

# Psychiatry 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>	3-7
▪ <a href="#">Total number &amp; number/100,000 population by province, 2018</a>	8
▪ <a href="#">Number/100,000 population, 1995-2018</a>	9
▪ <a href="#">Number by gender &amp; year, 1995-2018</a>	10
▪ <a href="#">Percentage by gender &amp; age, 2018</a>	11
▪ <a href="#">Number by gender &amp; age, 2018</a>	12
▪ <a href="#">Percentage by main work setting, 2017</a>	13
▪ <a href="#">Percentage by practice organization, 2017</a>	14
▪ <a href="#">Hours worked per week (excluding on-call), 2017</a>	15
▪ <a href="#">On-call duty hours per month, 2017</a>	16
▪ <a href="#">Percentage by remuneration method</a>	17
▪ <a href="#">Professional &amp; work-life balance satisfaction, 2017</a>	18
▪ <a href="#">Number of retirees during the three year period of 2014-2016</a>	19
▪ <a href="#">Employment situation, 2017</a>	20
▪ <a href="#">Links to additional resources</a>	21



## GENERAL INFORMATION

Psychiatry is the medical specialty that deals with the diseases of the mind. Psychiatric patients manifest illnesses and problems that require a comprehensive biological, psychological and social evaluation to understand their illnesses and their needs. Central to the psychiatrist's role is a comprehensive assessment, leading to a diagnosis and a treatment plan for the care and rehabilitation of patients with mental illness, and emotional and behavioural disorders.

Psychiatrists use a combination of biological, psychological and social treatment modalities. They must be comfortable in working with the patient, as opposed to working on the patient. To do this successfully, they must possess the skills and comfort level to work and lead a team that includes the patient, their family and other mental health professionals and agencies.



## GENERAL INFORMATION

Most psychiatrists work in multiple settings and their role may vary somewhat in these different settings, including:

- In a general hospital, they are responsible for the care and treatment of psychiatric inpatients, as well as providing consultation and liaison to the medical/surgical units and patients.
- In community outpatient clinics, the psychiatrist works as a member of a community-based multidisciplinary mental health team. The psychiatrist will usually work in close liaison with (or indeed share care) with the community family physician.
- In a specialized psychiatric hospital, they would lead a multidisciplinary team in the assessment, care and treatment of the hospital's inpatients, outpatients or a combination of both. Most specialized hospitals are outreach and community-focused, providing a wide range of programs to their patients.
- In community office practice, their emphasis would be on working individually with a patient using a variety of management, rehabilitative and psychotherapeutic techniques.

Source: Pathway evaluation program



## GENERAL INFORMATION

As a full- or part-time academic, psychiatrists would combine education or research responsibilities with their clinical practice. The majority of psychiatrists work as general psychiatrists and others subspecialize in areas including:

- child/adolescent psychiatry;
- geriatric psychiatry;
- or forensic psychiatry.

Others specialize in a specific area of practice such as addictions and substance abuse disorders, mood and anxiety disorders, schizophrenia or eating disorders. Other areas of interest include Aboriginal mental health, women's mental health, gender issues, cross-cultural psychiatry, sleep medicine, or psychosomatic medicine and the care of patients with cancer, heart disease and diabetes.

Upon completion of medical school, to become certified in psychiatry requires an additional 5 years of Royal College-approved residency training.



## GENERAL INFORMATION

This training includes:

- 1 year of basic clinical training that must include: broadly based medical experience relevant to psychiatry with core elements in medicine, pediatrics, family medicine, neurology (neuroimaging is strongly recommended), emergency medicine and psychiatry;
- 2 years of junior residency that must encompass basic and foundational training with a focus on the role of the psychiatrist practicing across the life span in a variety of practice settings. Patients with developmental delay across the life span, with or without comorbid psychiatric disorder, must be included. The settings must include **accredited** hospital-based and ambulatory care placements;
- 2 years of senior residency: during this period the resident assumes more leadership in the education and supervision of junior colleagues while consolidating and further developing career track interest through electives and selectives, including research electives and selectives that must be acceptable to the psychiatry residency program and to the Royal College.

Source: Pathway evaluation program



## GENERAL INFORMATION

The American Board of Psychiatry and Neurology (ABPN) and the Royal College have created an agreement that accepts the credentials of applicants to each other's examinations.

