

# Dermatology Profile

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="#"><u>General Information</u></a>	3-5
▪ <a href="#"><u>Total number &amp; number/100,000 population by province, 2018</u></a>	6
▪ <a href="#"><u>Number/100,000 population, 1995-2018</u></a>	7
▪ <a href="#"><u>Number by gender &amp; year, 1995-2018</u></a>	8
▪ <a href="#"><u>Percentage by gender &amp; age, 2018</u></a>	9
▪ <a href="#"><u>Number by gender &amp; age, 2018</u></a>	10
▪ <a href="#"><u>Percentage by main work setting, 2017</u></a>	11
▪ <a href="#"><u>Percentage by practice organization, 2017</u></a>	12
▪ <a href="#"><u>Hours worked per week (excluding on-call), 2017</u></a>	13
▪ <a href="#"><u>On-call duty hours per month, 2010</u></a>	14
▪ <a href="#"><u>Percentage by remuneration method</u></a>	15
▪ <a href="#"><u>Professional &amp; work-life balance satisfaction, 2017</u></a>	16
▪ <a href="#"><u>Number of retirees during the three year period of 2014-2016</u></a>	17
▪ <a href="#"><u>Employment situation, 2017</u></a>	18
▪ <a href="#"><u>Links to additional resources</u></a>	19



## GENERAL INFORMATION

Dermatology is a diverse specialty that deals with benign and malignant disorders of the skin, mouth, external genitalia, hair and nails, as well as a number of sexually transmitted diseases.

Dermatologists engage in a variety of procedural work and have the opportunity to combine cognitive skills with surgical skills. They also have expertise in the care of normal skin and in the prevention of skin disease and skin cancers.

A dermatologist must be knowledgeable about:

- all primary diseases of the skin and cutaneous manifestations of diseases in internal medicine, pediatrics, and other specialties;
- normal and disturbed immunological cutaneous mechanisms;
- venereal diseases;
- Dermatopathology;



## GENERAL INFORMATION

- dermatologic therapy, including a knowledge of percutaneous absorption, the pharmacology of topical and systemic medications, and light and ionizing radiation;
- the rational use of dermatological surgical procedures, including cryotherapy and more extensive cutaneous surgery.

Upon completion of medical school, it takes an additional 5 years of Royal College-approved residency training to become certified in dermatology. This period must include:

- 2 years of basic clinical training (including a minimum of 12 months of internal medicine and 3 months of pediatrics, and must include specific rotations in rheumatology, infectious diseases and oncology). In addition, rotations in plastic surgery, emergency medicine and pathology are recommended;



## GENERAL INFORMATION

- 3 years of Royal College-approved residency training in dermatology, at least 1 year of which must be spent in a general hospital with not less than 6 months on in-patient or consultation services. Up to 1 year of this training may include full time clinical or basic science research related to dermatology or dermatopathology, provided both the resident and the site of training are approved by the program director.

For further details on training requirements please go to:

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

[Canadian Dermatology Association](#)



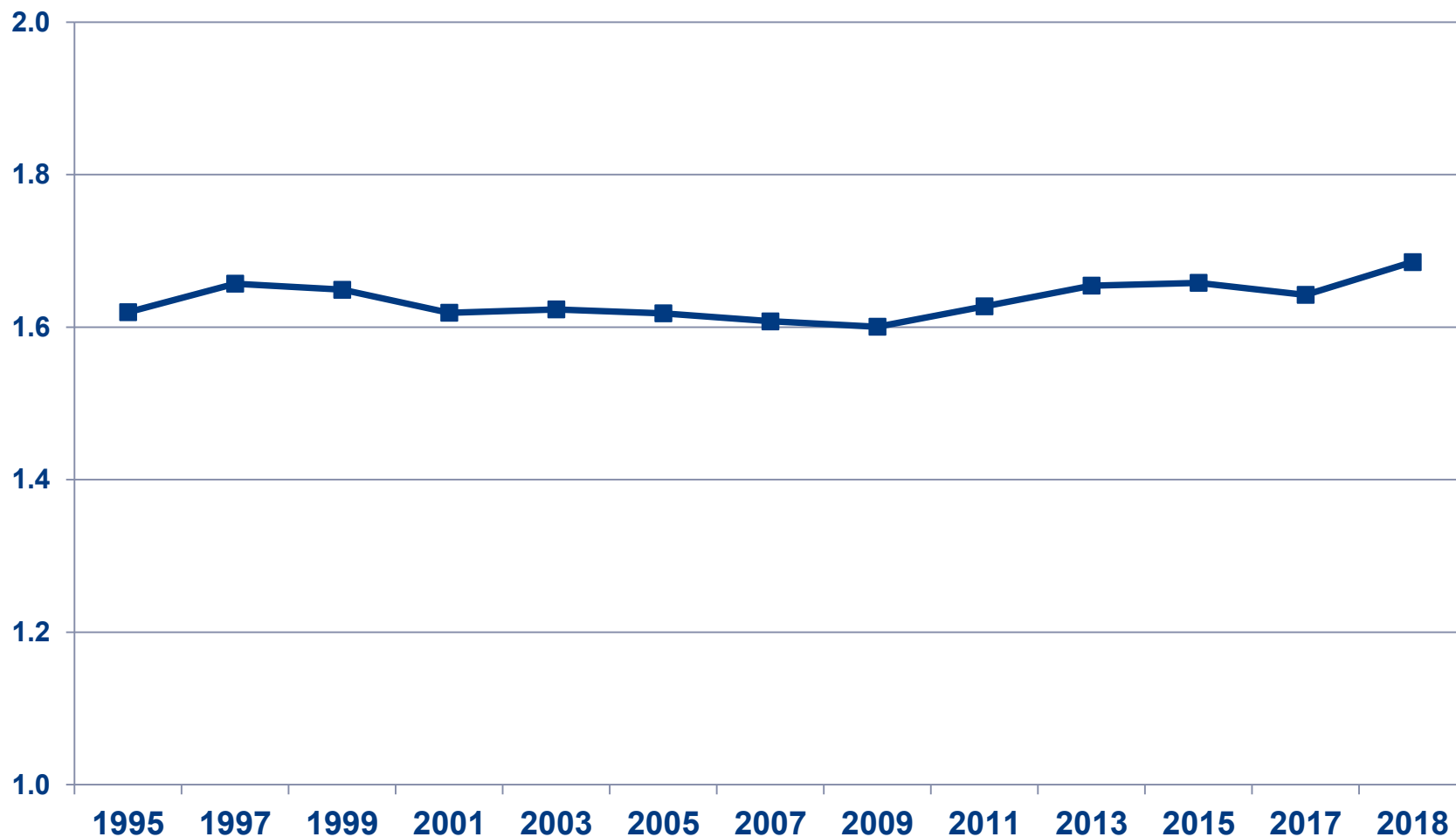
## Total number & number/100,000 population by province, 2018

