addictions services

We face an unprecedented crisis as mental illness, addiction and overdoses overwhelm the health care system. British Columbians often face long waits for publicly funded mental health and addictions care, including early intervention and treatment services. When services are stretched, fragmented or entirely unavailable in one's community, people may go entirely without care. It is clear that British Columbians with mental health and addictions challenges are not receiving early intervention services and rehabilitative therapies that may lower their risk of overdose and support long-term recovery.

Budget 2018 is an opportunity to expand the existing and successful model of outreach and multidisciplinary services provided by BC's Foundry centres, including Vancouver's Granville Youth Health Centre, Foundry Campbell River and North Shore. Centres are also planned for Prince George, Kelowna and Abbotsford. Each provides the full range of mental health, addictions and primary health care and social services provided by a team of doctors, nurses, nurse practitioners, peer support workers

⁹ Longhurst et al., 2016: 35.

¹⁰ Longhurst et al., 2016: 34-36.

¹¹ Wait Time Alliance (2014), *Time to Close the Gap: Report Card on Wait Times in Canada*. Available at: <http://www.waittimealliance.ca/wp-content/uploads/2014/06/FINAL-EN-WTA-Report-Card.pdf>.

and health science and social service professionals including Social Workers, Mental Health Counsellors, Case Managers, Occupational Therapists, Psychologists, Registered Psychiatric Nurses, Community Outreach Workers, and Income Assistance Workers.

Foundry-like multidisciplinary teams would benefit from the addition of Behavioural Health Consultants (BHCs). BHCs are health professionals with graduate-level training in mental health (e.g. clinical counsellors and psychologists). BHCs are a promising addition to primary health care teams in Alberta, with good patient-reported outcomes and high levels of satisfaction from providers.¹² They are intended to help individuals, couples and families receive faster access to mental health supports and make better use of health care resources by taking the pressure off physicians for mental health-related visits.

The youth-specific Foundry centres complement existing mental health and rehabilitation services, including the province's Assertive Community Treatment teams (for adults with moderate to severe illness), Vancouver and Richmond Community Mental Health Services, and Vancouver Community Rehabilitation and Resource Team (improving functional independence for individuals with complex rehab needs, including drug-related brain injury).

The Foundry model is particularly promising because it integrates health care and social services in one location, similar to the successful Community Health Centre model widely used in Ontario.¹³ Community Health Centres, multidisciplinary in nature, have primary care orientation that can improve population health outcomes, reduce health inequalities and foster a cost-efficient use of the health care system.¹⁴

Recommendations

2.1 Continue to expand access to youth Foundry centres in communities across BC based on the multidisciplinary team approach.

2.2 Expand the Foundry model for adults, and integrate this service with the Ministry of Health's plans for team-based family primary care centres.

2.3 Examine opportunities to include Behavioural Health Consultants on publicly funded primary health care and mental health and addictions teams.

3. Increase access to early intervention services for children with disabilities

Child development centres (CDCs) in BC provide services to more than 15,000 children and youth and their families. CDCs serve children with physical, neurological and developmental disabilities, including cerebral palsy, Down syndrome, autism and fetal alcohol spectrum disorder.

CDCs provide early intervention services for children with disabilities from birth to age six, enabling these children to participate in school and in their communities. Early intervention includes speech and language services to help develop the ability to communicate, physiotherapy to improve mobility and coordination, and occupational therapy to enable these children to manage a variety of daily living

¹² Alberta Health Services (2012), *Evaluation Report: Behavioural Health Consultant Program*. Alberta Health Services, Calgary Zone.

¹³ Cohen, 2014.

¹⁴ Ibid.

activities that come naturally to able-bodied children. Early intervention also includes infant development consultants during the first three years of a child's life who help parents develop the many skills needed to care for a child with a disability. Supported child development consultants work with child care centres and preschools so that children with disabilities are able to participate in these programs.

Most early intervention funding is provided by the Ministry of Children and Family Development (MCFD). During this fiscal year (2017/18) CDCs will receive an additional \$6.5 million to hire more practitioners with the aim of increasing access to screening, assessment and early intervention services. This new funding will rise to \$8 million for 2018/19 and 2019/20. This represents about 70 per cent of the \$35 million over three years (2017/18 – 2019/20) requested in February 2017 by early childhood intervention advocates.¹⁵ These new dollars are critically important considering the last funding increase was in 2008/09. However, these dollars will be stretched to cover a broad range of CDC services, including aboriginal infant development, aboriginal supported child development, early intervention therapy, infant development program, school-aged therapy and supported child development.

