

Cardiology Profile

Updated August 2018

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GENERAL INFORMATION

The study and practice of cardiology involves a wide range of patient care activities including: basic physical examinations; preventive health; and the diagnosis and management of cardiovascular disease through non-invasive treatment modalities or sophisticated interventions. They often see patients in a consultative role, but most of their patient involvement is long-term and ongoing.

Cardiologists are highly specialized practitioners in a dynamic field who place a premium on mastery and competence. They use their hands for invasive procedures and other manual tasks, but they also apply cognitive skills to the physical exam and other diagnostic procedures. Their daily tasks are diverse. With the pace of new developments (both in medical technology and in broader treatment trends) a high level of challenge and diversity, as well as significant intellectual demands are associated with this specialty.



GENERAL INFORMATION

Cardiologists are expected to act as consultants in cardiovascular disease to all branches of medicine and pediatrics. They must be proficient in the management of acute coronary care problems, participate in the medical and surgical therapy of coronary artery disease and deal with the pre- and post-operative evaluation of cardiac surgical cases. This specialist must deal with cardiovascular problems associated with hypertensive, rheumatic and congenital heart disease and with cardiomyopathies.

A physician may choose whether to specialize in adult or pediatric cardiology. Upon completion of medical school, to become certified in adult cardiology it requires an additional 6-7 years of Royal College-approved residency training.



GENERAL INFORMATION

Training includes:

- Royal College certification in internal medicine (4 years);
- 3 years of Royal College-approved adult cardiology training that must include rotations in: a clinical residency (acute cardiac care, clinical cardiology, including cardiology CTU and consultation); ambulatory cardiology (may be done longitudinally); pediatric cardiology (which may include adult and congenital heart disease); and a laboratory-based residency (cardiac catheterization, echocardiography, electrophysiology/pacemaker, ECG/ambulatory ECG monitoring/exercise stress testing, nuclear cardiology and an additional elective) research (clinical and/or basic).

For further details on training requirements please go to:

[Royal College of Physicians and Surgeons of Canada](#)

[Canadian Cardiovascular Society](#)

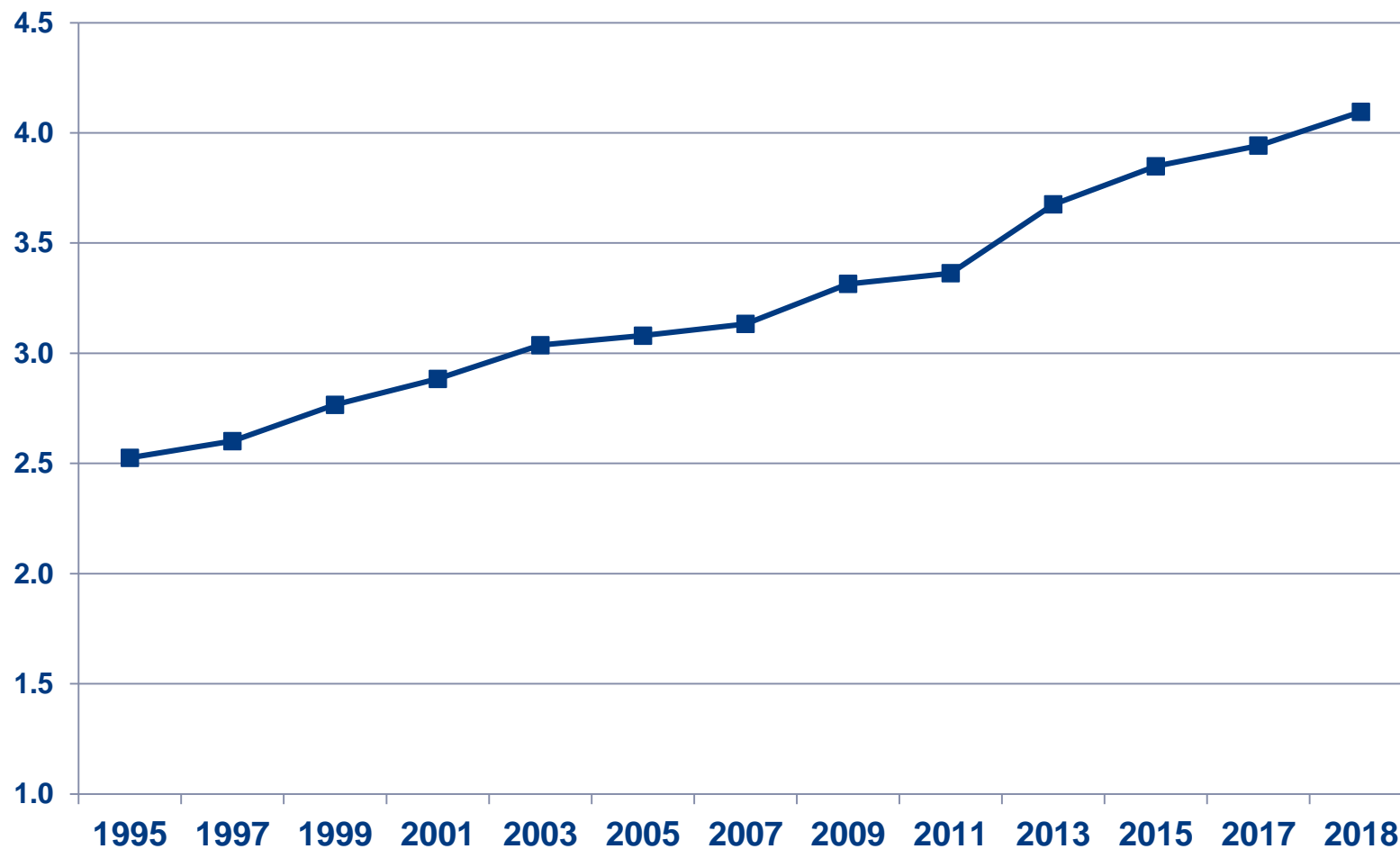
Total number & number/100,000 population by province, 2018

Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	18	3.4
Prince Edward Island	2	1.3
Nova Scotia	39	4.1
New Brunswick	23	3.0
Quebec	481	5.7
Ontario	569	4.0
Manitoba	34	2.5
Saskatchewan	33	2.8
Alberta	165	3.8
British Columbia	150	3.1
Territories	0	0.0
CANADA	1514	4.1

Source: 2018 CMA Masterfile



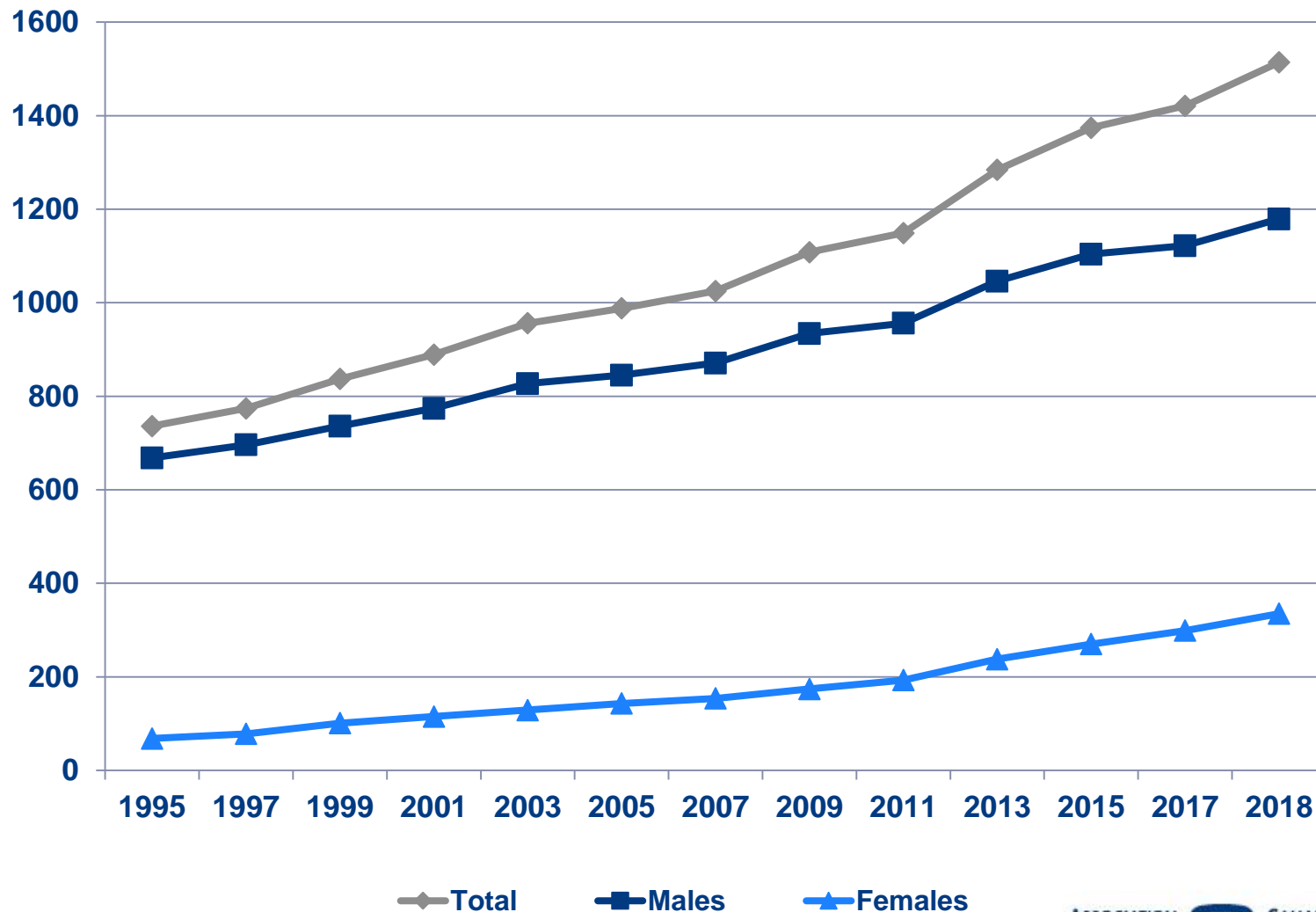
Number/100,000 population, 1995 to 2018



