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GENERAL INFORMATION

Clinical immunology/allergy focuses on disorders characterized by defective responses of the body's immune system.

This broad field generally includes atopic diseases, asthma, anaphylaxis, rhinitis, eczema, adverse reactions to environmental agents of all types (e.g., drugs, foods, insect stings, industrial exposures), immune deficiency diseases (both acquired and congenital), immunotherapy of all types (biological, pharmacological, physical), defects in host defense, the immunologic aspects of systemic diseases, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system.

Source: Pathway evaluation program
GENERAL INFORMATION

Clinical immunologist/allergists are expected to achieve competence in the utilization and interpretation of common laboratory procedures relevant to clinical immunology/allergy. They spend a good deal of time directly seeing and caring for patients who are generally healthy and tend to respond positively to therapy. Chronic or recurrent patient problems make the role of this specialist as much preventive and educational as diagnostic and therapeutic.

This specialty has the ability to readily diagnose and effectively treat the majority of their patients. It has little pressure associated with it in the sense that few patients ever require hospitalization. This specialty has reasonable schedule demands, largely offering regular and predictable hours.
GENERAL INFORMATION

Upon completion of medical school, only candidates certificated by the Royal College in internal medicine or pediatrics may be eligible for the Certificate of Special Competence in Clinical Immunology and Allergy. One must complete 2 years of approved residency in immunology and allergy, not more than one of which may be undertaken during training for certification in pediatrics or internal medicine.

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Canadian Society of Allergy and Clinical Immunology
### 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>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>5</td>
<td>0.5</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Quebec</td>
<td>56</td>
<td>0.7</td>
</tr>
<tr>
<td>Ontario</td>
<td>84</td>
<td>0.6</td>
</tr>
<tr>
<td>Manitoba</td>
<td>9</td>
<td>0.7</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>Alberta</td>
<td>16</td>
<td>0.4</td>
</tr>
<tr>
<td>British Columbia</td>
<td>27</td>
<td>0.6</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>204</strong></td>
<td><strong>0.6</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 56%
Female 44%

Age Group

45 - 54 28%
55 - 64 14%
65+ 21%
<35 4%
35 - 44 33%

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, 2013*

- Private Office/Clinic: 55%
- Academic Health Sciences Centre: 18%
- Non-AHSC Teaching Hospital: 7%
- Admin/Corp office: 3%
- Other: 3%

*Most recent available data for this specialty
Source: 2013 National Physician Survey. CFPC, CMA, Royal College
Percentage by remuneration method

Primary payment method\(^1\) in 2013\(^{**}\)

- 52% 90% + salary
- 42% 90% + fee-for-service
- 6% 90% + other*
- NR Blended

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Average gross fee-for-service payment per physician for Internal Medicine & subspecialties in 2015/16 (those earning at least $60,000) = $407,224\(^2\)

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

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* Other includes capitation, sessional, contract and other methods

**Most recent available data for this specialty

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: 6%
- Neutral: 26%
- Satisfied or very satisfied: 23%
- NR: 44%

**Current professional life**
- Dissatisfied or very dissatisfied: 4%
- Neutral: 7%
- Satisfied or very satisfied: 16%
- NR: 74%

*Most recent available data for this specialty
Source: 2013 National Physician Survey. CFPC, CMA, Royal College
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.
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