For further details on training requirements please go to:

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

[Canadian Psychiatric Association](#)



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

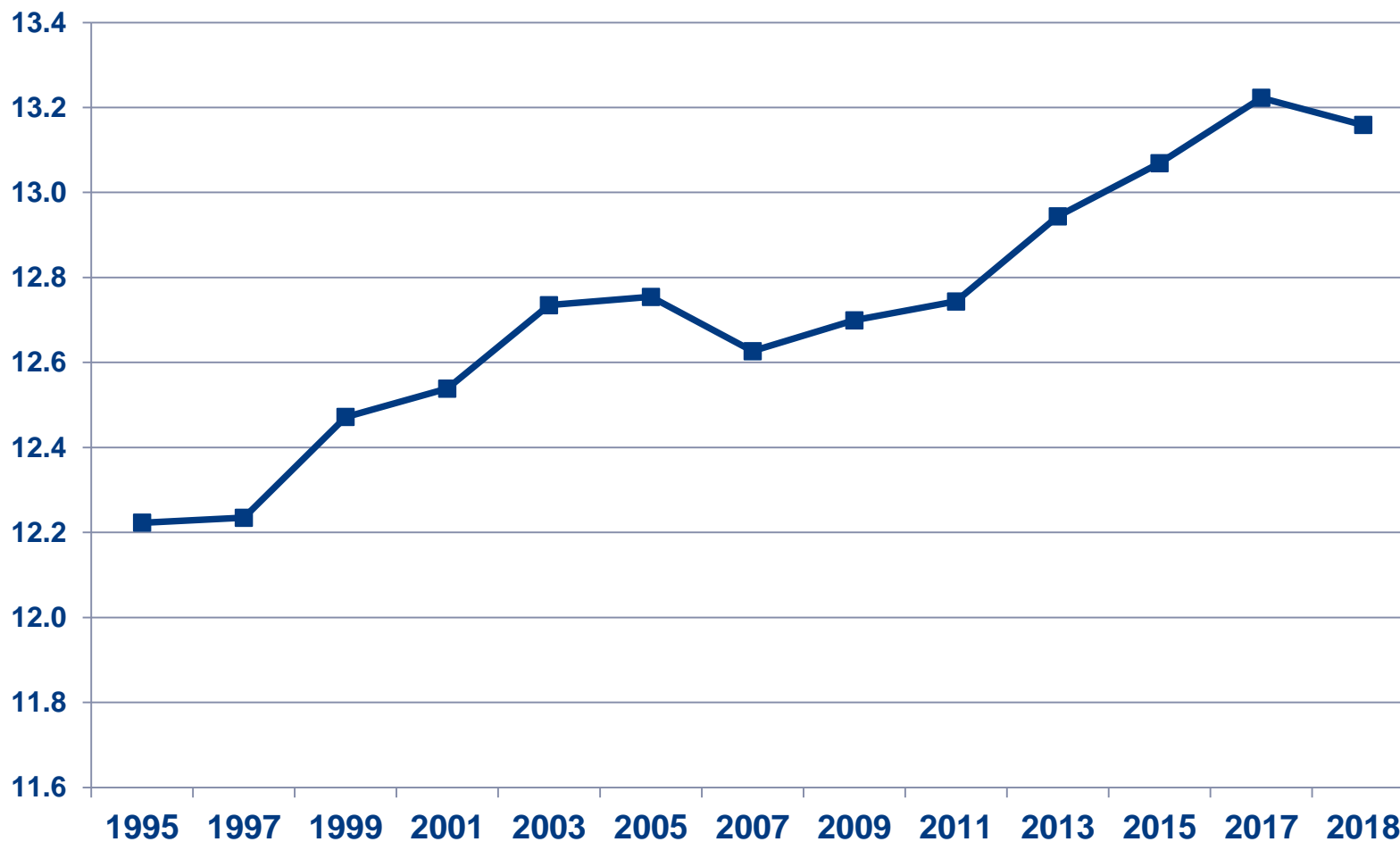
Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	61	11.6
Prince Edward Island	9	5.9
Nova Scotia	143	14.9
New Brunswick	51	6.7
Quebec	1171	13.9
Ontario	1962	13.7
Manitoba	178	13.2
Saskatchewan	87	7.4
Alberta	449	10.4
British Columbia	751	15.5
Territories	2	1.6
<b>CANADA</b>	<b>4864</b>	<b>13.2</b>

