

# Cardiovascular/Thoracic Surgery Profile

Updated August 2018

Click on any of the contents below to navigate to the slide. Please click the “home icon” located at the top right of each slide to return to the “table of contents” slide.



# TABLE OF CONTENTS

	Slide
▪ <a href="#">General Information</a>	3-5
▪ <a href="#">Total number &amp; number/100,000 population by province, 2018</a>	6
▪ <a href="#">Number/100,000 population, 1995-2018</a>	7
▪ <a href="#">Number by gender &amp; year, 1995-2018</a>	8
▪ <a href="#">Percentage by gender &amp; age, 2018</a>	9
▪ <a href="#">Number by gender &amp; age, 2018</a>	10
▪ <a href="#">Percentage by main work setting, 2014</a>	11
▪ <a href="#">Percentage by practice organization, 2014</a>	12
▪ <a href="#">Hours worked per week (excluding on-call), 2014</a>	13
▪ <a href="#">On-call duty hours per month, 2014</a>	14
▪ <a href="#">Percentage by remuneration method</a>	15
▪ <a href="#">Professional &amp; work-life balance satisfaction, 2013</a>	16
▪ <a href="#">Number of retirees during the three year period of 2014-2016</a>	17
▪ <a href="#">Links to additional resources</a>	18



## GENERAL INFORMATION

For purposes of presenting the data provided in the National Physician Survey (NPS), the specialties of cardiac surgery and thoracic surgery are combined (and will henceforth be referred to as CVT surgery). However, The Royal College of Physicians and Surgeons of Canada separate these specialties for certification purposes and as such, the following description and training requirements appear for both.

**Cardiac Surgery** is the area of surgery that deals with diseases of the pericardium, heart and vessels. Procedures that are performed include coronary artery bypass, valve repair or replacement, heart transplantation, replacement of the aorta, pulmonary thromboendarterectomy and procedures to correct congenital abnormalities. It is a demanding, technical specialty that is very diverse. It exposes practitioners to a wide variety of medical problems and requires them to interact often with other physicians including the operating room team comprised of specialized nurses, technicians and anesthetists.



## GENERAL INFORMATION

After completing medical school, there are three pathways one can take to become certified in cardiac surgery that include 6 years of approved residency training in the disciplines of core general surgery, cardiac, vascular and thoracic surgery.

**Thoracic surgery** is the branch of surgery concerned with congenital and acquired diseases of the chest wall, mediastinum, lungs, trachea, pleura, esophagus and diaphragm. After completing medical school, to become certified in thoracic surgery requires that you first obtain Royal College Certification in general surgery, cardiac surgery, or enrolment in a Royal College-approved training program in these areas. All candidates must be certified in their primary specialty in order to be eligible to write the Royal College certification examination in thoracic surgery.

For further details on training requirements please go to:

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



## GENERAL INFORMATION

CVT surgeons have a great deal of direct patient contact, which can be viewed as a positive aspect of this specialty. While patients are often seriously ill, treatment can result in immediate and dramatic improvement. It involves long and irregular hours, which can take its toll on the physician's personal lifestyle. Life-and-death situations and emergencies requiring rapid, critical decisions are major causes of pressure within this specialty.

For further details on training requirements please go to:

[Canadian Cardiovascular Society](#)



