

# National Physician Survey 2013

## Background

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(October 23, 2013, Ottawa, ON) The National Physician Survey (NPS) is a major ongoing research project that gathers the opinions of physicians, medical residents and 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.

- Since 2004, the College of Family Physicians of Canada (CFPC), Canadian Medical Association (CMA) and Royal College of Physicians and Surgeons of Canada (Royal College) have worked collaboratively to manage this important research.
- The 2013 survey builds on the previous surveys with a focus on employment opportunities and challenges of physicians in Canada. This year, close to 10,500 licensed physicians from across the country completed the online electronic survey.
- The 2013 NPS data being released is the first comprehensive update since the last physician survey conducted in 2010. The new information includes national and provincial data from physicians in all medical disciplines across Canada.

### Employment

While more than half (59%) of physicians in Canada indicated they were employed to their satisfaction, 1% of physicians indicated that they were unemployed and 5% of physicians considered themselves to be underemployed\*. Among all age groups, younger physicians (<35 years old) reported both higher rates in unemployment (1.6%) and underemployment (10%).

- Family physicians were less likely to report being underemployed (3%), compared to all other specialists (8%).
- Among physicians who felt they were under- or unemployed, 14% declared it was by their own choice. Some for instance, may be semi-retired. Those in Quebec were more likely to say that this circumstance was of their own choice (20%). In other provinces, such as Manitoba, only 5% reported being underemployed by choice.
- Among other specialists, under- or unemployment was reported by many of the resource-intensive disciplines such as Cardiovascular and Thoracic surgery (28%), General Surgery (18%), Orthopedic surgery (20%), Nuclear Medicine (17%) and Gastroenterology (12%). Many of the same disciplines also reported issues with access to Operating rooms – a factor which has recently been identified as contributing to underemployment. The highest percentage of reported under- and unemployment was by Critical Care physicians at 31%. Of those physicians

who indicated being underemployed, 12% declared it was by their own choice. Some for instance may be semi-retired.

- Over half (54%) of those who consider themselves under- or unemployed will continue to seek optimal employment in their specialty. Of those under the age of 35, three quarters (75%) indicated this intention, compared to only a quarter (26%) of physicians aged 65 and above.
- Of the 6% of physicians who reported feeling under- or unemployed\*, almost a quarter (23%) of them may address their reported under- or unemployment by moving within Canada. This was especially the case for physicians under the age of 45 (35%) and specialists (26%). Fewer family physicians (15 %) reported addressing their employment situation by moving within Canada. As many as 8% of all physicians may leave medicine altogether to address their reported under- or unemployment situation; this figure increases with age of the physician and only 5% of those under 35 are considering leaving medicine.

\*Please note that among the specialties who reported being under- and unemployed, there was a significant variance ranging from 1.2% to 30.8%.

## Workload

The 2013 NPS data indicate that physicians continue to work very long hours, with additional time spent on providing on-call and extra services to their patients.

- While most physicians (59%) were employed to their satisfaction in their own discipline, almost a third of physicians indicated they were overworked. More family physicians (35%) than other specialists (30%) felt this way.
- The sense of being overworked was most prevalent in Newfoundland/Labrador and Saskatchewan (43%) and the least in the territories (26%) and Quebec (28%).
- On average, physicians indicated they work over 54 hours a week including a range of activities such as patient care, teaching, research and administration; a three hour increase since 2010. Moreover, most physicians provide extra services, such as on-call services, outside of regular office hours. On average, each month these extra services took up 110 hours of their time.
- Almost two-thirds of family physicians (64%) and three quarters of all other specialists provide on-call services outside of regularly scheduled hours. Males have a slightly higher rate of participation (72%) than females (68%). The age category most likely to provide on-call services was 35-44 years old at 78% compared to 68% for those 55-64 and less than half (49%) of those 65 or older.
- Physicians who are less than 35 years old work on average 53 hours per week, slightly less than the 45-54 year old doctors who reported 57 hours per week. The younger physicians spend the

same amount of time providing direct patient care as all the older age groups (36 hours per week), however they do not spend as much time on other activities such as teaching and administration.