Source: 1995-2018 CMA Masterfiles



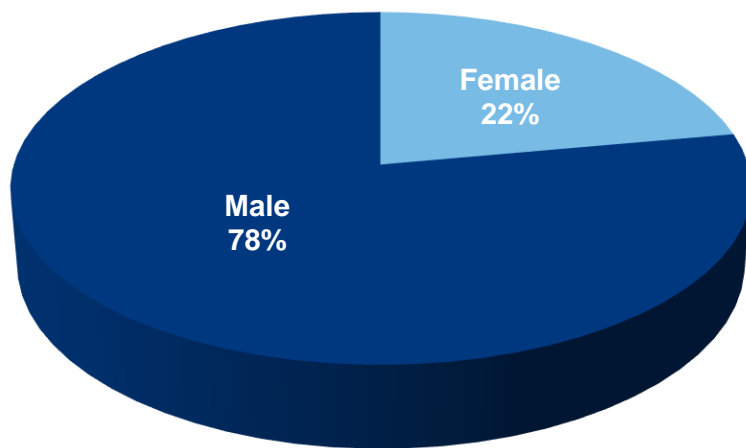
Number by gender & year, 1995 to 2018



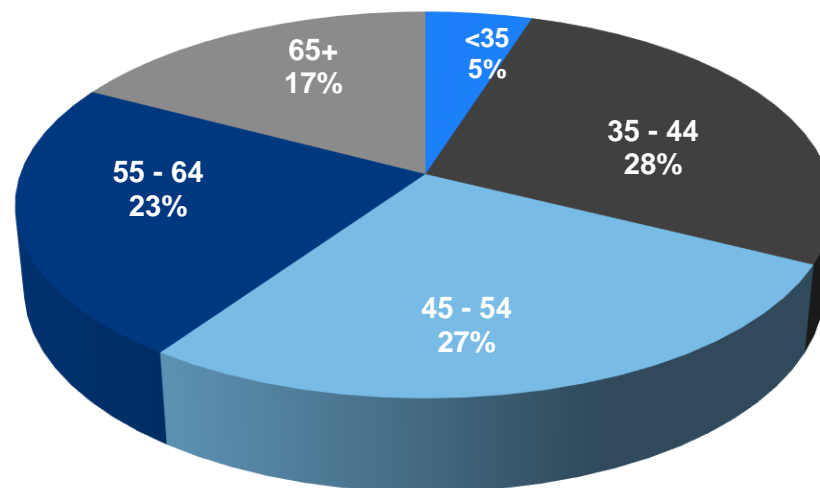
Source: 1995-2018 CMA Masterfiles

Percentage by gender & age, 2018

Gender



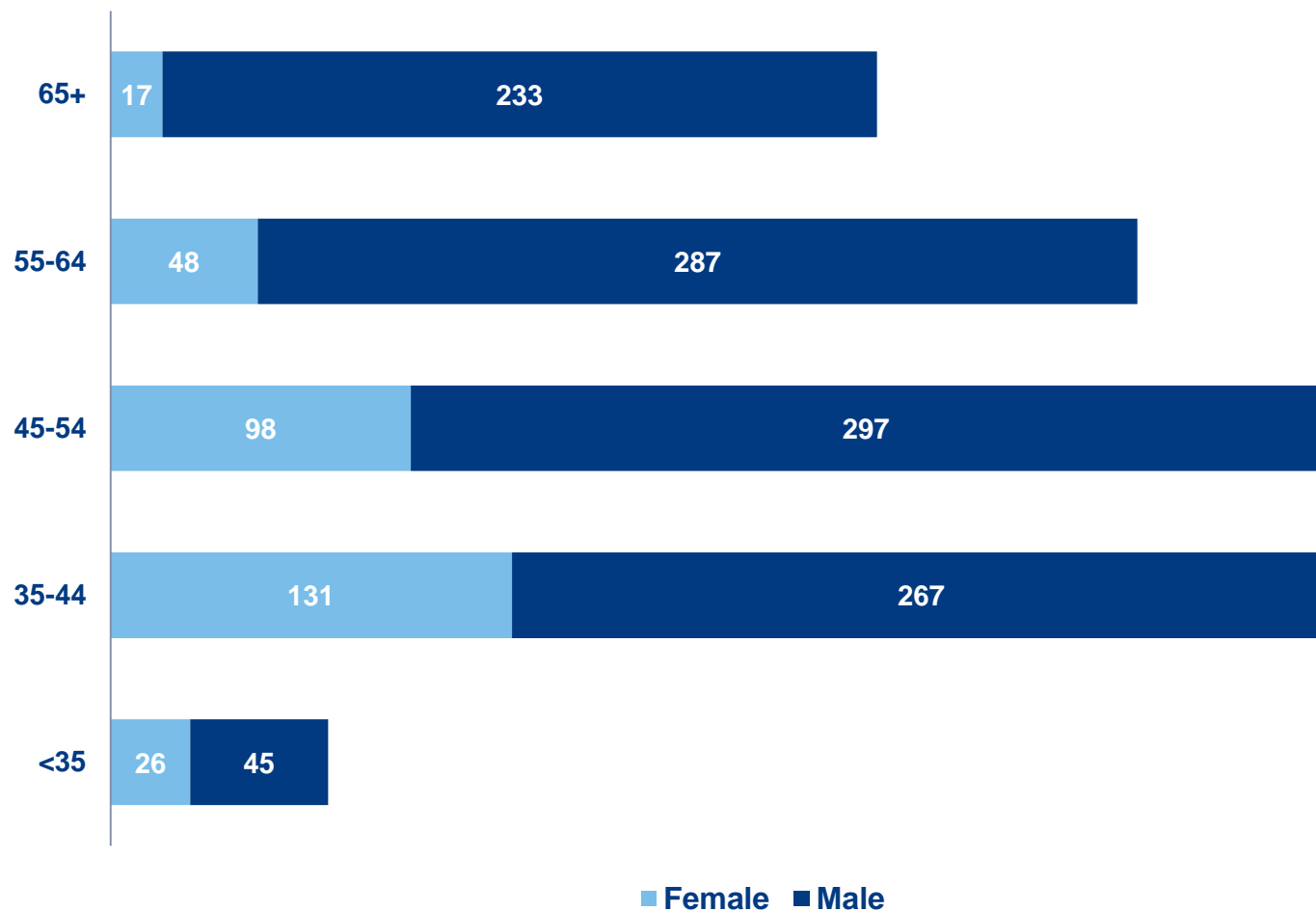
Age Group



Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile

Number by gender & age, 2018

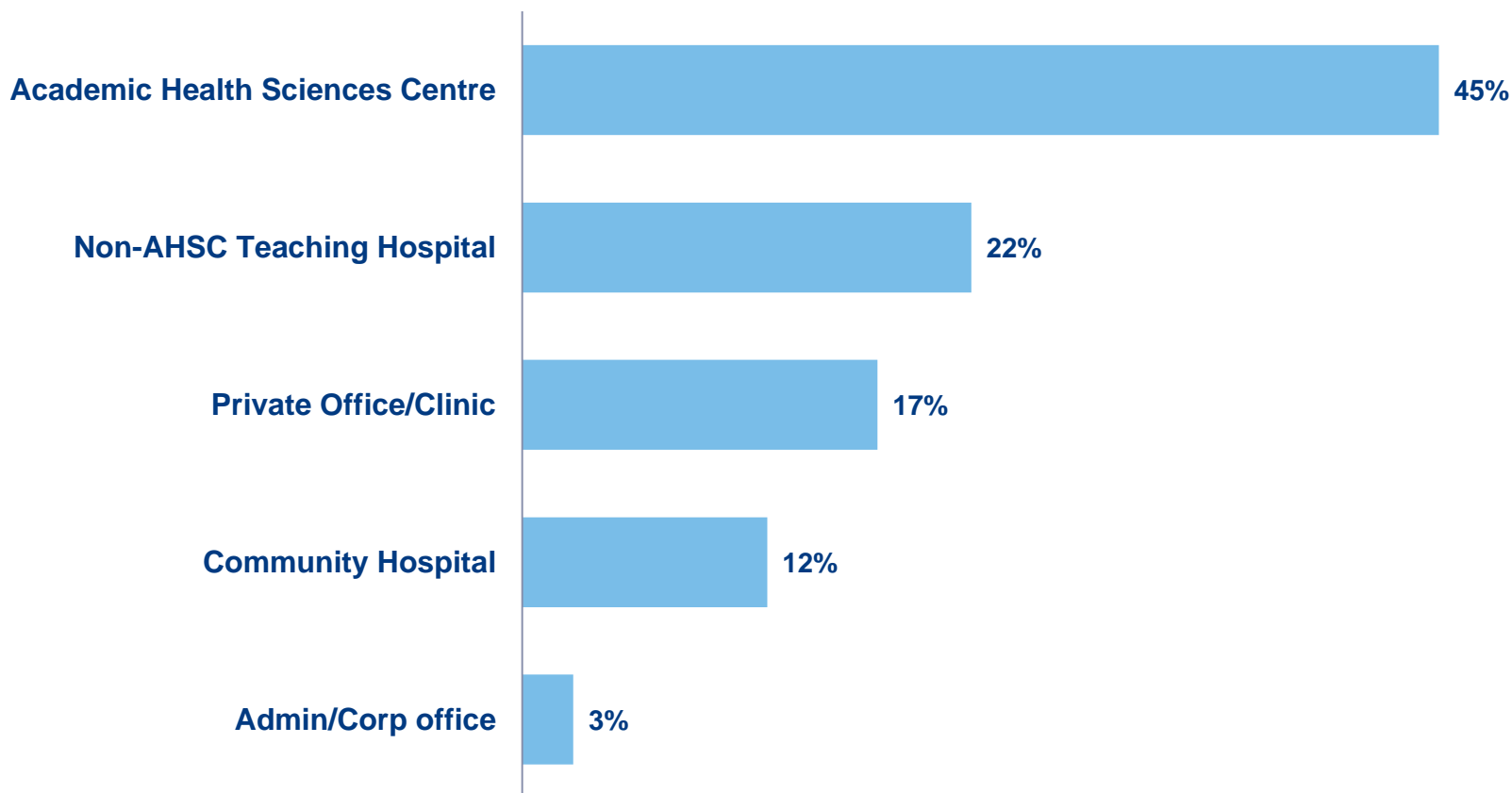


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile

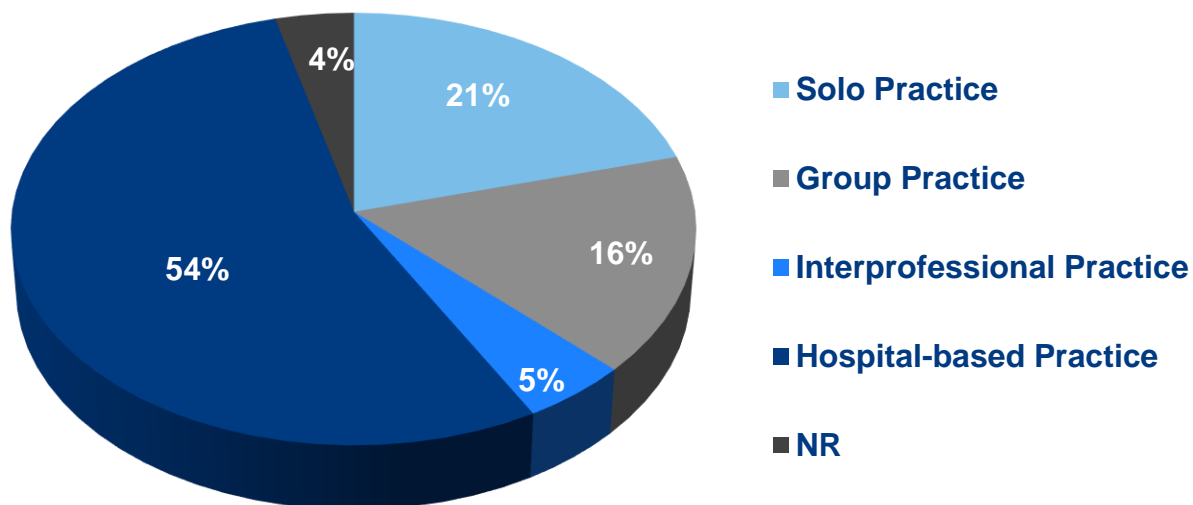


Percentage by main work setting, 2017



Source: 2017 CMA Workforce Survey, Canadian Medical Association

Percentage by practice organization, 2017





Hours worked per week (excluding on-call), 2017

Activity	Hours worked per week
Direct patient care without teaching component	24.6
Direct patient care with teaching component	13.3
Teaching without patient care	2.0
Indirect patient care	5.8
Health facility committees	1.5
Administration	3.2
Research	1.9
Managing practice	1.3
Continued professional development	2.6
Other	1.1
TOTAL HOURS PER WEEK	57.3