Source: 2018 CMA Masterfile





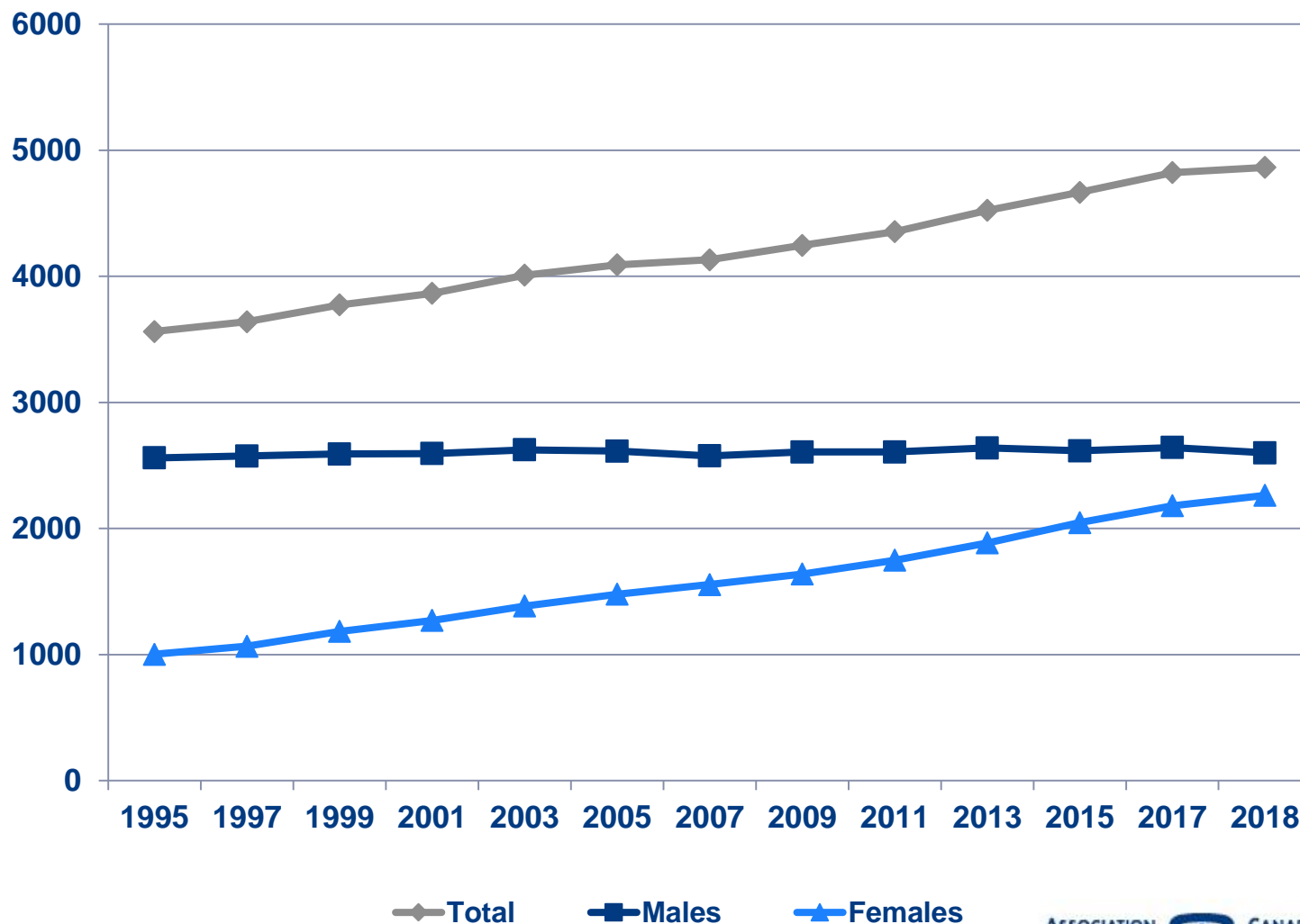
## Number/100,000 population, 1995 to 2018



