



Report on Canada's Digital Health Workforce

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Executive summary

Canada has a unique opportunity to lead globally in digital health and health data. In order to take full advantage of our unique strengths in healthcare, artificial intelligence (AI) and research, we need to ensure that the workforce is keeping pace with digital transformation. The Digital Health Workforce in Canada report quantifies Canada's digital health and health data workforce, identifies capability gaps, and sets priorities for action.

- **Digital capability is now foundational:** Approximately 1.5 million professionals across Canada's health ecosystem require digital health capabilities. More than one million individuals working in care delivery as care providers need to be prepared for their increasingly digital roles. In addition, ~ 100,000 digital health professionals, ~ 180,000 industry professionals as well as leaders, policymakers, academics, and the public need to have some degree of digital literacy to effectively manage, serve and use the system.
- **AI is accelerating urgency:** The growing use of AI in healthcare highlights the urgency of Canada's need for a coordinated approach and strategy to prepare the workforce for a digitally enabled health system.
- **Leadership is the critical bottleneck:** Leadership and management capability emerged as a systemic constraint. Strengthening digital acumen across health system management, governance, academia, and industry will be necessary to enable collaboration and progress.
- **Core digital health roles lack clarity:** For an estimated 100,000 experts working within the health system and 70,000 industry solution providers, there are limited standard role definitions or awareness of career pathways to guide workforce development.
- **Education across professionals is insufficiently digital:** Clinical curricula do not sufficiently integrate digital health, nor do technical and management training. Greater capacity to train for digital health is required, as is better distribution of the resources we have.
- **Limited workforce data:** The health system workforce is increasingly well understood, but significant gaps remain. The core digital health workforce, which spans health services, industry, academia and governance, is not well documented.

The findings point to five priority opportunities:

1. **Promote Canada’s educational strengths:** Better visibility of the offerings would improve access and reveal gaps. In the long-term, a coordinated digital health education ecosystem should be the goal.
2. **Professionalize core digital health roles:** A national capability framework could clarify occupational definitions, competency frameworks, and career pathways.
3. **Strengthen leadership development:** Delivering baseline digital literacy for health system executives, boards, policymakers, and other leaders across the system would accelerate progress.
4. **Focus AI capability on health:** Canada’s internationally recognized AI strengths represent an opportunity to position health as a national priority domain, translating research leadership into tangible care and economic outcomes.
5. **Sharpen the evidence base:** Significant data gaps about the workforce remain, particularly for core digital health roles. A clearer picture of these professions is required to support them.



Background and purpose

Despite progress in digital health infrastructure and innovation, Canada has yet to fully realize its potential in digital health and data-enabled care ^{1,2}. Workforce readiness has emerged as a key factor influencing this gap. Experts agree the majority of health system roles will require some level of digital capability in the coming decades.

International peers are taking action to ensure their people are prepared, with workforce studies and strategic plans ³⁻⁵. Canada does not yet have a common understanding of the landscape.

The purpose of this report is to map Canada's digital health and data workforce to:

- describe the professional groups contributing to digital health capability
- assess workforce size and preparedness
- highlight opportunities to strengthen workforce development and training

The report is intended as a scoping exercise to support discussion among health system leaders, educators, policymakers, and industry partners. It provides a directional view of the workforce landscape rather than a comprehensive labour market analysis.

Methodology

This study used a multi-method approach including literature review, interviews with 21 key informants, an expert summit, and workforce data analysis. Findings reflect a synthesis of qualitative insights and quantitative estimates. Full details of the methodology can be found in Appendix A.



Who requires digital health capabilities

Digital health is foundational to effective care delivery and no longer a specialty domain, requiring broad workforce capability: the best data currently available suggests this includes over one million professionals across the health ecosystem. These groups collectively shape Canada's digital health ecosystem. Each has a different role to play, from direct patient care to system governance and technology development, yet all require some level of digital capability to ensure safe, equitable and effective care in a digital world.

