Table of Contents

- General Information 3-5
- Total number & number/100,000 population by province, 2019 6
- Number/100,000 population, 1995-2019 7
- Number by gender & year, 1995-2019 8
- Percentage by gender & age, 2019 9
- Number by gender & age, 2019 10
- Percentage by main work setting, 2019 11
- Percentage by practice organization, 2017 12
- Hours worked per week (excluding on-call), 2019 13
- On-call duty hours per month, 2019 14
- Percentage by remuneration method 15
- Professional & work-life balance satisfaction, 2019 16
- Number of retirees during the three year period of 2016-2018 17
- Employment situation, 2017 22
- Links to additional resources 23
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.

Source: Pathway evaluation program
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.

Source: Pathway evaluation program
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

Source: Pathway evaluation program
### Total number & number/100,000 population by province, 2019

<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>19</td>
<td>3.6</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>38</td>
<td>3.9</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>23</td>
<td>3.0</td>
</tr>
<tr>
<td>Quebec</td>
<td>496</td>
<td>5.9</td>
</tr>
<tr>
<td>Ontario</td>
<td>557</td>
<td>3.9</td>
</tr>
<tr>
<td>Manitoba</td>
<td>32</td>
<td>2.3</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>30</td>
<td>2.6</td>
</tr>
<tr>
<td>Alberta</td>
<td>167</td>
<td>3.9</td>
</tr>
<tr>
<td>British Columbia</td>
<td>146</td>
<td>2.9</td>
</tr>
<tr>
<td>Territories</td>
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<tr>
<td><strong>CANADA</strong></td>
<td><strong>1510</strong></td>
<td><strong>4.0</strong></td>
</tr>
</tbody>
</table>

Source: 2019 CMA Masterfile
Number/100,000 population, 1995 to 2019

Source: 1995-2019 CMA Masterfiles
Number by gender & year, 1995 to 2019

Total
Males
Females

Source: 1995-2019 CMA Masterfiles
Percentage by gender & age, 2019

Gender

- Male: 78%
- Female: 22%

Age Group

- < 35: 27%
- 35 - 44: 27%
- 45 - 54: 27%
- 55 - 64: 23%
- 65+: 4%

Excludes those where gender or age is unknown.

Source: 2019 CMA Masterfile
Number by gender & age, 2019

Excludes those where gender or age is unknown.
Source: 2019 CMA Masterfile
Percentage by main work setting, 2019

- Academic Health Sciences Centre: 46%
- Community Hospital: 21%
- Private Office/Clinic: 13%
- Non-AHSC Teaching Hospital: 13%
- Community Clinic/Health-centre: 4%
- Admin/Corp office: 1%
- Other: 1%

Source: 2019 CMA Physician Workforce Survey. Canadian Medical Association
Percentage by practice organization, 2017*

- Solo Practice: 54%
- Group Practice: 16%
- Interprofessional Practice: 3%
- Hospital-based Practice: 21%
- NR: 5%

*Most recent available data for this specialty

Source: 2017 CMA Workforce Survey. Canadian Medical Association
## Hours worked per week (excluding on-call), 2019

<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>24.6</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>9.4</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>1.8</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>6.6</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.3</td>
</tr>
<tr>
<td>Administration</td>
<td>4.1</td>
</tr>
<tr>
<td>Research</td>
<td>3.7</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.6</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>2.9</td>
</tr>
<tr>
<td>Other</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>56.9</strong></td>
</tr>
</tbody>
</table>

Source: 2019 CMA Physician Workforce Survey. Canadian Medical Association
On-call duty hours per month, 2019

- 85% provide on-call services
- On-call hours = 92 hours/month
- On-call hours spent in direct patient care = 41 hours/ month

Source: 2019 CMA Physician Workforce Survey. Canadian Medical Association
Percentage by remuneration method

Primary payment method\(^1\) in 2017

- 70% 90% + salary
- 16% 90% + fee-for-service
- 12% 90% + other*
- 3% Blended

Average gross payment per physician for Cardiology in 2017/18 (those earning at least $60,000) = $625,455\(^2\)

Average percent overhead reported by Cardiology specialists in 2017 = 23%\(^3\)

* Other includes capitation, sessional, contract or other method
\(^1\) 2017 CMA Workforce Survey. Canadian Medical Association
\(^2\) National Physician Database, 2017/18, CIHI
\(^3\) 2017 CMA Workforce Survey. Canadian Medical Association
Professional & work-life balance satisfaction, 2019

Balance of personal & professional commitments:
- Dissatisfied or very dissatisfied: 42%
- Neutral: 22%
- Satisfied or very satisfied: 36%

Current professional life:
- Dissatisfied or very dissatisfied: 17%
- Neutral: 13%
- Satisfied or very satisfied: 71%

Source: 2019 CMA Physician Workforce Survey. Canadian Medical Association
Number of retirees during the three year period of 2016-2018

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*

- Overworked in my discipline: 39%
- Employed in my discipline to my satisfaction: 56%
- Underemployed in my discipline: 3%
- Not employed in my discipline: 3%
- No response: 3%

*Most recent available data for this specialty

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