Source: 1995-2018 CMA Masterfiles



## Number by gender & year, 1995 to 2018

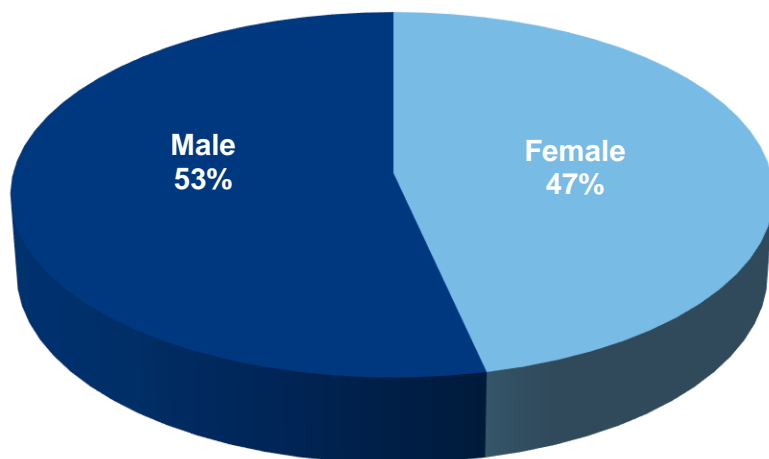


Source: 1995-2018 CMA Masterfiles

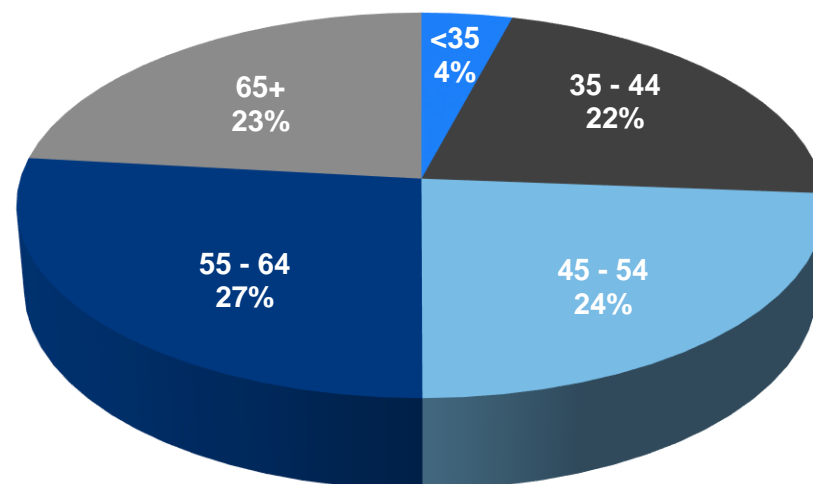


## Percentage by gender & age, 2018

### Gender



### Age Group

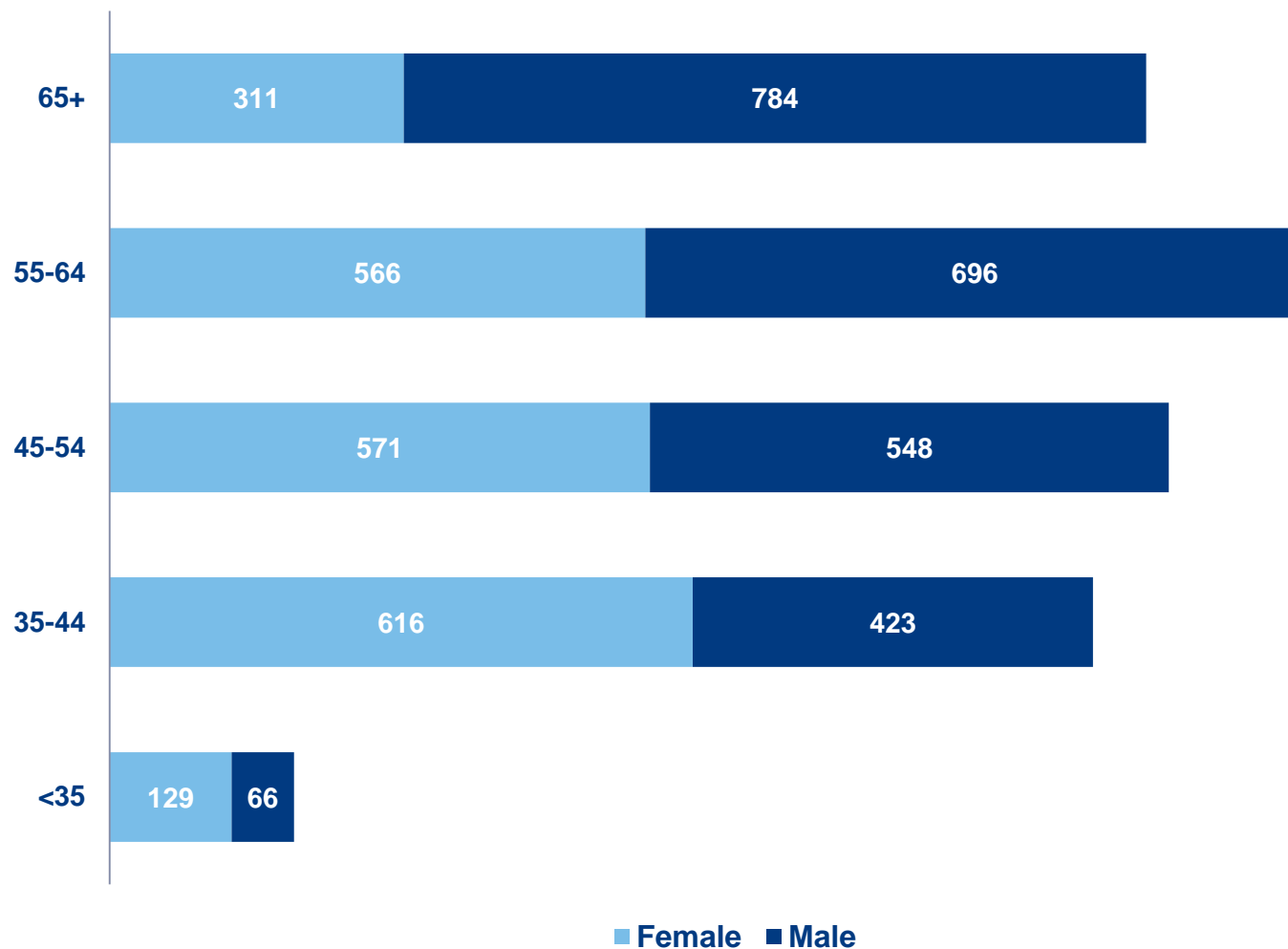


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



## Number by gender & age, 2018

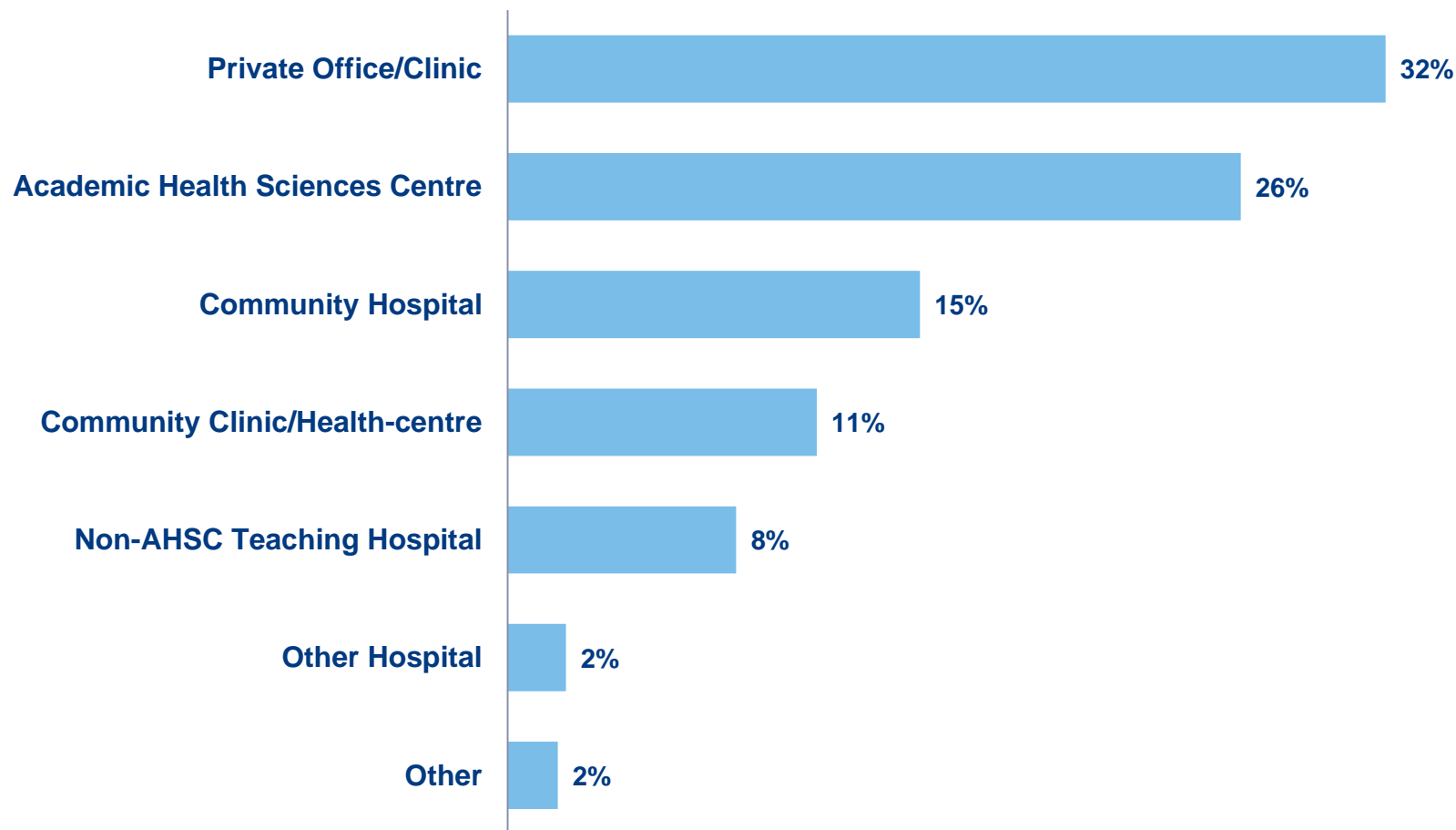


