

Public Health and Preventive Medicine Profile

Updated
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General information

Public health and Preventive medicine (PhPm) is the branch of medicine concerned with the health of populations. These specialists use population health knowledge and skills to play leading and collaborative roles in the maintenance and improvement of the health and well-being of the community. They measure the health needs of populations and develop strategies for improving health and well-being, through health promotion, disease prevention and health protection.

A public health and preventive medicine specialist demonstrates skills in leadership; development of public policy; design, implementation and evaluation of health programs and applies them to a broad range of community health issues. It is a broad specialty that includes the fields of general preventive medicine, public health and occupational medicine. It requires knowledge and expertise in: management skills; epidemiology; health education/promotion/policy; nutrition; biostatistics and health services administration.

General information

These specialists work in a number of settings, such as public health departments, hospitals, universities, family practice settings, public agencies, industry and non-governmental organizations. Most public health and preventive medicine specialists have little contact with individual patients. Instead, their 'patient' is the community and their focus is on measuring health needs, addressing primary causes of disease (including behaviour and lifestyle factors) rather than on treating symptoms and developing methods for improving the community's health level. These practitioners are heavily involved in influencing public policy and public health issues.

After completing medical school to become a public health and preventive medicine specialist it requires 5 years of approved residency training. This includes:

- 1-2 years of basic clinical training;
- 3 years in a Royal College-approved, university-sponsored program that includes course work in the sciences of community medicine and experience and responsibility in community medicine;

General information

- 1 further year of training, in a Royal College-approved, university-sponsored program which may include residency in a clinical specialty relevant to the practice of public health and preventive medicine (normally internal medicine, pediatrics, obstetrics or psychiatry); or with selective clinical experiences related to disease prevention and health promotion for specific populations or groups.

Many complete 2 years of clinical training through the Family Medicine Residency Program, leading to eligibility for certification in family medicine (CCFP). Also required are a minimum of 1 academic year of courses in community medicine and a minimum of 1 year of community medicine field placement.

For further details on training requirements please go to:

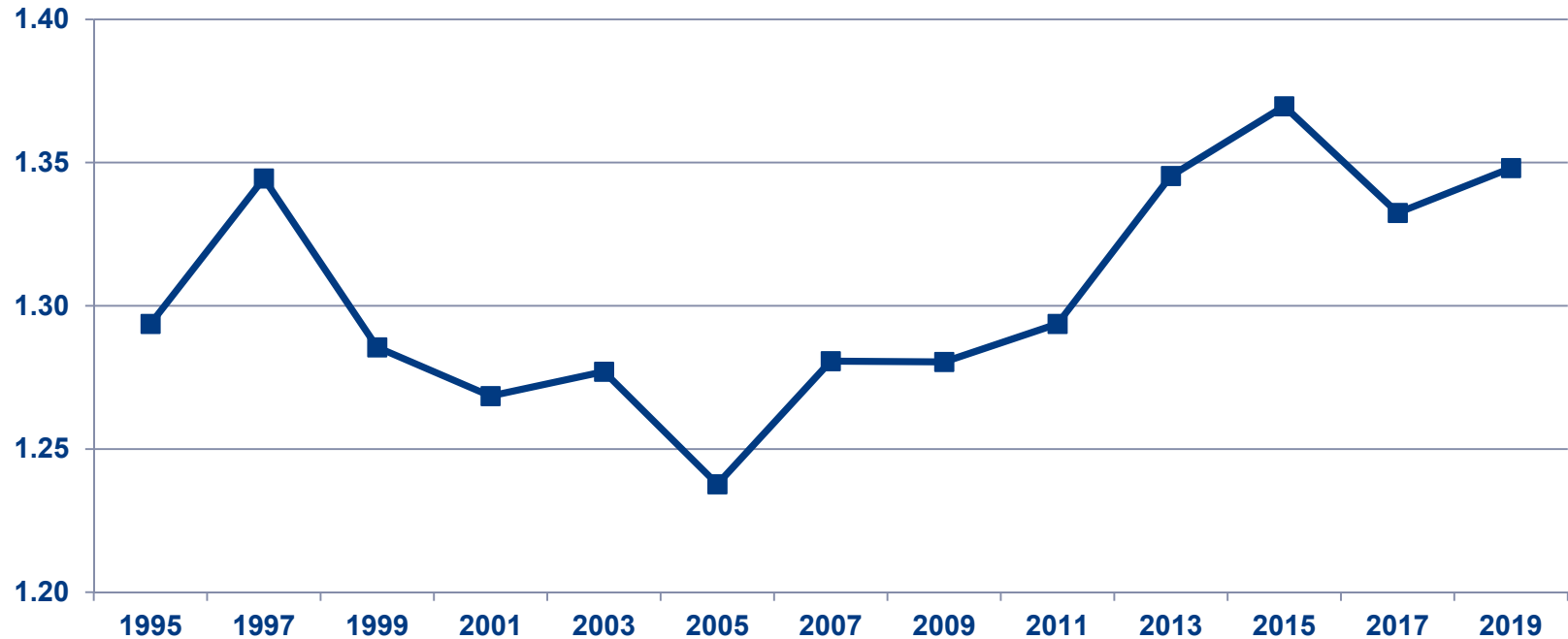
[Royal College of Physicians and Surgeons of Canada](#)