The Budget Update confirmed the previous government's budget commitment to fund 4,100 new licensed child care spaces. However, as advocates have noted, without a significant increase in supported child development program funding, children with disabilities will not have equitable access to these spaces.¹⁶

The lack of adequate and sustained funding has resulted in declining access to these services and longer wait times for children with disabilities. Children are often waiting 30 weeks to receive a CDC service, and may wait up to 18 months for therapy services. There are currently hundreds of children on waitlists at CDCs around the province. Some children even "age out" of speech and language therapy, physiotherapy and occupational therapy before ever accessing these services due to long waits. Growing wait times was one of the key themes from the November 2016 Early Childhood Intervention Summit that brought together around 100 frontline professionals and agency leaders from across BC.¹⁷ Excessive wait times for early intervention services was reiterated in the Provincial Advisor for Aboriginal Supported Child Development's July 2017 report.¹⁸

Furthermore, inadequate funding, resulting in declining access to early intervention services, has contributed to significant challenges recruiting and retaining health science professionals. For example, as of April 2017, there were 18 vacant MCFD-funded pediatric therapy positions (occupational therapy, physiotherapy and speech and language pathology) posted on the TherapyBC website, plus 28 vacant

¹⁵ Inclusion BC, BC Association for Child Development & Intervention, Langley Association for Community Living, Richmond Society for Community Living and Family Support Institute of BC (2017, February 7), Letter to Premier Christy Clark. Accessed at: <http://inclusionbc.org/sites/default/files/ECI%20Partnership%20Letter%20to%20BC%20Premier%20%20Feb%202017.pdf>.

¹⁶ BC Association for Child Development and Intervention (2016), *BCACDI Position Document – Funding for Supported Child Development and Aboriginal Supported Child Development*. Accessed at: http://docs.wixstatic.com/ugd/d8389a_0f5ceb2c24d641108cf9eec9895181c7.pdf.

¹⁷ Inclusion BC (2016), *Kids Can't Wait: The Case for Investing in Early Childhood Intervention Programs in British Columbia*. December 2016 Report on the Provincial Summit. Accessed at: http://inclusionbc.org/sites/default/files/KidsCantWait-2016%20ECI%20Summit%20Report_0.pdf.

¹⁸ Provincial Advisor for Aboriginal Supported Child Development (2017), *Supported Child Development and Aboriginal Supported Child Development Programs in British Columbia – Provincial Data Collection Report*. Accessed at: <http://ascdp.bc.ca/wp-content/uploads/2017/07/SCDASCDJuly312017FINALDataReport.pdf>.

health or education sector-funded positions.¹⁹ Budget 2018 is an opportunity for CDC funding increases to help address shortages of health science professionals. Increased funding levels would ensure that recently unionized CDCs—paying higher wages to recruit and retain staff—have adequate resources to provide high-quality services, provide fair compensation and retain staff.

Recommendations

- 3.1 Increase funding for supported child development services, so that children with special needs will have equitable access to newly funded child care spaces.
- 3.2 Increase access to early childhood intervention services, including occupational therapy, physiotherapy and speech and language pathology, with a focus on addressing acute recruitment and retention challenges for health science professionals in the child development sector.
- 3.3 Provide sustained funding lifts to unionized child development centres, in line with negotiated collective agreements, in order to ensure centres can provide high-quality services and can recruit and retain health science and social service professionals.

4. Address health human resources challenges, including recruitment and retention

In 2015, the BC Ministry of Health's health human resources policy paper signaled the government's initial intention to develop a health human resources framework and action plan. Although the Ministry committed to addressing some chronic challenges, including recruitment and retention of health care professionals, there has been no very little concrete progress to date.

The Ministry of Health identified four health science professions—Diagnostic Medical Sonographers, Physiotherapists, Occupational Therapists and Cardiovascular Perfusionists—as priority professions. Based on the Ministry's analysis, these professions face the most critical challenges. In 2016, there was an estimated vacancy rate of 17 per cent for public sector sonographers in BC with the private sector experiencing vacancy rates of roughly half health authority rates. In August 2016, the joint Health Employers Association of BC and Health Sciences Professionals Bargaining Association report recommended that the provincial government immediately approve a market adjustment to reduce the gap in wages between the public and private sector and inter-provincially. Unfortunately, the previous provincial government's decision to reject the joint employer-bargaining association recommendations will result in growing wait times for British Columbians. Budget 2018 is an opportunity to act on the joint recommendations, including a market adjustment for sonographers.

Chronic recruitment and retention challenges are not only limited to the Ministry's four designated priority health science professions. There are significant challenges across other health science professions in acute, community health and social services and child development sectors. It is important that a provincial HHR action plan assess shortages for other professions and identify specific strategies to address these challenges.

