

# Pediatrics Profile

Updated August 2018

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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.



## 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



## 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](#)

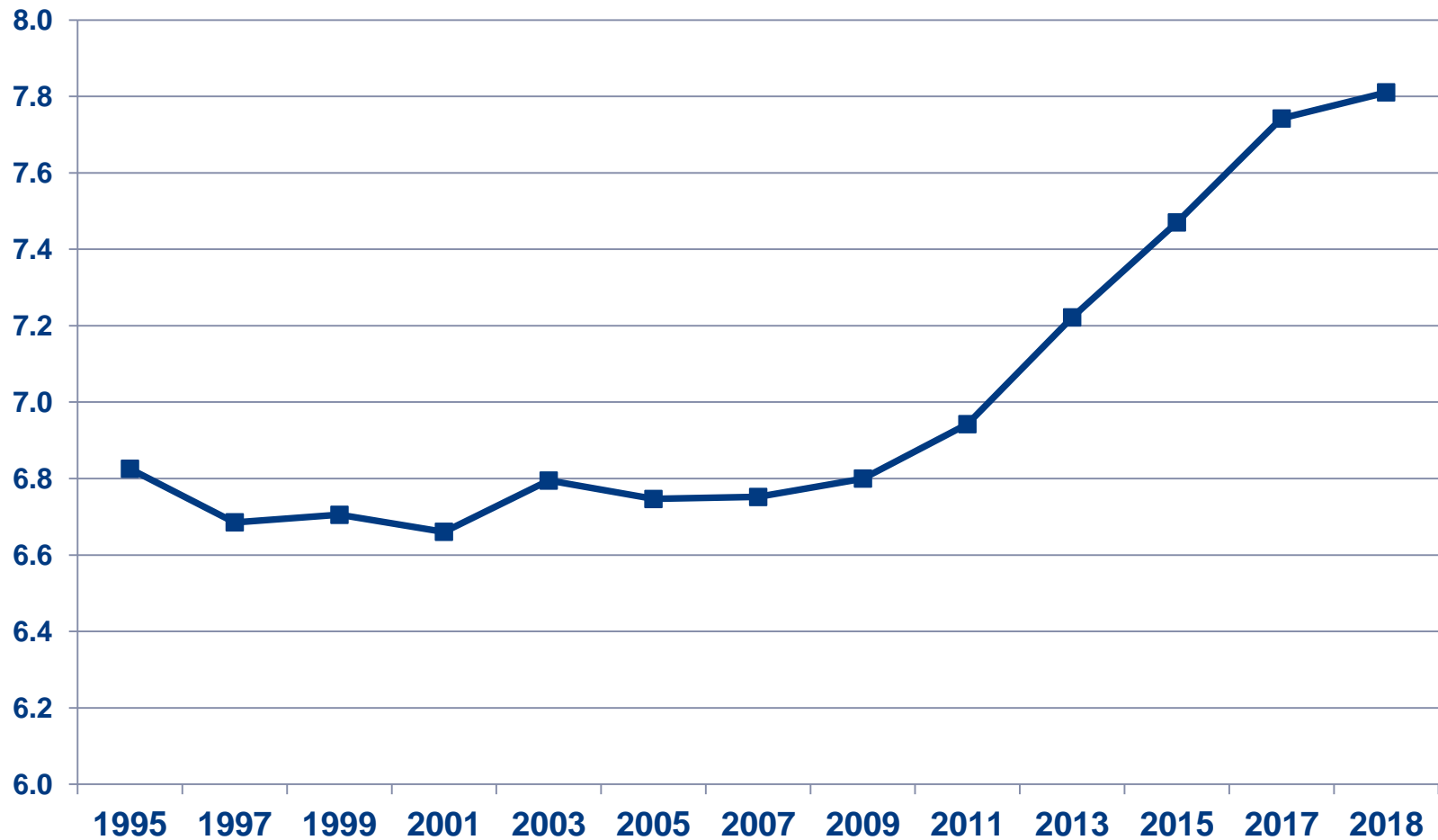
## Total number & number/100,000 population by province, 2018

Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	47	8.9
Prince Edward Island	8	5.2
Nova Scotia	80	8.4
New Brunswick	33	4.3
Quebec	707	8.4
Ontario	1121	7.8
Manitoba	112	8.3
Saskatchewan	71	6.1
Alberta	381	8.8
British Columbia	322	6.6
Territories	5	4.1
<b>CANADA</b>	<b>2887</b>	<b>7.8</b>