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



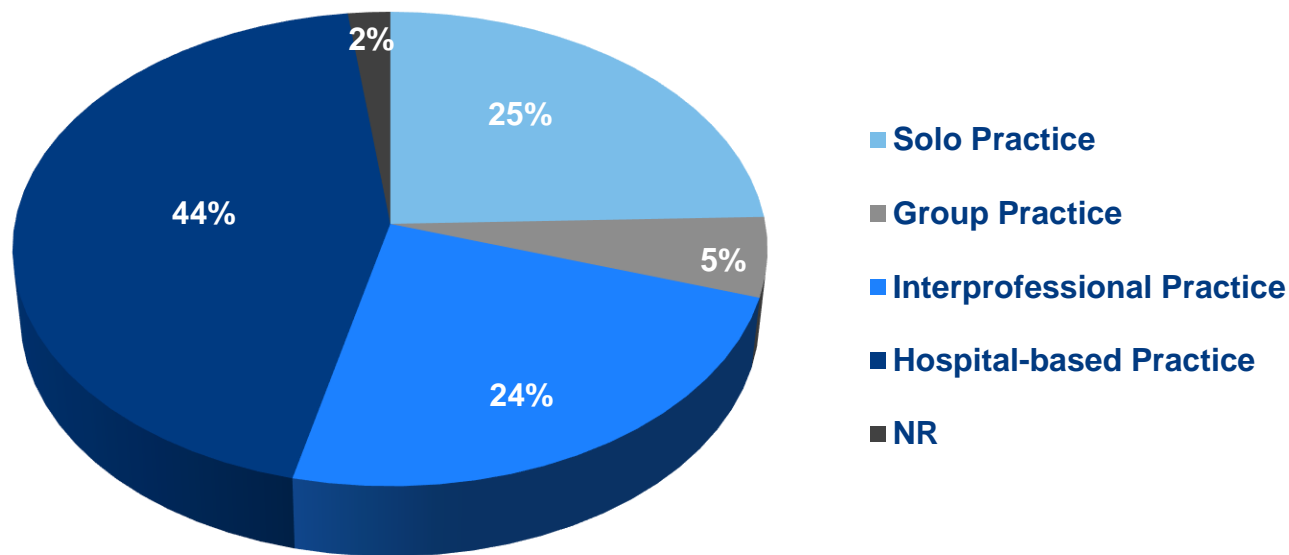
## Percentage by main work setting, 2017



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	22.6
Direct patient care with teaching component	5.9
Teaching without patient care	1.5
Indirect patient care	7.0
Health facility committees	0.8
Administration	2.0
Research	0.9
Managing practice	1.4