Province/Territory	Physicians	Phys/100k pop'n
Newfoundland/Labrador	9	1.7
Prince Edward Island	0	0.0
Nova Scotia	18	1.9
New Brunswick	10	1.3
Quebec	213	2.5
Ontario	219	1.5
Manitoba	15	1.1
Saskatchewan	10	0.9
Alberta	58	1.3
British Columbia	71	1.5
Territories	0	0.0
<b>CANADA</b>	<b>623</b>	<b>1.7</b>

Source: 2018 CMA Masterfile



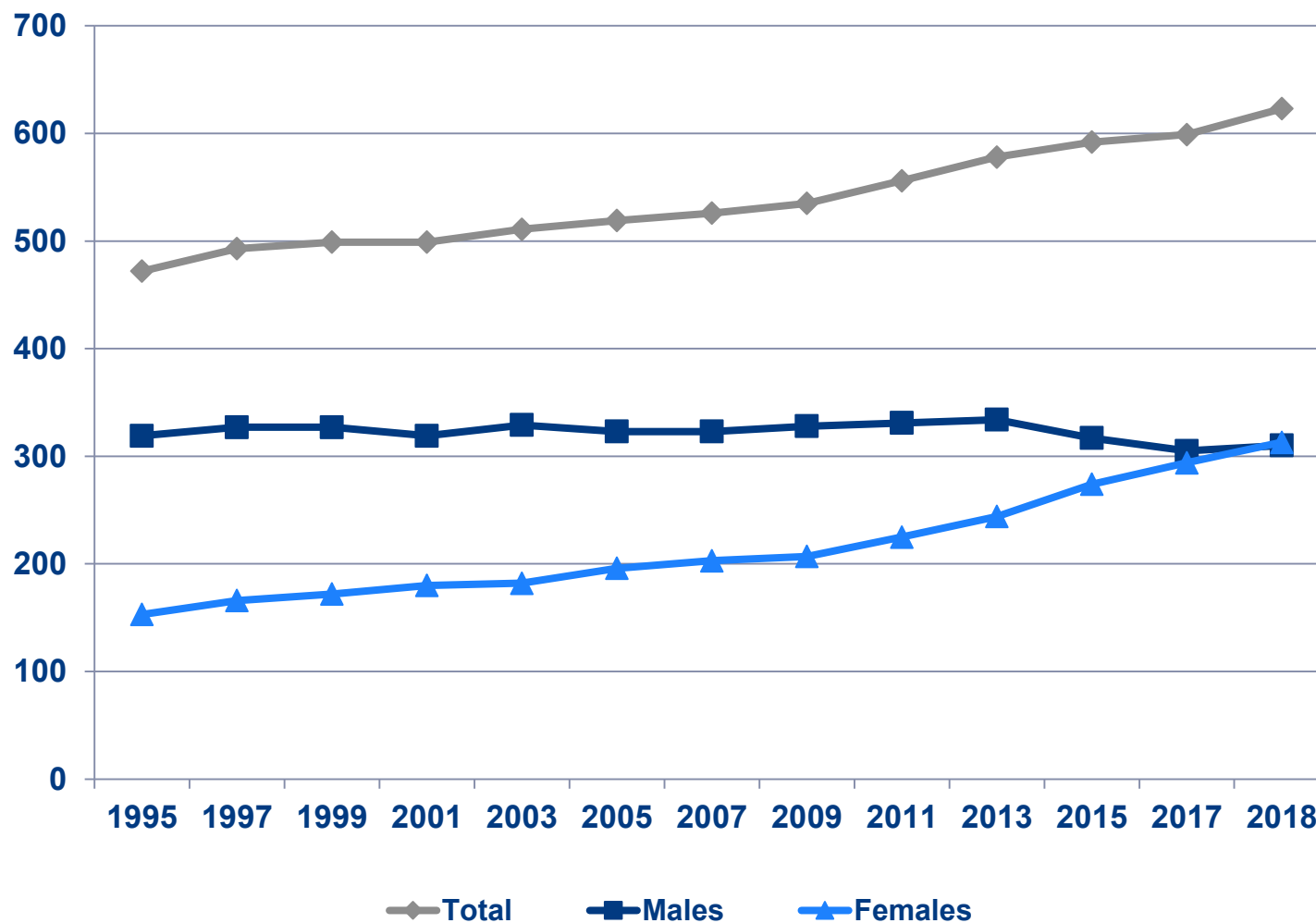
## Number/100,000 population, 1995 to 2018