Source: 2018 CMA Masterfile



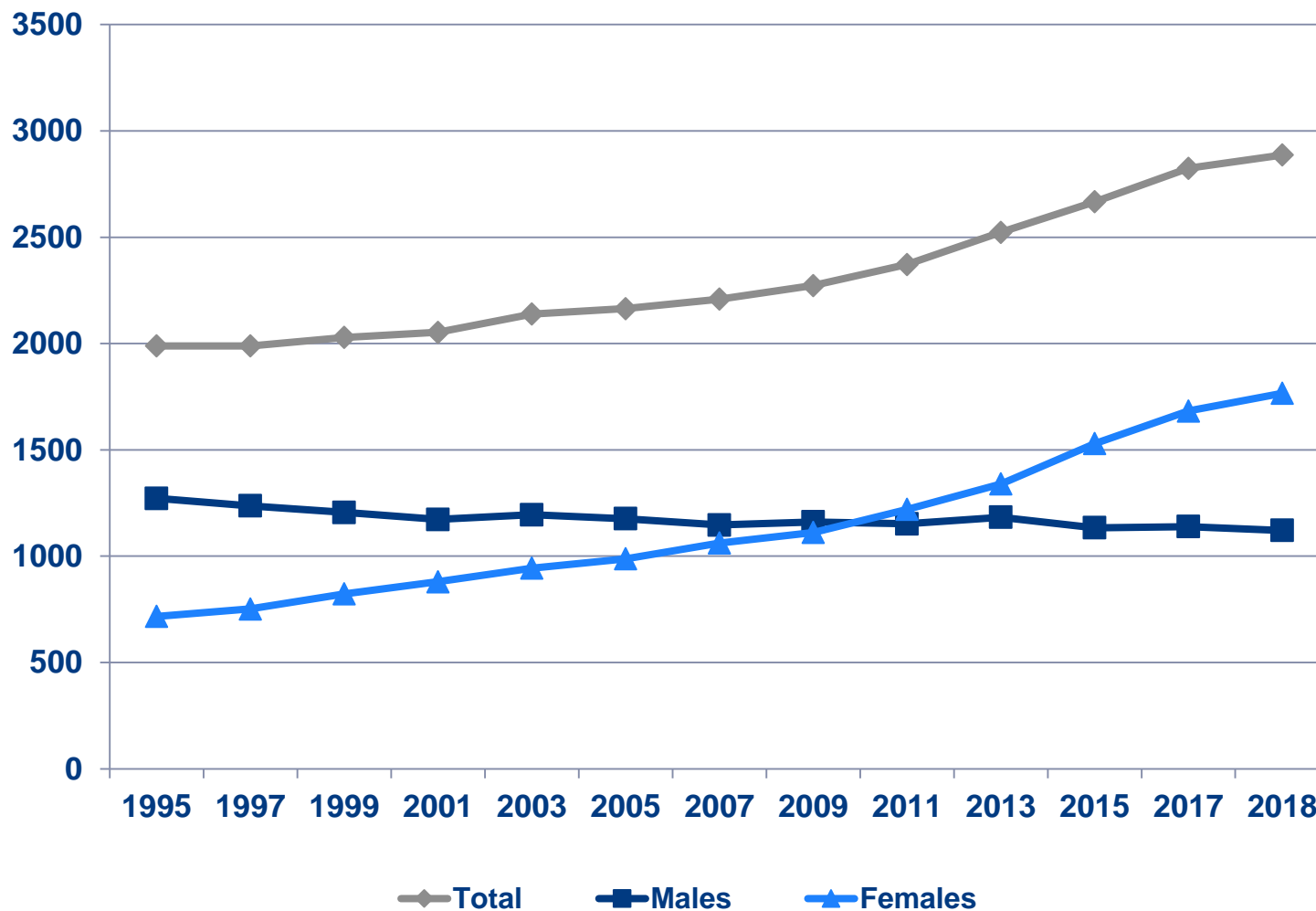
## Number/100,000 population, 1995 to 2018