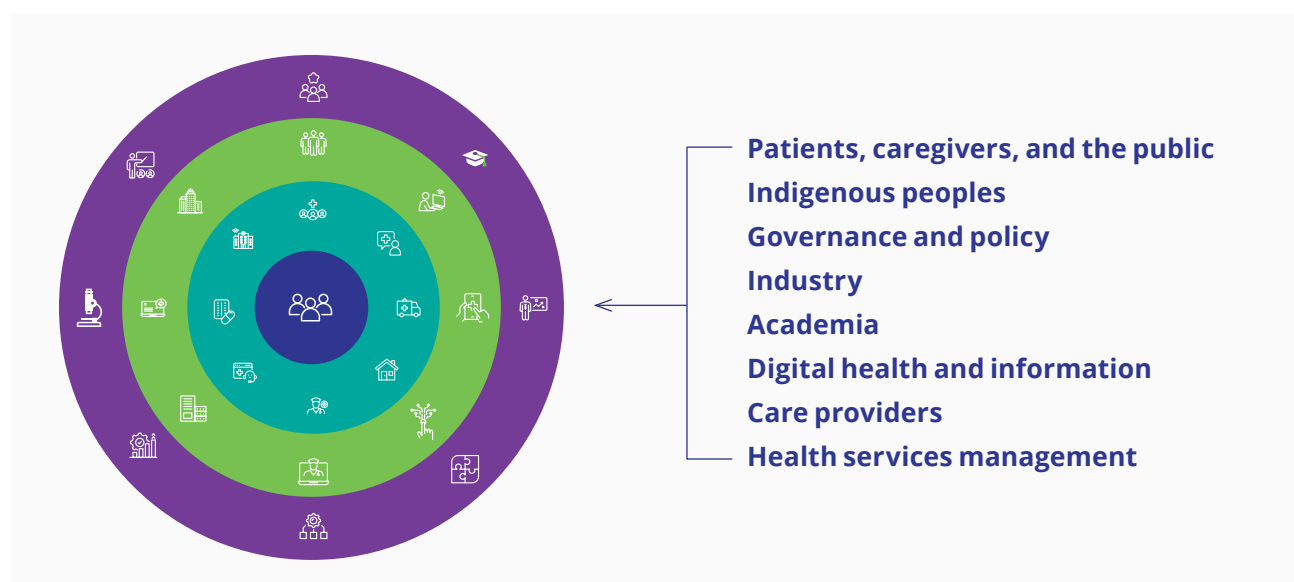


Figure 1. Digital Health Team

Professional group sizing estimates

While data quality varies, the aggregate estimate of approximately 1.5 million individuals highlights the scale of the workforce requiring digital capability (Table 1). Reports and data from best available sources have been compiled to model initial estimates of the number of professionals in each category who would benefit from foundational digital health capability. These estimates are indicative of the relative scale of workforce groups that require digital health capability (rather than precise counts), as they reflect underlying variability in data quality, differences in classification approaches, and potential overlap across workforce categories.

Table 1. Professional group sizing estimates

Group	Sub-Group	Point estimate (000's)	Range (000's) and sources	Estimate quality
Digital Health: Professionals who design, implement, and manage digital systems and health information	Digital delivery	30	20 – 40 ^{6,7}	Poor
	Health Informatics and Health Information Management	70	60 - 100 ^{6,7}	Fair
	Sub-total	100		
Care Delivery: Regulated and unregulated clinicians and technical support staff	Physicians	100	100 ⁸	Good
	Nurses	420	320-480 ⁹	Good
	OT/PT	40	40-50 ⁹	Good
	Personal support workers	200	40 - 350 ¹⁰	Poor
	Other Allied Health	100	50 - 150	Fair
	Paramedics	30	30 ¹¹	Good
	Pharmacists	50	40-50 ⁹	Good
	Technicians and support	150	110 – 330 ^{12,13*}	Fair
	Sub-total	1,090		
Health System: Leaders, administrators, policymakers, and academics who shape the governance and direction of the health system	Health services management	100	100 – 200 ⁶	Poor
	Governance	30	25 – 40 ¹⁴⁻¹⁷	Fair
	Academia	20	15 – 20 ¹⁸	Fair
	Sub-total	150		
Industry: Private sector organizations that develop, supply, and commercialize digital health products and services	Digital Suppliers	70	70-80 ^{13,19†}	Fair
	Data innovation	110	100 - 120 ^{13,20‡}	Fair
	Sub-total	180		
Total		1,520		

Note: Approximation method utilized to determine ranges in Technicians and Support (), Digital Suppliers (†), and Data innovation (‡), see Appendix for details.*

Digital health capabilities

A partial view of the digital health capability landscape emerges through the integration of existing survey data, published evidence and reports, and key informant insights. The following statistics provide illustrative signals of current capability and readiness across the health workforce.