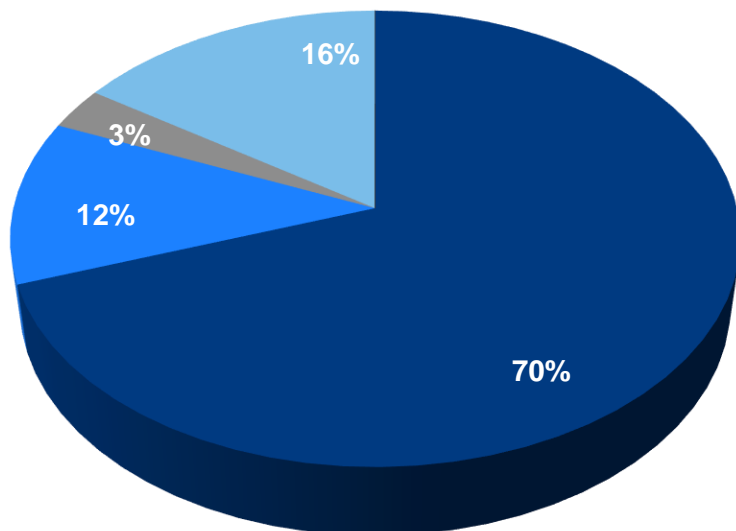


On-call duty hours per month, 2017

- 84% provide on-call services
- On-call hours = 98 hours/month
- On-call hours spent in direct patient care = 38 hours/ month

Percentage by remuneration method

Primary payment method¹ in 2017



- 90% + fee-for-service
- 90% + salary
- 90% + other*
- Blended
- NR

* Other includes capitation, sessional, contract or other methods

Average gross fee-for-service payment per physician for Cardiology in 2015/16 (those earning at least \$60,000) = \$583,618²

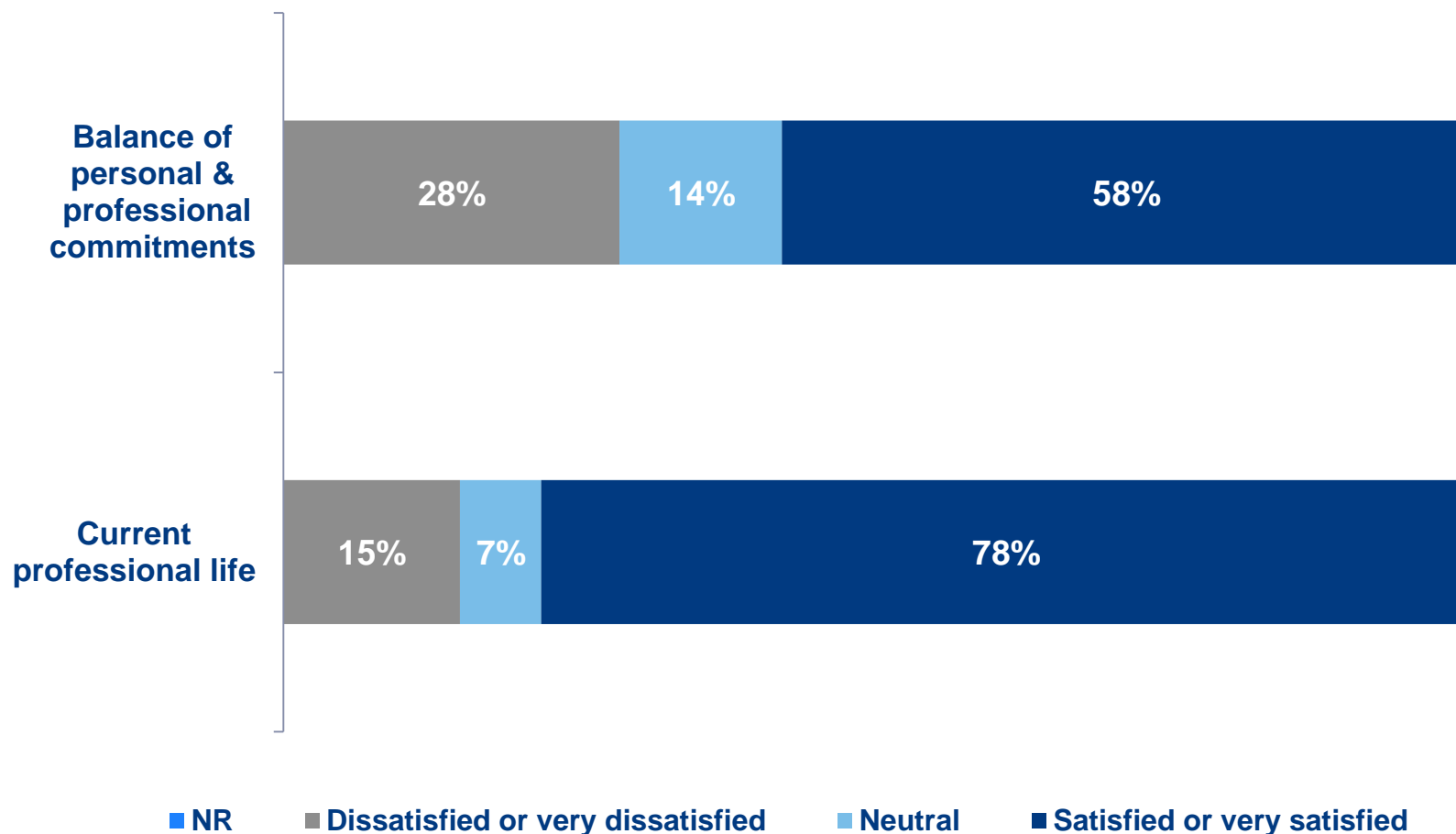
Average percent overhead reported by Cardiology specialists in 2017 = 23%³

