

Clinical Immunology/ Allergy Profile

Updated December 2019







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General information

Clinical immunology/allergy focuses on disorders characterized by defective responses of the body's immune system.

This broad field generally includes atopic diseases, asthma, anaphylaxis, rhinitis, eczema, adverse reactions to environmental agents of all types (e.g., drugs, foods, insect stings, industrial exposures), immune deficiency diseases (both acquired and congenital), immunotherapy of all types (biological, pharmacological, physical), defects in host defense, the immunologic aspects of systemic diseases, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system.

Source: Pathway evaluation program



General information

Clinical immunologist/allergists are expected to achieve competence in the utilization and interpretation of common laboratory procedures relevant to clinical immunology/allergy. They spend a good deal of time directly seeing and caring for patients who are generally healthy and tend to respond positively to therapy. Chronic or recurrent patient problems make the role of this specialist as much preventive and educational as diagnostic and therapeutic.

This specialty has the ability to readily diagnose and effectively treat the majority of their patients. It has little pressure associated with it in the sense that few patients ever require hospitalization. This specialty has reasonable schedule demands, largely offering regular and predictable hours.



General information

Upon completion of medical school, only candidates certificated by the Royal College in internal medicine or pediatrics may be eligible for the Certificate of Special Competence in Clinical Immunology and Allergy. One must complete 2 years of approved residency in immunology and allergy, not more than one of which may be undertaken during training for certification in pediatrics or internal medicine.

For further details on training requirements please go to: Royal College of Physicians and Surgeons of Canada Canadian Society of Allergy and Clinical Immunology



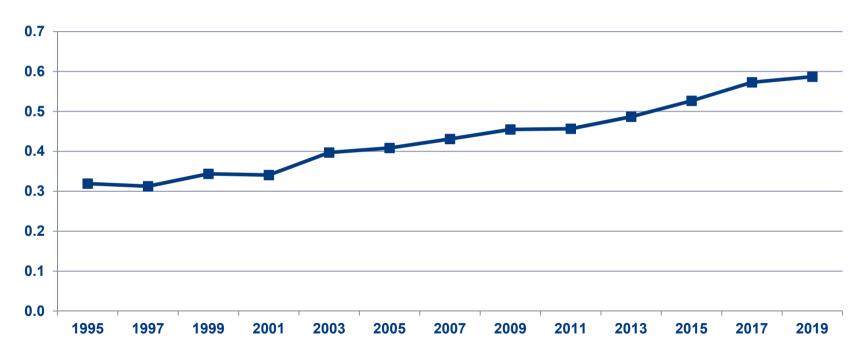
Total number & number/100,000 population by province, 2019

Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	3	0.6
Prince Edward Island	0	0.0
Nova Scotia	5	0.5
New Brunswick	1	0.1
Quebec	61	0.7
Ontario	88	0.6
Manitoba	10	0.7
Saskatchewan	3	0.3
Alberta	17	0.4
British Columbia	31	0.6
Territories	0	0.0
CANADA	219	0.6

