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<tr>
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<td>8</td>
</tr>
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<td>Number by gender &amp; year, 1995-2016</td>
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GENERAL INFORMATION

Neurology is the branch of medicine concerned with the study of the nervous system in health and disease. Neurologists diagnose and treat nervous system disorders involving the brain and spinal cord and other nerve and muscular conditions. Many neurological problems are characterized by pain and are chronic, debilitating and untreatable. Neurologists are increasingly involved in rehabilitation and in the psychological and social aspects of patient care. A large portion of neurology practice is consultative.

Neurology requires that a physician be able to demonstrate diagnostic and therapeutic skills for ethical and effective patient care, access and apply relevant information to clinical practice. Neurologists are required to provide effective consultation services with respect to patient care, education and legal opinions.

Source: Pathway evaluation program
GENERAL INFORMATION

A competent neurologist must be able to do the following:

• provide scientifically-based, comprehensive and effective diagnosis and management for patients with neurological disorders;
• communicate effectively with patients, their families and medical colleagues (particularly referring physicians), and other health care professionals;
• counsel patients and others on aspects of prevention of neurological disorders, including risk factors, and genetic and environmental concerns;
• effectively coordinate the work of the health care team;
• educate other physicians (including medical students and house officers), other health care personnel and patients;
• demonstrate personal and professional attitudes consistent with a consultant physician role;
• be proficient in professional and technical skills related to the specialty;
• maintain complete and accurate medical records;
• be willing and able to appraise accurately their own professional performance;
• assess the literature as it relates to diagnosis, investigation and management;
• be able to participate in clinical or basic science studies as a member of a research team.

Source: Pathway evaluation program
GENERAL INFORMATION

Once undergraduate medical school is completed, a resident may choose to become certified as either an adult or pediatric neurologist.

To become certified as an adult neurologist it requires 5 years of approved residency training. This period must include:
- 1 year of basic clinical training;
- a minimum of 1 year of Royal College-approved residency training in internal medicine (2 years are preferable);
- and a minimum of 3 years of Royal College-approved residency training in neurology.

To become certified as a pediatric neurologist requires 5 years of Royal College-approved residency training. This period must include:
- 1 year of basic clinical training;
- a minimum of 1 year of Royal College-approved residency training in pediatrics (2 years are preferable);
- and a minimum of 3 years of Royal College-approved residency training in neurology.

Source: Pathway evaluation program
GENERAL INFORMATION

The Royal College of Physicians and Surgeons of Canada have created a reciprocity program that accepts the credentials of applicants to each other's examinations.

For further details on training requirements go to:

Royal College of Physicians and Surgeons of Canada

Canadian Neurological Society
### 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>1.4</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>26</td>
<td>2.7</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>7</td>
<td>0.9</td>
</tr>
<tr>
<td>Quebec</td>
<td>286</td>
<td>3.4</td>
</tr>
<tr>
<td>Ontario</td>
<td>339</td>
<td>2.4</td>
</tr>
<tr>
<td>Manitoba</td>
<td>27</td>
<td>2.1</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>18</td>
<td>1.6</td>
</tr>
<tr>
<td>Alberta</td>
<td>129</td>
<td>3.0</td>
</tr>
<tr>
<td>British Columbia</td>
<td>129</td>
<td>2.7</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>974</strong></td>
<td><strong>2.7</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: 67%
- Female: 33%

Age Group

- <35: 5%
- 35 - 44: 30%
- 45 - 54: 26%
- 55 - 64: 22%
- 65+: 17%

Source: 2016 CMA Masterfile
Number by gender & year, 1995 to 2016

- **65+**
  - Female: 17
  - Male: 145

- **55-64**
  - Female: 51
  - Male: 158

- **45-54**
  - Female: 69
  - Male: 173

- **35-44**
  - Female: 140
  - Male: 137

- **>35**
  - Female: 26
  - Male: 24

Source: 2016 CMA Masterfile
Percentage by main work setting, 2014

- Academic Health Sciences Centre: 48%
- Private Office/Clinic: 31%
- Non-AHSC Teaching Hospital: 6%
- Community Hospital: 6%
- Nursing home/long term care facility/seniors’ residence: 4%
- Community Clinic/Health-centre: 2%
- University: 1%