¹ 2017 CMA Workforce Survey. Canadian Medical Association

² National Physician Database, 2015/16, CIHI

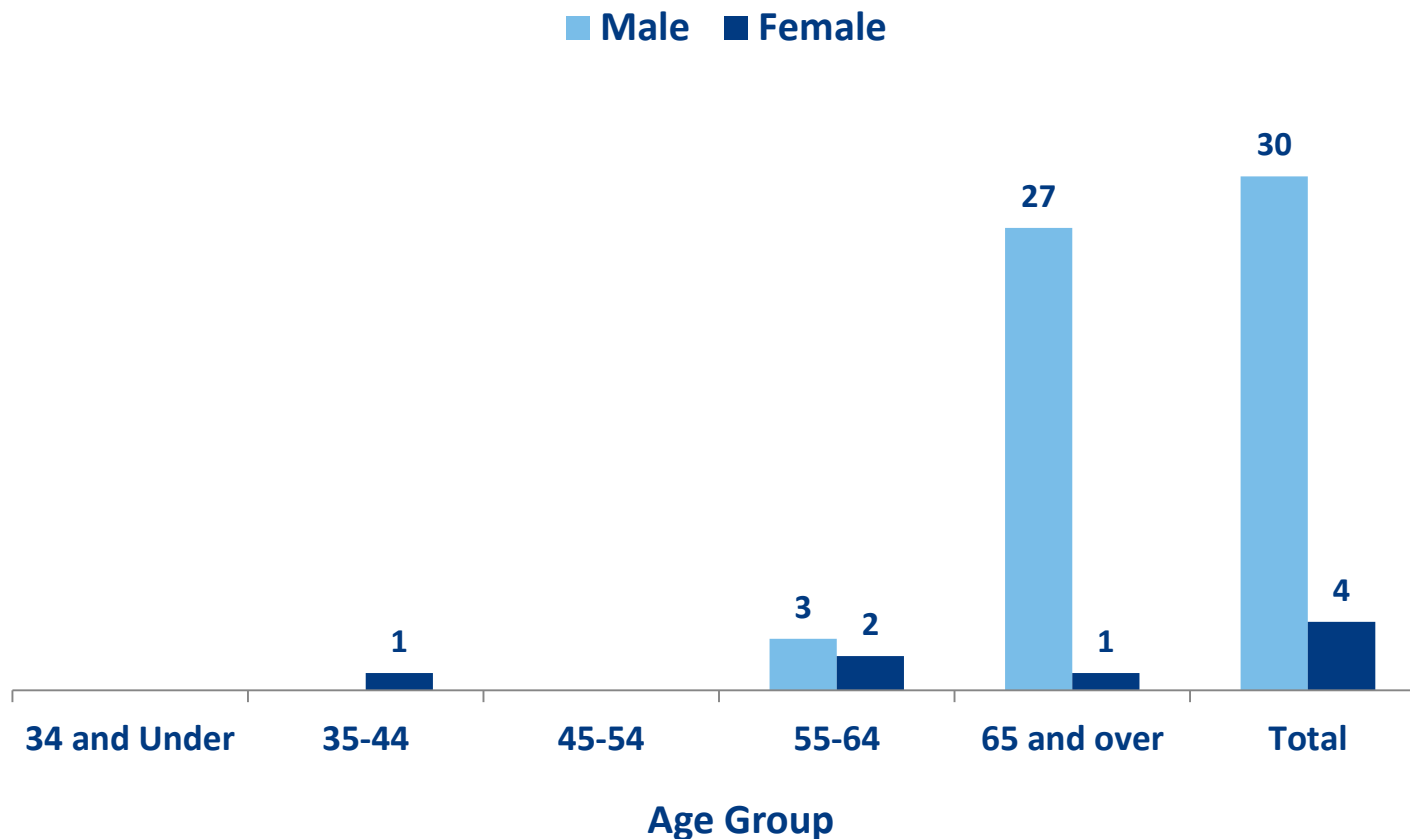
³ 2017 CMA Workforce Survey. Canadian Medical Association

