

Regional 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

February 2005

Access to care

In the fall of 2004, results of the National Physician Survey confirmed that many Canadians are experiencing problems obtaining access to physicians. Results from the survey showed that 60% 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. Half of Saskatchewan family physicians have no restrictions on their practices and are open to new patients compared to only 9% in PEI and 13% in Ontario. Ontario, New Brunswick and PEI recorded the largest proportion of completely closed family practices at 24-26%.

While nationally 48% of family physicians rated patient accessibility to orthopedic surgeons as fair or poor, this rate varied across the regions. More than half of those in Ontario, BC and Alberta rated access as fair or poor. Access to psychiatrists was considered to be fair or poor by two thirds of family physicians nationally, and reached as high as three of every four family physicians in Ontario.

Specialist physicians appear to hold similar concerns over the ability of patients to access the services of family physicians. Only 15% of specialists rated access as very good or excellent nationally, although BC and Saskatchewan reached 24%. Access to tertiary care fared slightly better with 29% of specialists overall rating access as very good or excellent with only small geographical variations.

When asked to rate accessibility to a selection of medical services, more than half of all doctors surveyed said access to advanced diagnostic services such as magnetic resonance imaging (MRI) scans and long-term beds was either fair or poor. The poor/fair ratings were particularly high in Saskatchewan and Newfoundland & Labrador (67%). Access to longterm beds was also seen as an issue across all jurisdictions with a national average of over 50% rating access as fair/poor. The majority of physicians in all provinces and the territories rated access to emergency room services as good or better. The same was true of routine diagnostic services (with the exception of PEI).

A closer look at the types of medical procedures performed by family doctors revealed a wide regional variation across the country. For example, 40% of Manitoba family physicians test pulmonary function compared to only 7%-8% in PEI and NS. Over half (55%) of Newfoundland & Labrador family physicians interpret ECG results compared to 28% in Alberta.

The availability of maternal and newborn care is an ongoing area of concern throughout Canada. For over a third of family physicians in Canada, maternity care (antenatal care, deliveries, postpartum or newborn care) is not part of their practice and only 13% actually deliver babies. The Territories and Saskatchewan recorded the highest proportion of family physicians providing intrapartum care (deliveries) at 33% and 26% respectively. PEI and Quebec were the lowest at 7% and 8% respectively.

Physician supply

The demographic picture of the medical profession in Canada is changing and is increasingly female, especially in the under 35 age group where women already make up the majority of physicians. 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 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 7 fewer hours per week (46 hours) than did their male colleagues (53 hours), ranging from a 4 hour difference in New Brunswick to 10 hours in Alberta. Overall, women with children under the age of 6 reported working 42 hours per week compared to 55 hours per week reported by fathers of young children.

Trends identified in other studies that could impact future supply of physician services were confirmed by the survey. Sixteen percent of doctors have reduced their weekly work hours in the past two years and over a quarter plan to do so in the next two years. These numbers are quite consistent across the country with Quebec leading the way with almost a third planning to reduce their future work week. Nationally, 14% of physicians plan to reduce their scope of practice but there are no statistically significant regional differences.

Significant numbers of physicians plan to retire within the next two years. The 6% of physician respondents who said they plan to retire translates into an annual physician retirement rate that is much higher than recorded averages over the last decade. While there is little variation across provinces or territories, there are striking numbers among specialty disciplines such as pathology, internal medicine, general surgery and otolaryngology where the proportion of imminent retirees is over 10%.

Since national supply does not necessarily translate into a stable workforce in particular jurisdictions, physicians were also asked if they planned to relocate in the next two years. More than one in 10 physicians planned an interprovincial move from Newfoundland & Labrador, Saskatchewan and the territories compared to colleagues in larger provinces such as Quebec, Ontario and BC where the figure was less than 4%. Fewer than 5% in any jurisdiction plan to relocate to another country within the next two years.

Physician Practice Patterns

The majority of Canadian physicians reported belonging to a group practice in all jurisdictions except PEI, NB and Ontario. A relatively low percentage of physicians (5%) said they were in a practice network, varying little geographically.

Just over half of all respondents said they receive 90% or more of their professional income from the fee-for-service method of reimbursement. It is still prevalent as a primary method of payment in Alberta (58%) and Ontario (57%) compared to 33% in Newfoundland & Labrador. Salary is most common in Newfoundland & Labrador with 22% reporting receiving the vast majority of their earnings from this method compared to only 5% in BC. Sessional payments (per hour/diem) were utilized mostly in Quebec (7%) and PEI (12%) but capitation (age/sex adjusted annual amount for each patient) as the physician's main form of remuneration was reported by less than 1% of respondents in all jurisdictions. Those physicians who were considered to have blended payment methods accounted for 28% nationally and accounted for higher percentages in PEI, Quebec and Manitoba.

Alberta physicians were most likely to say they preferred the fee-for-service method of payment at 33% and Saskatchewan was close behind at 32%. Between 40% and 54% of physicians in all provinces — the greatest proportion — reported a preference for a blended method of remuneration consisting of fee-for-service, sessional, salary, and capitation components.

Physicians were asked to report their weekly workload, excluding time spent on call. Canadian physicians as a whole reported 51 hours per week. Differences between regions were not significant with the exception of Quebec where the average was slightly less at 48 hours per week.

Many physicians reported that on call activities were a particularly stressful part of being a physician. 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.

Professional Satisfaction

Generally, physicians said they were highly satisfied with their relationship with patients. Nationally, 86% report being very or somewhat satisfied, a finding that is quite consistent across the country. Overall, over three quarters of physicians are satisfied with their relationship with physician colleagues, although Ontario was lower than all other jurisdictions. This held true for physician satisfaction with their relationships with non-physician health care workers as well.

Satisfaction with the ability to find locum tenens coverage (temporary coverage by another physician) when needed was low throughout the country with only 16% reporting any degree of satisfaction. Despite a small number of respondents, the territories were significantly more satisfied with locum tenens coverage at 41%. When asked about their satisfaction with their relationships with hospitals, fewer than half of BC doctors (46%) reported being satisfied compared to 65% in NB.

Overall, close to 70% of physicians reported being satisfied with their professional lives, this varied from less than two-thirds of Ontario physicians to over three quarters in Quebec and NB. Just over half (53%) said they were satisfied with the balance between their personal and professional commitments.

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, 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.

Among the provinces, response rates to the survey were highest in PEI (44%), New Brunswick (40%) and Ontario (40%), and lowest in Quebec at 28%. More than half of all physicians (55%) in the Northwest Territories responded to the survey.

Confidence intervals vary significantly by province and are determined by the number of respondents, not the response rate. Despite a good response rate in PEI, this province has an error rate of +/- 10 % (19 times out of 20) since there were only 95 physicians in the respondent group. Results in Ontario, however, are accurate within +/- 1 % due to the large number of respondents (8500). Researchers must keep this in mind when comparing results between provinces.