Physical Medicine and Rehabilitation Profile

Updated March 2018
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GENERAL INFORMATION

Physical medicine & rehabilitation (also known as physiatry) is concerned with the comprehensive diagnosis, medical management and rehabilitation of people of all ages with neuromusculoskeletal disorders and associated disabilities.

Physical medicine & rehabilitation (PM & R) requires expertise in many areas and offers good research opportunities. It is a broad, team-oriented field with a variety of practices to choose from including pediatric rehabilitation, orthopedic rehabilitation, electrodiagnosis and sports medicine.

These physicians treat the “whole” person by considering the physical and psychosocial aspects of a patient’s diagnosis, basing evaluations on both neurological and musculoskeletal factors. A high degree of patient contact and long-term care are common.

Source: Pathway evaluation program
GENERAL INFORMATION

To be a competent specialist in PM & R, a physician must be capable of assuming a consultant’s role in the specialty. The physician must acquire a working knowledge of the specialty, including its foundations in the basic medical sciences and research.

Upon completing medical school, in order to become certified in PM & R requires a further 5 years of Royal College-approved residency training. This period must include:

• 1 year of basic clinical training to be completed within the first 18 months of residency consisting of: 6 months in internal medicine, which must include at least 3 months of general internal medicine (clinical teaching unit (CTU) or its equivalent); 2 months in surgery consisting of 1 month in two of the following: general surgery, neurosurgery, orthopedic surgery, plastic surgery, urology or vascular surgery; 4 months training consisting of 1 month in four of the following: anesthesiology, critical care medicine, diagnostic radiology, elective, emergency medicine, family medicine, geriatrics, palliative care, pediatrics, and psychiatry;

Source: Pathway evaluation program
GENERAL INFORMATION

• 9 months residency training to include 3 months each of rheumatology, neurology and orthopedic surgery;
• 36 months residency training in core physical medicine & rehabilitation including time in cardiac and/or respiratory rehabilitation and residency training in each of the rehabilitation of persons with amputation (including prosthetics and orthotics), cerebrovascular disease, spinal cord disorders and acquired brain disorders.

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Canadian Association of Physical Medicine & Rehabilitation

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>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>14</td>
<td>1.5</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>13</td>
<td>1.7</td>
</tr>
<tr>
<td>Quebec</td>
<td>81</td>
<td>1.0</td>
</tr>
<tr>
<td>Ontario</td>
<td>200</td>
<td>1.4</td>
</tr>
<tr>
<td>Manitoba</td>
<td>14</td>
<td>1.1</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>12</td>
<td>1.0</td>
</tr>
<tr>
<td>Alberta</td>
<td>64</td>
<td>1.5</td>
</tr>
<tr>
<td>British Columbia</td>
<td>77</td>
<td>1.6</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>478</strong></td>
<td><strong>1.3</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: 1995-2017 CMA Masterfiles
Percentage by gender & age, 2017

Gender

- Male: 62%
- Female: 38%

Age Group

- 35 - 44: 28%
- 45 - 54: 25%
- 55 - 64: 23%
- 65+: 17%
- <35: 7%

Excludes those where gender or age is unknown.
Source: 2017 CMA Masterfile
Number by gender & age, 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;35</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>35-44</td>
<td>63</td>
<td>69</td>
</tr>
<tr>
<td>45-54</td>
<td>48</td>
<td>70</td>
</tr>
<tr>
<td>55-64</td>
<td>31</td>
<td>77</td>
</tr>
<tr>
<td>65+</td>
<td>20</td>
<td>57</td>
</tr>
</tbody>
</table>

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

- Private Office/Clinic: 36%
- Academic Health Sciences Centre: 35%
- Non-AHSC Teaching Hospital: 11%
- Community Hospital: 10%
- Other: 5%
- University: 2%

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

- Solo Practice: 53%
- Group Practice: 8%
- Interprofessional Practice: 22%
- Hospital-based Practice: 1%
- NR: 15%

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>22.0</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>9.8</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>1.8</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>7.2</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>0.8</td>
</tr>
<tr>
<td>Administration</td>
<td>4.2</td>
</tr>
<tr>
<td>Research</td>
<td>1.3</td>
</tr>
<tr>
<td>Managing practice</td>
<td>2.0</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>2.0</td>
</tr>
<tr>
<td>Other</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>53.7</strong></td>
</tr>
</tbody>
</table>

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

Primary payment method\(^1\) in 2017

- 90% + fee-for-service: 54%
- 90% + salary: 29%
- 90% + other*: 15%
- Blended: 2%
- NR

* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for Physical Medicine & Rehabilitation in 2015/16 (those earning at least $60,000) = $287,238\(^2\)

Average percent overhead reported by Physical Medicine and Rehabilitation specialists in 2017 = 19%\(^3\)

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

Balance of personal & professional commitments
- 2% NR
- 29% Dissatisfied or very dissatisfied
- 17% Neutral
- 52% Satisfied or very satisfied

Current professional life
- 12% NR
- 6% Dissatisfied or very dissatisfied
- 82% 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

- 75% Employed in my discipline to my satisfaction
- 23% Underemployed in my discipline
- 2% Overworked in my discipline
- 2% Not employed in my discipline
- 2% 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