Professional & work-life balance satisfaction, 2017



Source: 2017 CMA Workforce Survey. Canadian Medical Association

Number of retirees during the three year period of 2014-2016

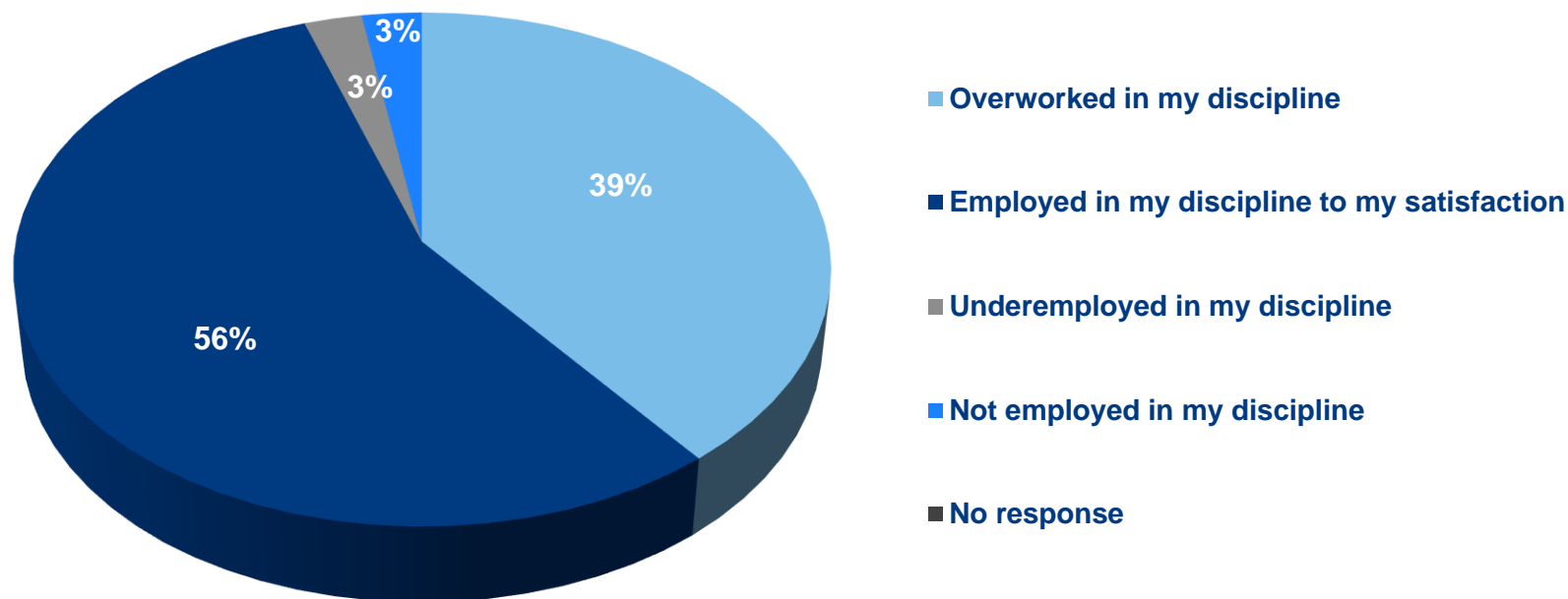


Source: CMA Masterfile – year over year comparisons

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





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](#)