[The Canadian Public Health Association \(CPHA\)](#)

Total number & number/100,000 population by province, 2019

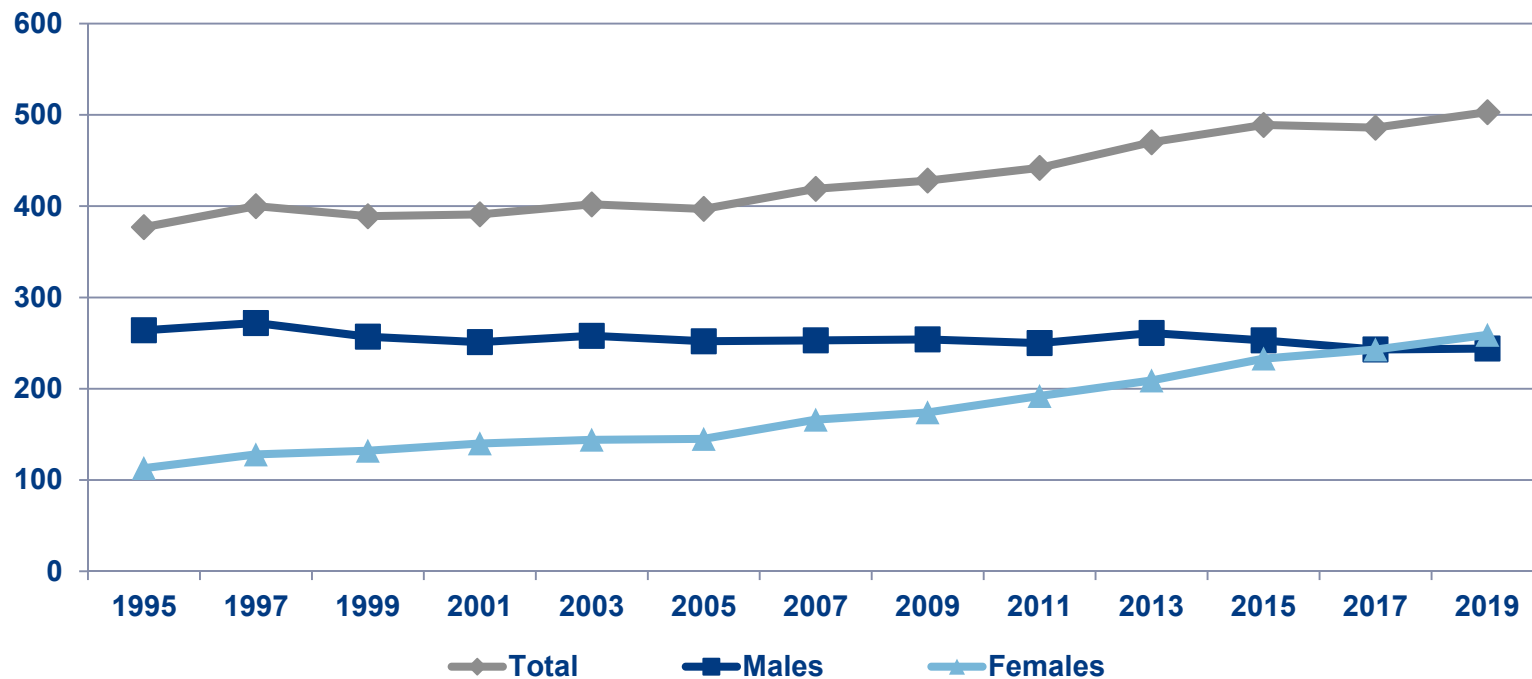
Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	2	0.4
Prince Edward Island	1	0.6
Nova Scotia	5	0.5
New Brunswick	4	0.5
Quebec	210	2.5
Ontario	155	1.1
Manitoba	22	1.6
Saskatchewan	9	0.8
Alberta	42	1.0
British Columbia	53	1.1
Territories	0	0.0
CANADA	503	1.3

