Neurology Profile

Updated August 2018
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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

Source: Pathway evaluation program
## 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>10</td>
<td>1.9</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>24</td>
<td>2.5</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>8</td>
<td>1.1</td>
</tr>
<tr>
<td>Quebec</td>
<td>302</td>
<td>3.6</td>
</tr>
<tr>
<td>Ontario</td>
<td>379</td>
<td>2.6</td>
</tr>
<tr>
<td>Manitoba</td>
<td>27</td>
<td>2.0</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>20</td>
<td>1.7</td>
</tr>
<tr>
<td>Alberta</td>
<td>141</td>
<td>3.3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>138</td>
<td>2.8</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>1052</strong></td>
<td><strong>2.8</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: 65%
- Female: 35%

Age Group

- <35: 7%
- 35-44: 29%
- 45-54: 25%
- 55-64: 21%
- 65+: 18%

Excludes those where gender or age is unknown.
Source: 2018 CMA Masterfile
Number by gender & age, 2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;35</td>
<td>38</td>
<td>31</td>
</tr>
<tr>
<td>35-44</td>
<td>160</td>
<td>136</td>
</tr>
<tr>
<td>45-54</td>
<td>75</td>
<td>181</td>
</tr>
<tr>
<td>55-64</td>
<td>53</td>
<td>156</td>
</tr>
<tr>
<td>65+</td>
<td>26</td>
<td>150</td>
</tr>
</tbody>
</table>

Excludes those where gender or age is unknown.
Source: 2018 CMA Masterfile
Percentage by main work setting, 2017

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Health Sciences Centre</td>
<td>52%</td>
</tr>
<tr>
<td>Private Office/Clinic</td>
<td>33%</td>
</tr>
<tr>
<td>Community Hospital</td>
<td>6%</td>
</tr>
<tr>
<td>Non-AHSC Teaching Hospital</td>
<td>5%</td>
</tr>
<tr>
<td>Other Hospital</td>
<td>2%</td>
</tr>
<tr>
<td>Emergency Dept</td>
<td>1%</td>
</tr>
<tr>
<td>University</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

- Solo Practice: 59%
- Group Practice: 29%
- Interprofessional Practice: 4%
- Hospital-based Practice: 4%
- NR: 4%

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>22.1</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>12.2</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>1.8</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>7.9</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>0.7</td>
</tr>
<tr>
<td>Administration</td>
<td>3.5</td>
</tr>
<tr>
<td>Research</td>
<td>3.5</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.3</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>56.2</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 = 99 hours/month
- On-call hours spent in direct patient care = 50 hours/month

Source: 2017 CMA Workforce Survey. Canadian Medical Association
Percentage by remuneration method

Primary payment method\(^1\) in 2017

- 90% + fee-for-service: 49%
- 90% + salary: 33%
- 90% + other*: 11%
- Blended: 8%
- NR

* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for Neurology in 2015/16 (those earning at least $60,000) = $310,797\(^2\)

Average percent overhead reported by Neurologists in 2017 = 24%\(^3\)

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1. Source: 2017 CMA Workforce Survey. Canadian Medical Association
2. National Physician Database, 2015/16, CIHI
Professional & work-life balance satisfaction, 2017

Balance of personal & professional commitments
- 36% Dissatisfied or very dissatisfied
- 18% Neutral
- 45% Satisfied or very satisfied

Current professional life
- 7% Dissatisfied or very dissatisfied
- 20% Neutral
- 73% Satisfied or very satisfied

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

- 58% Employed in my discipline to my satisfaction
- 40% Not employed in my discipline
- 1% Overworked in my discipline
- 1% Underemployed 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