For HSA members, recruitment and retention challenges often result in heavy workloads and inadequate staffing which undermine patient safety, the quality of care and lead to burnout and more

¹⁹ Ministry of Children and Family Development (2017, May 10), *Request for Proposal – Pediatric Therapy Recruitment Strategy*, RFP Number XCN2017-003RFP, p. 9.

shortages. As program areas provide new patient services, staffing resources rarely increase to meet new demands placed on their departments. In a recent survey, 94 per cent of these HSA members reported that there was not a commensurate increase in staffing to cover additional work. Heavy workloads result in low morale and increased rates of workplace injury, making public sector recruitment and retention even more challenging.

The need for additional post-secondary training seats must be part of a broader plan to address chronic recruitment and retention challenges for health science professionals. Put simply, in many health science professions (beyond the four designated priority professions), BC is not training enough professionals to meet the growing demand for these professions. There is high student demand to train in these professions, with hundreds of BC students turned away every year due to lack of training spaces.

The Ministry of Health needs to conduct demand projections and gap analyses for all health science professions and work with the Ministry of Advanced Education, Ministry of Children and Family Development, as well as stakeholders, including HSA, to open up new training seats. The provincial government should consider loan forgiveness and other incentives to encourage public practice, especially in rural and remote communities.

These challenges are compounded by over a decade and a half of health care privatization that pulls critical health human resources out of the public sector, leading to shortages and longer wait times for all patients. Phasing out for-profit health care delivery would go a long way in helping address long wait times and workforce challenges in our province. Budget 2018 is an opportunity to focus program spending on increasing public sector capacity and staffing levels. This will be necessary if the province hopes to address chronic shortages of health care professionals over the medium and long term.

Lastly, frontline health care workers and their unions have had few opportunities to engage in meaningful collaboration with government to address service delivery challenges. Budget 2018 provides an opportunity to address ongoing health human resources challenges and create meaningful engagement structures with frontline workers and unions, including the Health Sciences Association.

Recommendations

- 4.1 Develop a comprehensive action plan to address recruitment and retention challenges for all health science professional disciplines, including specific strategies to address workload issues, occupational health and safety, post-secondary training seats, student loan forgiveness and rural/remote practice incentives.
- 4.2 Address health human resources and wait time challenges by focusing health and social services spending on increasing public sector capacity and phasing out publicly funded for-profit health care delivery.

Conclusion

The Health Sciences Association of BC respectfully submits these recommendations to the Select Standing Committee on Finance and Government Services for consideration. Our recommendations are based on the research evidence and the frontline knowledge of our 18,000 health science and social service professionals.

We encourage the provincial government to align health care and social services spending with the following priorities: reducing surgical and diagnostic wait times; increasing access to multidisciplinary mental health and addictions services; increasing access to early intervention services for children with disabilities; and addressing health human resources challenges, including recruitment and retention.

Previous provincial budgets have failed to address growing wait times for critical health care and social services. Budget 2018 provides an opportunity to make bold health and social investments in innovative programs and the frontline professionals at the heart of these services. Highly-trained HSA members across rural and urban BC want to deliver timely care but resource constraints and staffing shortages create barriers to patient access.

BC has the fiscal capacity to make significant investments in health and social care services. However, HSA's recommendations are also intended to help BC move towards a more integrated, multidisciplinary and prevention-focused system that will improve the wellness of British Columbians and make more appropriate and cost-efficient use of health care resources.

Budget 2018 is an opportunity to improve access to the critical health and social services that all British Columbians count on—and to move our province in a new progressive direction.

Appendix A

Health science and social service professionals represented by the Health Sciences Association of BC include:

- Medical Imaging Technologists
- Medical radiation technologist (x-ray), including general radiography, mammography, angiography, fluoroscopy, CT scans
- Nuclear medicine technologists
- Radiation technologists
- Magnetic Resonance Technologists (MRI)
- Physiotherapists
- Social Workers
- Occupational Therapists
- Registered Psychiatric Nurses
- Pharmacists
- Respiratory Therapists
- Registered Dietitians
- Health Records Administrators
- Diagnostic Medical Sonographers
- Cardiology Technologists
- Speech Language Pathologists
- Biomedical Engineering Technologists
- Psychologists
- Clinical Perfusionists
- Clinical Counsellors
- Child Life Specialists
- Rehabilitation Counsellors
- Counselling Therapists
- Electroneurophysiology Technologists
- Social Program Officer
- Recreation Therapist
- Supported Child Development Consultant
- Music Therapist
- Early Childhood Educator
- Vocational Counsellor
- Infant Development Program Consultant
- Dental Hygienists