

Message from the President

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This is my first President's Message. It is indeed a great honour to have been elected as president of the Canadian Academy of Audiology. Thank you for the trust and confidence the members of the association and the Board of Directors have shown in me. Ever the optimist, over my tenure, I will endeavour to keep the disappointments to a minimum.

One of the challenges I believe the president should take into consideration are “big picture” issues. To this end, I have started to think about the size and scope of hearing health care in Canada, and in doing so, cannot help but make comparisons with other health professions. Let's take a moment to review some of the statistics. (A brief methodological note; all of the data were obtained from the Canadian Institute for Health Information website [www.cihi.ca] and all totals refer to the number of registered/licensed practitioners in Canada. The data are all relatively recent, as the reported totals come from estimates obtained between 2009 and 2013.)

Judging by the number of television shows which focus on medicine, nursing, and/or psychotherapy, these are likely the professions that come to mind for many when thinking about different health care occupations. In fact, there are a total of 77,674 licensed physicians practicing in Canada, 19,450 registered nurses and licensed practical nurses (this does not include nurse's aides or assistants), and 16,156 registered psychologists. These totals are staggering when compared with the total number of audiologists in Canada (to be revealed below).

What about other health occupations? There are 19,655 dentists, 23,902 dental hygienists, 14,422 occupational therapists, 7,796 chiropractors, 7,611 speech-language pathologists, and 4,581 optometrists currently registered to work in Canada. What may come as a surprise to some of you is that, even in comparison to the next smallest group, the total number of audiologists registered in Canada is relatively small – there are only 1,460 audiologists registered in Canada.

In other words, while our impact with patients is large, we are small.

One of the consequences of being small is that we experience a greater challenge than most other health professions when we try to enact change (such as raising public awareness about the consequences of untreated hearing loss, convincing decision makers of the critical need to implement newborn hearing screening in all provinces and territories in Canada, or lobbying governments to provide additional support for the prevention and treatment of hearing loss). However, given the critical importance of hearing to everyday function and quality of life, and the strength and resolve of our membership, I feel strongly that hearing health care practitioners can meet this challenge.

That said, we do ourselves a great disservice.

Further exacerbating the issue of our small population, we divide ourselves through multiple professional bodies and associations representing the interests of hearing health care practitioners

in Canada. Although such divisions do provide benefits for specific groups of hearing healthcare practitioners, there should be perhaps more recognition of the collective harm that comes from doing so. This is an issue that concerns us all, and I would encourage all hearing health care practitioners to reflect and discuss how it is that we wish to shape the future. I'll close with one of Aesop's gems that seems particularly relevant: United we stand, divided we fall.