Emergency Medicine Profile

Updated August 2018
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GENERAL INFORMATION

Emergency medicine focuses on the recognition, evaluation and care of patients who are acutely ill or injured. It is a high-pressure, fast-paced specialty that, because of its diversity, requires a broad base of medical knowledge and a variety of well-honed clinical and technical skills. Emergency physicians (emergentologists) must be prepared to treat patients of all ages and a nearly infinite variety of conditions and degrees of illness – often before a definite diagnosis is made and within time-restricted circumstances. The approach to treatment in an emergency department can vary dramatically from case to case, even for the same medical condition, depending on whether it’s a pediatric patient versus a geriatric patient.

Emergency physicians need a number of personal strengths, including physical and emotional toughness, confidence, composure, ability to multi task and strong interpersonal skills. They must also be willing and able to do shift work.

Source: Pathway evaluation program
GENERAL INFORMATION

The emergency physician is foremost a clinician who uses highly developed clinical reasoning skills to care for patients with acute and often undifferentiated medical problems, frequently before complete clinical or diagnostic information is available.

Upon completion of medical school, there are two tracks that physicians can pursue to become a certified emergency medicine physician. One track, under the auspice of the College of Family Physicians of Canada (CFPC), is a one-year certificate programme in emergency medicine which follows the basic two-year residency training in family medicine. This track is particularly well-suited for individuals wishing to work in a community emergency department. For more detailed training requirements on CFPC-certification in emergency medicine, please go to:

College of Family Physicians of Canada

Figures in this document for this specialty exclude CFPC certified emergency medicine physicians.

Source: Pathway evaluation program
GENERAL INFORMATION

The other track for certification is with the Royal College of Physicians and Surgeons of Canada. This is a 5-year residency programme and is geared to those individuals interested in working in a larger tertiary care facility with substantial academic, administrative and research involvement. This training stream involves:

• a minimum of 2 years as a resident in the emergency department
• a minimum of 4 months or equivalent devoted to areas such as emergency medical services (pre-hospital care and disaster management) and the administrative aspects of emergency medicine; educational skills and research skills
• a minimum of 6 months devoted to achieving particular expertise either in a scholarly activity or a clinical area of emergency medicine including education, clinical research, health care management, pre-hospital care, pediatrics, toxicology, and critical care
• a minimum of 6 months of critical care rotations that must include at least 1 month or the equivalent in each of: anesthesiology, adult critical care, pediatric critical care and cardiac care

Source: Pathway evaluation program
GENERAL INFORMATION

For more detailed training requirements on Royal College-certification in emergency medicine go to:

Royal College of Physicians and Surgeons of Canada

Canadian Association of Emergency Physicians

Source: Pathway evaluation program
## Total number & number/100,000 population by province, 2018

<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>4</td>
<td>0.8</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>24</td>
<td>2.5</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>4</td>
<td>0.5</td>
</tr>
<tr>
<td>Quebec</td>
<td>175</td>
<td>2.1</td>
</tr>
<tr>
<td>Ontario</td>
<td>373</td>
<td>2.6</td>
</tr>
<tr>
<td>Manitoba</td>
<td>37</td>
<td>2.7</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>11</td>
<td>0.9</td>
</tr>
<tr>
<td>Alberta</td>
<td>162</td>
<td>3.8</td>
</tr>
<tr>
<td>British Columbia</td>
<td>171</td>
<td>3.5</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>962</strong></td>
<td><strong>2.6</strong></td>
</tr>
</tbody>
</table>

Source: 2018 CMA Masterfile
Number/100,000 population, 1995 to 2018

Source: 1995-2018 CMA Masterfiles
Number by gender & year, 1995 to 2018

Source: 1995-2018 CMA Masterfiles
Percentage by gender & age, 2018

Gender

- Male: 69%
- Female: 31%

Age Group

- <35: 13%
- 35-44: 34%
- 45-54: 23%
- 55-64: 20%
- 65+: 10%

Excludes those where gender or age is unknown.
Source: 2018 CMA Masterfile
Number by gender & age, 2018

Excludes those where gender or age is unknown.
Source: 2018 CMA Masterfile
Percentage by main work setting, 2017

Emergency Dept: 52%
Academic Health Sciences Centre: 32%
Non-AHSC Teaching Hospital: 6%
Admin/Corp office: 4%
Private Office/Clinic: 1%
Private Office/Clinic: 1%
Other: 1%

Source: 2017 CMA Workforce Survey. Canadian Medical Association
Percentage by practice organization, 2017

Source: 2017 CMA Workforce Survey. Canadian Medical Association
## Hours worked per week (excluding on-call), 2017

<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>11.6</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>19.0</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>2.7</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>3.2</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.0</td>
</tr>
<tr>
<td>Administration</td>
<td>4.7</td>
</tr>
<tr>
<td>Research</td>
<td>1.8</td>
</tr>
<tr>
<td>Managing practice</td>
<td>0.5</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>2.5</td>
</tr>
<tr>
<td>Other</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>47.7</strong></td>
</tr>
</tbody>
</table>

Source: 2017 CMA Workforce Survey. Canadian Medical Association
On-call duty hours per month, 2017

- 49% provide on-call services
- On-call hours = 81 hours/month
- On-call hours spent in direct patient care = 23 hours/month

Source: 2017 CMA Workforce Survey. Canadian Medical Association
Percentage by remuneration method

Primary payment method¹ in 2017

- 38% 90% + fee-for-service
- 34% 90% + salary
- 17% 90% + other*
- 10% Blended
- NR

* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for all medical specialties in 2015/16 (those earning at least $60,000) = $350,629²

Average percent overhead reported by Emergency Medicine specialists in 2017 = 13%³

¹ Source: 2017 CMA Workforce Survey. Canadian Medical Association
² National Physician Database, 2015/16, CIHI
³ Source: 2017 CMA Workforce Survey. Canadian Medical Association
Professional & work-life balance satisfaction, 2017

Balance of personal & professional commitments

- Dissatisfied or very dissatisfied: 26%
- Neutral: 22%
- Satisfied or very satisfied: 52%

Current professional life

- Dissatisfied or very dissatisfied: 11%
- Neutral: 13%
- Satisfied or very satisfied: 76%

Source: 2017 CMA Workforce Survey. Canadian Medical Association
Number of retirees during the three year period of 2014-2016

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.
Employment situation, 2017

- 56% Employed in my discipline to my satisfaction
- 40% Underemployed in my discipline
- 3% Overworked in my discipline
- 1% Not employed in my discipline
- 3% No response

Source: 2017 CMA Workforce Survey. Canadian Medical Association
Links to additional resources

- Association of Faculties of Medicine of Canada
- Canadian Institute for Health Information
- Canadian Medical Association’s Physician Data Centre
- Canadian Post-MD Education Registry (CAPER)
- College of Family Physicians of Canada
- National Physician Survey (2004-2014)
- Royal College of Physicians and Surgeons of Canada