Continued professional development	2.3
Other	0.8
<b>TOTAL HOURS PER WEEK</b>	<b>45.3</b>



## On-call duty hours per month, 2017

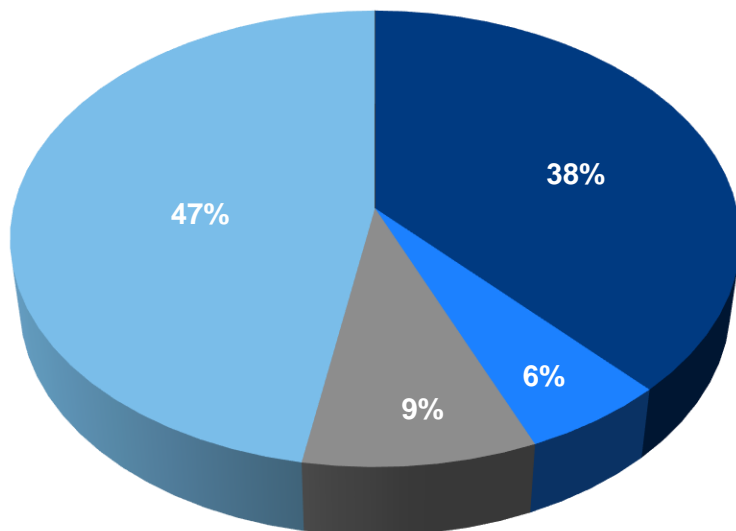
- 63% provide on-call services
- On-call hours = 67 hours/month
- On-call hours spent in direct patient care = 18 hours/month





## 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 Psychiatry in 2015/16 (those earning at least \$60,000) = \$264,638<sup>2</sup>