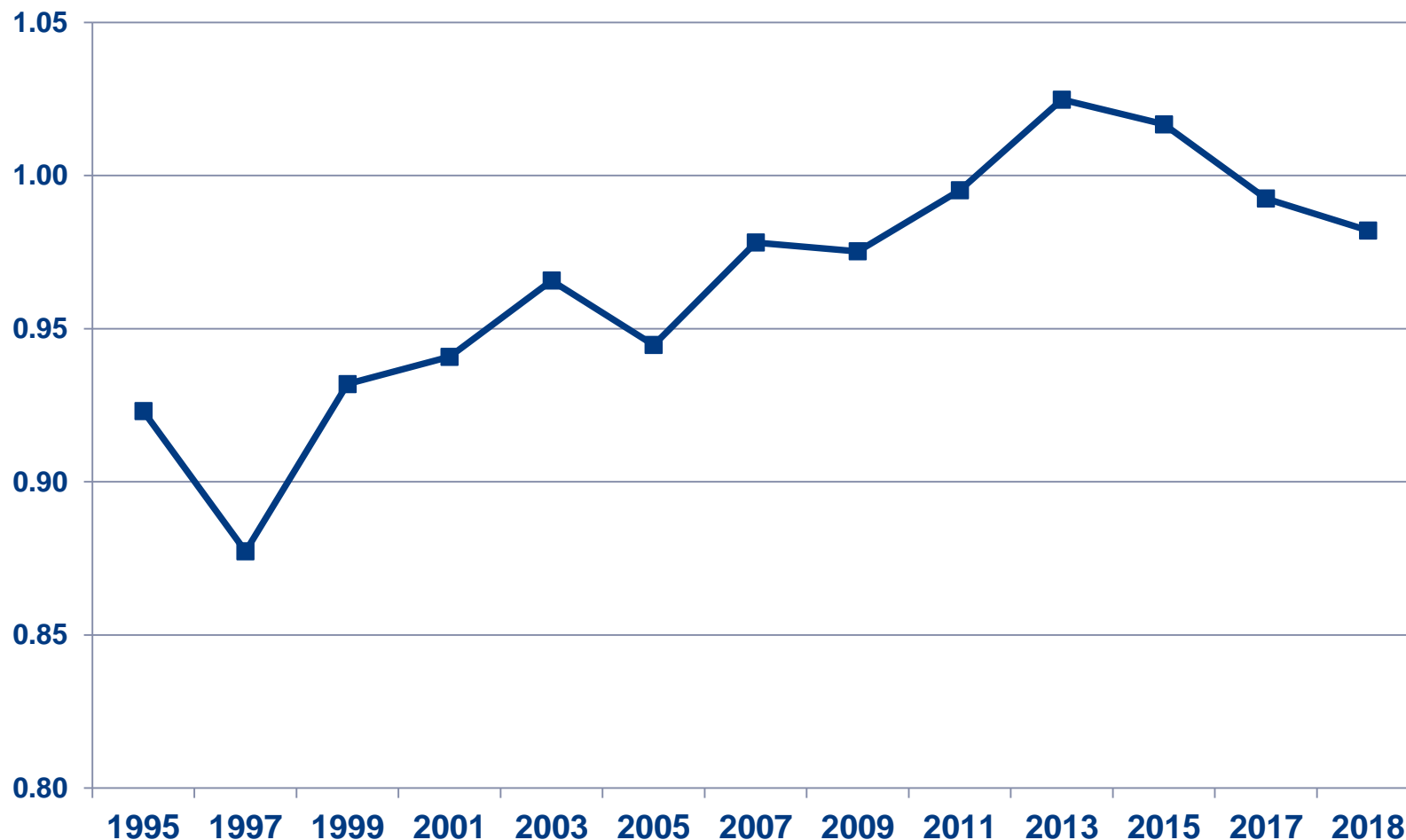
## Total number & number/100,000 population by province, 2018

Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	7	1.3
Prince Edward Island	0	0.0
Nova Scotia	16	1.7
New Brunswick	6	0.8
Quebec	75	0.9
Ontario	148	1.0
