

a nursing consultant. Federal Emergency Health Services are represented by a staff officer in each province.

The fourfold task of provincial emergency health services is to ensure that vital health functions are maintained during or reorganized after an emergency or disaster; to encourage and assist local planners in the establishment of emergency medical units; to train health professionals and the general public in emergency health procedures; and to place emergency medical units from the national stockpile at strategic locations.

6.3 Medical manpower

6.3.1 Earnings of privately practising physicians

The average gross professional earnings of fee-practising physicians in 1970 were \$50,819, which was 9.7% higher than in 1969 and 93.1% higher than in 1962. The highest average gross earnings in 1970 were reported in Alberta, at \$59,457. In Ontario, Manitoba and Newfoundland they were above the national average and in the remaining provinces they ranged from \$49,178 in Saskatchewan to \$37,269 in the Yukon and Northwest Territories.

Generally, through the nine-year period 1962-70, average gross earnings have been at a higher level in Newfoundland, Ontario and the western provinces than in Quebec and the Maritime Provinces.

The net returns to physicians, after deduction of the expenses of professional fee practice, reveal similar geographic patterns. Net earnings for Canada as a whole averaged \$34,360 in 1970, 11.3% higher than in 1969 and 102.5% above the 1962 figure. The highest provincial average net income was reported by Newfoundland physicians at \$41,562 followed by Alberta physicians at \$39,678.

6.3.2 Number of physicians

In December 1971 there were 32,625 active civilian physicians in Canada. Well over a third, 12,506, were located in Ontario. British Columbia had the lowest population/physician ratio, 615, followed by Ontario with 621, and Manitoba and Quebec, 645 and 662, respectively. The national average at December 1971 was 666 persons per physician.

Table 6.1 gives the provincial distribution and population per physician ratios for 1971 and shows also the historical trend in the national total since 1901. The figures include all junior and senior interns and residents, and physicians engaged in administration, teaching, research, etc., within the medical field, as well as those in the clinical practice of medicine.

6.4 Fitness and amateur sport

The Fitness and Amateur Sport Program was inaugurated in 1961 to increase the number of participants at all levels of competitive and non-competitive physical recreation and amateur sport activity; to help provide the participants with the skills, the means and the opportunity to benefit from recreation; and to help make available to all citizens the facilities and leadership to participate freely in recreational activities of their choice. These objectives are predicated on the assumption that every Canadian should develop a level of fitness sufficient to contribute positively to his physical and mental health and that Canadian athletes should develop a level of performance in national and international competitions which will contribute to national unity and international prestige.

A National Advisory Council on Fitness and Amateur Sport, consisting of not more than 30 members appointed by the Governor in Council with at least one from each province, considers problems connected with such activity and advises the Minister of National Health and Welfare thereon.

The Minister proposed, in March 1970, a new government sports policy for Canadians which identified the twin concerns of competitive excellence and mass participation. To accommodate these areas of concern the program has been divided into two divisions: Sport Canada which has as its primary task the competitive excellence of Canada's athletes; and Recreation Canada which works to encourage increased levels of participation in physical activity. To increase the administrative strength of Canadian sports and recreation agencies the program makes available administrative, financial and other professional assistance.

The federal program for 1972-73 concentrates on: grants and support to national fitness and sport organizations to improve the standards of administration, coaching and instruction, to increase the rate of participation in physical recreation and to provide aid to the holding of