- 80% of nurses agree that they have the “knowledge and skills to use virtual care technologies in practice.”²¹
- 46% of physicians report that “clinical information systems are very complex and not intuitive”²²
- Only 4 in 10 medical students in Canada state they are comfortable in navigating the digital health environment, and 65% name lack of formal instruction in digital health as a barrier²³
- 28% of physicians report using AI scribes, reflecting rapid organic adoption ahead of formal workforce preparation.²⁴

Among the general public:

- 8 in 10 would like to access their health information and about half have done so in the past.²⁵
- 65% report that they “know how to find helpful health resources on the internet” but only 42% “feel confident in using information from the internet to make health decisions”.²⁵
- 39% report being “comfortable with healthcare providers using AI voice recognition tools” and 28% say they are uncomfortable.²⁵

These findings suggest that there is an opportunity to improve digital capabilities and confidence among providers and the public at large. Key informants noted that digital skills are now essential life skills.

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Summary of digital health capability by workforce group

Evidence of capabilities collected through the environmental scan and key informants has been consolidated to summarize the known current state as well as the information gaps around workforce readiness.

Table 2. Summary of digital health capabilities

Group	Evidence of digital health capabilities	Data quality and opportunities
Digital health delivery and health information management	Canada has leading expertise, but informants reported many gaps. Variability in roles and capabilities creates risks and inequities across organizations and geographies. Roles and workforce have changed dramatically since last studied. ²⁶	Poor quality data with insufficient information limiting planning and education
Care delivery	Many care providers embrace the digital world, especially when well supported, but significant variation exists. New entrants bring different skills and expectations. ^{27,28} Roles in broader community-based care teams, including PSWs and OT/PT, could be enhanced with greater inclusion in digital initiatives. ²⁹	Fair quality data with more results anticipated. Focus beyond physicians and nurses and in the community.
Health systems management, governance and academia	Roles in the administration of health service delivery organizations are becoming increasingly digital, but job descriptions and capabilities are slow to evolve. Leadership gaps consistently noted by key informants.	Poor quality data and hard to characterize needs across diverse roles
Industry	World class capabilities in digital health innovation exist in Canada, but it can be a challenging market. Deeper knowledge of health system needs and the rules environment would help, especially in smaller enterprises. ^{30,31,32}	Fair quality data, with associations working to characterize needs.
Patients, caregivers and Canadian public	Digital health literacy assessments show lack of preparedness to navigate health in a digital world. Consumer patterns show high demand and growing utilization regardless.	Fair quality data with more results anticipated. Increase education with equity lens.

Themes emerging from key informants and literature

The interviews and literature review identified several crosscutting themes that highlight both strengths and challenges in Canada's digital health workforce. A diverse range of perspectives was sought, from clinical leaders, health administrators, policymakers, educators, technologists, and industry partners. See Appendix B.

1. Digital capability is now foundational

Digital health skills are no longer confined to information technology or informatics roles; they are required across the entire health system workforce. Informants repeatedly described digital capability as “everyone’s job now, not a specialty function,” a shift extending to clinical, operational, policy, research, industry, and patient contexts.

While digital tools have sometimes increased workforce burden, they also offer the potential, when implemented effectively, to extend provider capacity. With health workforce shortages anticipated to continue growing, unlocking such capacity gains will become essential for system sustainability.³³

The public is increasingly engaging with digital tools and regularly using artificial intelligence (AI) but many lack levels of digital health literacy to use them safely and effectively. Needs vary across populations, and considerations of equity, rights, and data governance are important. Supporting Indigenous-led digital capacity was consistently identified as essential, not only for equity, but also for advancing Indigenous data sovereignty and self-determination. Participants also emphasized that digital competencies are becoming foundational across all roles in the health system, underscoring the need for baseline expectations applicable across the workforce.