Number/100,000 population, 1995 to 2019



Source: 1995-2019 CMA Masterfiles

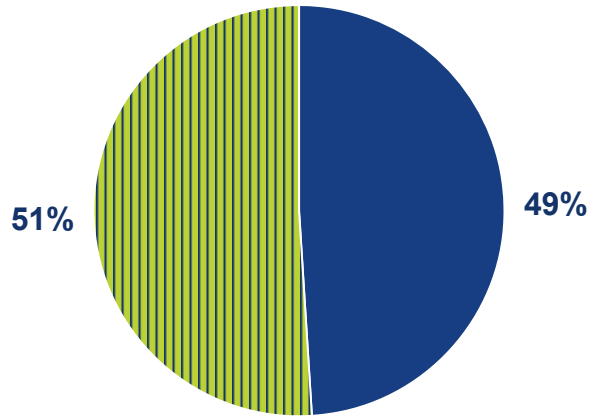
Number by gender & year, 1995 to 2019



Source: 1995-2019 CMA Masterfiles

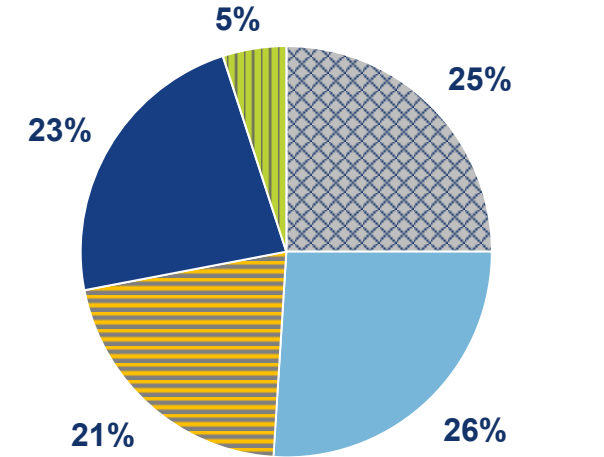
Percentage by gender & age, 2019

Gender



■ Male ■ Female

Age Group

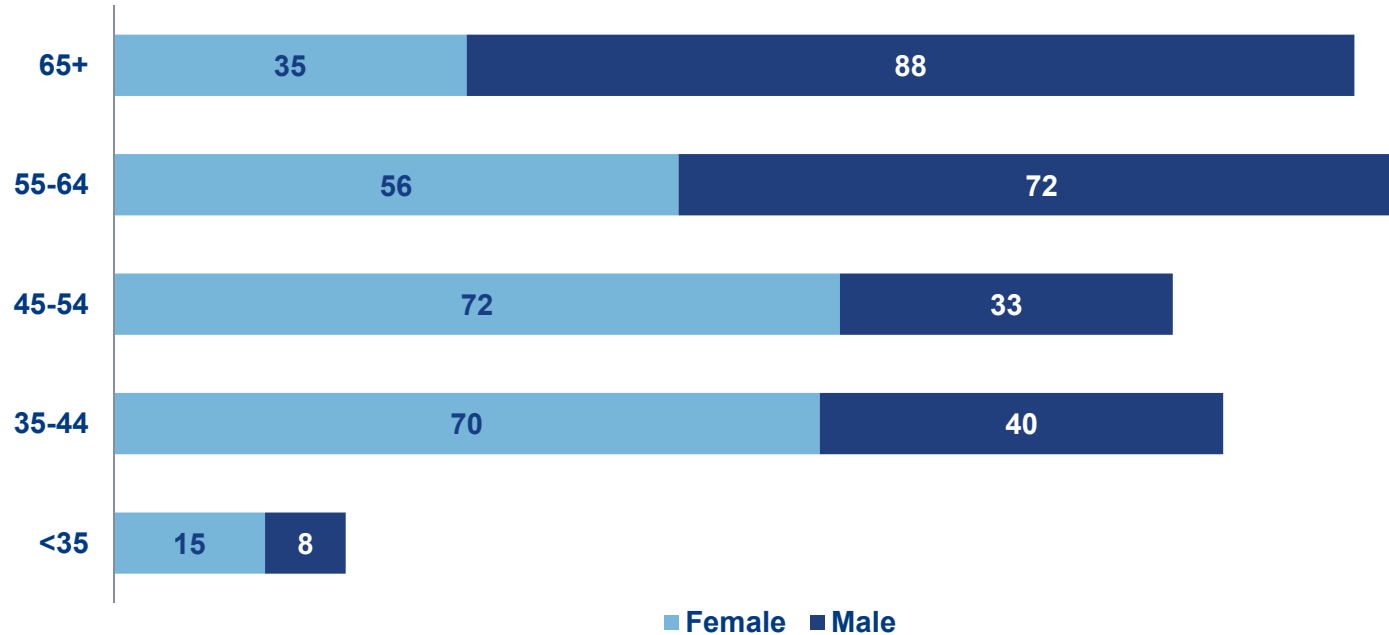


■ 65+ ■ 55 - 64 ■ 45 - 54 ■ 35 - 44 ■ < 35

Excludes those where gender or age is unknown.

