



Backgrounder Embargoed until March 18, 2008 – 5:00 a.m. EST

Regional Data Backgrounder of the 2007 National Physician Survey (NPS)

Access to Physicians and Institutional Care

see Appendix, pages 2 & 3

Released in January 2008, results of the National Physician Survey confirmed that many Canadians are still experiencing problems obtaining access to many aspects of care.
Physicians are concerned about access to care for their patients.

Orthopedic Surgeons: Despite focus and federal funding to improve access to some orthopedic procedures, nationally 55% of family physicians rated patient access to orthopedic surgeons fair or poor which is worse than the 2004 rate of 48%.

Regional Highlights

- Ratings deteriorated in 8 provinces - and markedly in NS and QC, with NS showing an 18% increase in family physicians rating access to orthopedic surgeons as fair/poor, and QC showing a 20% increase.

Psychiatrists: Sixty-four percent of family physicians also rated access to psychiatrists fair to poor.

Regional Highlights

- Ontario was the highest at 71%
- Most jurisdictions saw at least small improvements from 2004, based on this measure.

MRI and CT scans: When asked to rate access to a selection of medical services, almost half of all doctors surveyed (49%) said access to advanced diagnostic services such as magnetic resonance imaging (MRI) and CT scans was either fair or poor.

Regional Highlights

- The fair/poor ratings were particularly high in Saskatchewan and BC (57%) but this marks an improvement for both provinces from 2004.
- The 2007 ratings showed an improvement from 2004 in most provinces/territories, with the exception of PEI (53% in 2007, 45% in 2004) and QC (53% in 2007, 49% in 2004).

Institutional care: Access to long-term care beds was also an issue across all jurisdictions with a national average of almost 60% rating access as fair/poor.

Regional Highlights

- A greater proportion of physicians in almost all provinces assigned access to long-term care beds a fair/poor rating than in 2004.
- Alberta physicians were the least satisfied with access to emergency room services with 40% rating it as fair to poor.
- Access to hospital care for elective procedures was rated as fair to poor by 45% of physicians in 2007 compared with 41% in 2004.
- In particular, NS (54% in 2007, 42% in 2004) and NB (46% in 2007, 38% in 2004) indicated worse access to hospital care for elective procedures in 2007.

Family Physician Shortages

see Appendix, pages 4 & 5

Access: Other specialists appear to have concerns about their ability to access the services of family physicians¹.

Regional Highlights

- Fair to poor access ratings ranged from 30% among other specialists in Newfoundland and Labrador to 64% in Quebec.
- Overall, access to family physicians was rated as fair to poor by 55% of other specialists in 2007 compared to 43% in 2004.
- Nearly all provinces indicated poorer access ratings in 2007.

Finding a family doctor: Results from the survey showed that 58% of all family physicians either limit the number of new patients they see or do not take new patients at all. Regional data from the National Physician Survey provides a closer look at this phenomenon and notes significant differences among jurisdictions as to which family practices are accepting new patients.

Regional Highlights

- Thirty-one percent of family physicians in SK, up to 65% in PEI and ON are either limiting the number of new patients they will see, or not taking any new patients at all.
- Nationally, one-fifth of family physicians will take all new patients, ranging from 2% of family physicians in PEI to 45% in SK.

¹ “Family physicians” is the term used in the Backgrounder to represent all general practitioners and family physicians. “Other specialists” is the term used to represent those specialists within the medical profession who are not family physicians.

Locum services: It seems the lack of availability of locum services to cover family physicians' practices so they can attend meetings or take a break isn't helping the problem.

Regional Highlights

- Over one third of family physicians (35%) indicated that they didn't use a locum in the last year because there were none available.
- This ranged from 7% of FPs in the Territories to 49% in PEI and has serious implications for professional satisfaction and burnout.

Physician Satisfaction Comes From Caring for Patients

see Appendix, page 6

Satisfaction with relationships: Generally, physicians said they were highly satisfied with their relationship with patients.

Regional Highlights

- Nationally, 84% report being very or somewhat satisfied with their relationship with patients, a finding that is quite consistent across the country.
- Overall, approximately three quarters of physicians are satisfied with their current professional life and their relationships with their physician colleagues. There was little regional difference.
- When asked about their satisfaction with their relationships with hospitals, fewer than half of doctors in Ontario, Quebec and BC reported being satisfied compared to 70% in NB.