Source: 1995-2018 CMA Masterfiles



## Number by gender & year, 1995 to 2018

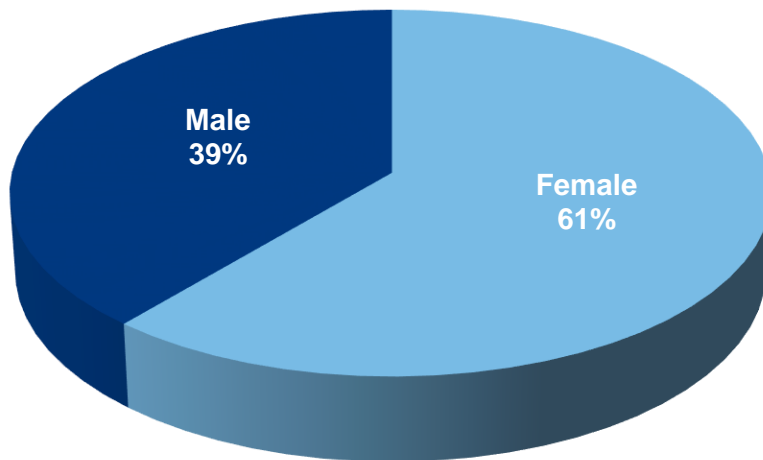


Source: 1995-2018 CMA Masterfiles

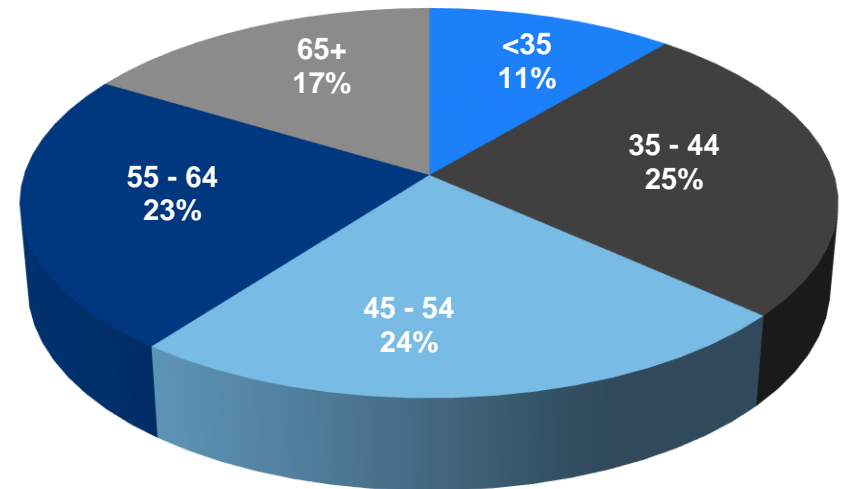