Source: 2019 CMA Masterfile

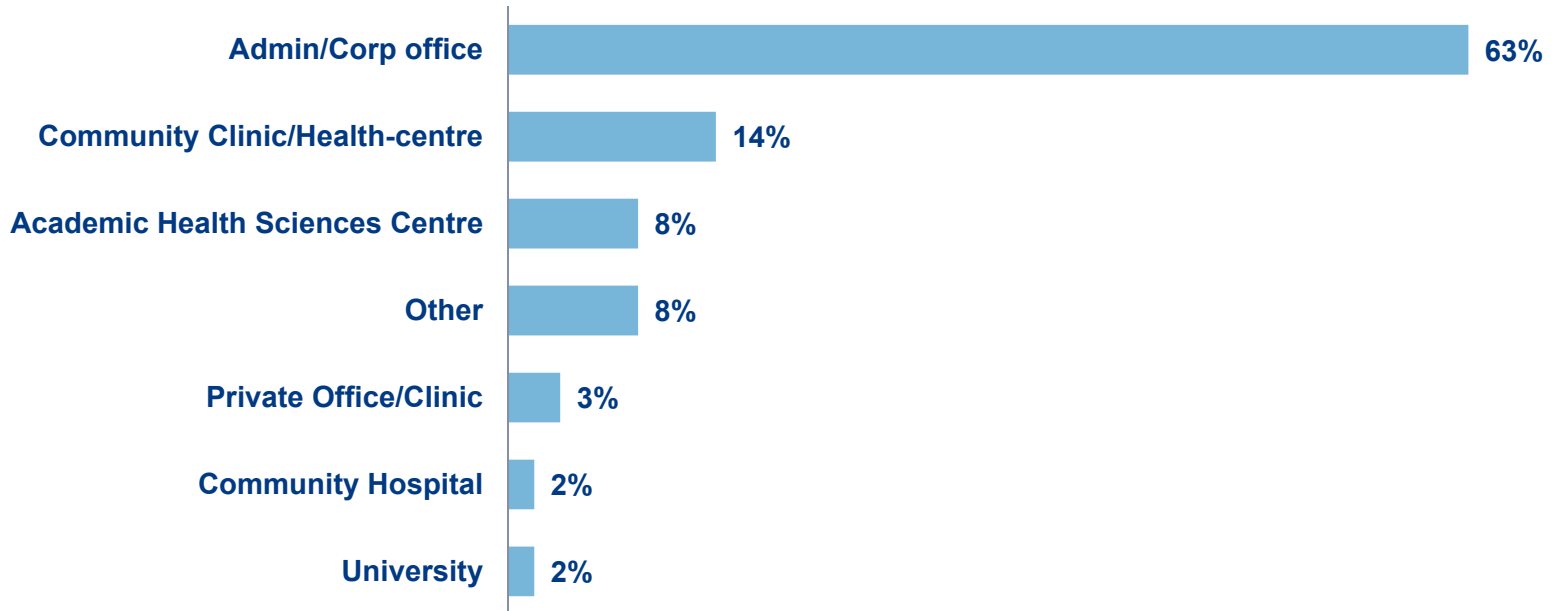
Number by gender & age, 2019



