

# Initial Data Release of the 2004 National Physician Survey

A collaborative project of  
The College of Family Physicians of Canada,  
the Canadian Medical Association, and  
The Royal College of Physicians and Surgeons of  
Canada

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## Access to care

Findings from the National Physician Survey confirm that many Canadians are experiencing problems in obtaining access to both family doctors and medical specialists and provide insight into some of the causes. Results from the poll show more than half (60%) of all family physicians either limit the number of new patients they see or do not take new patients at all. This finding is not confined to more well-established practices. Almost half of all young family physicians (under age 35) report their practices are either partially or completely closed to new patients. "It's a crying shame that we have gotten to the point where so many Canadians cannot find a GP," wrote one physician. "I feel guilty each and every time I say no to new requests but I realize for my own health I can't accept new patients."

Similar problems were reported in referring patients to see a medical specialist. Twenty-seven percent of specialists indicated they do not accept referrals or could not see non-urgent cases referred from family physicians in less than three months. For urgent cases the situation is somewhat better. Even so, only 29% of specialists said they could take an urgent referral within 24 hours and 23% indicated they would be unable to see even an urgent case within a week of referral or did not accept referrals. In both urgent and non-urgent cases, figures exclude those who did not answer the question or for whom referrals were not applicable. (Paragraph revised November 19, 2004)

When it came to actually finding a specialist to see their patients, family doctors said it was especially difficult to access psychiatrists and orthopedic surgeons. In these cases, family doctors rated access as fair/poor in 66% and 48% of cases respectively. Overall, a third of family doctors said that in general access to specialist physicians for referrals was fair/poor. One specialist wrote: "I am not able to see new patients regularly as I have a waiting list in excess of three years." Interestingly the converse situation also seems to be true, as almost half of specialists (43%) rated access to family physicians as fair/poor.

When asked to rate accessibility to a selection of medical services, more than half of all doctors polled said access to advanced diagnostic services such as magnetic resonance imaging (MRI) scans and long-term beds was either fair or poor. Family doctors tended to rate access to services as being poorer than their specialist colleagues. On the positive side, the vast majority of physicians polled said they did not have problems obtaining access to emergency room services or routine diagnostic services. Even so, some doctors felt obliged to make comments such as "the waiting time in the emergency departments is ridiculous and paramedics wait in line in the corridor to find a stretcher for their patients."

A closer look at the type of medical procedures performed by family doctors shows an almost universal decline in the number of doctors performing these services compared with results from three years ago. Fewer doctors indicated they were doing procedures ranging from Pap smears to suturing to hearing tests. Further analysis of data is needed to try to determine if this is related to changes in the practice patterns of family physicians e.g. increased emphasis on focused areas of care. It is also not known yet whether those still performing these services are doing more of them - as is the trend from other studies. An ongoing area of special concern is maternal and newborn care. This survey confirms the trend of more than one third (36%) of family doctors indicating that maternity and newborn care are not part of their practice.

Another trend was confirmed in the survey that could impact future access to medical care. While 16% of doctors polled stated they have reduced their weekly work hours in the past two years and 13% indicated they had reduced the scope of their activities, fully one quarter of them say they plan to reduce their weekly work hours in the coming two years. Reducing the number of hours they worked was identified by the survey respondents as the most significant change in their practices, both over the past two years and for the coming two years. Coupled with demographic changes that will see more physicians retiring and female doctors who tend to work fewer hours making up a greater percentage of the overall physician population in future, these findings show the growing crisis in getting access to a physician is no illusion.

## **Physician supply**

There is a changing demographic picture of the Canadian medical profession. Women students have made up more than half of many medical school classes for much of the last decade (the most recent 2003 –2004 enrolment figures in Canadian Faculties of Medicine show approx 58 % women) so it should come as no surprise that the number of female physicians is greater now than it has been at any time in the past. About a third of all physicians (31%) are now women, and in the under 35 age group female doctors make up the majority (52%). Women are also more likely to enter family medicine than specialty medicine. In the youngest age group, two thirds of female physicians practice family medicine while only one third are working in other specialties.

As noted earlier, this trend will have a significant impact on planning to ensure an adequate number of doctors and proper access to medical services in future. The survey showed while younger doctors as a whole report working fewer total hours per week than their older colleagues, this difference is due primarily to the higher percentage of women doctors in the under 45 age group. The survey showed that female physicians average about seven hours less per week than men regardless of whether they are working in family medicine or specialty care. This difference is due to a number of factors such as the additional responsibilities placed on young women doctors who are also caring for their young children. One female physician who is having trouble finding a substitute for a colleague going on maternity leave wrote: "I have come to realize why so many new grads, especially women, don't settle into full-time family medicine during the childbearing years. I fervently believe this is an issue that needs to be addressed – we are literally discouraging young female family physicians from committing to the job they were trained to do." Another wrote: "Despite all efforts, the elusive attempt at balance between a rewarding career and a fulfilling family life continues."

Another finding that impacts on physician supply in Canada is the significant number of physicians planning to retire in certain specialties. The survey indicates that while 6.3% of all physician respondents said they plan to retire in the next two years, this rate is more than doubled for doctors who practice internal medicine (14%). For all physicians, this would translate to a 3.1% annual rate of retirement, significantly higher than the actual average annual retirement rate of 1-2% per year for at least a decade. If this finding can be applied to all physicians in Canada, that means we would see up to 3800 retirements in the next 2 years. Similarly high rates are also reported for pathologists, general surgeons and otolaryngologists where at least one in 10 specialists say they are planning on retiring in the next two years.