Source: 1995-2018 CMA Masterfiles



## Number by gender & year, 1995 to 2018



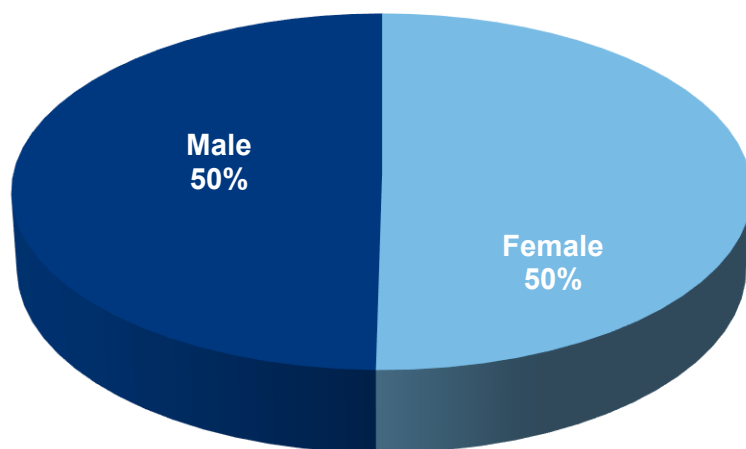
Source: 1995-2018 CMA Masterfiles



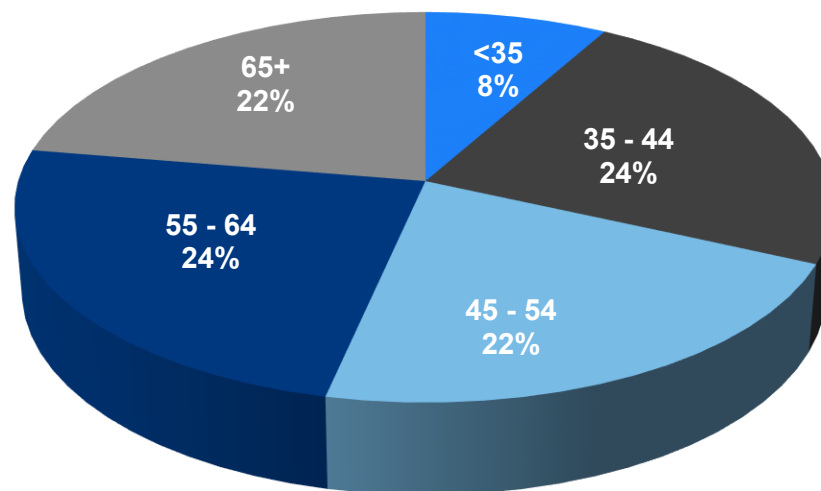