2. Artificial intelligence accelerating urgency

Canada leads in research and discovery, but industry partners identified challenges in translating innovation to widespread health system adoption and called for stronger collaboration with health systems stakeholders so solutions can match health system need and find market opportunities.

Valuable, but often untested, AI tools are increasingly entering care processes, often outpacing workforce and policy readiness.³⁴ Consumer adoption of AI is also rising, with unclear implications for clinical workflow, risk management, and governance frameworks.

Interviewees emphasized that AI is reshaping competency requirements faster than current educational and regulatory models are adapting.

Concerns were raised about potential “deskilling” effects, where AI tools like automated documentation or decision support systems may create dependency. Effective use of such tools should be accounted for in new curricula models.

3. Leadership is a critical bottleneck

Health system leaders and managers often lack the digital fluency required to steward system level digital transformation. This gap spans leaders in health delivery organizations, policy makers, academia and others making decisions shaping digital health adoption and governance.

Management roles were the most frequently cited as underprepared relative to the speed of technological change.

Interviewees consistently emphasized that executive and board level digital fluency is one of the most urgent capability gaps. Leaders require education that supports informed governance and system level decision making. Addressing this gap was framed as essential for enabling alignment, prioritization, and safe AI adoption across the health system.

4. Lack of clarity and standardization of digital health and health information roles

Roles have evolved rapidly, particularly with the emergence of AI enabled workflows, health data opportunities, and the accompanying cybersecurity needs. Expertise exists across Canada, but capabilities are inconsistently distributed across organizations, regions, and sectors. Competence in workflow integration, incentive structures, and clinical realities was often described as less common than technical skill. Interviewees stressed the importance of practice ready capabilities, hands on training, and real world implementation experience.

Limited standardized role definitions across the sector have produced inconsistent job titles, expectations, and awareness of career pathways.²⁶ Differences across provinces and sectors restrict mobility and limit scalability. Canadian College of Health Information Management (CCHIM) professional certification and Digital Health Canada's Career Matrix were identified as activities to build upon.

Participants highlighted growing ambiguity around professional identity, questioning whether "digital health professional" remains a meaningful category when digital capability is increasingly universal. At the same time, new hybrid and AI related roles are emerging, evolving professional definitions and necessitating updated training pathways, and adaptive workforce frameworks.

Experiential pathways and applied learning environments were cited as important mechanisms for preparing new entrants for these evolving roles and were considered more impactful than traditional coursework. World leading examples exist in Canada but capabilities are not standardized or evenly spread, with many care settings lagging behind in digital health workforce readiness.

5. Education across professionals is insufficiently digital

Digital health education remains siloed across Canada.²⁷ A persistent divide exists between clinical, technical, and management training streams, limiting shared understanding and cross sector collaboration.

Medical and nursing curricula are evolving to integrate digital health content but gaps remain.^{23,27,28} Experiential learning opportunities in real-world environments are limited and inconsistent, particularly for community-based care providers who often lack access to structured training.

Persistent gaps were identified in applying digital tools effectively in clinical and operational environments. Care providers, especially unregulated and community based groups, are unevenly prepared for digital workflows. Community based providers face the greatest capability gaps, and roles such as personal support workers and allied health professionals could make a much greater contribution if equipped with the right knowledge and tools.²⁹

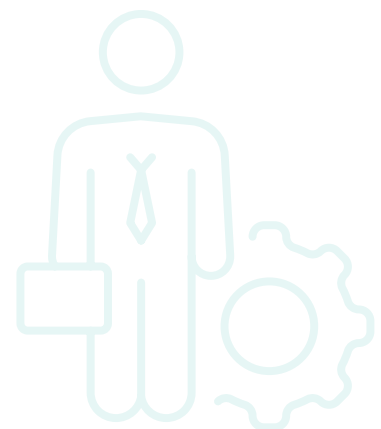
Participants noted that the challenge is not simply the quantity of programs, but the lack of clear pathways, credible navigation tools, and alignment between offerings and real workforce needs.

6. Limited workforce data

The health system workforce is increasingly well understood, but significant gaps remain.

Reporting on frontline professionals and those who deliver services has been prioritized and is progressing. Data are increasingly publicly available, and efforts are underway to capture unregulated health professions as well as technical and administrative support roles. This important work should continue.

