Medical Oncology

Profile

Updated March 2018
# TABLE OF CONTENTS

- **General Information**
- **Total number & number/100,000 population by province, 2017**
- **Number/100,000 population, 1995-2017**
- **Number by gender & year, 1995-2017**
- **Percentage by gender & age, 2017**
- **Number by gender & age, 2017**
- **Percentage by main work setting, 2014**
- **Percentage by practice organization, 2017**
- **Hours worked per week (excluding on-call), 2014**
- **On-call duty hours per month, 2014**
- **Percentage by remuneration method**
- **Professional & work-life balance satisfaction, 2013**
- **Number of retirees during the three year period of 2014-2016**
- **Links to additional resources**

<table>
<thead>
<tr>
<th>Table Title</th>
<th>Slide</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Information</td>
<td>3-5</td>
</tr>
<tr>
<td>Total number &amp; number/100,000 population by province, 2017</td>
<td>6</td>
</tr>
<tr>
<td>Number/100,000 population, 1995-2017</td>
<td>7</td>
</tr>
<tr>
<td>Number by gender &amp; year, 1995-2017</td>
<td>8</td>
</tr>
<tr>
<td>Percentage by gender &amp; age, 2017</td>
<td>9</td>
</tr>
<tr>
<td>Number by gender &amp; age, 2017</td>
<td>10</td>
</tr>
<tr>
<td>Percentage by main work setting, 2014</td>
<td>11</td>
</tr>
<tr>
<td>Percentage by practice organization, 2017</td>
<td>12</td>
</tr>
<tr>
<td>Hours worked per week (excluding on-call), 2014</td>
<td>13</td>
</tr>
<tr>
<td>On-call duty hours per month, 2014</td>
<td>14</td>
</tr>
<tr>
<td>Percentage by remuneration method</td>
<td>15</td>
</tr>
<tr>
<td>Professional &amp; work-life balance satisfaction, 2013</td>
<td>16</td>
</tr>
<tr>
<td>Number of retirees during the three year period of 2014-2016</td>
<td>17</td>
</tr>
<tr>
<td>Links to additional resources</td>
<td>18</td>
</tr>
</tbody>
</table>
GENERAL INFORMATION

Medical oncology is a subspecialty of internal medicine, is closely associated with hematology and deals with tumors occurring in all organ systems. It is a varied, multidisciplinary field involving all aspects of internal medicine and requiring clinical knowledge and skills. The discipline treats the “whole” patient. Oncologists maintain close patient contact and their patients are often seriously or terminally ill. Systemic therapy provides curative treatment for a large number of patients. Research and teaching opportunities are plentiful in this field.

The medical oncologist often coordinates the multidisciplinary care of cancer patients, including diagnosis, therapy (e.g., surgery, chemotherapy, radiotherapy and other modalities), physiotherapy, counseling, clinical genetics, palliative care and ethical questions surrounding cancer care. It also involves screening efforts for both populations and of the relatives of patients in types of cancer that are thought to have a hereditary basis such as breast cancer.

Source: Pathway evaluation program
GENERAL INFORMATION

A medical oncologist often has to liaise with pathologists on the exact biological nature of the tumor that is being treated.

The medical oncology resident must acquire a high degree of clinical competence in the investigation and management of patients with the spectrum of neoplastic diseases and their complications. They must incorporate an understanding of the basic scientific principles which relate to cancer and its treatment, particularly the chemical, hormonal and immunologic approaches. The resident must develop the ability to function as a specialist consultant in an inpatient and ambulatory setting and as a part of a multidisciplinary team in cancer management. Development of expertise in the relevant investigative methods, technical skills and communicative interpersonal relationships is essential, together with skill in the collection and interpretation of data and decision-making.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in internal medicine may be eligible for the Certificate of Special Competence in medical oncology.

Source: Pathway evaluation program
GENERAL INFORMATION

Once certified in internal medicine, there is an additional 2 years of approved residency in medical oncology. This period must include:

- 1 year of approved clinical residency in an accredited residency program in medical oncology;
- 3 months approved residency on a radiation oncology service;
- 3 months approved residency on a hematology service unless equivalent training has been received previously.

It must also include a period of residency approved by the program director on other services which may treat specific tumor types or other aspects not otherwise included in the program.

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

The Canadian Oncology Societies

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>11</td>
<td>2.1</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>14</td>
<td>1.5</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>6</td>
<td>0.8</td>
</tr>
<tr>
<td>Quebec</td>
<td>169</td>
<td>2.0</td>
</tr>
<tr>
<td>Ontario</td>
<td>225</td>
<td>1.6</td>
</tr>
<tr>
<td>Manitoba</td>
<td>15</td>
<td>1.1</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>4</td>
<td>0.3</td>
</tr>
<tr>
<td>Alberta</td>
<td>62</td>
<td>1.5</td>
</tr>
<tr>
<td>British Columbia</td>
<td>88</td>
<td>1.8</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>596</strong></td>
<td><strong>1.6</strong></td>
</tr>
</tbody>
</table>

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

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

Source: 1995-2017 CMA Masterfiles
Percentage by gender & age, 2017

Gender

- Male: 56%
- Female: 44%

Age Group

- 35 - 44: 32%
- 45 - 54: 29%
- 55 - 64: 19%
- <35: 8%
- 65+: 12%

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, 2014*

- Academic Health Sciences Centre: 65%
- Community Hospital: 14%
- Admin/Corp office: 9%
- Community Clinic/Health-centre: 5%
- Non-AHSC Teaching Hospital: 5%
- University: 3%

*Most recent available data for this specialty
Source: 2014 National Physician Survey. CFPC, CMA, Royal College
Percentage by practice organization, 2017

- 67% Hospital-based Practice
- 11% Solo Practice
- 12% Group Practice
- 6% Interprofessional Practice
- 5% NR

*Most recent available data for this specialty

Source: 2017 CMA Workforce Survey. Canadian Medical Association
### 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>19.0</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>6.6</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>1.6</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>11.0</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.3</td>
</tr>
<tr>
<td>Administration</td>
<td>2.9</td>
</tr>
<tr>
<td>Research</td>
<td>5.9</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.0</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>52.5</strong></td>
</tr>
</tbody>
</table>

*Most recent available data for this specialty

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

- 84% Up to 120 hrs/month
- 7% More than 120, up to 180 hrs/month
- 3% More than 180, up to 240 hrs/month
- 6% More than 240 hrs/month
- 3% No response

Time spent on call in direct patient care = 17 hrs./month

*Most recent available data for this specialty
Source: 2014 National Physician Survey. CFPC, CMA, Royal College
Percentage by remuneration method

Primary payment method¹ in 2013**

- 90% + fee-for-service: 38%
- 90% + salary: 18%
- 90% + other*: 32%
- Blended: 2%
- NR: 10%

* 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

Average gross fee-for-service payment per physician for Internal Medicine & subspecialties in 2015/16 (those earning at least $60,000) = $407,224²

Average percent overhead reported by Internal Medicine specialists in 2010** = 22%³
Medical Oncology

Profile

Updated March 2018

Source: 2013 National Physician Survey. CFPC, CMA, Royal College

Professional & work-life balance satisfaction, 2013

- Balance of personal & professional commitments
  - 5% NR
  - 29% Dissatisfied or very dissatisfied
  - 27% Neutral
  - 40% Satisfied or very satisfied

- Current professional life
  - 5% NR
  - 13% Dissatisfied or very dissatisfied
  - 9% Neutral
  - 73% Satisfied or very satisfied

* 2017 data for this specialty is not available

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