What's Getting in the Way of Patient Care?

see Appendix, page 7

System support: While physicians enjoy looking after their patients, they are frustrated by insufficient support in the system to meet the needs of their changing patient populations. The impediments vary by region.

Regional Highlights

- For instance, system funding was indicated as a major impediment for 71% of other specialists in Quebec, in caring for their patients. This compares with 44% of other specialists in PEI.
- Similarly, the availability of personnel was rated as an especially high issue amongst family physicians in AB (55%) and other specialists in QC (66%), compared with 39% of family physicians in Nova Scotia and Saskatchewan, and 44% of other specialists in ON.
- While paperwork was a major impediment for 57% of family physicians across the country, it was reported as an impediment by 34% of other specialists.
- In QC, 43% of family physicians said paperwork was a major impediment to their care of their patients, compared to 64% of family physicians in NS, 65% in the Territories and 66% in ON.

Use of Technology

see Appendix, pages 8, 9, 10

Technology: Physicians are changing the way they communicate with and about patients.

Regional Highlights

- Sixty-six percent of other specialists in AB and BC, and 67% in NS use email to talk to their colleagues about patients.
- Twenty percent of other specialists in NS and BC use email to communicate directly with their patients.
- In addition, 18% of family physicians in QC and 21% of family physicians in MB have a practice website. The same is true for 19% of other specialists in AB and 23% of other specialists in QC.
- Nearly half of all family physicians in Alberta (47%) are using electronic records to enter and retrieve clinical patient notes while 9% of family physicians in PEI and QC are using electronic records.
- Among other specialists, 38% in NL are using electronic records compared with 18% in QC.

The Face of the Medical Workforce is Changing

see Appendix, pages 11, 12, 13, 14

Patterns of practice: Changing medical workforce is driving patterns of practice. As the medical workforce evolves, health care planners need to consider the implications for future physician resource planning.

Retirement: Significant numbers of physicians plan to retire from clinical practice within the next two years.

Regional Highlights

- The figure is 6% nationally but higher intentions to retire were reported in BC and NB (8% each), and in the Territories (12%).

Female practitioners: The demographic picture of the medical profession in Canada is increasingly female, especially under the age of 35 where women already make up the majority of physicians. Women are more likely to enter family medicine than other medical specialties.

Regional Highlights

- Among respondents under 35 years of age, over two thirds of women practice family medicine while under one third work in other specialties.
- One of the areas where there is a distinct difference between male and female physicians is in the area of total hours worked per week, excluding time on-call. On average, female physicians reported 6 fewer hours per week (48 hours) than their male colleagues (54 hours), ranging from a 3 hour difference in NL to 10 hours in Alberta and 11 hours in PEI.
- Based on historical survey data, it appears the gap between men and women is narrowing due to males decreasing their hours.
- Overall, women with children under the age of 5 reported working 42 hours per week compared to 55 hours per week by fathers of the same aged children.

Changing Practice Patterns are Affecting Physician Resources

see Appendix, pages 12,13,15,16,17,18

Reduced working hours: Trends identified in other studies that could impact future supply of physician services were confirmed by the survey. Twenty-seven percent of doctors have reduced their working hours in the past two years and 35% plan to do so in the next two years. Both these figures represent increases over the 2004 figures. Nationally, 13% of physicians plan to reduce their scope of practice but there are no large regional differences. Physicians were asked to report their working hours per week, excluding time spent on-call. Canadian physicians as a whole reported 52 hours per week.

Regional Highlights

- The numbers are quite consistent across the country but Quebec leads the way with 39% planning to reduce their future work week.
- Among family physicians, those in NL, PEI, MB, and the Territories work an average of 53 hours per week, while those in QC work an average of 46 hours per week.
- Amongst other specialists, the highest average number of hours per week is in SK and AB (56 hours), with the lowest being in QC (51 hours).
- The difference between regions is smaller when looking at hours spent in direct patient care only, where Quebec reported one and a half hours less per week than the national average.

On-call activities: Many physicians reported that on-call activities were a particularly stressful part of their work.

Regional Highlights

- Higher levels of on-call activity were reported by physicians in smaller jurisdictions compared to those in larger regions. In less populated jurisdictions, close to 20% of physicians reported being on-call more than 240 hours per month, or more than one night in three.