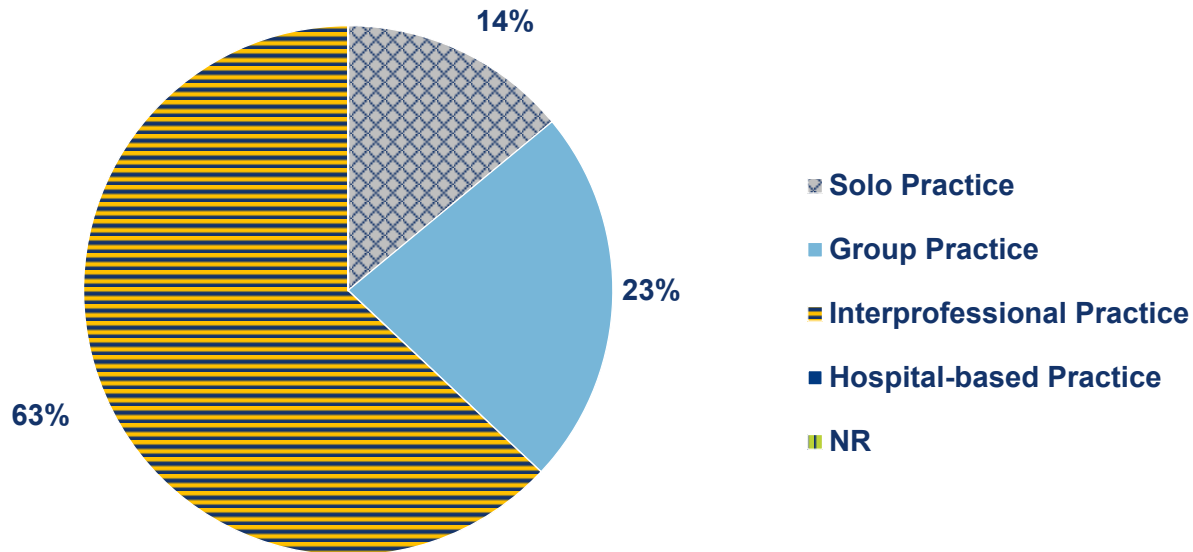
Excludes those where gender or age is unknown.