## Percentage by gender & age, 2018

### Gender



### Age Group

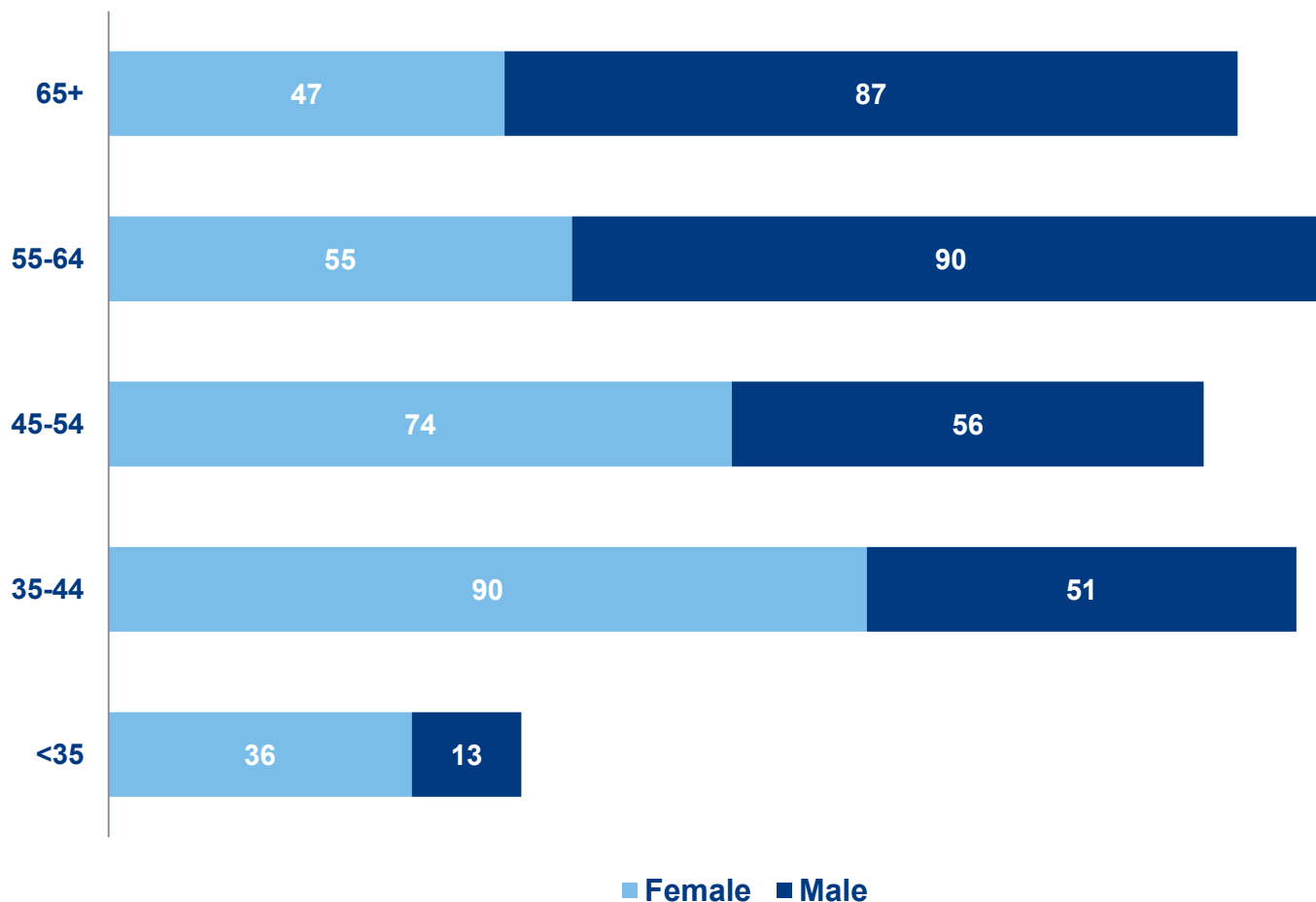


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



## Number by gender & age, 2018