Source: 2019 CMA Masterfile



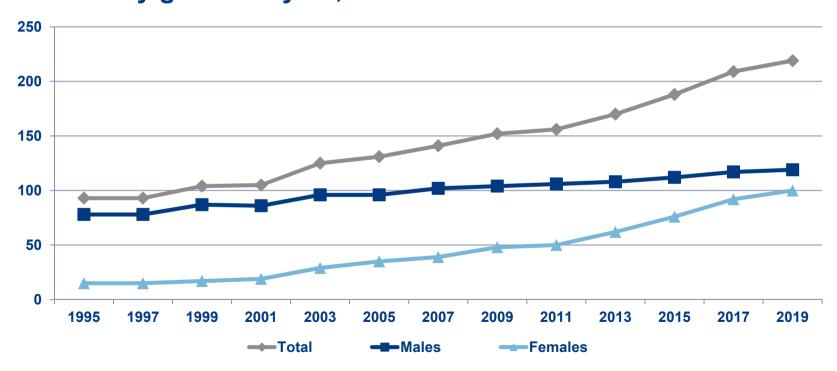
Number/100,000 population, 1995 to 2019



Source: 1995-2019 CMA Masterfiles 7



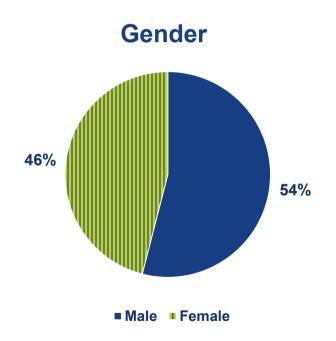
Number by gender & year, 1995 to 2019

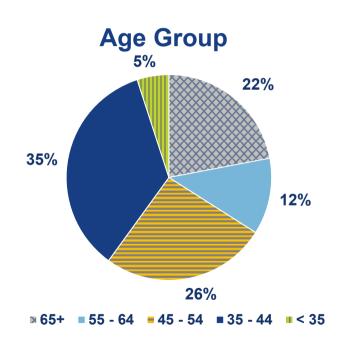


Source: 1995-2019 CMA Masterfiles



Percentage by gender & age, 2019



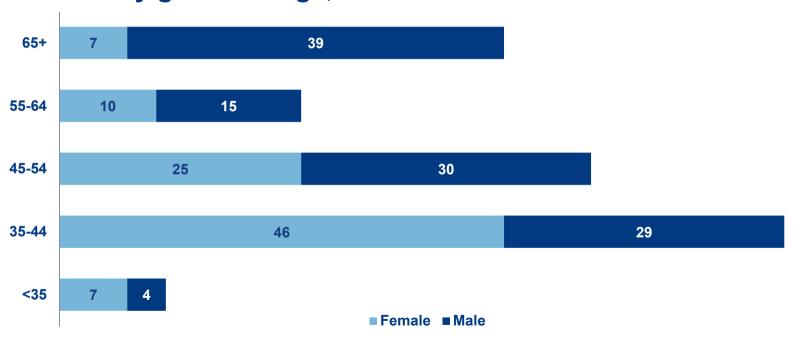


Excludes those where gender or age is unknown. Source: 2019 CMA Masterfile

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Number by gender & age, 2019

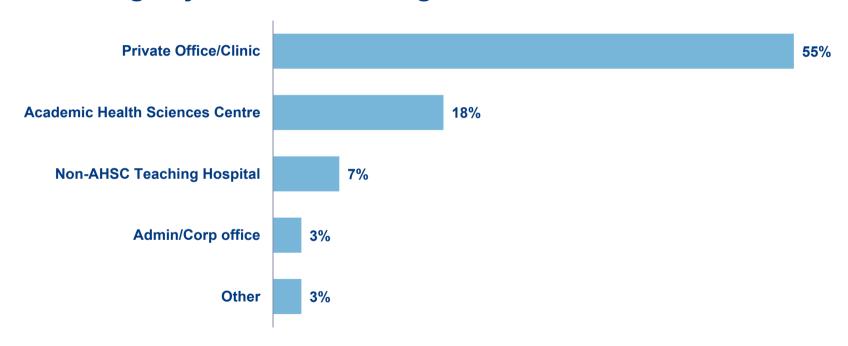


Excludes those where gender or age is unknown.

Source: 2019 CMA Masterfile



Percentage by main work setting, 2013*

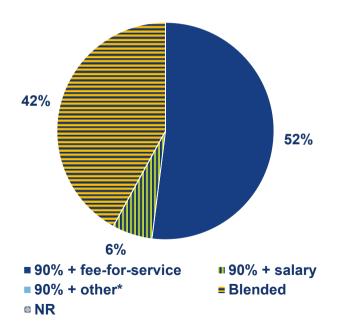


^{*}Most recent available data for this specialty Source: 2013 National Physician Survey. CFPC, CMA, Royal College



Percentage by remuneration method

Primary payment method¹ in 2013**



Average gross payment per physician for Internal Medicine & subspecialties in 2017/18 (those earning at least \$60,000) = \$437,000²

^{*}Other includes capitation, sessional, contract or other method

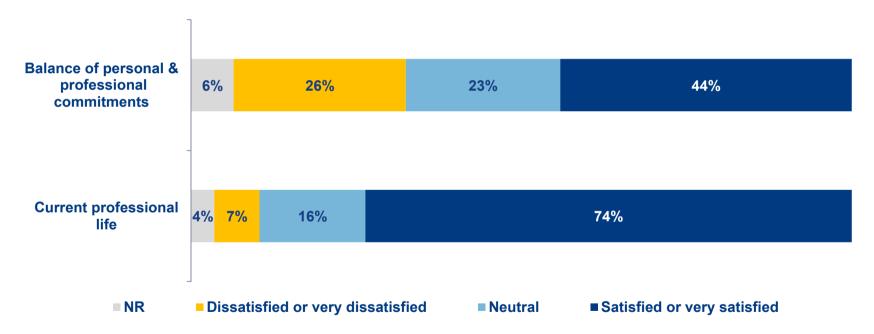
^{**}Most recent available data for this specialty

¹ 2017 CMA Workforce Survey. Canadian Medical Association

² National Physician Database, 2017/18, CIHI



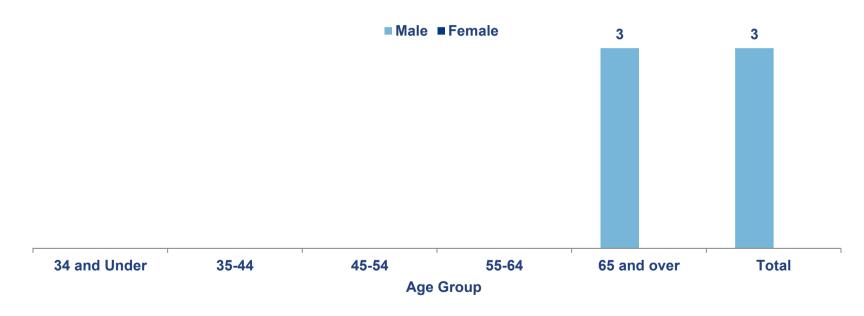
Professional & work-life balance satisfaction, 2013*



^{*}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 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.



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