Manitoba	14	1.0
Saskatchewan	9	0.8
Alberta	40	0.9
British Columbia	48	1.0
Territories	0	0.0
<b>CANADA</b>	<b>363</b>	<b>1.0</b>

Source: 2018 CMA Masterfile



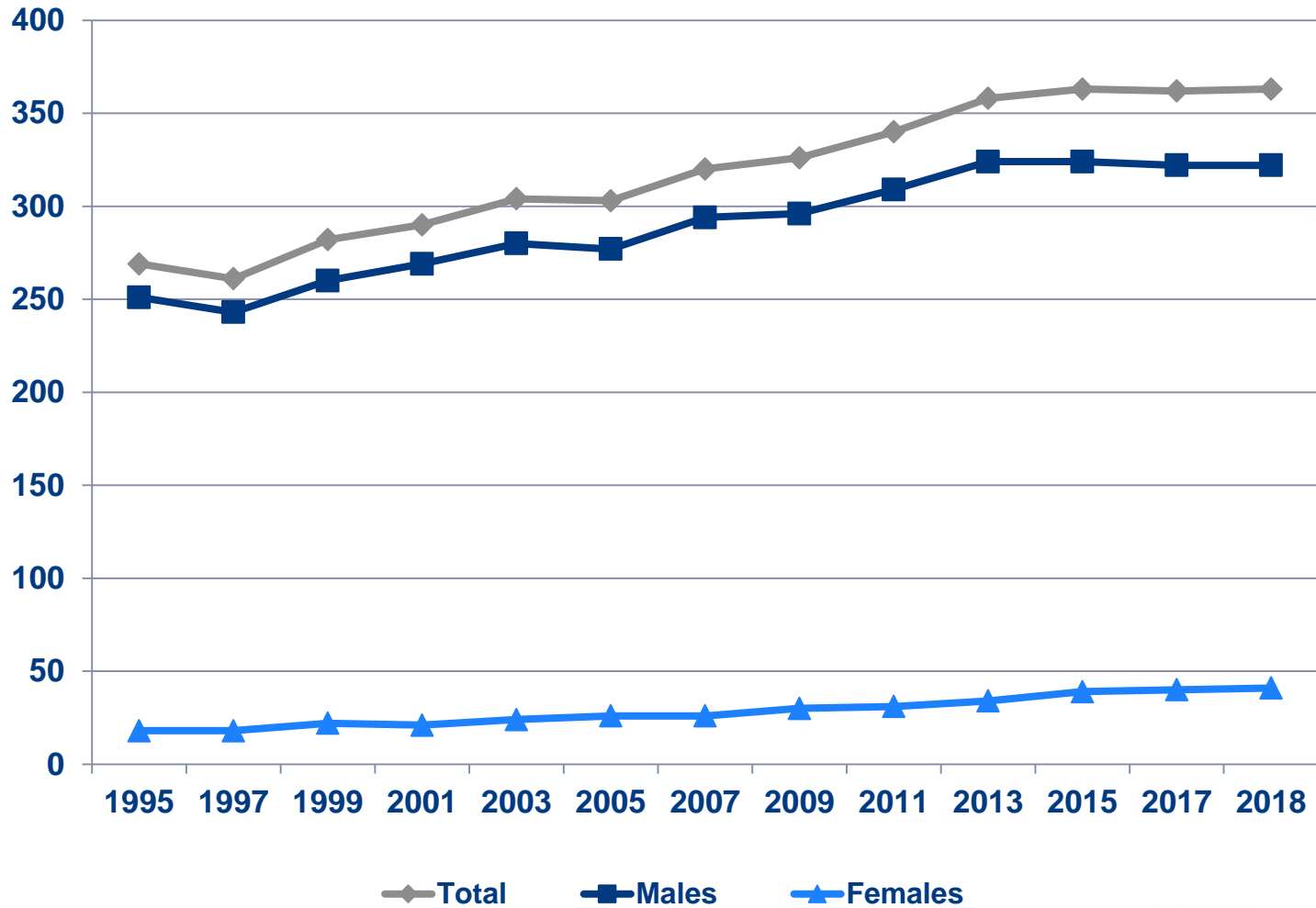
## Number/100,000 population, 1995 to 2018