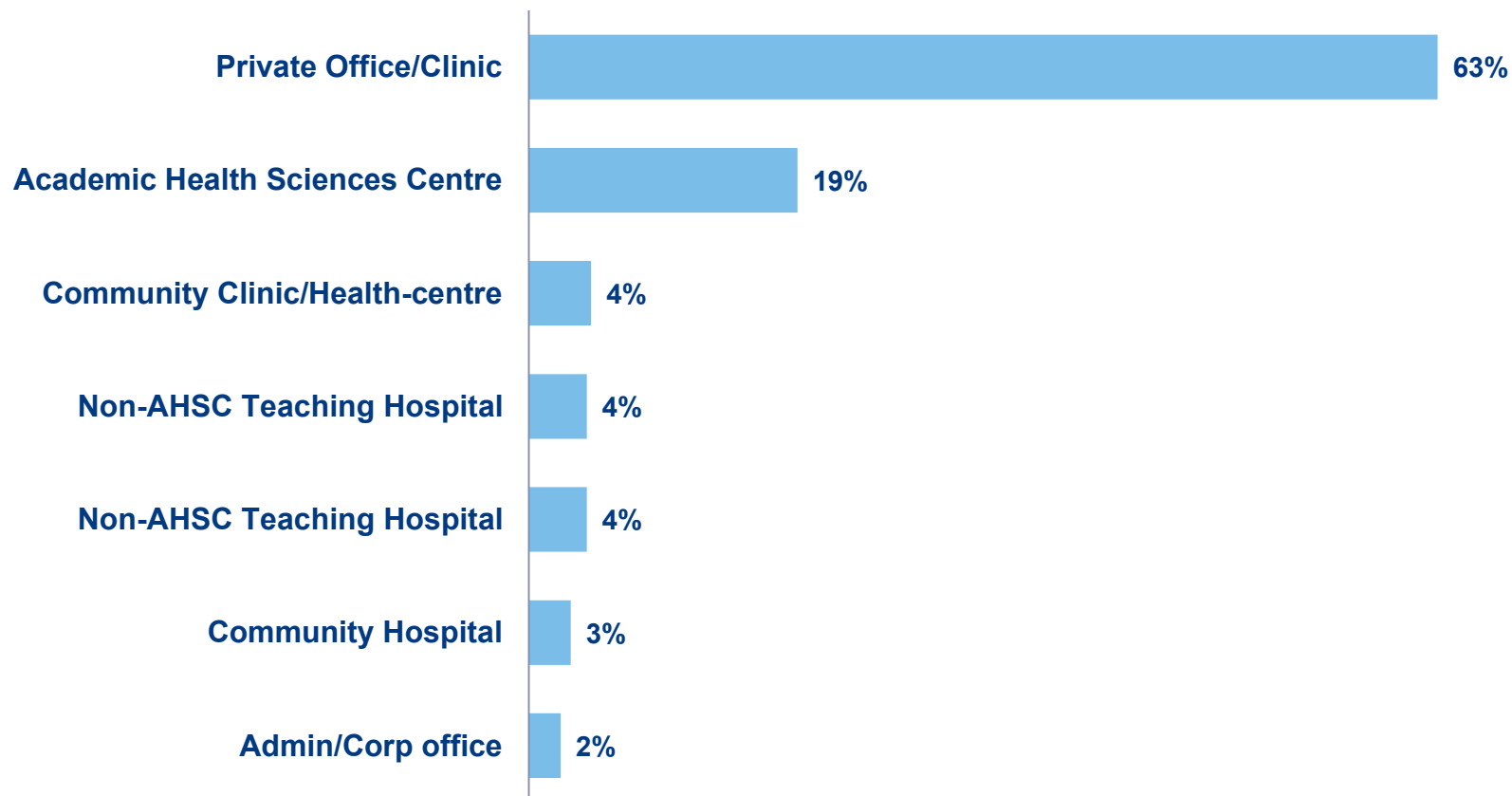


Excludes those where gender or age is unknown.

Source: 2018 CMA Masterfile



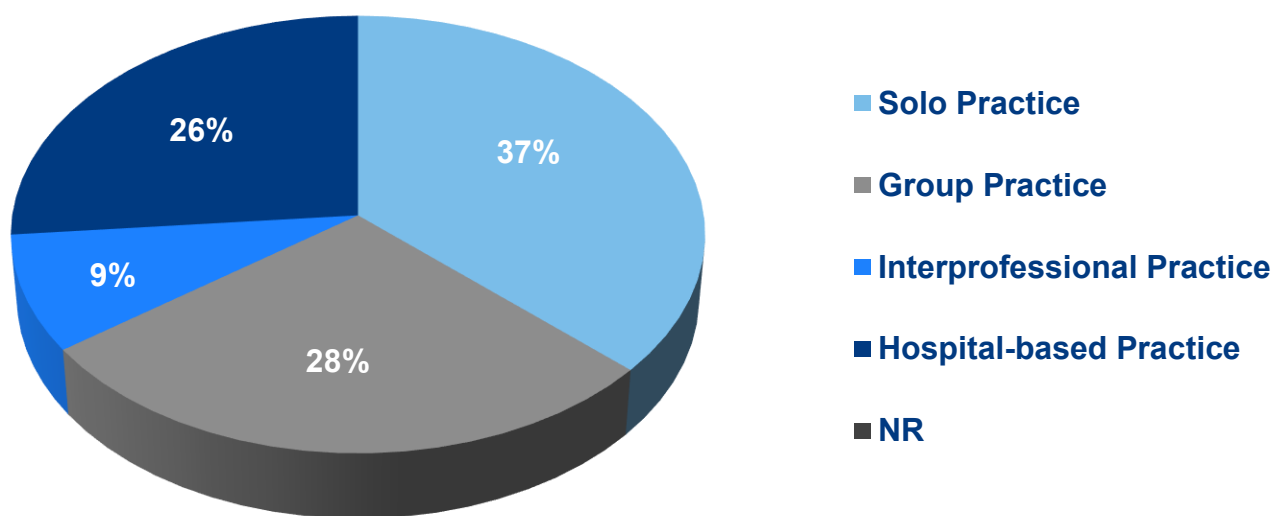
## Percentage by main work setting, 2017