## Percentage by gender & age, 2018

### Gender



### Age Group

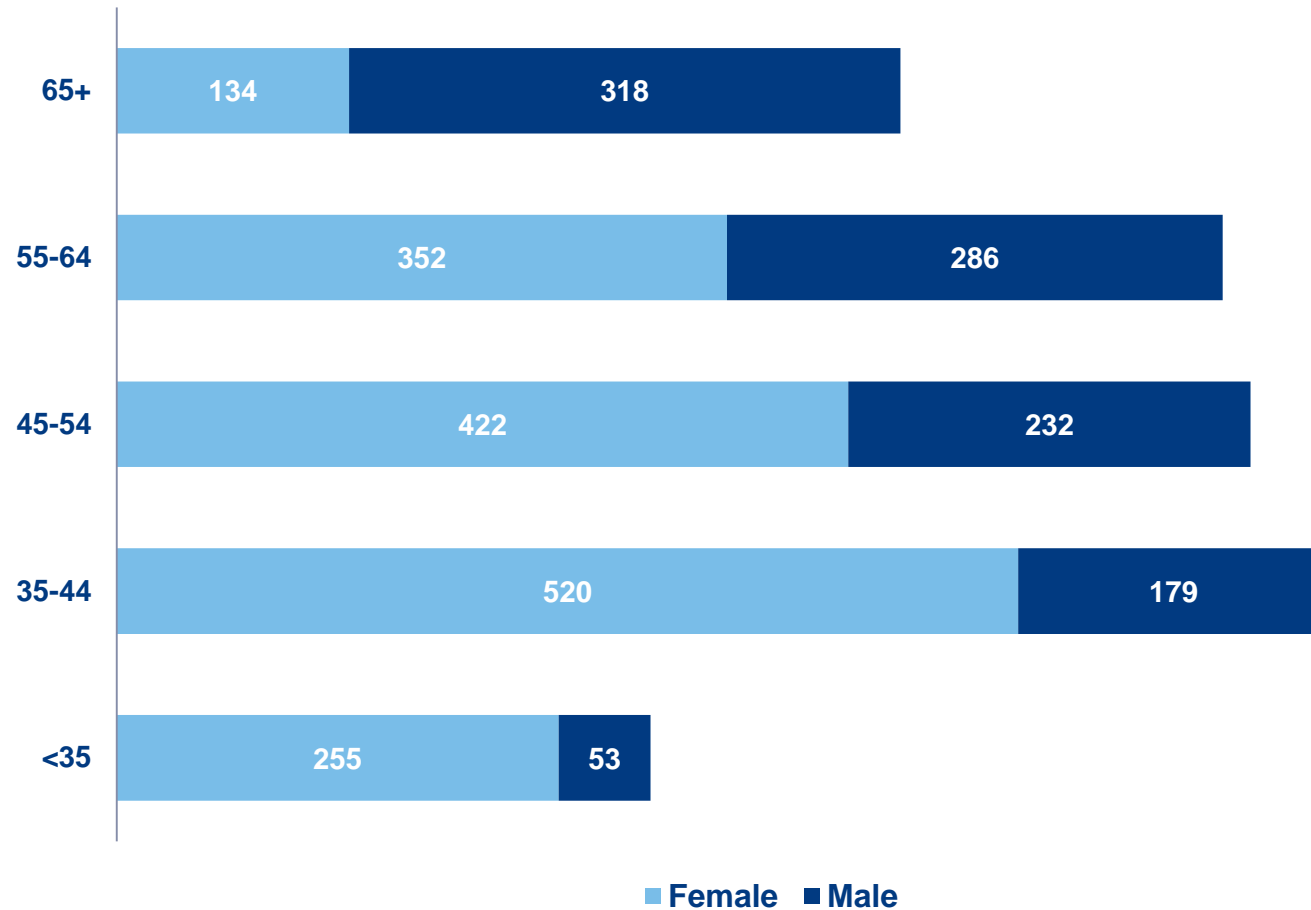


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



