Rheumatology Profile
## TABLE OF CONTENTS

- General Information 3-5
- Total number & number/100,000 population by province, 2018 6
- Number/100,000 population, 1995-2018 7
- Number by gender & year, 1995-2018 8
- Percentage by gender & age, 2018 9
- Number by gender & age, 2018 10
- Percentage by main work setting, 2017 11
- Percentage by practice organization, 2017 12
- Hours worked per week (excluding on-call), 2017 13
- On-call duty hours per month, 2014 14
- Percentage by remuneration method 15
- Professional & work-life balance satisfaction, 2017 16
- Number of retirees during the three year period of 2014-2016 17
- Employment situation, 2017 18
- Links to additional resources 19

Updated August 2018
GENERAL INFORMATION

Rheumatology is concerned with the diagnosis and treatment of rheumatic diseases, which may involve many systems, as well as joint, muscle and skeletal disorders. Specialists in this field have an interest in autoimmune diseases that underlie many rheumatologic conditions. Practice in this specialty is primarily office-based with organized community programs relating to rheumatic disease units or regional centres. There are many opportunities for clinical practice, research and teaching.

A rheumatologist must be effective in the assessment, investigation, management, and rehabilitation of patients with: acute and chronic forms of arthritis; soft tissue rheumatic disorders; collagen-vascular diseases and vasculitides; spinal and regional pain problems; and the musculoskeletal manifestations of systemic disease.

Source: Pathway evaluation program
RESIDENTS IN RHEUMATOLOGY MAY PLAN A RESIDENCY PROGRAM DIRECTED TO INDEPENDENT PRIVATE PRACTICE IN THE COMMUNITY OR AN ACADEMIC TEACHING AND RESEARCH CAREER IN A UNIVERSITY SETTING. PRIVATE PRACTICE RHEUMATOLOGISTS, AND IN PARTICULAR THOSE WITH UNIVERSITY CLINICAL APPOINTMENTS, MAY ALSO ENGAGE IN TEACHING AND RESEARCH ACTIVITIES. RESIDENTS WISHING TO PURSUE A CAREER IN ACADEMIC RHEUMATOLOGY ARE ENCOURAGED TO TAKE ADDITIONAL RESEARCH TRAINING FOLLOWING COMPLETION OF THE CORE CLINICAL RHEUMATOLOGY PROGRAM.

TRADITIONALLY, PEDiatric PATIENTS (USUALLY UNDER AGE 18) ARE ATTENDED TO BY PEDIATRICIANS WITH SUBSPECIALTY TRAINING IN PEDiATRIC RHEUMATOLOGY. ADULT PATIENTS (USUALLY OVER AGE 18) ARE ATTENDED TO BY INTERNISTS WITH SUBSPECIALTY TRAINING IN ADULT RHEUMATOLOGY. Therefore, upon completion of medical school, a resident in rheumatology must first have primary certification in internal medicine or pediatrics.
GENERAL INFORMATION

Certification training therefore takes approximately 6 years, including:
• 4 years for certification in either internal medicine or pediatrics;
• a further 2 years of Royal College-approved residency in adult or pediatric rheumatology, a maximum of 1 year of which may be undertaken at the third or fourth year residency level. This period must include: 1 year of Royal College-approved clinical residency at a senior level in adult or pediatric rheumatology and a further residency that may include the following: 6 or 12 months of Royal College-approved clinical residency in rheumatology; and 6 or 12 months of approved clinical or basic research training relevant to rheumatology; or 1 year of Royal College-approved residency or research at a hospital or institution in Canada.

For further details on training requirements please go to:

Royal College of Physicians and Surgeons of Canada

Canadian Rheumatology 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>7</td>
<td>1.3</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>15</td>
<td>1.6</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>5</td>
<td>0.7</td>
</tr>
<tr>
<td>Quebec</td>
<td>115</td>
<td>1.4</td>
</tr>
<tr>
<td>Ontario</td>
<td>185</td>
<td>1.3</td>
</tr>
<tr>
<td>Manitoba</td>
<td>12</td>
<td>0.9</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>9</td>
<td>0.8</td>
</tr>
<tr>
<td>Alberta</td>
<td>56</td>
<td>1.3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>67</td>
<td>1.4</td>
</tr>
<tr>
<td>Territories</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>CANADA</strong></td>
<td><strong>471</strong></td>
<td><strong>1.3</strong></td>
</tr>
</tbody>
</table>

*Source: 2018 CMA Masterfile*
Number/100,000 population, 1995 to 2017

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

Source: 1995-2017 CMA Masterfiles
Percentage by gender & age, 2018

Gender
- Male: 46%
- Female: 54%

Age Group
- <35: 9%
- 35 - 44: 27%
- 45 - 54: 24%
- 55 - 64: 22%
- 65+: 18%
- <35: 9%

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

- Academic Health Sciences Centre: 46%
- Private Office/Clinic: 45%
- Non-AHSC Teaching Hospital: 5%
- Community Hospital: 5%

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

- Solo Practice: 42%
- Group Practice: 7%
- Interprofessional Practice: 8%
- Hospital-based Practice: 41%
- NR: 2%

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>20.8</td>
</tr>
<tr>
<td>Direct patient care with teaching component</td>
<td>8.6</td>
</tr>
<tr>
<td>Teaching without patient care</td>
<td>2.0</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>6.7</td>
</tr>
<tr>
<td>Health facility committees</td>
<td>1.1</td>
</tr>
<tr>
<td>Administration</td>
<td>2.6</td>
</tr>
<tr>
<td>Research</td>
<td>4.2</td>
</tr>
<tr>
<td>Managing practice</td>
<td>1.1</td>
</tr>
<tr>
<td>Continued professional development</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>TOTAL HOURS PER WEEK</strong></td>
<td><strong>51.0</strong></td>
</tr>
</tbody>
</table>

Source: 2017 CMA Workforce Survey. Canadian Medical Association
On-call duty hours per month, 2014*

- Up to 120 hrs/month: 60%
- More than 120, up to 180 hrs/month: 28%
- More than 180, up to 240 hrs/month: 10%
- More than 240 hrs/month: 2%
- No response: 2%

Time spent on call in direct patient care = 29 hrs./month

*Most recent available data for this specialty
Source: 2014 National Physician Survey. CFPC, CMA, Royal College
Percentage by remuneration method

Primary payment method\(^1\) in 2017

- 59%: 90% + fee-for-service
- 30%: 90% + salary
- 9%: 90% + other*
- 1%: Blended
- NR

* Other includes capitation, sessional, contract and other methods

Average gross fee-for-service payment per physician for Internal Medicine & subspecialties in 2015/16 (those earning at least $60,000) = $407,224\(^2\)

Average percent overhead reported by Rheumatologists in 2017 = 26%\(^3\)

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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

- 28% Dissatisfied or very dissatisfied
- 9% Neutral
- 63% Satisfied or very satisfied

Current professional life

- 17% Dissatisfied or very dissatisfied
- 6% Neutral
- 78% Satisfied or very satisfied

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

- Overworked in my discipline: 36.1%
- Employed in my discipline to my satisfaction: 63.9%
- Underemployed in my discipline: 7%
- Not employed in my discipline: 2%
- No response: 0%

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