Source: 2017 CMA Workforce Survey. Canadian Medical Association



## Percentage by practice organization, 2017



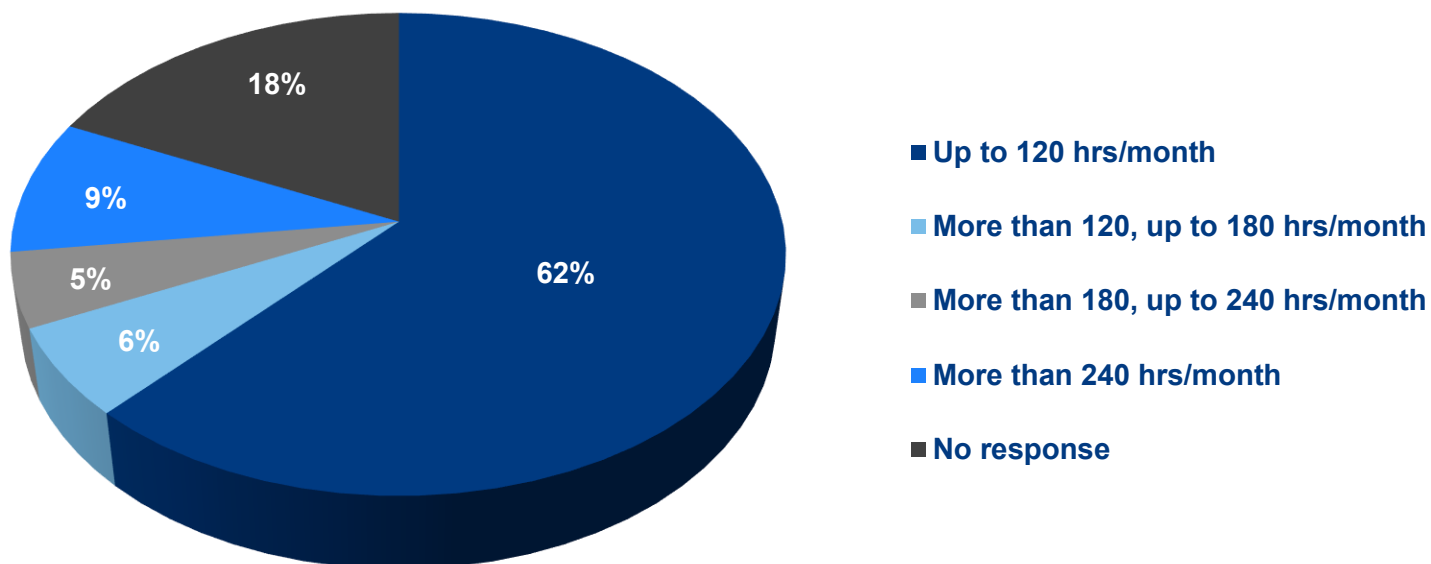


## Hours worked per week (excluding on-call), 2017

Activity	Hours worked per week
Direct patient care without teaching component	25.3
Direct patient care with teaching component	10.7
Teaching without patient care	1.3
Indirect patient care	7.3
Health facility committees	0.4
Administration	0.8
Research	2.8
Managing practice	2.7
Continued professional development	3.0
Other	0.1
<b>TOTAL HOURS PER WEEK</b>	<b>54.4</b>



## On-call duty hours per month, 2010\*



Time spent on call in direct patient care = 14 hrs./month

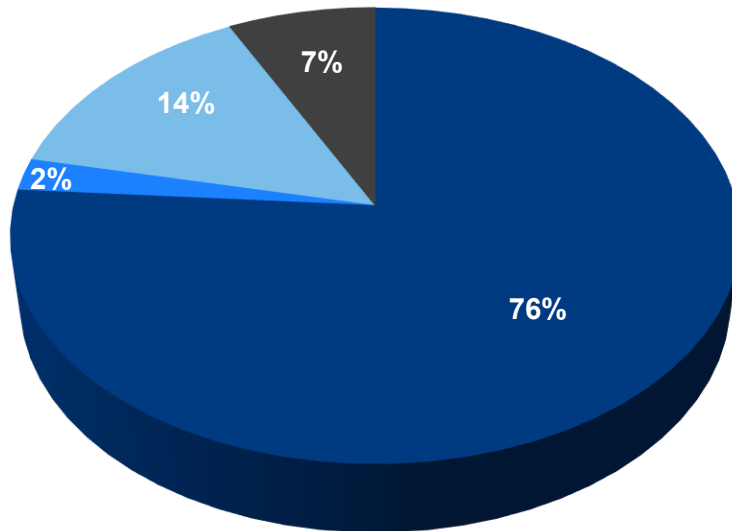
\*Most recent available data for this specialty