## Number by gender & age, 2018

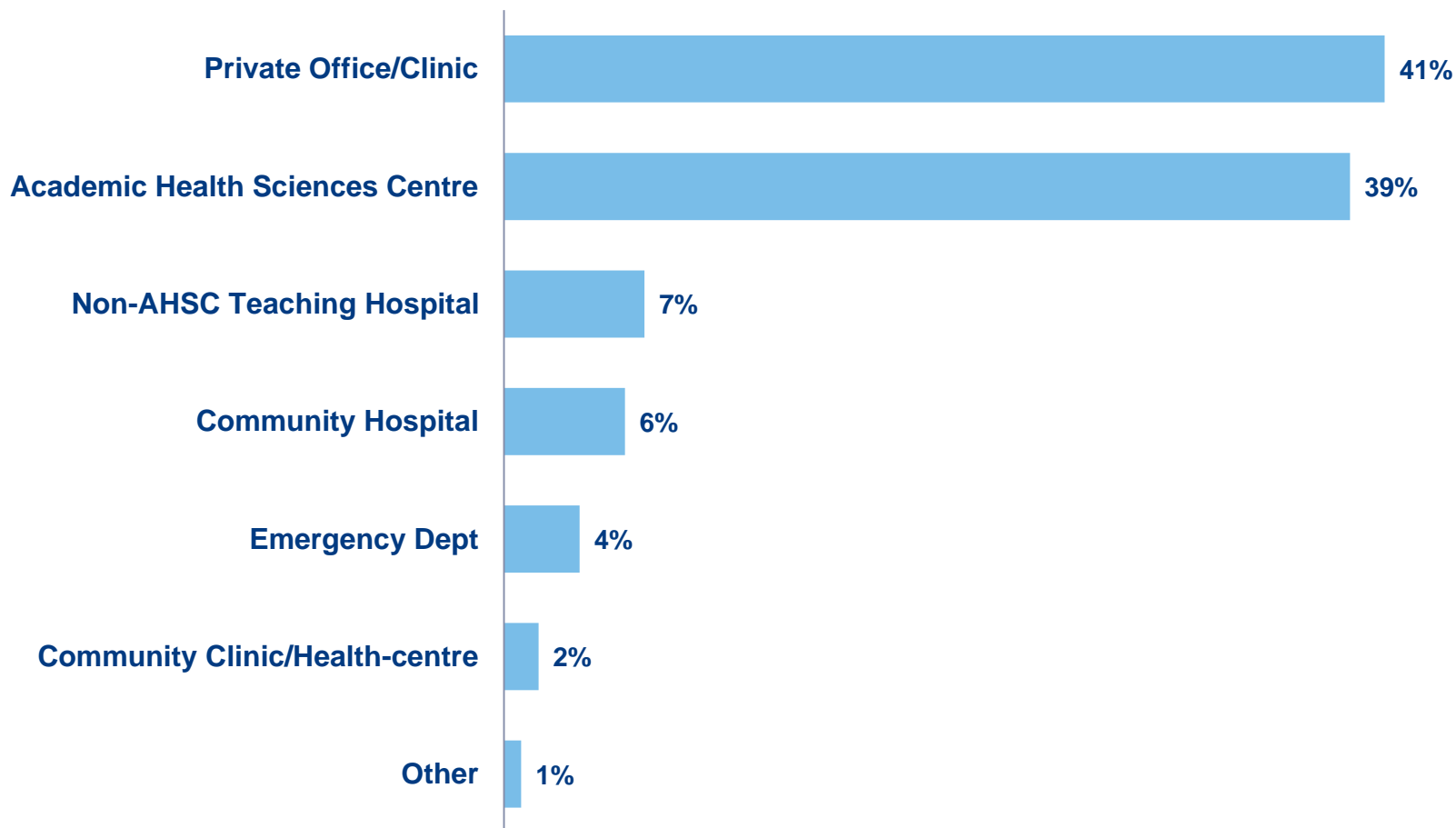


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



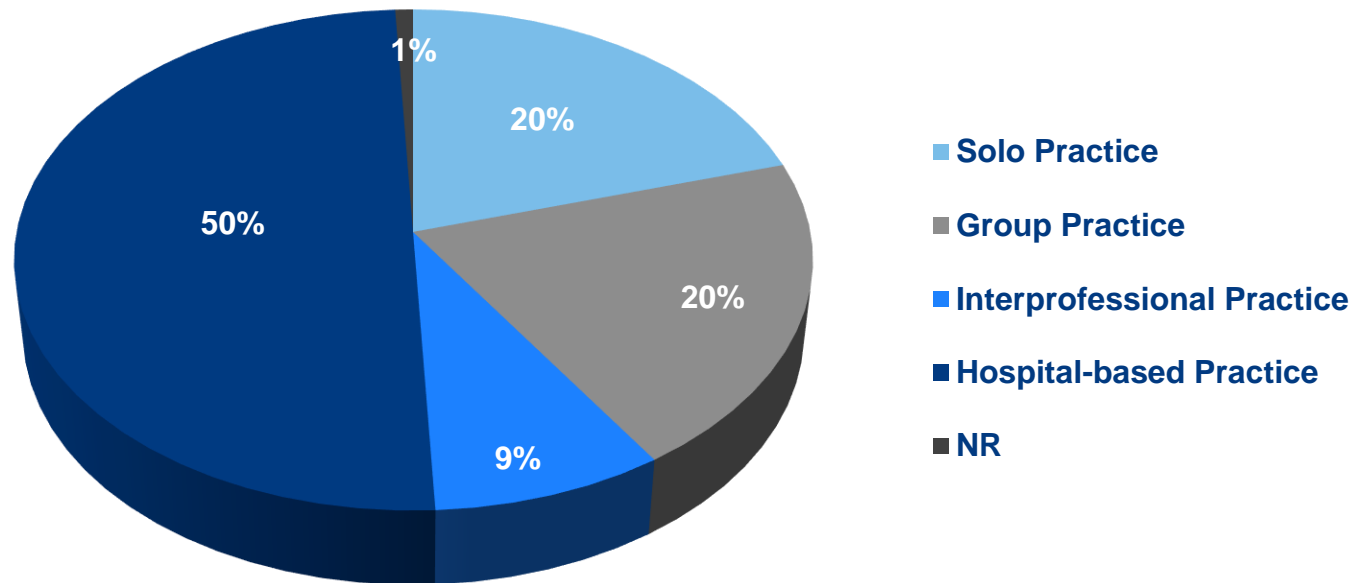
## Percentage by main work setting, 2017



