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GENERAL INFORMATION

Internal medicine is a broad-based specialty that has its roots in primary care and is dedicated to providing primary and specialty care to adults. Internists diagnose and manage diseases involving any of the organ systems and are specially trained to manage seriously ill patients suffering from advanced illness and/or diseases of more than one system.

Internists provide care in an office setting, in hospitals and on a continuing ambulatory basis. They tend to the general medical needs of their patients in the office, including disease prevention, early detection of disease, screening, patient education and follow-up care from hospitalization.

In the hospital and ambulatory setting, internists manage acute and chronic illness of their patients and other patients that have been referred to them by other practitioners such as family physicians. They are also trained to meet the special needs of the geriatric population.

Source: Pathway evaluation program
GENERAL INFORMATION

Internists are trained in many procedures from many different disciplines and they perform these independently. They may also take additional training and subspecialize in the following areas of internal medicine:

- Critical care medicine
- Cardiology
- Infectious diseases
- Neurology
- Respiratory medicine
- Rheumatology
- Endocrinology and metabolism
- Gastroenterology
- General Internal Medicine
- Geriatrics
- Hematology
- Medical oncology
- Clinical allergy and immunology
- Dermatology

Source: Pathway evaluation program
GENERAL INFORMATION

In addition to their medical work, internists also organize and co-ordinate their patient’s care and ensure that they gain access to the care they need.

After completing medical school, to become an internist requires additional training that takes 4 years. Those who choose to subspecialize are required to complete 2 years of subspecialty training, which they can begin once completing the three core years of the internists program, for a total of 5 years of postgraduate education.

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Canadian Society of Internal Medicine

Source: Pathway evaluation program
## Total number & number/100,000 population by province, 2017

<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>36</td>
<td>6.8</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>10</td>
<td>6.7</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>79</td>
<td>8.3</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>39</td>
<td>5.1</td>
</tr>
<tr>
<td>Quebec</td>
<td>752</td>
<td>9.0</td>
</tr>
<tr>
<td>Ontario</td>
<td>1244</td>
<td>8.8</td>
</tr>
<tr>
<td>Manitoba</td>
<td>103</td>
<td>7.8</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>78</td>
<td>6.7</td>
</tr>
<tr>
<td>Alberta</td>
<td>323</td>
<td>7.6</td>
</tr>
<tr>
<td>British Columbia</td>
<td>387</td>
<td>8.1</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>3051</strong></td>
<td><strong>8.4</strong></td>
</tr>
</tbody>
</table>

Source: 2017 CMA Masterfile
Number/100,000 population, 1995 to 2017

Source: 1995-2017 CMA Masterfiles
Number by gender & year, 1995 to 2017

Source: 2017 CMA Masterfile
Percentage by gender & age, 2017

Gender
- Male: 66%
- Female: 34%

Age Group
- 45 - 54: 28%
- 55 - 64: 21%
- 65+: 26%
- 35 - 44: 25%

Excludes those where gender or age is unknown.

Source: 2017 CMA Masterfile
Number by gender & age, 2017

Excludes those where gender or age is unknown.

Source: 2017 CMA Masterfile
Percentage by main work setting, 2017

- **Academic Health Sciences Centre**: 36%
- **Community Hospital**: 33%
- **Private Office/Clinic**: 18%
- **Non-AHSC Teaching Hospital**: 8%
- **University**: 2%
- **Other**: 1%
- **Free-standing Lab/Diag Clinic**: 1%

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

- Solo Practice: 3%
- Group Practice: 8%
- Interprofessional Practice: 6%
- Hospital-based Practice: 67%
- NR

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>24.2</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>11.6</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>2.0</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>6.4</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.3</td>
</tr>
<tr>
<td>Administration</td>
<td>2.8</td>
</tr>
<tr>
<td>Research</td>
<td>1.5</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.3</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>54.6</strong></td>
</tr>
</tbody>
</table>

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

- 79% provide on-call services
- On-call hours = 122 hours/month
- On-call hours spent in direct patient care = 62 hours/month

Source: 2017 CMA Workforce Survey. Canadian Medical Association
General Internal Medicine

Percentage by remuneration method

Primary payment method\(^1\) in 2017

- 57%: 90% + salary
- 31%: 90% + fee-for-service
- 7%: 90% + other\(^*\)
- 5%: Blended
- NR

* Other includes capitation, sessional, contract or other method

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 2017 = 21%\(^3\)

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

Balance of personal & professional commitments:
- Dissatisfied or very dissatisfied: 23%
- Neutral: 23%
- Satisfied or very satisfied: 53%

Current professional life:
- Dissatisfied or very dissatisfied: 9%
- Neutral: 12%
- Satisfied or very satisfied: 79%

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

- 60% Employed in my discipline to my satisfaction
- 32% Not employed in my discipline
- 5% Underemployed in my discipline
- 2% Overworked in my discipline
- 1% 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