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GENERAL INFORMATION

Pediatricians are specialists who focus on the physical, emotional and social health of neonates, infants, children, adolescents and young adults. This specialty deals with health promotion and prevention, and the detection and management of physical, behavioural, developmental, mental/emotional, environmental and social problems that affect children. The ability to communicate effectively with patients, families, teachers and social service professionals is key to providing effective pediatric care.

Pediatricians work closely with a large network of physicians and other health care professionals. Pediatrics provides a fair degree of flexibility in the type of practice. Some are affiliated with community hospitals and have consulting general pediatric practices where patients are referred by other physicians such as family physicians, emergency physicians or obstetricians. In many urban centres, consulting pediatricians are affiliated with tertiary care centres. Others choose a subspecialty & work in university-affiliated hospitals.

Source: Pathway evaluation program
GENERAL INFORMATION

There are an increasing number of recognized pediatric subspecialties. These provide an opportunity to combine clinical and basic scientific research with the delivery of highly specialized care.

Areas of subspecialization in pediatrics include:

- adolescent medicine
- pediatric allergy and immunology
- pediatric cardiology
- pediatric critical care medicine
- developmental and behavioural pediatrics
- pediatric endocrinology and metabolism
- pediatric gastroenterology and nutrition
- pediatric hematology and oncology
- pediatric infectious disease
- pediatric nephrology
- pediatric neurology
- neonatology (neonatal medicine)
- pediatric respiratory medicine
- pediatric rheumatology
- pediatric emergency medicine
- clinical pharmacology
- child maltreatment
- medical genetics

Source: Pathway evaluation program
GENERAL INFORMATION

Upon completion of medical school, to become certified in pediatrics requires an additional 4 years of Royal College-approved residency training. Training includes:

- 3 core years of approved residency in pediatrics, including management of hospitalized/ambulatory patients, experience in pediatric subspecialties and increasing responsibility, to include a senior supervisory year with responsibility for supervision of more junior trainees, with the resident reporting directly to a staff pediatrician. Must include in-house call in wards, NICU and PICU;
- mandatory core rotations in: community/rural pediatrics; ambulatory/hospital-based out-patient pediatrics; in-patient ward/CTU pediatrics as a junior resident; in-patient ward/CTU pediatrics as a senior resident; developmental pediatrics; neonatal intensive care unit; pediatric intensive care unit; pediatric emergency medicine;
- subspecialty selective rotations in at least 7 of the following 14 pediatric subspecialties: adolescent medicine; pediatric allergy/immunology; pediatric cardiology; child neglect/social pediatrics; child psychiatry; pediatric endocrinology; pediatric gastroenterology; pediatric genetics/metabolics; pediatric hematology/oncology; pediatric infectious diseases; pediatric nephrology; pediatric neurology; pediatric respirology; pediatric rheumatology;

Source: Pathway evaluation program
GENERAL INFORMATION

• other selective rotations where residents should have exposure to: research; anesthesia; dermatology; diagnostic imaging; surgery/surgical subspecialties; pathology; and other electives;
• 1 year of Royal College-approved residency that may be spent in: an additional year of general pediatrics; clinical or basic research in pediatrics; a special area of pediatrics in an accredited residency program OR 1 year in an approved course of study and training which may include a year of residency training in another Royal College-approved program, and relevant to the objectives of pediatrics.

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Canadian Paediatric Society

Source: Pathway evaluation program
## 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>47</td>
<td>8.9</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>8</td>
<td>5.2</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>80</td>
<td>8.4</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>33</td>
<td>4.3</td>
</tr>
<tr>
<td>Quebec</td>
<td>707</td>
<td>8.4</td>
</tr>
<tr>
<td>Ontario</td>
<td>1121</td>
<td>7.8</td>
</tr>
<tr>
<td>Manitoba</td>
<td>112</td>
<td>8.3</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>71</td>
<td>6.1</td>
</tr>
<tr>
<td>Alberta</td>
<td>381</td>
<td>8.8</td>
</tr>
<tr>
<td>British Columbia</td>
<td>322</td>
<td>6.6</td>
</tr>
<tr>
<td>Territories</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>2887</strong></td>
<td><strong>7.8</strong></td>
</tr>
</tbody>
</table>

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

- Male: 39%
- Female: 61%

Age Group

- <35: 11%
- 35 - 44: 25%
- 45 - 54: 24%
- 55 - 64: 23%
- 65+: 17%

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

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;35</td>
<td>255</td>
<td>53</td>
</tr>
<tr>
<td>35-44</td>
<td>520</td>
<td>179</td>
</tr>
<tr>
<td>45-54</td>
<td>422</td>
<td>232</td>
</tr>
<tr>
<td>55-64</td>
<td>352</td>
<td>286</td>
</tr>
<tr>
<td>65+</td>
<td>134</td>
<td>318</td>
</tr>
</tbody>
</table>

Excludes those where gender or age is unknown.
Source: 2018 CMA Masterfile
Percentage by main work setting, 2017

- Private Office/Clinic: 41%
- Academic Health Sciences Centre: 39%
- Non-AHSC Teaching Hospital: 7%
- Community Hospital: 6%
- Emergency Dept: 4%
- Community Clinic/Health-centre: 2%
- Other: 1%

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

- Solo Practice: 50%
- Group Practice: 20%
- Interprofessional Practice: 9%
- Hospital-based Practice: 1%
- NR: 20%

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

<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>18.2</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>11.2</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>2.0</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>7.1</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.2</td>
</tr>
<tr>
<td>Administration</td>
<td>3.2</td>
</tr>
<tr>
<td>Research</td>
<td>1.8</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.3</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>2.6</td>
</tr>
<tr>
<td>Other</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>49.2</strong></td>
</tr>
</tbody>
</table>

Source: 2017 CMA Workforce Survey. Canadian Medical Association
On-call duty hours per month, 2017

- 69% provide on-call services
- On-call hours = 101 hours/month
- On-call hours spent in direct patient care = 40 hours/month

Source: 2017 CMA Workforce Survey. Canadian Medical Association
Percentage by remuneration method

Primary payment method\(^1\) in 2017

- 41% 90% + fee-for-service
- 38% 90% + salary
- 11% 90% + other\(^*\)
- 10% Blended
- NR

* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for Pediatrics in 2015/16 (those earning at least $60,000) = $295,237\(^2\)

Average percent overhead reported by Pediatricians in 2017 = 24%\(^3\)

\(^1\) Source: 2017 CMA Workforce Survey. Canadian Medical Association
\(^2\) National Physician Database, 2015/16, CIHI
\(^3\) Source: 2017 CMA Workforce Survey. Canadian Medical Association
Professional & work-life balance satisfaction, 2017

- Balance of personal & professional commitments:
  - Dissatisfied or very dissatisfied: 21%
  - Neutral: 20%
  - Satisfied or very satisfied: 59%

- Current professional life:
  - Dissatisfied or very dissatisfied: 4%
  - Neutral: 12%
  - Satisfied or very satisfied: 84%

Source: 2017 CMA Workforce Survey. Canadian Medical Association
Number of retirees during the three year period of 2014-2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>34 and Under</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>35-44</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>45-54</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>55-64</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>65 and over</td>
<td>74</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>54</td>
</tr>
</tbody>
</table>

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

- 78% Employed in my discipline to my satisfaction
- 18% No response
- 4% Other employment situations

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