Source: 2017 CMA Workforce Survey. Canadian Medical Association



## Percentage by practice organization, 2017





## Hours worked per week (excluding on-call), 2017

Activity	Hours worked per week
Direct patient care without teaching component	18.2
Direct patient care with teaching component	11.2
Teaching without patient care	2.0
Indirect patient care	7.1
Health facility committees	1.2
Administration	3.2
Research	1.8
Managing practice	1.3
Continued professional development	2.6
Other	0.7
<b>TOTAL HOURS PER WEEK</b>	<b>49.2</b>

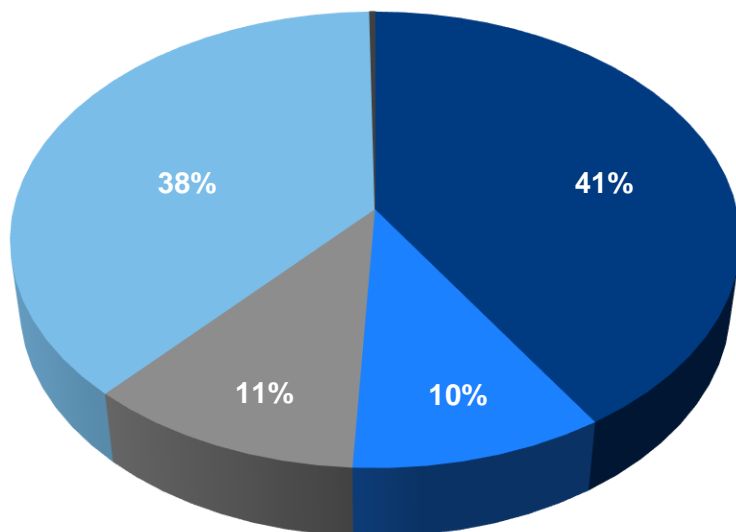


## On-call duty hours per month, 2017

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

## Percentage by remuneration method

### Primary payment method<sup>1</sup> in 2017



- 90% + fee-for-service
- 90% + salary
- 90% + other\*
- 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<sup>2</sup>

Average percent overhead reported by Pediatricians in 2017 = 24%<sup>3</sup>

<sup>1</sup> Source: 2017 CMA Workforce Survey. Canadian Medical Association

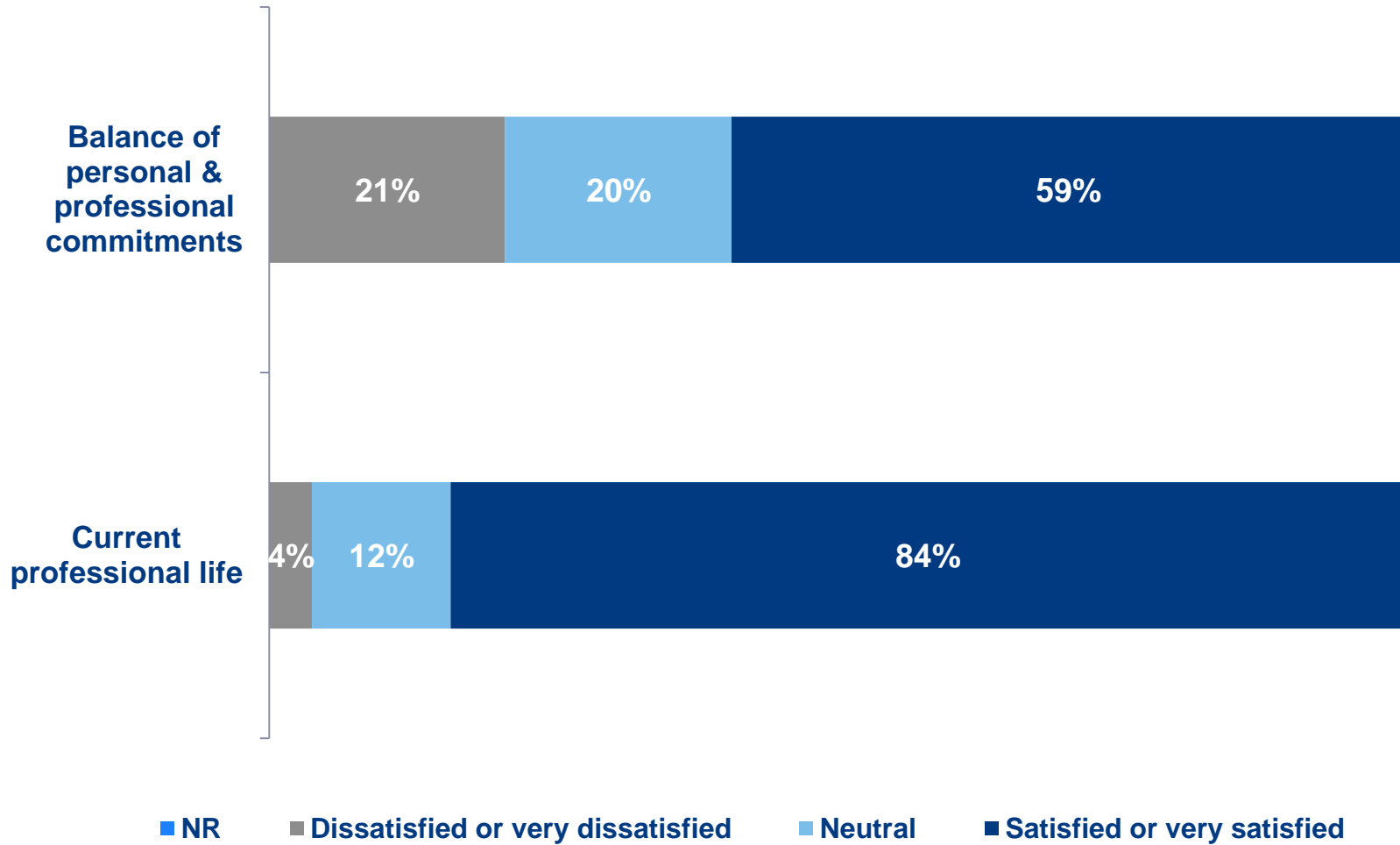
<sup>2</sup> National Physician Database, 2015/16, CIHI

