



Backgrounder Embargoed until June 27, 2011 – 5:00am EST

2010 National Physician Survey (NPS)

The National Physician Survey (NPS) is a major ongoing research project that gathers the opinions of physicians, medical residents and medical students from across Canada. It is the largest census survey of its kind and is an important barometer of the country's present and future doctors on a wide range of health care issues.

- The College of Family Physicians of Canada (CFPC), Canadian Medical Association (CMA) and Royal College of Physicians and Surgeons of Canada (Royal College) work collaboratively to manage this important research.
- The 2010 survey expands and builds on the previous surveys conducted in 2004 and 2007. Just under 18,000 physicians and medical students from across the country completed the 2010 Survey.
- On June 27, 2011, the first phase of the NPS analysis is being released. This includes national and provincial data from physicians in all medical disciplines across Canada. Following further analysis additional releases will be issued: data related to medical students and residents will be released in September; Specialty-specific breakdowns will be released in November.

Access to Care Remains an Issue

The 2010 NPS data indicates that it takes longer in 2010 than in 2007 for patients requiring urgent care to see a physician:

- Almost half (47%) of patients with an urgent condition can be seen by a Canadian physician within a day:
Highest rates: SK (59%) and BC (55%);
Lowest rates: QC (39%) and PEI (40%)
- 61% of urgent care cases for family physicians are seen within one day; 32% are seen within one day by other specialists. For both groups this is lower than in 2007 when the stats were 65% and 37% respectively.
- For non-urgent care, 26% of physicians can see a patient within a week but the national average is three weeks for family physicians and 12 weeks for other specialists.
The best non-urgent access to care within one week or less: SK and BC (38%); AB, ON & NS (29%)
The poorest non-urgent access within a week: QC (11%) and PEI (17%)
- 58% of Canadian family physicians and general practitioners are accepting new patients. (18% have no restrictions on accepting new patients and 41% accept some).
The easiest provinces to be accepted as a new patient are QC (66% of practices fully or partially open) and SK (64%)
The lowest proportion of practices willing to accept new patients: AB (52%) and PEI (46%)

- Family physicians in Canada report seeing an average of 107 patients per week excluding those seen while on-call. Almost 40% see more than 100 patients per week; 5% see more than 200.
Average numbers of patients seen by a family physician in a week:
Highest: SK (125); ON (117)
Lowest: QC (80) ; NB and AB (109)

Physicians identify increasing demands for their time as the result of five key factors:

- Increasing complexity of patient caseload (identified by 72% of NPS respondents)
Highest: PEI (77%); NL (75%)
Lowest: SK (65%); ON (70%)
- Managing patients with chronic conditions (identified by 63% of NPS respondents)
Highest: PEI (77%); NL (69%)
Lowest: QC (60%); SK & MB (62%)
- Increasing administrative work and paperwork (identified by 61% of NPS respondents)
Highest: NL (67%); ON (62%)
Lowest: PEI (58%); MB, SK & NS (59%)
- Ageing population (identified by 59% of NPS respondents)
Highest: NB (67%); NL (65%)
Lowest: MB (55%); SK & AB (56%)
- Increasing patient expectations (identified by 58% of NPS respondents)
Highest: NL (66%); NB (61%)
Lowest: QC & BC (56%); SK (57%)

Hours Worked

Physicians continue to work long hours. On average a physician's work week was 51.4 hours in 2010, compared to 51.7 hours in 2007, with additional time spent on-call. However, the amount of time spent in direct patient care is decreasing, while the indirect patient care time requirements are on the rise.