Average percent overhead reported by psychiatrists in 2017 = 19%<sup>3</sup>

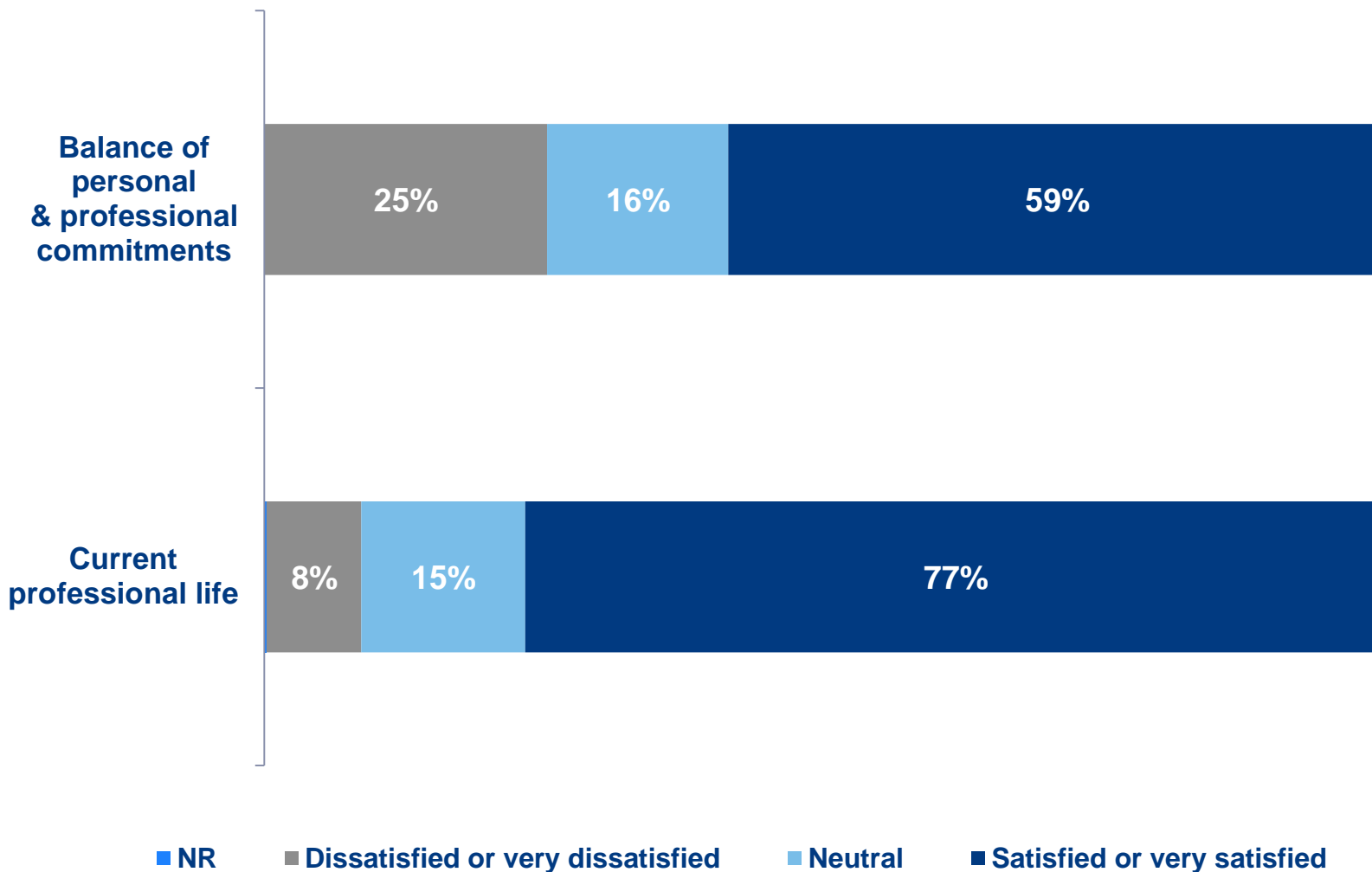
<sup>1</sup> Source: 2017 CMA Workforce Survey. Canadian Medical Association

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

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



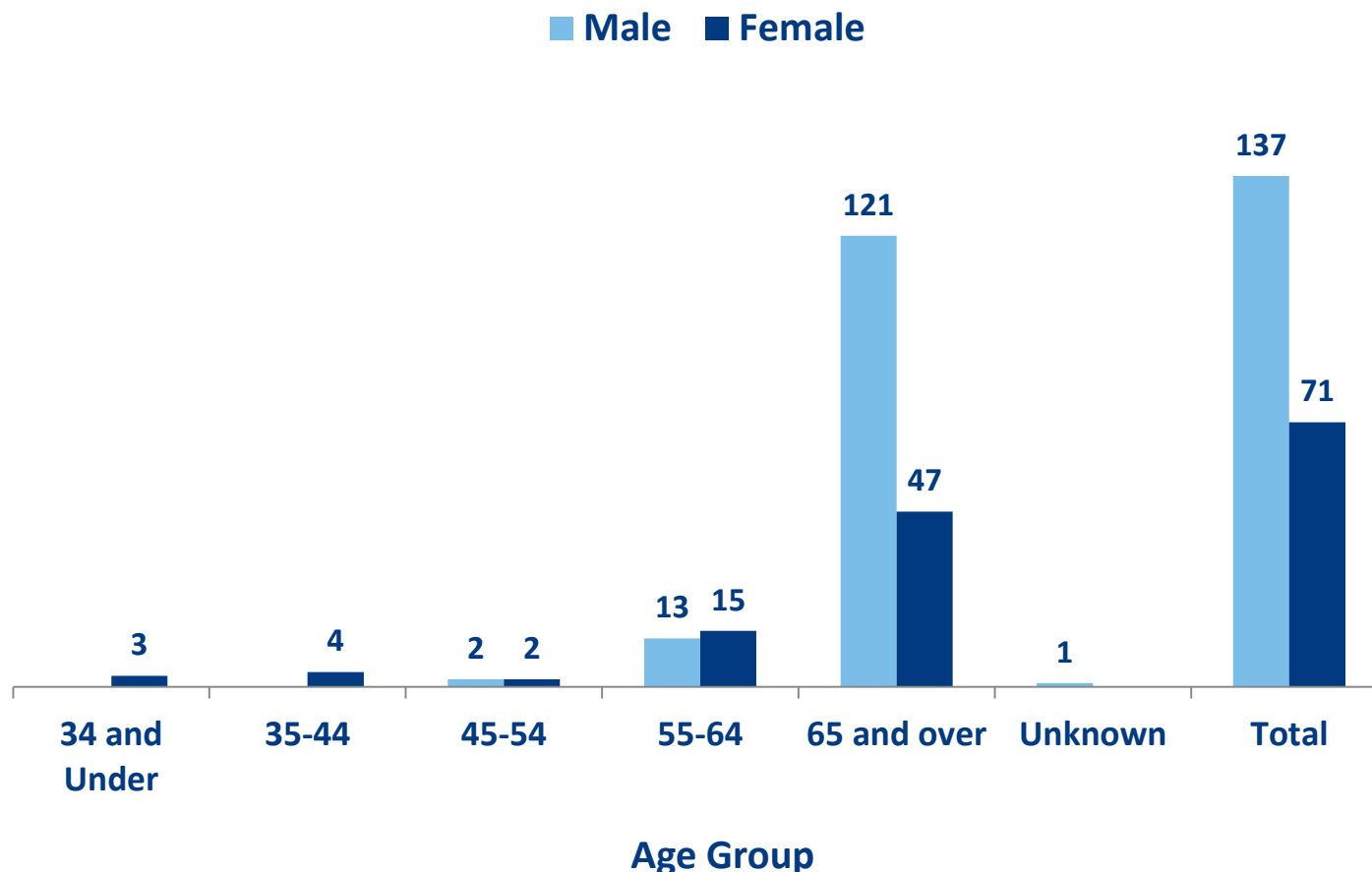
## Professional & work-life balance satisfaction, 2017