Source: 2010 National Physician Survey. CFPC, CMA, Royal College



## 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

\*\*Most recent available data for this specialty

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

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

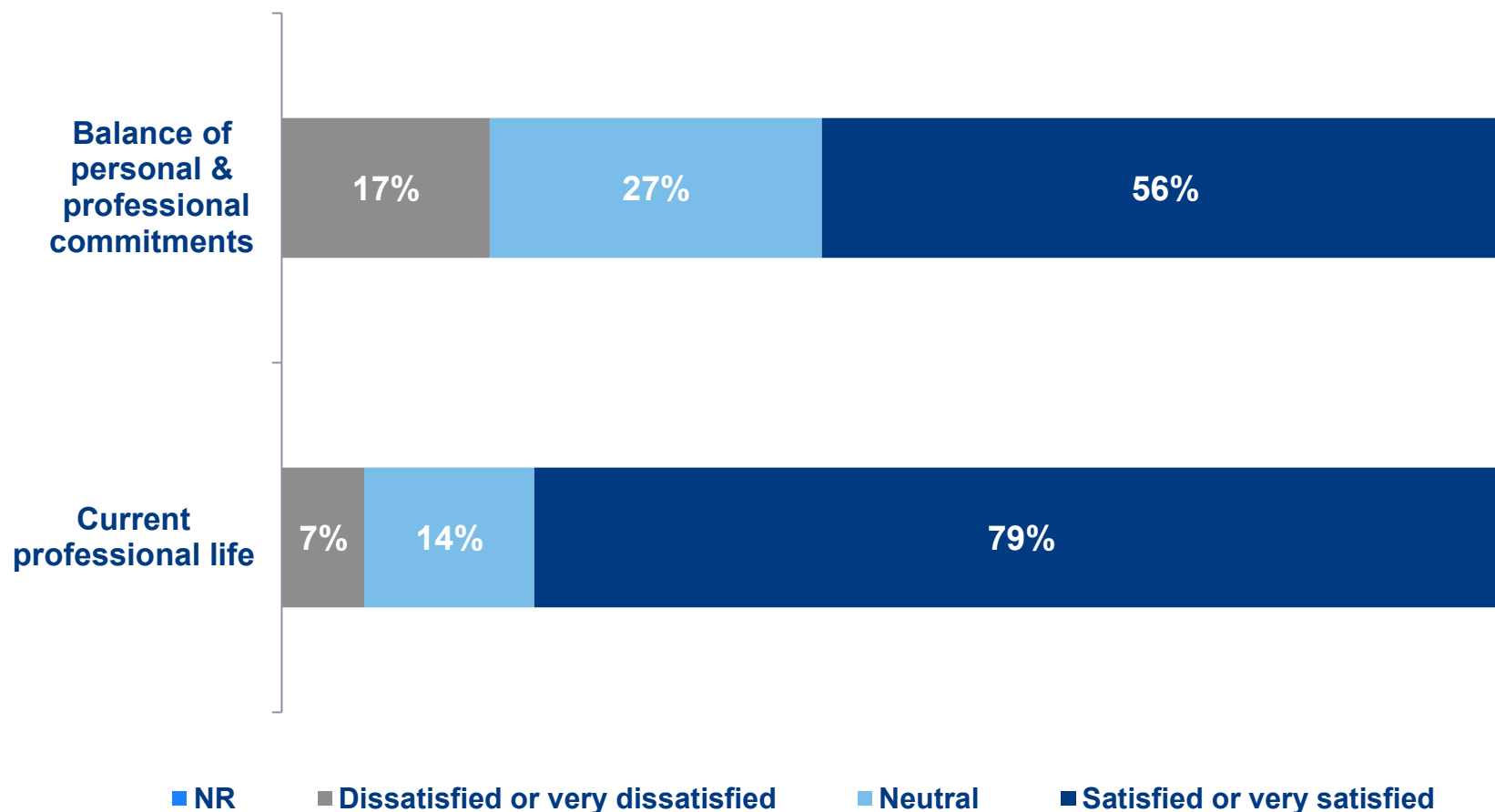
<sup>3</sup> Source: 2017 CMA Workforce Survey. Canadian Medical Association

Average gross fee-for-service payment per physician for Dermatology in 2015/16 (those earning at least \$60,000) = \$431,204<sup>2</sup>

Average percent overhead reported by all medical specialists in 2017\*\* = 35%<sup>3</sup>