Source: 2019 CMA Masterfile

Percentage by main work setting, 2019



Percentage by practice organization, 2013*



*Most recent available data for this specialty

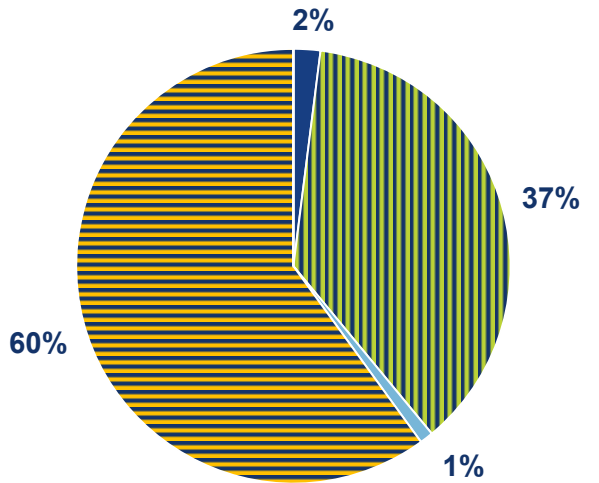
Source: 2013 National Physician Survey. CFPC, CMA, Royal College

Hours worked per week (excluding on-call), 2019

Activity	Hours worked per week
Direct patient care without teaching component	4.6
Direct patient care with teaching component	0.7
Teaching without patient care	3.1
Indirect patient care	3.8
Health facility committees	1.9
Administration	14.6
Research	4.6
Managing practice	2.1
Continued professional development	2.3
Other	7.0
TOTAL HOURS PER WEEK	44.7

Percentage by remuneration method

Primary payment method¹ in 2017



- 90% + fee-for-service
- 90% + salary
- 90% + other*
- Blended
- NR

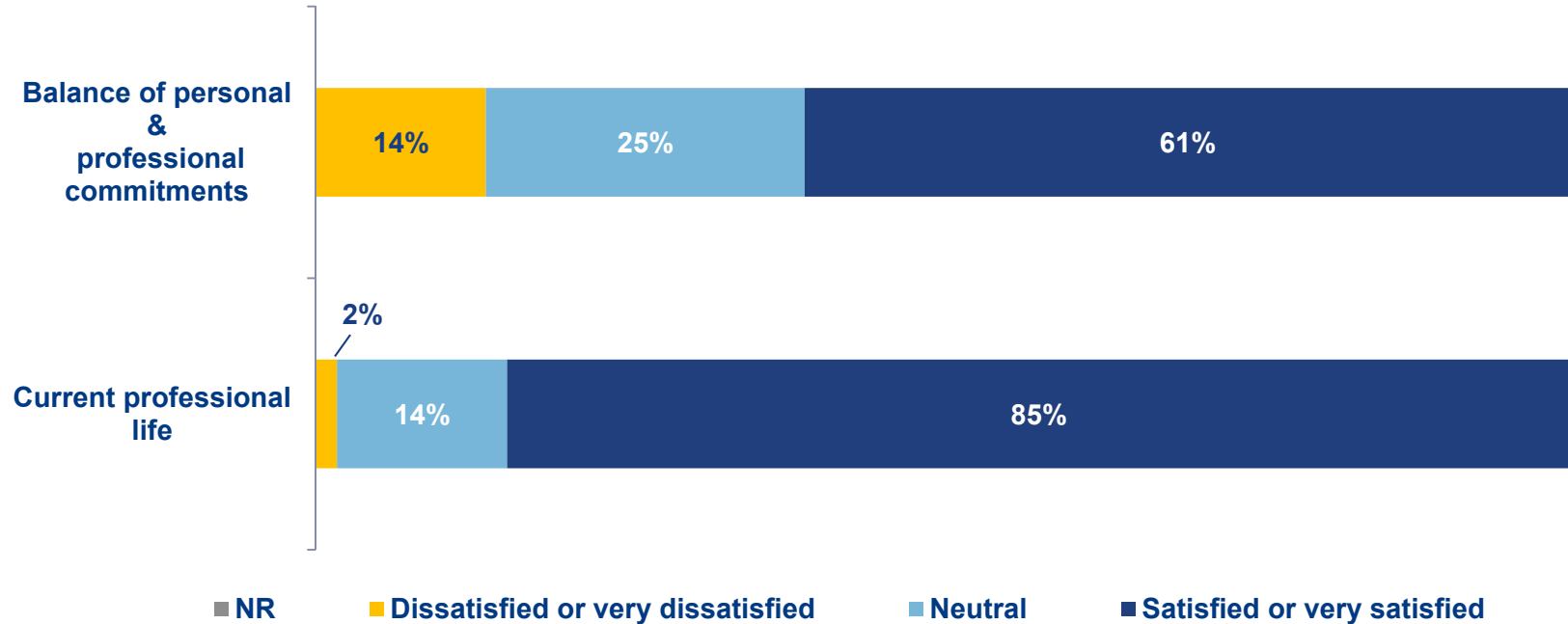
Average gross payment per physician for all medical specialties in 2017/18 (those earning at least \$60,000) = \$390,195²