Source: 2017 CMA Workforce Survey. Canadian Medical Association



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

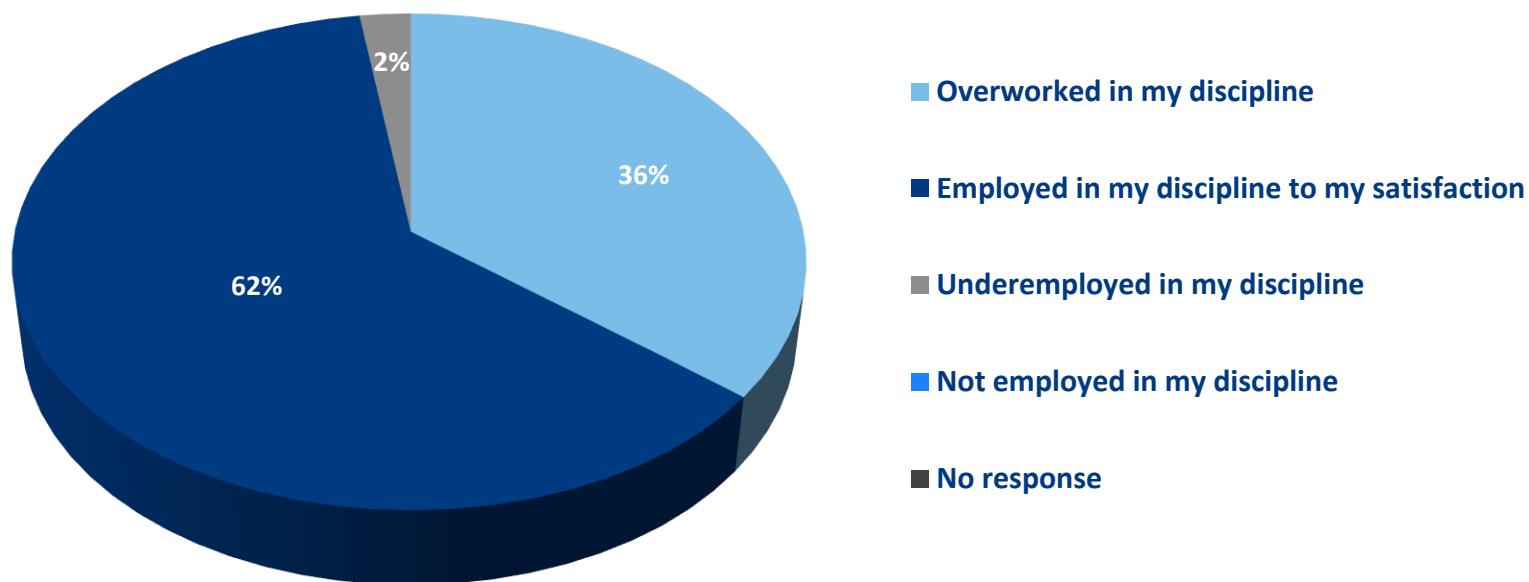


**Source: CMA Masterfile – year over year comparisons**

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](#)