<sup>3</sup> Source: 2017 CMA Workforce Survey. Canadian Medical Association





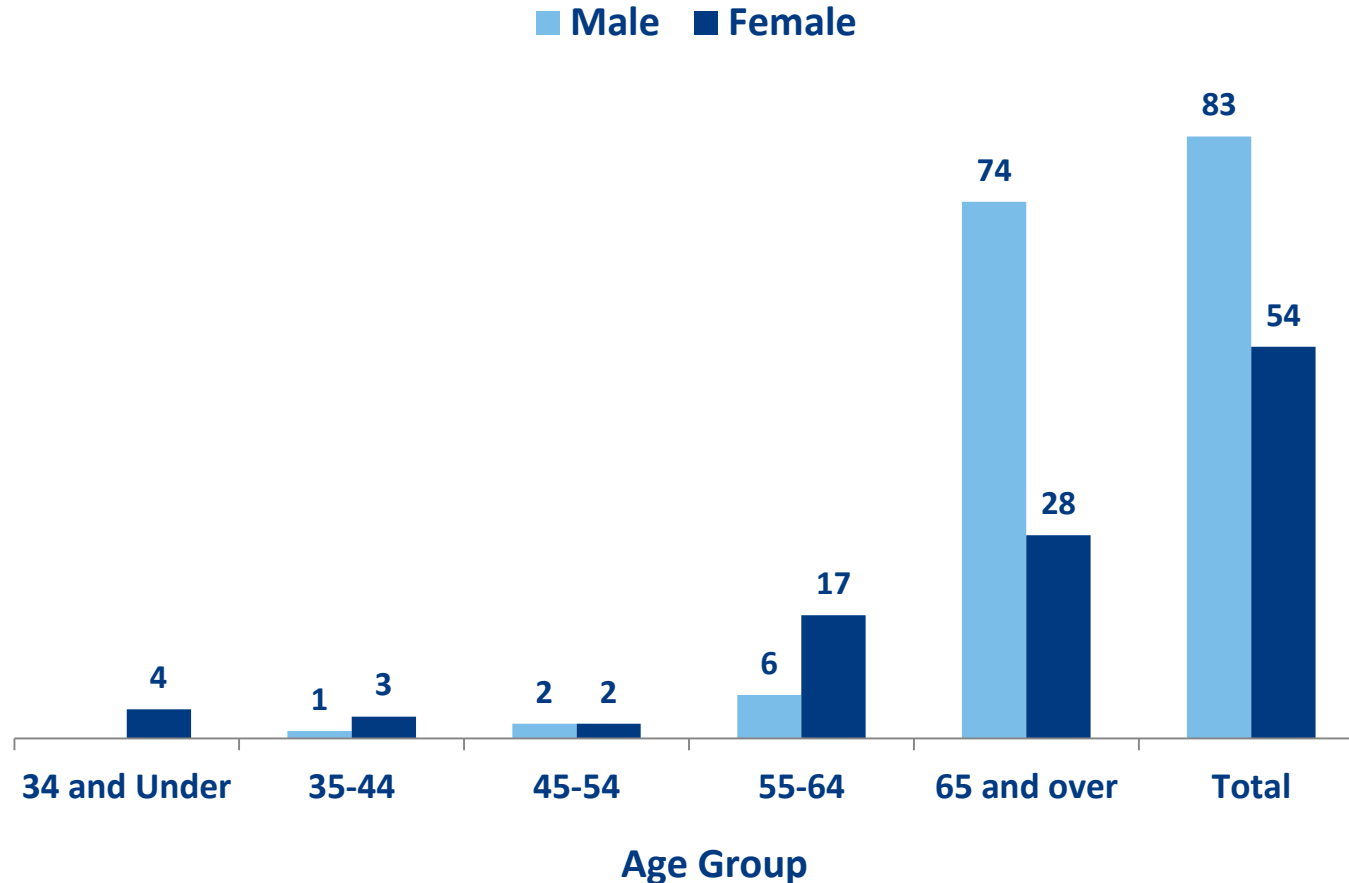
## Professional & work-life balance satisfaction, 2017



