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GENERAL INFORMATION

Diagnostic radiology is concerned with the use of imaging techniques in the study, diagnosis and treatment of disease. The radiologist’s major role is as a consultant to other physicians. By interpreting medical images produced by X-rays (radiography & computed tomography), radioisotopes (nuclear medicine), ultrasound (sonography), and magnetic fields (magnetic resonance imaging), the radiologist along with the referring physician and patient plan, organize, integrate and interpret the imaging studies to form a diagnosis and determine the course of treatment.

Diagnostic radiology is an intellectually challenging and rapidly changing specialty. Therefore, radiologists must continue to study and attend educational courses to keep abreast of new information and techniques. To be effective, the radiologist must have considerable and detailed knowledge of anatomy and pathology, as well as sound knowledge of medicine and surgery. In order to use the sophisticated tools of radiology, they must also have a sound knowledge of physics and how images are formed.

Source: Pathway evaluation program
GENERAL INFORMATION

Radiology encompasses many subspecialties, including neuroradiology, ultrasound, MRI and CT, mammography and GI radiology.

Interventional radiology is becoming a rapidly growing area within this specialty. Trained radiologists can now perform minimally invasive procedures, such as biopsies, drain abscesses, dilate stenotic arteries (angioplasty), clot bleeding arteries, remove biliary or urinary tract stones and insert central lines.

Upon completion of medical school, it takes an additional 5 years of Royal College-approved residency training to become certified in diagnostic radiology. The 5 years of training require a closely supervised practice in the beginning, with the opportunity for increasing responsibility in the final years. This is to ensure that the resident can function near the end of training as a general radiology consultant, requesting help from staff radiologists when necessary. The residency may be followed by 1 or more years of fellowship training in a subspecialty discipline.

Source: Pathway evaluation program
GENERAL INFORMATION

The 5 years of training must include:

• 1 year of basic clinical training to give the resident a degree of independent responsibility for clinical decisions; an opportunity for further development of the skills required in making effective relationships with patients; the consolidation of competence in primary clinical/technical skills across a broad range of medical practice; and an understanding of the nature of the relationship between a referring physician & a clinical radiological consultant.

• 3 years of Royal College-approved resident training in "general diagnostic imaging"; this must include: respiratory, cardiovascular, gastro-intestinal and biliary, genito-urinary, musculoskeletal, mammography, neurological and pediatric radiology, as well as the following modalities: fluoroscopy, ultrasound, nuclear medicine, and CT, MR imaging.

Source: Pathway evaluation program
GENERAL INFORMATION

• 1 year of Royal College-approved residency that may consist of 1-12 month periods in any of the following: further training in diagnostic radiology; diagnostic ultrasound; CT; MR; nuclear medicine; cardiac and/or vascular radiology; interventional radiology; neuroradiology; pediatric radiology; pathology or other clinical specialty relevant to the practice of radiology (for up to 3 months) or a full-time research project, relevant to diagnostic imaging.

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Canadian Association of Radiologists
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>50</td>
<td>9.5</td>
</tr>
<tr>
<td>Prince Edward Island</td>
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</tr>
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<td>9.9</td>
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<tr>
<td>New Brunswick</td>
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<tr>
<td>Quebec</td>
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<td>Ontario</td>
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<tr>
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<td>Territories</td>
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<tr>
<td><strong>CANADA</strong></td>
<td><strong>2477</strong></td>
<td><strong>6.9</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
Percentage by gender & age, 2016

Gender
- Male 69%
- Female 31%

Age Group
- <35 6%
- 35 - 44 27%
- 45 - 54 27%
- 55 - 64 24%
- 65+ 16%
Number by gender & age, 2016

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

- Community Hospital: 34%
- Academic Health Sciences Centre: 28%
- Private Office/Clinic: 13%
- Research Unit: 11%
- Non-AHSC Teaching Hospital: 8%
- Community Clinic/Health-centre: 2%
- Nursing home/long term care facility/seniors’ residence: 1%

