# TABLE OF CONTENTS

- General Information 3-5
- Total number & number/100,000 population by province, 2016 6
- Number/100,000 population, 1995-2016 7
- Number by gender & year, 1995-2016 8
- Percentage by gender & age, 2016 9
- Number by gender & age, 2016 10
- Percentage by main work setting, 2014 11
- Percentage by practice organization, 2014 12
- Hours worked per week (excluding on-call), 2014 13
- On-call duty hours per month, 2014 14
- Percentage by remuneration method 15
- Professional & work-life balance satisfaction, 2013 16
- Number of retirees during the three year period of 2013-2015 17
- Total & Ministry funded postgraduate MD trainees, 2014-15 18
- PGY-4 & exiting postgraduate-MD trainees, 2014-15 19
- Postgraduate-MD trainees, 2014-15 20
- Location of 2013 postgraduate-MD exits, 2015 21
- Stress associated with finding employment at end of residency, 2012 22
- References 23
GENERAL INFORMATION

The study and practice of cardiology involves a wide range of patient care activities including: basic physical examinations; preventive health; and the diagnosis and management of cardiovascular disease through non-invasive treatment modalities or sophisticated interventions. They often see patients in a consultative role, but most of their patient involvement is long-term and ongoing.

Cardiologists are highly specialized practitioners in a dynamic field who place a premium on mastery and competence. They use their hands for invasive procedures and other manual tasks, but they also apply cognitive skills to the physical exam and other diagnostic procedures. Their daily tasks are diverse. With the pace of new developments (both in medical technology and in broader treatment trends) a high level of challenge and diversity, as well as significant intellectual demands are associated with this specialty.

Source: Pathway evaluation program
GENERAL INFORMATION

Cardiologists are expected to act as consultants in cardiovascular disease to all branches of medicine and pediatrics. They must be proficient in the management of acute coronary care problems, participate in the medical and surgical therapy of coronary artery disease and deal with the pre- and post-operative evaluation of cardiac surgical cases. This specialist must deal with cardiovascular problems associated with hypertensive, rheumatic and congenital heart disease and with cardiomyopathies.

A physician may choose whether to specialize in adult or pediatric cardiology. Upon completion of medical school, to become certified in adult cardiology it requires an additional 6-7 years of Royal College-approved residency training.
GENERAL INFORMATION

Training includes:
• Royal College certification in internal medicine (4 years);
• 3 years of Royal College-approved adult cardiology training that must include rotations in: a clinical residency (acute cardiac care, clinical cardiology, including cardiology CTU and consultation); ambulatory cardiology (may be done longitudinally); pediatric cardiology (which may include adult and congenital heart disease); and a laboratory-based residency (cardiac catheterization, echocardiography, electrophysiology/pacemaker, ECG/ambulatory ECG monitoring/exercise stress testing, nuclear cardiology and an additional elective) research (clinical and/or basic).

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Canadian Cardiovascular Society

Source: Pathway evaluation program
## Total number & number/100,000 population by province, 2016

<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Physicians</th>
<th>Phys/100k pop’n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newfoundland/Labrador</td>
<td>17</td>
<td>3.2</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>38</td>
<td>4.0</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>19</td>
<td>2.5</td>
</tr>
<tr>
<td>Quebec</td>
<td>452</td>
<td>5.4</td>
</tr>
<tr>
<td>Ontario</td>
<td>503</td>
<td>3.6</td>
</tr>
<tr>
<td>Manitoba</td>
<td>28</td>
<td>2.1</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>22</td>
<td>1.9</td>
</tr>
<tr>
<td>Alberta</td>
<td>147</td>
<td>3.5</td>
</tr>
<tr>
<td>British Columbia</td>
<td>129</td>
<td>2.7</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>1356</strong></td>
<td><strong>3.8</strong></td>
</tr>
</tbody>
</table>

Source: 2016 CMA Masterfile
Number/100,000 population, 1995 to 2016

Source: 2016 CMA Masterfile
Number by gender & year, 1995 to 2016

Source: 2016 CMA Masterfile
Cardiology Profile

Percentage by gender & age, 2016

Gender

- Male: 80%
- Female: 20%

Age Group

- <35: 3%
- 35 - 44: 26%
- 45 - 54: 29%
- 55 - 64: 25%
- 65+: 17%

Source: 2016 CMA Masterfile
Number by gender & age, 2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;35</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>35-44</td>
<td>107</td>
<td>237</td>
</tr>
<tr>
<td>45-54</td>
<td>88</td>
<td>285</td>
</tr>
<tr>
<td>55-64</td>
<td>44</td>
<td>284</td>
</tr>
<tr>
<td>65+</td>
<td>8</td>
<td>208</td>
</tr>
</tbody>
</table>

Source: 2016 CMA Masterfile
Percentage by main work setting, 2014

- Academic Health Sciences Centre: 49%
- Private Office/Clinic: 32%
- Community Hospital: 11%
- Non-AHSC Teaching Hospital: 7%
- Free-standing Lab/Diag Clinic: 2%

Source: 2014 National Physician Survey. CFPC, CMA, Royal College
Percentage by practice organization, 2014