Source: 2017 CMA Workforce Survey. Canadian Medical Association



## Number of retirees during the three year period of 2014-2016

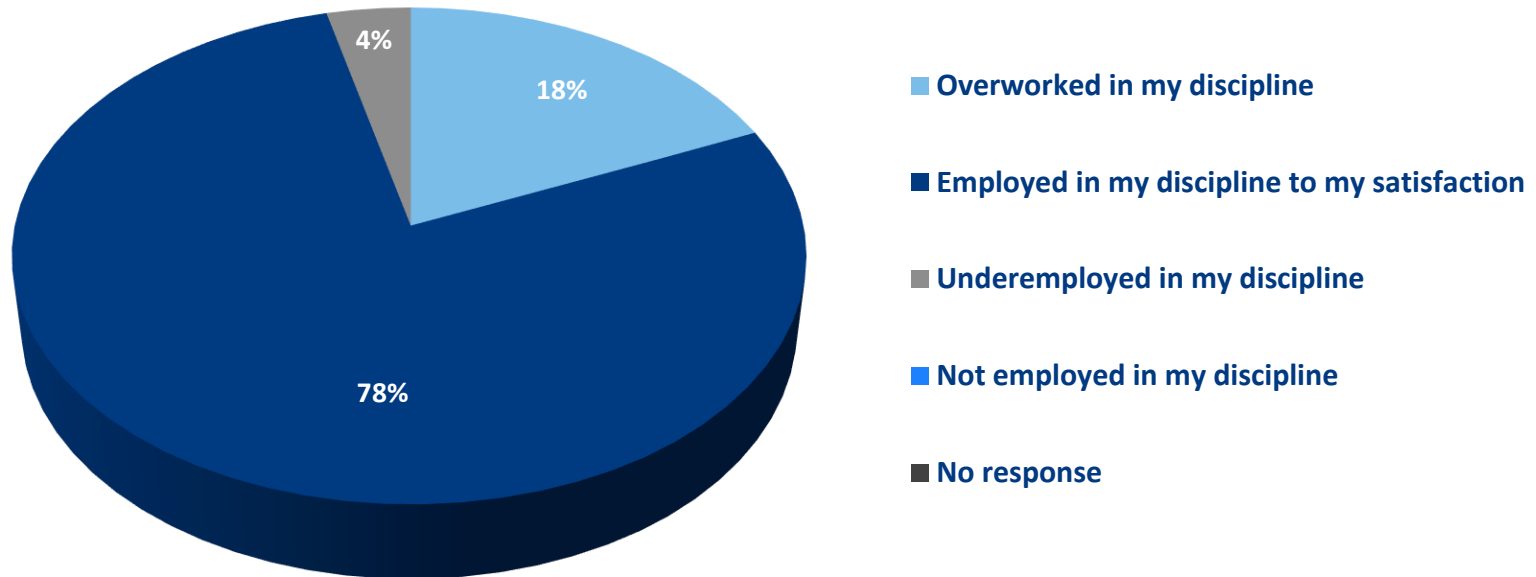


**Source: CMA Masterfile – year over year comparisons**

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.



## Employment situation, 2017





## 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](#)