The core digital health workforce, which spans health services, industry, academia and governance, is not well documented. Available reports and data are dated, providing only a high-level snapshot. These professionals and their preparedness will determine our digital health success, and a more detailed understanding of this core workforce is required to plan effectively.



Opportunities arising

The analysis suggests several areas where Canada is well positioned to strengthen digital health workforce capability. These opportunities build on existing assets across the health system, education sector, and innovation ecosystem. Together, they point to practical ways to enhance coordination, clarity, and strategic focus without requiring the creation of entirely new structures.

Promoting Canada's educational strengths

Canada already has a substantial base of educational programs, training initiatives, and professional development opportunities related to digital health. These offerings span universities, colleges, professional associations, and industry-led programs.

An opportunity exists to better coordinate and promote this ecosystem. Greater visibility into available training could help organizations identify relevant programs more efficiently and reduce duplication across institutions. A shared inventory or clearinghouse of digital health education offerings would support this effort by improving transparency and facilitating access, while also enabling stronger coordination and collaboration among education and providers.

In the long-term, a coordinated digital health education ecosystem should be the goal.

Professionalize core digital health roles

There is an opportunity to further formalize core digital health roles by clarifying occupational definitions, standardizing competency frameworks and establishing defined career progression pathways. Several organizations are already contributing to this work. For example, efforts led by the Canadian Health Information Management Association and workforce initiatives from BioTalent Canada illustrate how professional standards, competency frameworks, and career pathways can help bring greater clarity to emerging fields.

Further progress in this area, in partnership with educational institutions, would strengthen the digital health workforce capacity by supporting workforce mobility, improving recruitment and retention, and providing clearer entry points for new professionals joining the field.

Strengthen leadership development

An opportunity exists to strengthen alignment across these leadership groups around a common vision for digital health and the foundational capabilities required to support it. Even a foundational level of shared digital literacy and strategic understanding among leaders is critical to advance a coherent and adapting vision that can help accelerate adoption, reduce fragmentation, and improve collaboration across sectors.

Delivering baseline digital literacy for health system executives, boards, policymakers, and other leaders across the system would accelerate progress.

Focus AI capability on health

AI is rapidly becoming a central component of digital health capability with increasing integration across clinical, operational, and decision-support functions in the health system. Canada has internationally recognized strengths in AI research and development, and health represents one of the most significant domains for its application.

Health care offers a particularly compelling opportunity for Canadian AI leadership, given the scale of the system, the richness of available data, and the potential for meaningful improvements in care delivery.

Positioning health as a priority domain for AI development and workforce capability would enable Canada's broader AI leadership to translate into tangible care and economic outcomes.

Role of research in sharpening the picture

Finally, the work conducted through this project highlights the value of better data and research on the digital health workforce itself. Some elements of the workforce are well documented thanks to the efforts of Health Workforce Canada, Canadian Institute for Health Information and Statistics Canada. Others remain poorly understood, particularly within the core digital health professions responsible for delivering and maintaining digital systems.

There is an opportunity to deepen the evidence base through more focused workforce research, including more precise measurement of workforce size, capabilities, barriers, needs, and emerging skill requirements. Tri-council funding support for research projects and partnerships with organizations such as Statistics Canada and other research institutions could support this effort.

Improved data would enable more targeted workforce planning, strengthen policy development, and help track progress as Canada's digital health ecosystem continues to evolve.



Conclusion

Canada has strong foundations with leading researchers, an engaged clinical community, innovative industry, and a growing body of educational programs. What is needed now is coordination and acceleration that keeps pace with efforts already underway in leading international jurisdictions. Canada is well positioned to do the same: aligning stakeholders around a shared vision, closing the most critical capability gaps, and building the workforce our health system needs for a digital future.

Limitations

This analysis is intended as an informative starting point rather than a comprehensive workforce analysis. Its findings should be interpreted as directional, highlighting key themes and areas for future exploration rather than being prescriptive and presenting definitive conclusions. Workforce estimates draw on multiple secondary sources with varying definitions, levels of completeness, and data quality, and in some cases do not align cleanly with digital health roles, making them indicative rather than precise. There are also important data gaps and variability across sources, as well as some overlap between workforce groupings, which limits comparability and introduces the risk of double counting. Finally, because the digital health landscape is evolving rapidly, this analysis should be interpreted as a time-dependent assessment reflecting a current state and snapshot in time.