*Other includes capitation, sessional, contract and other methods

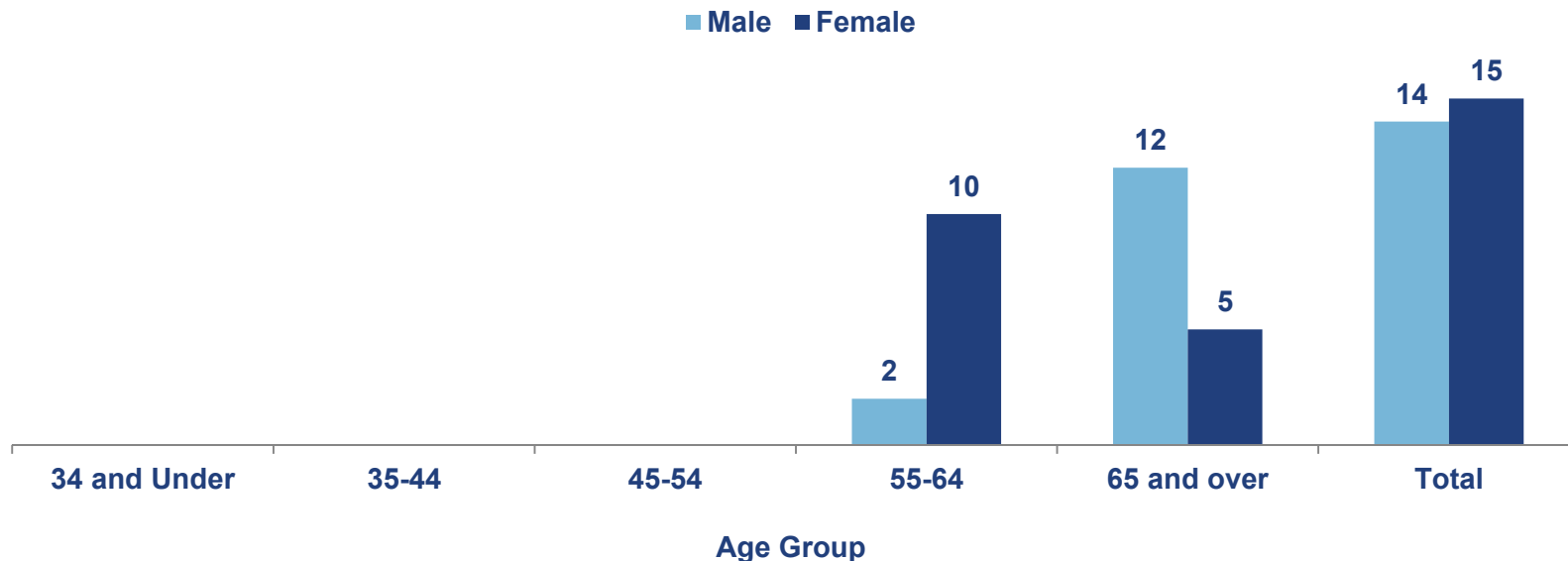
¹ 2017 CMA Workforce Survey. Canadian Medical Association