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

- Solo Practice: 1%
- Group Practice: 22%
- Interprofessional Practice: 3%
- Hospital-based Practice: 71%
- NR: 3%

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>25.8</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>5.1</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>1.4</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>4.9</td>
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<tr>
<td>Health facility committees</td>
<td>0.6</td>
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<tr>
<td>Administration</td>
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<tr>
<td>Research</td>
<td>0.8</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.7</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>3.2</td>
</tr>
<tr>
<td>Other</td>
<td>0.5</td>
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<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>45.6</strong></td>
</tr>
</tbody>
</table>

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

- 82% Up to 120 hrs/month
- 13% More than 120, up to 180 hrs/month
- 1% More than 180, up to 240 hrs/month
- 2% More than 240 hrs/month
- 2% No response

Time spent on call in direct patient care = 25 hrs./month

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

Primary payment method\(^1\) in 2013

- 82% 90% + fee-for-service
- 9% 90% + salary
- 3% 90% + other*
- 5% Blended
- 2% NR

* Other includes capitation, sessional, contract and other methods

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Average gross fee-for-service payment per physician for all medical specialties in 2014/15 (those earning at least $60,000) = $345,539\(^2\)

Average percent overhead reported by all medical specialists in 2010 = 20%\(^3\)

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\(^1\) 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:
- NR: 5%
- Dissatisfied or very dissatisfied: 25%
- Neutral: 23%
- Satisfied or very satisfied: 47%

Current professional life:
- NR: 5%
- Dissatisfied or very dissatisfied: 12%
- Neutral: 13%
- Satisfied or very satisfied: 71%

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>
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<th>Total</th>
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<tbody>
<tr>
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<td>15</td>
<td>15</td>
<td>McMaster U</td>
<td>32</td>
<td>44</td>
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<tr>
<td>Dalhousie U</td>
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<td>25</td>
<td>UWO</td>
<td>23</td>
<td>29</td>
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<tr>
<td>U Laval</td>
<td>42</td>
<td>42</td>
<td>NOSM</td>
<td>0</td>
<td>0</td>
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<tr>
<td>U Sherbrooke</td>
<td>22</td>
<td>22</td>
<td>U Manitoba</td>
<td>22</td>
<td>23</td>
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<tr>
<td>U Montréal</td>
<td>48</td>
<td>54</td>
<td>U Sask</td>
<td>15</td>
<td>15</td>
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<tr>
<td>McGill U</td>
<td>40</td>
<td>71</td>
<td>U Alberta</td>
<td>25</td>
<td>32</td>
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<tr>
<td>U Ottawa</td>
<td>31</td>
<td>55</td>
<td>U Calgary</td>
<td>30</td>
<td>43</td>
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<tr>
<td>Queens U</td>
<td>15</td>
<td>15</td>
<td>UBC</td>
<td>33</td>
<td>77</td>
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<tr>
<td>U Toronto</td>
<td>62</td>
<td>150</td>
<td>Canada</td>
<td>475</td>
<td>712</td>
</tr>
</tbody>
</table>

*Includes Pediatric Radiology and Neuroradiology*

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
First year & 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 85 first year Diagnostic Radiology trainees representing 18% of all Diagnostic Radiology trainees.
- Total of 475 Diagnostic Radiology trainees representing 4% of all Ministry funded trainees.
- Total of 155 visa trainees in Diagnostic Radiology.
- Total of 97 Diagnostic Radiology trainees completed postgraduate training in 2014.

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
Of the 107 exits in 2013, 80 (75%) were known to be practising in Canada.
Stress associated with finding employment at end of residency

**FM resident**
- Not stressful: 43%
- Somewhat stressful: 42%
- Very stressful: 8%

**Other spec res**
- Not stressful: 20%
- Somewhat stressful: 50%
- Very stressful: 25%

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