Source: 1995-2018 CMA Masterfiles



## Number by gender & year, 1995 to 2018



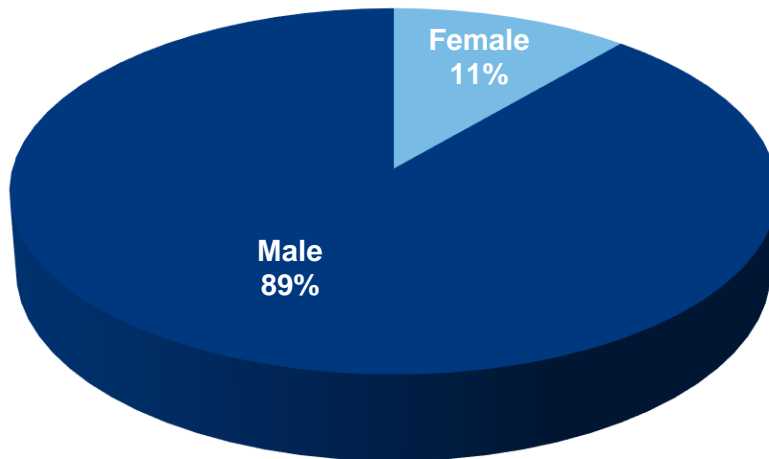
Source: 1995-2018 CMA Masterfiles



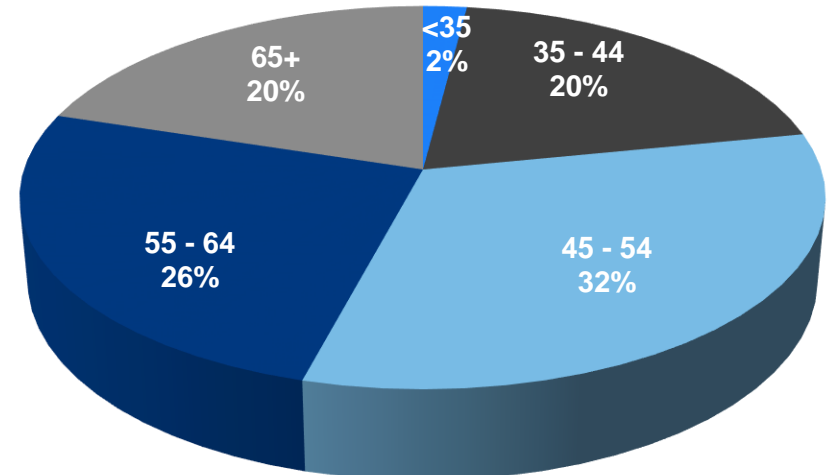


## Percentage by gender & age, 2018

### Gender



### Age Group

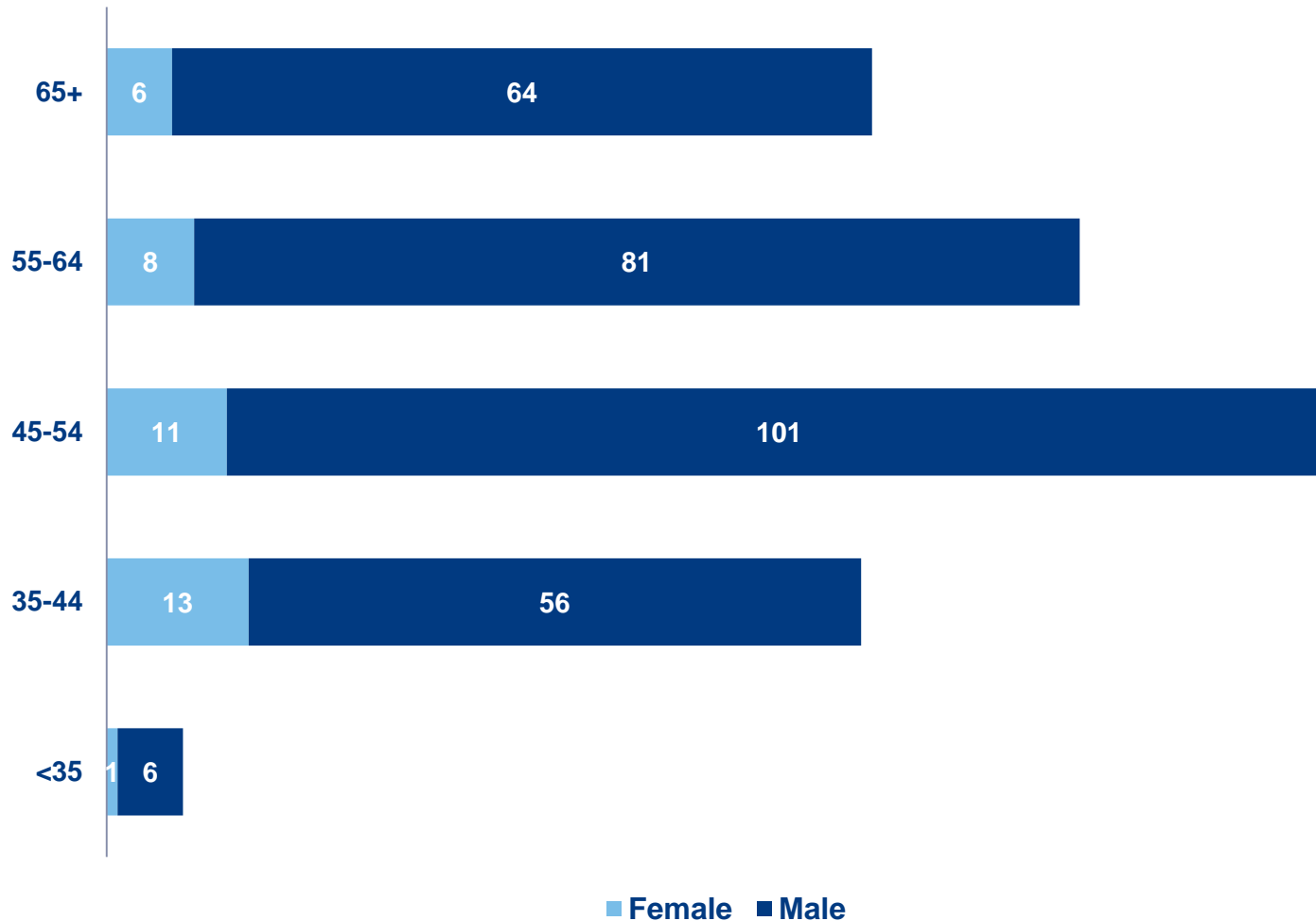


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



## Number by gender & age, 2018

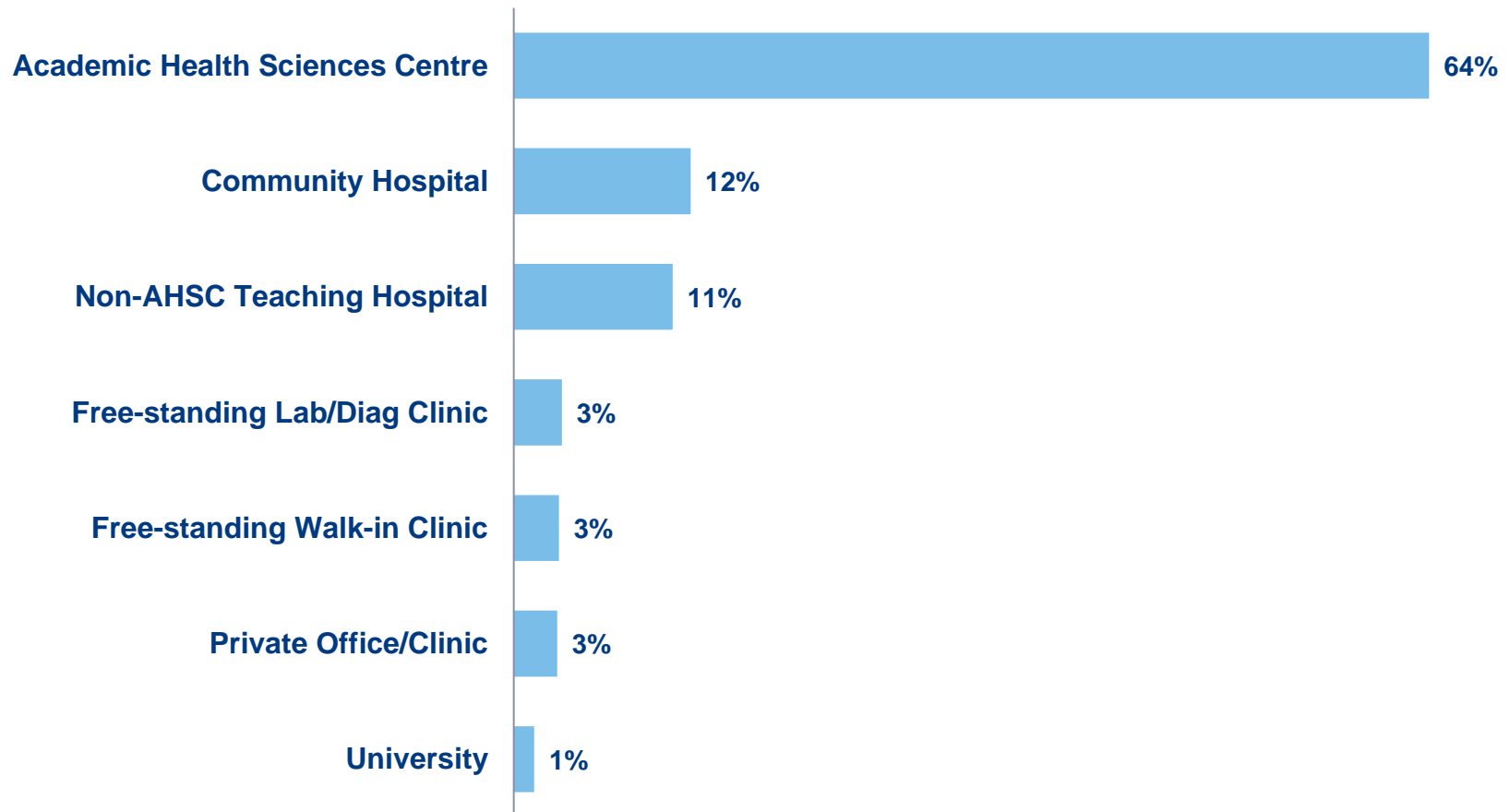