In terms of hours worked, physicians overall report working an average of 51 hours per week. Specialists average more hours a week (53 hours) than family physicians (49 hours). However in addition to hours of actual work, the vast majority of Canada's doctors (71%) also report having to spend time on-call – that is, available to provide care if called upon. Of those who reported having on-call responsibilities, more than half had on-call responsibilities of up to 120 hours a month but 12% said they were on-call for more than 240 hours a month. In addition, many doctors surveyed said they were on-call 24 hours a day, seven days a week. For many doctors, these on-call responsibilities are probably the most stressful part of being a physician today because of the degree to which it curtails other aspects of life.

As a snapshot of the medical profession today, the survey findings debunk the stereotype of the individual physician operating a solo private practice and being paid by fee-for-service. The majority of family doctors reported being in a group practice (61%) compared with 48% of specialists. Only a quarter of family doctors said they had a solo practice. Regardless of practice setting, there is much sharing among physicians in terms of office space, staff, or equipment. Although 82% of physicians report receiving some professional income from fee-for-service billings, just over half of those polled said they receive 90% or more of their professional income from fee-for-service. This is a drop from the mid-1990s when two-thirds of physicians said they were paid this way. Interestingly, fee-for-service has also ceased to be the preferred way doctors say they would like to be paid. Given the choice, only one quarter of family doctors said they would choose this manner of payment as did 31% of specialists.

## **Professional satisfaction**

Overall, physicians' satisfaction with the balance in their lives, did not rate as highly as their levels of satisfaction with their relationships with their patients. While over two-thirds rated their current professional life as being somewhat or very satisfying, only half were satisfied with the balance between personal and professional commitments in their lives.

Asked to delineate the most stressful part of the practice of medicine, on-call responsibilities was the item mentioned most frequently. This was followed by concerns about the amount of paperwork and bureaucracy involved in medicine today and problems trying to get access to other types of care for their patients.

More than three-quarters of those who responded to the survey said the intellectual challenge and stimulation of medicine was one of the factors that led them to select their current career. As well, caring for patients is obviously professionally satisfying to most physicians. Despite the concerns expressed about the quality of today's health care system and the stresses doctors face, 86% reported being somewhat or very satisfied with their relationship with patients. The words of one family physician clearly illustrate this sentiment: "Being a family physician has been a wonderful journey. I have met and supported and nurtured so many people, watching them grow ... have families, age and die. It has been a privilege and an honour to be such an integral part of the journey of life for so many. I love my work. I love to teach it to others. Sometimes I am overwhelmed by demands or undervalued financially and sometimes overly caught up in administrating change. But if I could live my life again I would do family medicine ..."

## Methodology

The National Physician Survey (NPS) is a collaborative project of The College of Family Physicians of Canada (CFPC), the Canadian Medical Association (CMA), and The Royal College of Physicians and Surgeons of Canada (RCPSC). Financial support has been contributed by the CFPC, CMA, RCPSC, the Canadian Institute for Health Information (CIHI), and Health Canada. The 2004 NPS questions evolved from questions used on the CFPC's National Family Physician Workforce Survey, the CMA's Physician Resource Questionnaire, and the RCPSC's specialist questionnaire. A working group, including representatives of the CFPC, CMA, RCPSC, other affiliated societies, and CIHI was used to develop the 2004 NPS questions.

Two versions of the physician questionnaire were used, one for family physicians and general practitioners (FPs), and a second for all other specialists. Ninety percent of the questions were identical for FPs and specialists, with differences predominantly in the clinical practice profile questions. The questions were piloted in the fall of 2003 with a variety of physician committees and national specialty societies, and finalized in December 2004. The final 2004 NPS questionnaires were 16 pages long, bound in booklet fashion. The NPS received ethical approval from the University of British Columbia Behavioural Ethics Review Board.

The 2004 National Physician Survey (NPS) was carried out as a self-reported survey, sent to all licensed physicians in Canada. The NPS mail and email list was generated from the CMA Masterfile. The CMA Masterfile includes all physicians in Canada holding a medical license and is compiled and updated on a daily basis with information received from provincial licensing bodies, associations, CFPC and RCPSC membership listings, and individual physicians. Email addresses were verified for 34.0% of all physicians. This group received survey communications by email, including invitations to complete the questionnaire online. The remaining 66.0% of physicians received all NPS communications by mail. In total, 61,751 physicians in all provinces and territories were asked to reply to the 2004 NPS, 31,965 FPs and 29,786 specialists.

Responses from all questionnaires returned by June 30<sup>th</sup>, 2004 were captured into an electronic database file. The file created by physicians completing the online questionnaire and the file created by the returned paper responses were merged to create a single NPS database.

Unique identification numbers were assigned for the NPS project to ensure that physician responses would remain confidential and anonymous, to enable subsequent mailings of the questionnaire to physicians who had not yet replied, and to apply the same numbers to future NPS surveys for longitudinal analysis.

Of the 61,751 doctors identified on the original mailing/emailing list, 2,352 were eliminated due to retirement, residency, or working abroad. Of the remaining 59,399 physicians, 21,296 replied to the survey for an overall study response rate of 35.9%.

National level estimates based on the 2004 NPS study results are considered accurate within +/- 0.7%, 19 times out of 20.