Psychiatry Profile
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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.

Source: Pathway evaluation program
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.

Source: Pathway evaluation program
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

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>61</td>
<td>11.6</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>9</td>
<td>5.9</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>143</td>
<td>14.9</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>51</td>
<td>6.7</td>
</tr>
<tr>
<td>Quebec</td>
<td>1171</td>
<td>13.9</td>
</tr>
<tr>
<td>Ontario</td>
<td>1962</td>
<td>13.7</td>
</tr>
<tr>
<td>Manitoba</td>
<td>178</td>
<td>13.2</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>87</td>
<td>7.4</td>
</tr>
<tr>
<td>Alberta</td>
<td>449</td>
<td>10.4</td>
</tr>
<tr>
<td>British Columbia</td>
<td>751</td>
<td>15.5</td>
</tr>
<tr>
<td>Territories</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>4864</strong></td>
<td><strong>13.2</strong></td>
</tr>
</tbody>
</table>

Source: 2018 CMA Masterfile

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

Source: 1995-2018 CMA Masterfiles
Number by gender & year, 1995 to 2018
Percentage by gender & age, 2018

Gender

- Male: 53%
- Female: 47%

Age Group

- <35: 4%
- 35-44: 22%
- 45-54: 24%
- 55-64: 27%
- 65+: 23%

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

- Private Office/Clinic: 32%
- Academic Health Sciences Centre: 26%
- Community Hospital: 15%
- Community Clinic/Health-centre: 11%
- Non-AHSC Teaching Hospital: 8%
- Other Hospital: 2%
- Other: 2%

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

- Solo Practice: 44%
- Group Practice: 2%
- Interprofessional Practice: 25%
- Hospital-based Practice: 5%
- NR: 24%

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

Source: 2017 CMA Workforce Survey. Canadian Medical Association
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

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

Primary payment method\(^1\) in 2017

- **90% + fee-for-service**: 47%
- **90% + salary**: 38%
- **90% + other\(^*\)**: 6%
- **Blended**: 9%
- **NR**: 9%

*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\(^2\)

Average percent overhead reported by psychiatrists in 2017 = 19%\(^3\)

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\(^1\) 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:
- 25% NR
- 16% Dissatisfied or very dissatisfied
- 59% Satisfied or very satisfied

Current professional life:
- 8% NR
- 15% Dissatisfied or very dissatisfied
- 77% Satisfied or very satisfied

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>3</td>
<td>4</td>
</tr>
<tr>
<td>35-44</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>45-54</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>55-64</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>65 and over</td>
<td>121</td>
<td>47</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>71</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

- 62% Overworked in my discipline
- 36% Employed in my discipline to my satisfaction
- 2% Underemployed in my discipline
- 2% Not employed in my discipline
- No response

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