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



## Percentage by main work setting, 2014\*

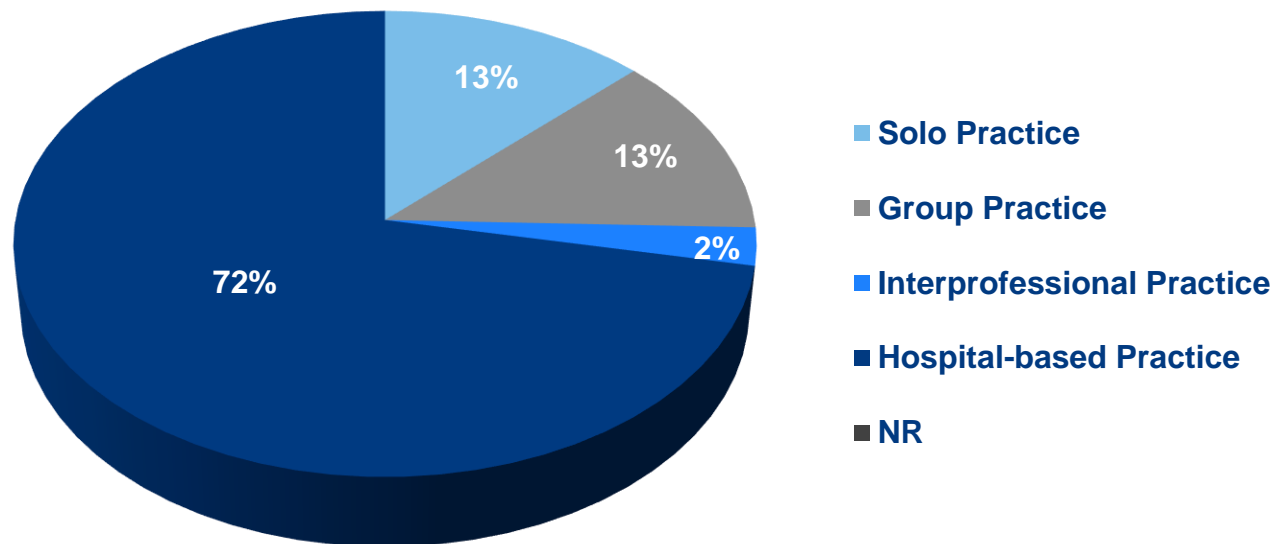


\*Most recent available data for this specialty

Source: 2014 National Physician Survey. CFPC, CMA, Royal College



## Percentage by practice organization, 2014\*



\*Most recent available data for this specialty

Source: 2014 National Physician Survey. CFPC, CMA, Royal College