Relocation: Since national supply does not necessarily translate into a stable workforce in each jurisdiction, physicians were also asked if they planned to relocate in the next two years.

Regional Highlights

- More than one in 10 physicians plan an interprovincial move from NL and Saskatchewan compared to fewer than 3% in Ontario, BC & PEI.

The Way Physicians are Being Paid is Changing

see Appendix, pages 19, 20

Fee-for-service income: The percentage of physicians receiving 90% or more of their professional income from fee-for-service continues its gradual decline and now sits at 48% nationally.

Regional Highlights

- In addition to small fluctuations in some of the smaller provinces, Ontario saw a significant drop from 57% to 51% of its physicians receiving at least 90% of their professional income from fee-for-service.
- Alberta continues to have the highest percentage being paid primarily fee-for-service at 56% of all respondents compared to just 30% in PEI.
- Every jurisdiction except NB reported a decrease in the percentage of doctors preferring the fee-for-service method of remuneration.
- Alberta's percentage of physicians preferring fee-for-service decreased from being the province that was most supportive with one third of physicians in 2004 to one quarter in 2007.
- On the other end, less than 10% of the 2007 respondents in PEI and the Territories endorsed this payment method.

Salary, sessional basis and blended payment methods: Over half of all physicians prefer a blended method of remuneration (up 3% from 2004) with at least 8 jurisdictions having approximately half indicating this preference (a combination of various types of payment such as fee-for-service, sessional, capitation, on-call remuneration, etc.)

Regional Highlights

- Salary is the most common payment method in the Territories (34%) followed by NL and PEI with 21% reporting receiving the vast majority of their earnings from this method compared to only 6% in BC and QC.
- Being paid primarily on a sessional basis (per hour/diem) was most common in Quebec (7%), NS (7%) and PEI (8%) but capitation (age/sex adjusted annual amount for each patient) as the physician's main form of remuneration was reported by less than 2% of respondents in all jurisdictions.
- Those physicians who reported blended payment methods accounted for 31% nationally and were most prevalent in Quebec (37%) and least common in Saskatchewan (16%) and the Territories (5%).

Methodology

The National Physician Survey (NPS) is a total census survey. The NPS is made possible through the financial contributions of the Canadian Medical Association (CMA), The College of Family Physicians of Canada (CFPC), The Royal College of Physicians and Surgeons of Canada (RCPSC), the Canadian Institute for Health Information (CIHI) and Health Canada. The NPS has received cash and in-kind contributions for a total budget of \$1.2 Million over 3 years (2007-2009).

The 2007 edition of the NPS was carried out as a self-reported survey sent to all licensed physicians in Canada. NPS respondents completed the survey either on paper or electronically. A change in the methodology from NPS 2004, the NPS 2007 consisted of a shorter core questionnaire as well as a longer detailed questionnaire with two versions developed specifically for family physicians and general practitioners (FPs), and another for all other medical specialists.

Surveys and reminders were mailed and emailed using the NPS Masterfile contact list. The NPS Masterfile was populated with information from the CMA Membership System, the CFPC membership database, and the RCPSC membership database.

The NPS 2007 questions evolved from questions used on the NPS 2004. A working group approach was taken that included representatives from the CFPC, CMA, RCPSC, CIHI, and other affiliated societies to review and refine questions asked in the NPS 2004.

Of the 60,811 physicians who were eligible to complete the NPS 2007, 19,239 responded for a rate of 32%. Among the provinces, response rates for Nova Scotia (37%) and New Brunswick (34%) were above the national rate, and over 40% of physicians in Prince Edward Island and the combined Territories responded. Response rates ranged from 28% of physicians in Newfoundland and Labrador to 41% in Prince Edward Island.

Confidence intervals vary significantly by province and are determined by the number of respondents, not the response rate. The confidence interval widths for estimates for Newfoundland and Labrador or Prince Edward Island (287 and 88 respondents respectively) are

about ten times the width of those for Canada, while those for Quebec or Ontario (4,822 and 7,003 respondents respectively) are only about three times the width of those for Canada. Researchers must keep this in mind when comparing results between provinces. Weights were applied to the results and remove any response bias by adjusting for over- or under-representation of groups defined by province/territory, type of physician (family physician/general practitioner versus other specialist), age, and sex.

For more information and to see the NPS 2004 data and highlights of the NPS 2007 results, please go to nationalphysiciansurvey.ca

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