- Solo Practice: 60%
- Group Practice: 23%
- Interprofessional Practice: 12%
- Hospital-based Practice: 4%
- NR

Source: 2014 National Physician Survey. CFPC, CMA, Royal College
## Hours worked per week (excluding on-call), 2014

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours worked per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct patient care without teaching component</td>
<td>24.1</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>10.4</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>2.9</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>7.5</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.4</td>
</tr>
<tr>
<td>Administration</td>
<td>3.4</td>
</tr>
<tr>
<td>Research</td>
<td>3.8</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.5</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>58.7</strong></td>
</tr>
</tbody>
</table>

Source: 2014 National Physician Survey. CFPC, CMA, Royal College
On-call duty hours per month, 2014

- 77% up to 120 hrs/month
- 10% more than 120, up to 180 hrs/month
- 9% more than 180, up to 240 hrs/month
- 3% more than 240 hrs/month
- 1% no response

Time spent on call in direct patient care = 43 hrs./month

Source: 2014 National Physician Survey. CFPC, CMA, Royal College
Percentage by remuneration method

Primary payment method\(^1\) in 2013

- 90% + fee-for-service: 22%
- 90% + salary: 5%
- 90% + other*: 2%
- Blended: 5%
- NR

* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for Cardiology in 2014/15 (those earning at least $60,000) = $560,330\(^2\)

Average percent overhead reported by Internal Medicine specialists in 2010 = 22\(^3\)

\(^1\) National Physician Survey, 2013, CFPC, CMA, Royal College
\(^2\) National Physician Database, 2014/15, CIHI
\(^3\) National Physician Survey, 2010, CFPC, CMA, Royal College
Professional & work-life balance satisfaction, 2013

**Balance of personal & professional commitments**
- Dissatisfied or very dissatisfied: 7%
- Neutral: 28%
- Satisfied or very satisfied: 16%
- NR: 49%

**Current professional life**
- Dissatisfied or very dissatisfied: 7%
- Neutral: 11%
- Satisfied or very satisfied: 9%
- NR: 73%

Source: 2013 National Physician Survey. CFPC, CMA, Royal College
Number of retirees during the three year period of 2013-2015

Source: CMA Masterfile – year over year comparisons
Note: “Retired” is based on giving up licence and therefore excludes those who have retired from clinical practice but are still licensed; those younger than 45 may include physicians who have temporarily given up their licence but return to practice at a later date.
Total & Ministry funded postgraduate MD trainees in 2014/15

<table>
<thead>
<tr>
<th>Faculty of Medicine</th>
<th>Ministry funded</th>
<th>Total</th>
<th>Faculty of Medicine</th>
<th>Ministry funded</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUN</td>
<td>0</td>
<td>0</td>
<td>McMaster U</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>Dalhousie U</td>
<td>8</td>
<td>11</td>
<td>UWO</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>U Laval</td>
<td>8</td>
<td>22</td>
<td>NOSM</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>U Sherbrooke</td>
<td>9</td>
<td>9</td>
<td>U Manitoba</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>U Montréal</td>
<td>22</td>
<td>30</td>
<td>U Sask</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>McGill U</td>
<td>20</td>
<td>31</td>
<td>U Alberta</td>
<td>12</td>
<td>35</td>
</tr>
<tr>
<td>U Ottawa</td>
<td>10</td>
<td>37</td>
<td>U Calgary</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Queens U</td>
<td>7</td>
<td>11</td>
<td>UBC</td>
<td>16</td>
<td>44</td>
</tr>
<tr>
<td>U Toronto</td>
<td>29</td>
<td>135</td>
<td>Canada</td>
<td>184</td>
<td>447</td>
</tr>
</tbody>
</table>

* Includes Cardiology (Int Med) and Cardiology (Ped)

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
PGY-4 & exiting postgraduate-MD trainees in 2014/15

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
Postgraduate-MD trainees in 2014/15

- Total of 56 PGY-4 Cardiology trainees representing 30% of all Cardiology trainees.
- Total of 184 Cardiology trainees representing 1% of all Ministry funded trainees.
- Total of 182 visa trainees in Cardiology.
- Total of 82 Cardiology trainees completed postgraduate training in 2014.

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
Location of 2013 postgraduate-MD exits in 2015

Of the 54 exits in 2013, 37 (69%) were known to be practising in Canada

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
Stress associated with finding employment at end of residency

<table>
<thead>
<tr>
<th></th>
<th>Not stressful</th>
<th>Somewhat stressful</th>
<th>Very stressful</th>
</tr>
</thead>
<tbody>
<tr>
<td>FM resident</td>
<td>7%</td>
<td>43%</td>
<td>42%</td>
</tr>
<tr>
<td>Other spec res</td>
<td>6%</td>
<td>20%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Source: 2012 National Physician Survey of residents. CFPC, CMA, Royal College
Links to the Organizations Supplying Information for this Document

- National Physician Survey
- Canadian Medical Association
- Association of Faculties of Medicine of Canada
- Royal College of Physicians and Surgeons of Canada
- College of Family Physicians of Canada
- Canadian Institute for Health Information