## Hours worked per week (excluding on-call), 2014\*

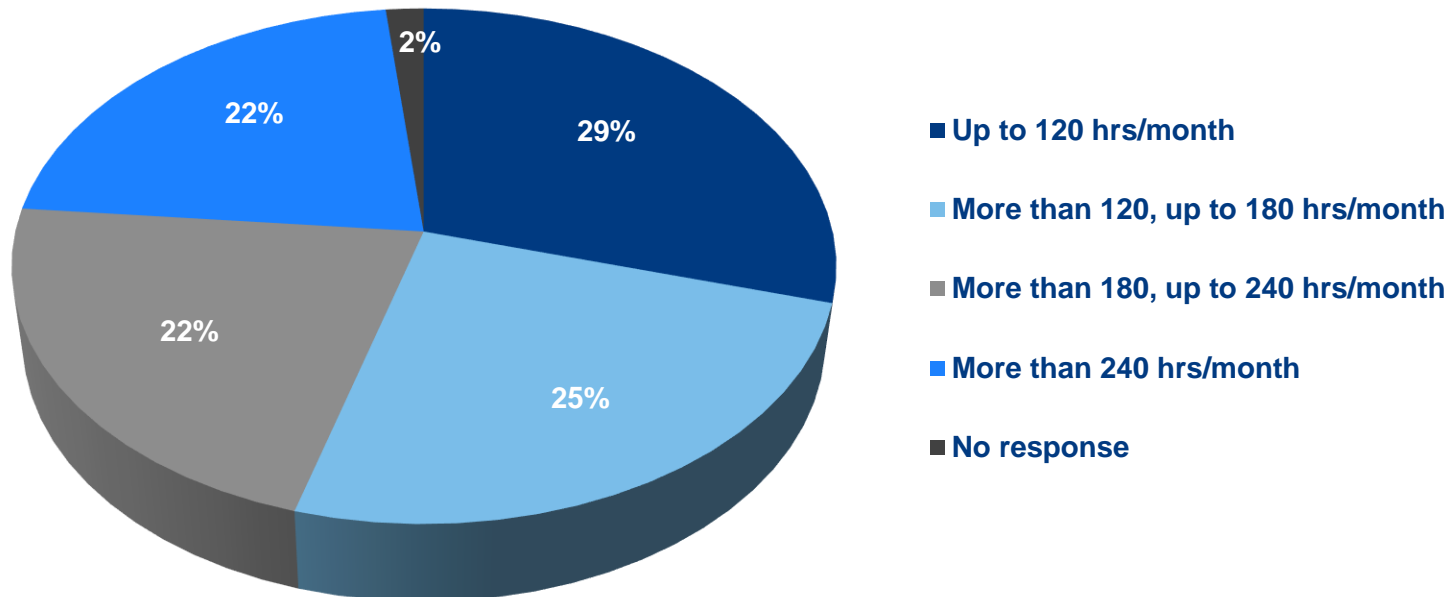
Activity	Hours worked per week
Direct patient care without teaching component	30.6
Direct patient care with teaching component	14.2
Teaching without patient care	4.0
Indirect patient care	6.1
Health facility committees	1.3
Administration	3.6
Research	2.8
Managing practice	3.4
Continued professional development	3.2
Other	0.4
<b>TOTAL HOURS PER WEEK</b>	<b>69.6</b>

