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GENERAL INFORMATION

Occupational Medicine is that branch of medicine that emphasizes prevention, and deals clinically and administratively with the health needs of both individuals and groups with respect to their working environments and includes the recognition, evaluation, control, management and rehabilitation of occupationally related diseases and injuries, and other conditions affecting ability to work.

Occupational Medicine aims to:
• Promote and maintain the highest degree of physical, mental and social well being of workers in all occupations;
• Prevent health problems caused by working conditions;
• Place and maintain workers in occupational environments compatible with their physical and psychological capabilities.

Source: Pathway evaluation program
GENERAL INFORMATION

Upon completion of training, a resident is expected to be a competent subspecialist in Occupational Medicine capable of assuming a consultant’s role in the subspecialty. The resident must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic medical sciences and research.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in Internal Medicine or Public Health & Preventive Medicine may be eligible for certification in Occupational Medicine. Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

Occupational med became a sub-specialty in 2006 and the following schools offer programs in that discipline: University of Alberta, University of Toronto, Université de Montréal.

Source: Pathway evaluation program
GENERAL INFORMATION

Internal Medicine route
• Royal College certification in Internal Medicine or enrollment in a Royal College accredited program in Internal Medicine.
• Three years of primary specialty training must be completed before entering Occupational Medicine.
• All candidates must be certified in Internal Medicine in order to be eligible to write the Royal College certification examination in Occupational Medicine.
• Two (2) years of approved residency in Occupational Medicine, a maximum of one (1) year of which may be undertaken at the fourth year residency level during training for certification in Internal Medicine.

Public Health and Preventive Medicine route
• Five (5) years of Public Health and Preventive Medicine training must be completed before entering Occupational Medicine.
• All candidates must be certified in Public Health and Preventive Medicine in order to be eligible to write the Royal College certification examination in Occupational Medicine.
• This must include two (2) years of clinical training in a supervised setting appropriate for Occupational Medicine.

Source: Pathway evaluation program
GENERAL INFORMATION

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Occupational Medicine Specialists of Canada
### Total number & number/100,000 population by province, 2018

<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>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>Nova Scotia</td>
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<td>New Brunswick</td>
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</tr>
<tr>
<td>Quebec</td>
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<tr>
<td>Ontario</td>
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<tr>
<td>Manitoba</td>
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<td>0.1</td>
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<tr>
<td>Saskatchewan</td>
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<td>0.1</td>
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<tr>
<td>Alberta</td>
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<td><strong>CANADA</strong></td>
<td><strong>56</strong></td>
<td><strong>0.2</strong></td>
</tr>
</tbody>
</table>

*Source: 2018 CMA Masterfile*
Number/100,000 population, 1995 to 2018

Source: 1995-2018 CMA Masterfile
Number by gender & year, 1995 to 2018

Source: 1995-2018 CMA Masterfile
Percentage by gender & age, 2018

Gender
- Male: 64%
- Female: 36%

Age Group
- <35: 2%
- 35-44: 9%
- 45-54: 22%
- 55-64: 17%
- 65+: 50%

Excludes those where gender or age is unknown.
Source: 2018 CMA Masterfile
Number by gender & age, 2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>&lt;35</td>
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<td>4</td>
</tr>
<tr>
<td>35-44</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>45-54</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>65+</td>
<td>8</td>
<td>19</td>
</tr>
</tbody>
</table>

Excludes those where gender or age is unknown.
Source: 2018 CMA Masterfile
Percentage by main work setting, 2013*

- Private Office/Clinic: 26%
- Admin/Corp office: 19%
- Other: 18%
- Academic Health Sciences Centre: 13%
- Emergency Dept: 9%
- Community Clinic/Health-centre: 4%
- University: 3%

*Most recent available data for this specialty

Source: 2013 National Physician Survey. CFPC, CMA, Royal College
Percentage by remuneration method

Primary payment method, 2013**

- 41% 90% + fee-for-service
- 20% 90% + salary
- 19% 90% + other*
- 15% Blended
- 5% NR

* Other includes capitation, sessional, contract and other methods

**Most recent available data for this specialty
1 National Physician Survey, 2013, CFPC, CMA, Royal College
2 National Physician Database, 2015/16 CIHI
3 National Physician Survey, 2010, CFPC, CMA, Royal College

Average gross fee-for-service payment per physician for all medical specialties in 2015/16 (those earning at least $60,000) = $350,629²

Average percent overhead reported by all medical specialists in 2010** = 20%³
Professional & work-life balance satisfaction, 2013*

**Balance of personal & professional commitments**
- 9% Dissatisfied or very dissatisfied
- 17% Neutral
- 23% Satisfied or very satisfied
- 52% NR

**Current professional life**
- 9% Dissatisfied or very dissatisfied
- 15% Neutral
- 6% Satisfied or very satisfied
- 70% NR

*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