Medical Oncology

Profile

Updated November 2016
Click on any of the contents below to navigate to the slide. Please click the “home icon” located at the top right of each slide to return to the “table of contents” slide.

**TABLE OF CONTENTS**

- General Information 3-5
- Total number & number/100,000 population by province, 2016 6
- Number/100,000 population, 1995-2016 7
- Number by gender & year, 1995-2016 8
- Percentage by gender & age, 2016 9
- Number by gender & age, 2016 10
- Percentage by main work setting, 2014 11
- Percentage by practice organization, 2014 12
- Hours worked per week (excluding on-call), 2014 13
- On-call duty hours per month, 2014 14
- Percentage by remuneration method 15
- Professional & work-life balance satisfaction, 2013 16
- Number of retirees during the three year period of 2013-2015 17
- Total & Ministry funded postgraduate MD trainees, 2014-15 18
- PGY-4 & exiting postgraduate-MD trainees, 2014-15 19
- Postgraduate-MD trainees, 2014-15 20
- Location of 2013 postgraduate-MD exits, 2015 21
- Stress associated with finding employment at end of residency, 2012 22
- References 23
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>10</td>
<td>1.9</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>13</td>
<td>1.4</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>6</td>
<td>0.8</td>
</tr>
<tr>
<td>Quebec</td>
<td>173</td>
<td>2.1</td>
</tr>
<tr>
<td>Ontario</td>
<td>218</td>
<td>1.6</td>
</tr>
<tr>
<td>Manitoba</td>
<td>13</td>
<td>1.0</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>Alberta</td>
<td>59</td>
<td>1.4</td>
</tr>
<tr>
<td>British Columbia</td>
<td>82</td>
<td>1.7</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>579</strong></td>
<td><strong>1.6</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: 56%
- Female: 44%

**Age Group**
- <35: 8%
- 35 - 44: 32%
- 45 - 54: 29%
- 55 - 64: 20%
- 65+: 11%
- <35: 8%

Source: 2016 CMA Masterfile
Number by gender & age, 2016

- **65+**
  - Female: 14
  - Male: 48

- **55-64**
  - Female: 33
  - Male: 76

- **45-54**
  - Female: 87
  - Male: 74

- **35-44**
  - Female: 88
  - Male: 88

- **<35**
  - Female: 23
  - Male: 23

Source: 2016 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%

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

- Solo Practice: 15%
- Group Practice: 15%
- Interprofessional Practice: 2%
- Hospital-based Practice: 68%
- NR

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>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>

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

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: 32%
- 90% + other*: 10%
- Blended: 18%
- NR: 2%

* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for Internal Medicine & subspecialities in 2014/15 (those earning at least $60,000) = $403,485²

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

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
- 5% Satisfied or very satisfied
- 29% Dissatisfied or very dissatisfied
- 27% Neutral
- 40% NR

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

Source: 2013 National Physician Survey. CFPC, CMA, Royal College
**Number of retirees during the three year period of 2013-2015**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>34 and Under</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>35-44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>65 and over</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

**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>
<th>Faculty of Medicine</th>
<th>Ministry funded</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUN</td>
<td>0</td>
<td>0</td>
<td>McMaster U</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Dalhousie U</td>
<td>3</td>
<td>3</td>
<td>UWO</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>U Laval</td>
<td>6</td>
<td>6</td>
<td>NOSM</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>U Sherbrooke</td>
<td>2</td>
<td>2</td>
<td>U Manitoba</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>U Montréal</td>
<td>7</td>
<td>7</td>
<td>U Sask</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>McGill U</td>
<td>8</td>
<td>14</td>
<td>U Alberta</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>U Ottawa</td>
<td>5</td>
<td>12</td>
<td>U Calgary</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Queens U</td>
<td>3</td>
<td>5</td>
<td>UBC</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>U Toronto</td>
<td>13</td>
<td>47</td>
<td>Canada</td>
<td>79</td>
<td>150</td>
</tr>
</tbody>
</table>

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
PGY-4 & 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 28 PGY-4 Medical Oncology trainees representing 35% of all Medical Oncology trainees.
- Total of 79 Medical Oncology trainees representing 0.6% of all Ministry funded trainees.
- Total of 44 visa trainees in Medical Oncology.
- Total of 40 Medical Oncology trainees completed postgraduate training in 2014.

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
Location of 2013 postgraduate-MD exits in 2015

Of the 30 exits in 2013, 25 (83%) were known to be practising in Canada

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
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