Highest: SK (55.9 hours); NL (55.1)
Lowest: QC (48.4); PEI (49.3)

- 32.7 hours per week are spent in direct patient care (compared to 33.3 in 2007)
- 6.1 hours per week are spent in indirect patient care such as completing charts, forms, phone calls, etc. (compared to 5.9 hours in 2007)
- Other activities include administrative and managerial duties, teaching, research and continuing medical education.
- 29% indicated that they plan to reduce their hours of clinical work by 2012 compared to 23% in 2007.
- 8% of physicians indicated in 2007 that they planned to increase their work hours over the next two years. The actual percentage that increased their work hours in the past two years was 38% although not necessarily the exact same physicians answered the 2010 survey.
- Both male (53.3 hours/week) and female (48.2 hours/week) physicians worked significantly longer hours than the standard 40-hour work week.
- 57% of physicians are satisfied with the balance between their personal and professional commitments.

On-call Duty

In addition to the hours they provide direct patient care, seven out of ten physicians have on-call responsibilities (time outside of regular activities during which a physician is available to patients).

- 67% of family physicians have on-call responsibilities, as do 74% of other specialists.
Numbers of physicians who do on-call duties:
Highest: NB (81%); SK (80%)
Lowest: BC (67%); PEI & MB (69%)
- Male and female physicians are equally likely to have on-call duties.
- Family physicians spend an average of 134 hours per month on on-call duty. Other specialists spend an average of 121 hours per month on-call.
- Among physicians aged 35-44, 79% do on-call, compared to 43% among physicians aged 65 and over. 12% of family physicians are on-call more than 240 hours per month, as are 8% of other specialists.
- Highest number of hours spent on call per month: NL: 172 hours; SK: 159 hours
- Lowest number of hours spent on call per month: ON: 119 hours; QC: 122 hours
- Physicians who are 65+ years average 139 hours of on call per month, while those who are under 35 years average 116 hours per month
- Time spent providing direct patient care while on-call: physicians under 35 provide an average of 44 hours per month and those over 65 provide an average of 37 hours per month.

Physicians considering changes to work hours

While in 2007, 23% of physicians said they planned to reduce their clinical hours within the next two years, the 2010 results reveal that 19% indicated that they have reduced their hours over this timeframe. Looking ahead, 29% plan to reduce clinical hours over the next two years.

Highest: BC & PE (23%); NS & AB (20%)
Lowest: NB (15%); NL (16%)

Seven per cent of respondents indicated that they plan to retire from clinical practice in the next two years.

Highest: BC (9.6%); NL (8.9%)
Lowest: NB (5.7%); PEI (6.4%)

In 2007, 8% of physicians indicated that they expected to *increase* their work hours. In 2010, 38% reported doing so in the previous two years.

Highest: SK (44%); QC (43%)
Lowest: PEI (28%); AB (34%)

Practice Size

Older family physicians tend to maintain larger practices than their younger colleagues.

- Family physicians aged 55-64 estimate that they have an average practice size of approximately 1900 patients, as compared to an estimate of about 1160 for physicians under the age of 35.
- The national average for family physicians is around 1700 patients in their practice. However, 5% have more than 3,000 patients (16% of family physicians in PEI have this large a practice).

Largest practices: NL (2,275 patients); SK (2,265)
Smallest practices: QC (1,433); ON (1,600)

Lowest: SK (19%), AB 23%)

- Remuneration method was defined as “blended” when no single type of remuneration accounted for 90% or more of a physician’s income.

Continuing Professional Development

74% of physicians read peer-reviewed journals at least once a month; 56% of specialists do so more than once a month compared to 44% of family physicians

- Physicians indicated that the following methods of learning had a positive effect on how they practice medicine:
 - Over 70% indicated that the impact on their practices of attending live accredited events was somewhat or very significant.
 - Reading peer-reviewed journals had a somewhat or very significant impact on the practices of 63% of physicians followed by 61% for evidence-based resources and 55% for rounds, journal clubs, etc.
- 68% of physicians reported using evidence resources such as clinical practice guidelines and data repositories at least once a month
- 51% participated in hospital or clinical rounds, journal clubs, and other small group activities

For more information and to see the NPS 2010 data results, please go to www.nationalphysiciansurvey.ca

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