² National Physician Database, 2017/18, CIHI

Professional & work-life balance satisfaction, 2019



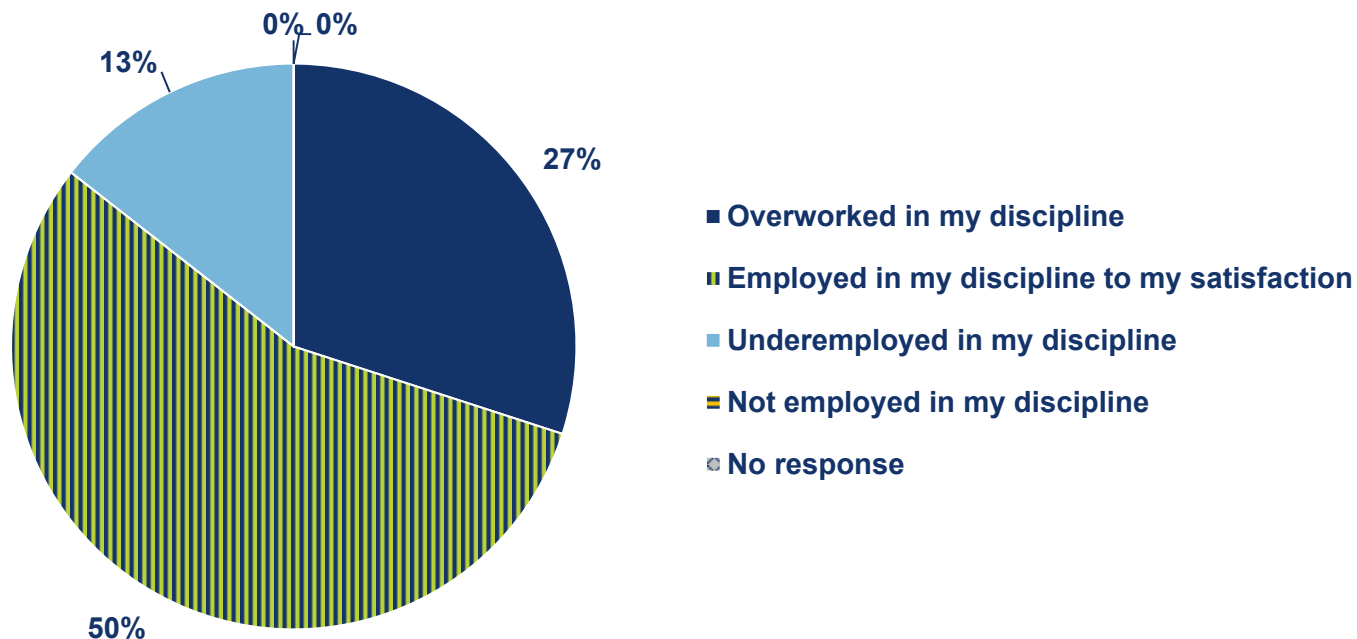
Number of retirees during the three year period of 2016-2018



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



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](#)



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