\*Most recent available data for this specialty

Source: 2014 National Physician Survey. CFPC, CMA, Royal College



## On-call duty hours per month, 2014\*



Time spent on call in direct patient care = 49 hrs./month

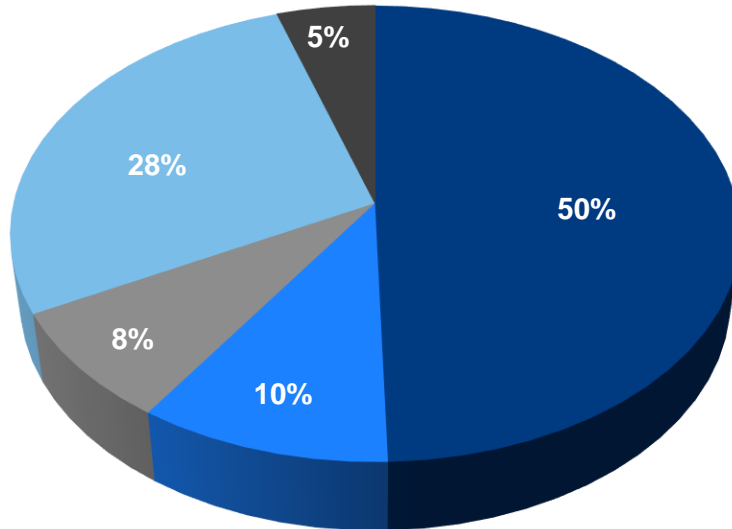
\*Most recent available data for this specialty

Source: 2014 National Physician Survey. CFPC, CMA, Royal College



## Percentage by remuneration method

### Primary payment method<sup>1</sup> in 2013\*\*



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

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

\*\*Most recent available data for this specialty

<sup>1</sup> National Physician Survey, 2013, CFPC, CMA, Royal College

<sup>2</sup> National Physician Database, 2014/15, CIHI

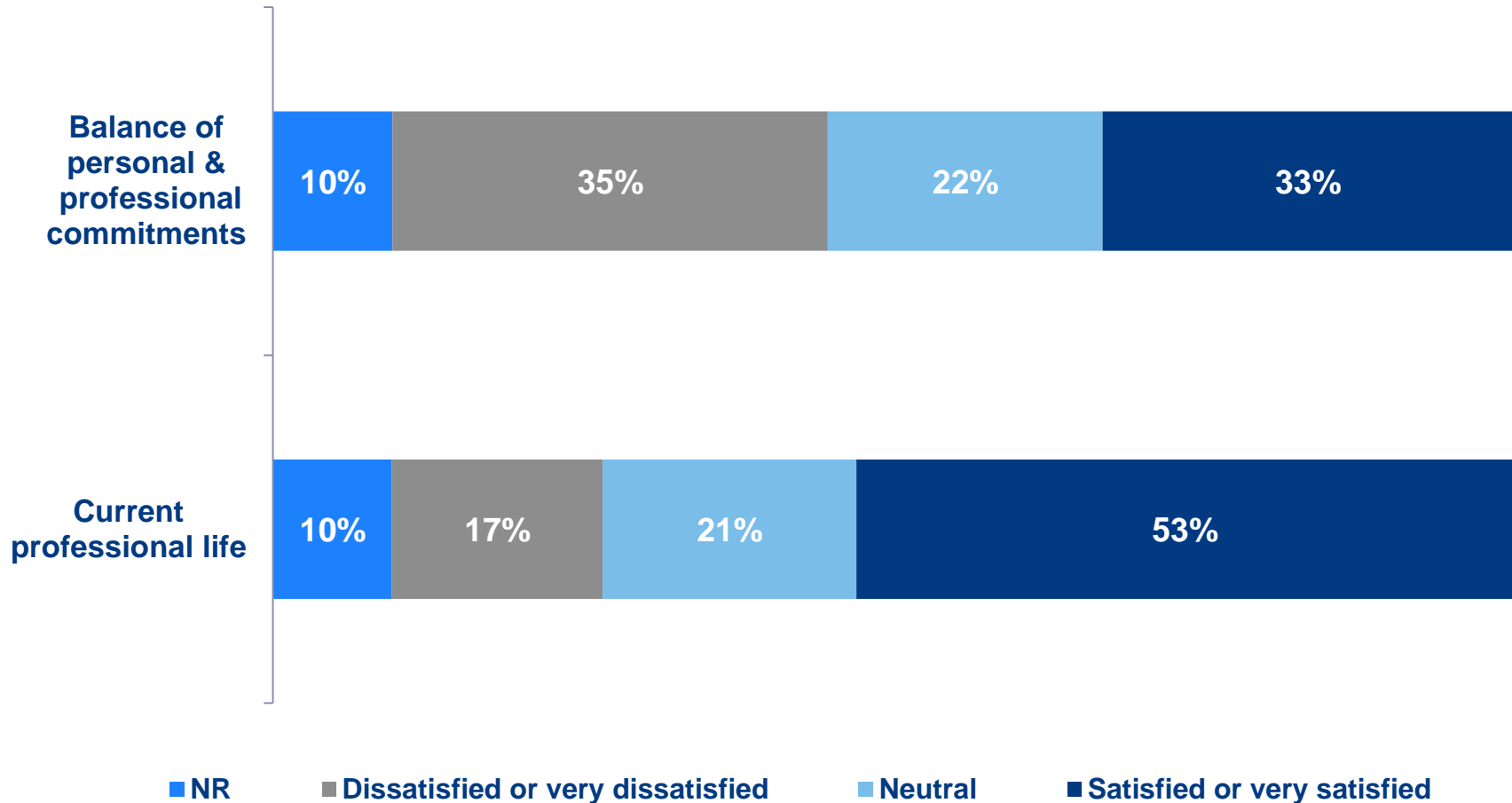
<sup>3</sup> National Physician Survey, 2010, CFPC, CMA, Royal College