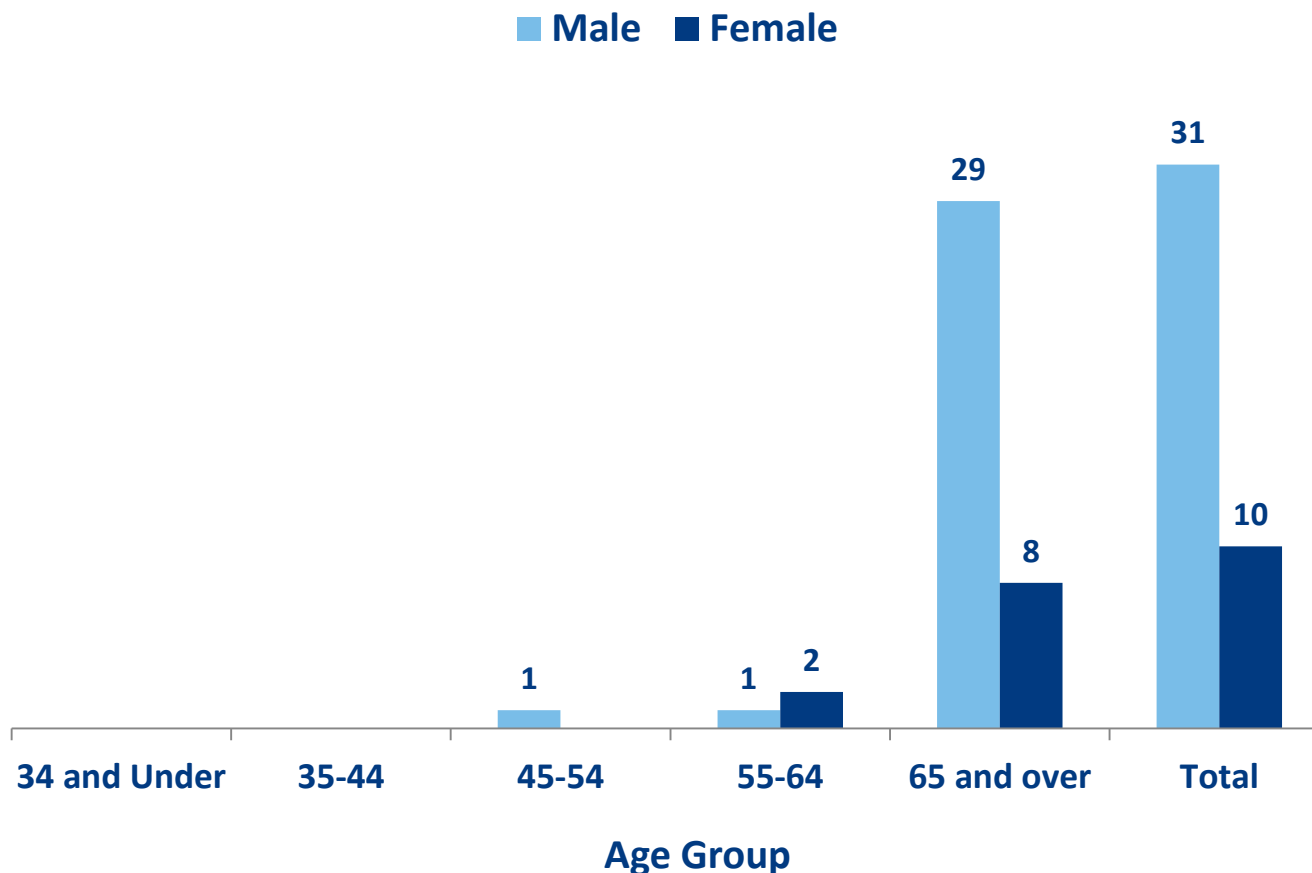
## Professional & work-life balance satisfaction, 2017







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

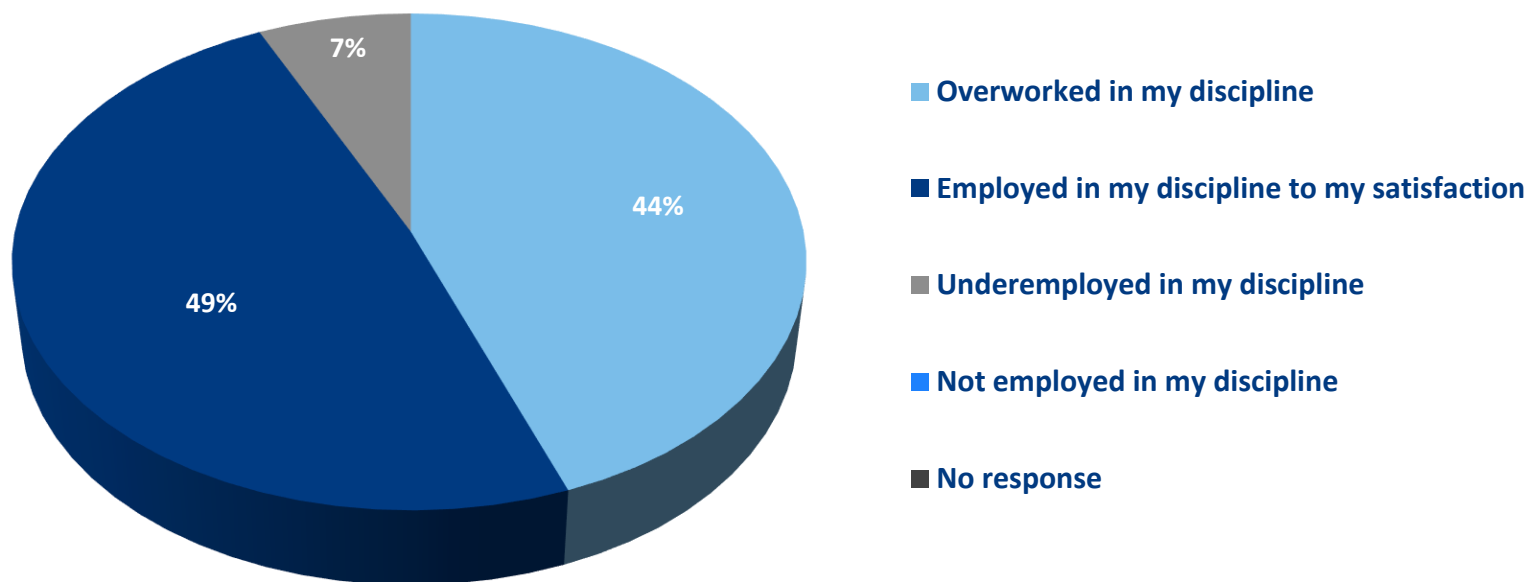


**Source: CMA Masterfile – year over year comparisons**

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](#)