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

- Solo Practice: 60%
- Group Practice: 7%
- Interprofessional Practice: 3%
- Hospital-based Practice: 27%
- NR: 3%

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>23.4</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>8.2</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>2.5</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>7.7</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.2</td>
</tr>
<tr>
<td>Administration</td>
<td>1.6</td>
</tr>
<tr>
<td>Research</td>
<td>5.6</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.8</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>4.0</td>
</tr>
<tr>
<td>Other</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>57.8</strong></td>
</tr>
</tbody>
</table>

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

- 74% of physicians reported up to 120 hrs/month
- 13% reported more than 120, up to 180 hrs/month
- 6% reported more than 180, up to 240 hrs/month
- 4% reported more than 240 hrs/month
- 3% reported no response

Time spent on call in direct patient care = 42 hrs./month

Source: 2014 National Physician Survey. CFPC, CMA, Royal College
Percentage by remuneration method

Primary payment method\(^1\) in 2013

- 90% + fee-for-service: 42%
- 90% + salary: 38%
- 90% + other*: 6%
- Blended: 12%
- NR: 3%

\* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for Neurology in 2014/15 (those earning at least $60,000) = $306,270\(^2\)

Average percent overhead reported by all medical specialists in 2010 = 20%\(^3\)

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1. National Physician Survey, 2013, CFPC, CMA, Royal College
2. National Physician Database, 2014/15, CIHI
Professional & work-life balance satisfaction, 2013

Balance of personal & professional commitments
- Dissatisfied or very dissatisfied: 32%
- Neutral: 21%
- Satisfied or very satisfied: 39%

Current professional life
- Dissatisfied or very dissatisfied: 13%
- Neutral: 12%
- Satisfied or very satisfied: 66%

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

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>7</td>
<td>7</td>
<td>McMaster U</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td>Dalhousie U</td>
<td>6</td>
<td>11</td>
<td>UWO</td>
<td>20</td>
<td>36</td>
</tr>
<tr>
<td>U Laval</td>
<td>12</td>
<td>12</td>
<td>NOSM</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>U Sherbrooke</td>
<td>11</td>
<td>11</td>
<td>U Manitoba</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>U Montréal</td>
<td>24</td>
<td>25</td>
<td>U Sask</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>McGill U</td>
<td>21</td>
<td>41</td>
<td>U Alberta</td>
<td>19</td>
<td>29</td>
</tr>
<tr>
<td>U Ottawa</td>
<td>23</td>
<td>29</td>
<td>U Calgary</td>
<td>20</td>
<td>42</td>
</tr>
<tr>
<td>Queens U</td>
<td>8</td>
<td>8</td>
<td>UBC</td>
<td>36</td>
<td>56</td>
</tr>
<tr>
<td>U Toronto</td>
<td>43</td>
<td>92</td>
<td>Canada</td>
<td>290</td>
<td>448</td>
</tr>
</tbody>
</table>

* Includes Neurology (Int Med) and Neurology (Ped)

Source: 2014/15 Annual Census of Post-MD Trainees, CAPER
First year & exiting postgraduate-MD trainees in 2014/15

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

**First year**
- **Female**: 28
- **Male**: 31

**Postgrad exits**
- **Female**: 37
- **Male**: 33

**Postgrad exits**
- **IMG**: 11
  - **Female**: 48
  - **Male**: 47
- **GCMS**: 23

**Abbreviations**
- IMG – International Medical Graduates
- GCMS – Graduates of Canadian Medical Schools
Postgraduate-MD trainees in 2014/15

- Total of 59 first year Neurology trainees representing 20% of all Neurology trainees.
- Total of 290 Neurology trainees representing 2% of all Ministry funded trainees.
- Total of 107 visa trainees in Neurology.
- Total of 70 Neurology trainees completed postgraduate training in 2014.
Of the 52 exits in 2013, 42 (81%) 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%
- NR/NA: 7%

**Other spec res**
- Not stressful: 20%
- Somewhat stressful: 50%
- Very stressful: 25%
- NR/NA: 6%

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