Average gross fee-for-service payment per physician for Cardiovascular/Thoracic surgery in 2015/16 (those earning at least \$60,000) = \$492,483<sup>2</sup>

Average percent overhead reported by all surgeons in 2010\*\* = 28.4%<sup>3</sup>



## Professional & work-life balance satisfaction, 2013



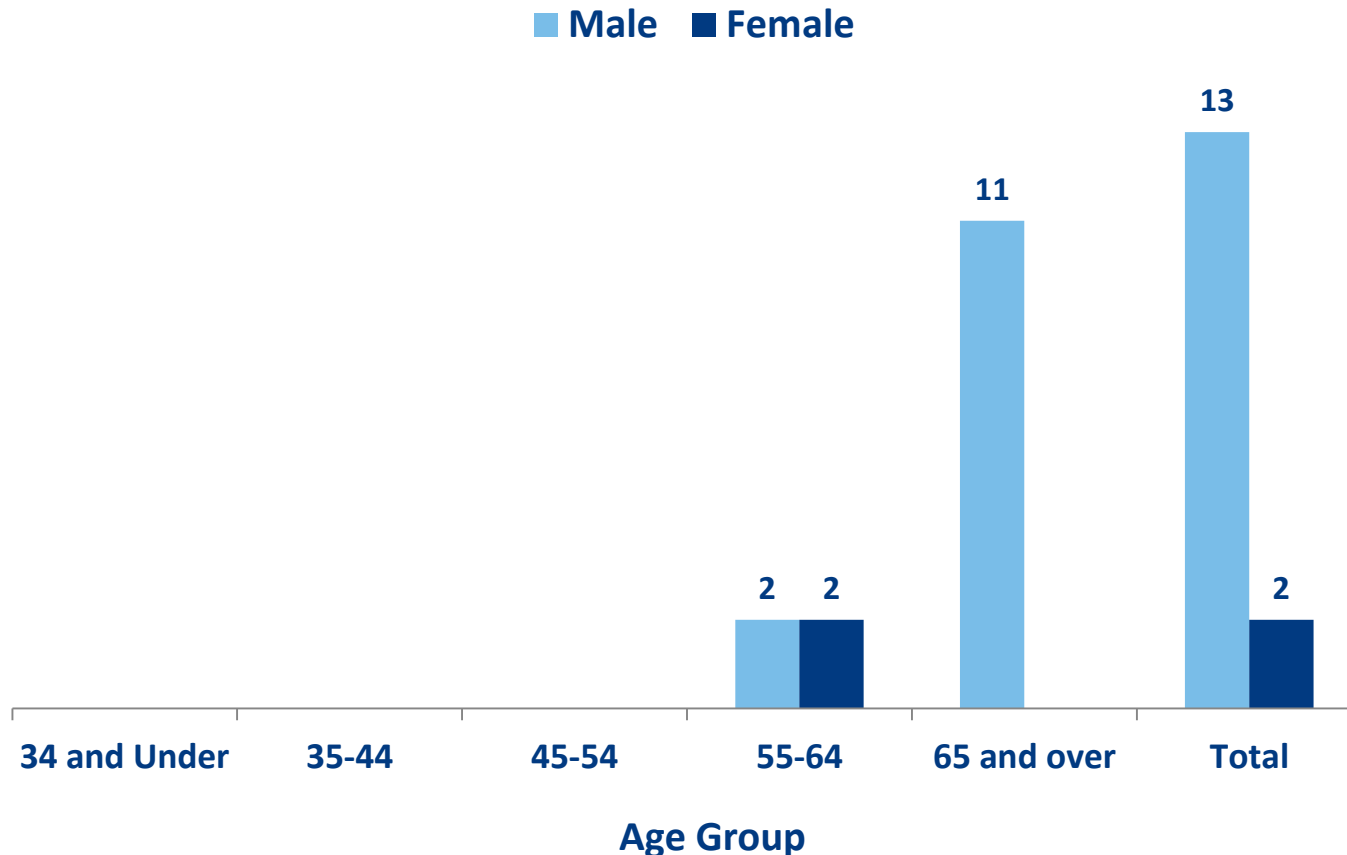
\*Most recent available data for this specialty

Source: 2013 National Physician Survey. CFPC, CMA, Royal College





## 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.



## 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](#)