Appendix A: Methodology

Study approach

This study employed a multimethod, practice-based approach to generate an initial comprehensive baseline assessment view of Canada's digital health workforce in terms of size and constituency. The design combined an iterative document review of Canadian and international evidence, 21 semi-structured key informant interviews, and a structured expert summit. This enabled a triangulation of findings and strengthened the validity and relevance of the results and recommendations.

Environmental scan and document review

An iterative, purposive document review was conducted to characterize Canada's digital health workforce and identify relevant capability frameworks, workforce data, and international comparators. Initial literature identification through web searches was conducted, including AI supported scoping, followed by reference checking from identified sources. Key informants (described later) were also asked to recommend relevant resources and grey literature that can contribute to this analysis.

The sources that we consulted included peer-reviewed publications, workforce reports, annual reports, budget submissions, press releases, professional association publications, and international capability frameworks. The scan was not designed as a systematic review; rather, it was conducted as focused evidence synthesis aimed to assemble a sufficiently relevant evidence base to contextualize interview findings and inform workforce sizing estimates. An initial workforce grouping was developed using classifications identified through the scan and validated against National Occupational Classification (NOC) codes, resulting in 35 professional groups organized into five categories.

Key informant interviews

Twenty-one key informant interviews were conducted between January 15 and February 20, 2026. Participants were purposively selected using a maximum variability purposive sampling approach to ensure representation across health professions, sectors, and regions, including recognized experts in digital health, health informatics, clinical care, policy, education, and industry.³⁶ Recruitment targeted prominent leaders and organizations within Canada's digital health ecosystem. Given its nature as a sector consultation and scoping study commissioned by Digital Health Canada, formal Research Ethics Board review was not required. All participants provided informed agreement to participate and are acknowledged by name with their consent. Interviews were conducted by two interviewers using a semi-structured interview guide. Questions related to the scope of professionals requiring digital health capabilities and the current state of workforce readiness. Responses were captured in structured summary templates completed for each interview, resulting in a 21-record qualitative dataset. Interviews were approximately 20 minutes in duration.

The workforce groupings developed through the environmental scan were refined iteratively throughout the interview process, with adjustments to professional group definitions and nomenclature made in response to participant feedback. A strong majority of the participants aligned on the final scope and groupings. Participants were also asked to identify priority professional groups. Thematic saturation for priority identification was reached within the first half of the interview sample.^{37,38} Interview data were analyzed using reflective thematic analysis to generate the key themes.³⁹

Expert summit

Following completion of key informant interviews, a structured expert summit was convened to validate and extend findings. The summit engaged 15 participants, including 12 experts not previously interviewed who brought broad digital health knowledge and specific expertise around education and training. Summit participants contributed through structured discussions, validation exercises, and feedback sessions. Their input was used to validate emerging themes, refine workforce groupings, and strengthen the breadth of sectoral representation.

Analytical integration

Workforce size estimates were developed for each professional group using a triangulation approach.^{40,41} Available data sources included Statistics Canada Labour Force Survey data, Health Workforce Canada dashboards, Canadian Institute for Health Information (CIHI) health workforce reports, professional association membership data, sector-specific publications, budget documents and annual reports. Where national classification systems varied across provinces or sectors, conservative estimation methods were applied to minimize the risk of over- or under-representation of specific role groups.

Estimates were validated through iterative expert consultation during both the key informant interviews and the expert summit. Given the significant variability in data quality across professional groups, estimates are presented as order of magnitude ranges rather than precise figures, with data quality explicitly noted for each group.

Findings from the document review, key informant interviews, summit, and workforce sizing were integrated using a convergent synthesis approach.⁴² Qualitative themes were mapped against quantitative capability signals and workforce estimates to identify areas of alignment, tension, and evidence gaps. Triangulation across data sources was used to strengthen the reliability of findings, particularly where individual data sources were sparse or inconsistent.

Appendix B: Contributors and key informants

Contributors

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