- Saskatchewan and Manitoba doctors logged the greatest number of hours each week (61 and 58 hours), with Quebec and British Columbia logged lower at 53 hours.
- The gap of working hours between female physicians and male physicians is closing with a difference of 5 hours per week compared to 7 hours per week in 2004. Past NPS research has also shown that in the absence of children at home, the difference between male and female workloads was negligible.
- Respondents reported an average of 6.5 hours each week doing indirect patient care such as charting, reports, phone calls and meeting patients' families. This is a 22% increase since 2004, which physicians reported a weekly average of 5.3 hours of indirect patient care. Specifically, physicians reported spending 3 hours per week completing administrative forms on behalf of their patients.

## Physician Remuneration

For the first time, the largest category of physician remuneration was a mixed method of payment (i.e. multiple payment types). Being paid almost exclusively by the fee-for-service method of payment is no longer the most prevalent remuneration mode in Canada.

- Currently, the largest payment category is by a mixed or blended method; this reflects an increase from 32% in 2010 to 41% in 2013. Family physicians have a higher rate at 46% compared to that of the other specialists at 37%. In 2004, 51% of respondents were paid predominantly by fee-for-service. This number fell to 42% in 2010, and to 38% in 2013.
- Those physicians who are paid by a blended method still receive half of their earnings from the fee-for-service method.
- As was seen in 2010, being paid primarily fee-for-service is most prevalent in Alberta and least common in PEI and the territories, where only 14% and 10% respectively of respondents indicated they received 90% or more of their income from the fee-for-service method.
- Being paid primarily by salary continues to be reported by about 8% of the physician respondents. Receiving 90% or more of their professional earnings from capitation is much less prevalent at 1%, although reported by 3% of family physicians.
- Female physicians are less likely to be paid predominately fee-for-service (35%) than their male colleagues (42%). A higher proportion of female physicians are on salary (10% vs 7% male) and female physicians were slightly more likely to have a blended method of remuneration (44% vs 42% male).

- For almost three quarters (74%) of the respondents, teaching was a part of their professional activities. Close to half of the physicians (45%) were not compensated for teaching beyond payment for the clinical service that may have been provided at the time of the teaching.
- By far, the most common source of compensation for teaching was the physician's department/faculty of medicine (65%) followed by a provincial ministry of health (26%) or through an alternate funding or payment arrangement (18%).

## Recruitment/Retention

- Overall, 11% of all physicians have received an incentive to set up their current practice. Physicians from Alberta and British Columbia were the least likely to receive an incentive to set up their current practice (8% and 9%).
- Physicians in Manitoba, Alberta and Saskatchewan (61%, 59% and 57%) are more likely to receive retention bonuses to remain in their community, while their colleagues in Ontario and Quebec are the least likely (4% and 8%).

## Return of Service

The 2013 NPS showed that only 6% of physicians are planning to relocate within Canada in the next two years. However, the turnover is particularly high in Newfoundland/Labrador and Saskatchewan.

- Doctors in Newfoundland/Labrador and Saskatchewan are about three times more likely than physicians in the rest of Canada to be making plans to leave either their province, or to leave a rural practice for an urban location.
- Of the one in five Newfoundland/Labrador physicians who intend to leave the province, 37% had a “return of service” provision attached to their first practice, and over half were international medical graduates.
- Of the 15% of physicians in Saskatchewan who want to leave the province, two thirds are international medical graduates, and 51% had a “return of service” provision attached to their first practice.
- In the last two years, physicians in the territories experienced the most changes in practise location; 7% relocated from a rural area to practise in an urban area, and 10% moved from an urban practise to a rural practise. Overall, only 3% of physicians in Canada changed their practise location (rural to urban or urban to rural) in the past two years.
- As high as 4% of the family physicians are planning to leave a rural area to practise in an urban area, while only 2% of other specialists are planning to change their practise location in the same way.

- Overall, 3% of Canadian physicians are planning to relocate their practise to the USA in the next two years. Other Specialists showed higher interest (4%) in relocating to the USA compared to family physicians (2%).

## Changes in Practice

While almost one out of every 10 physicians plans to retire from clinical practice within a couple of years, many will not actually do so. (Please refer to [this](#) for background information.)

- About 10% of physicians plan to retire within a couple of years; the majority of these physicians are over the age of 65 (53%). We know from past NPS research that “intention to retire” tends to not be an accurate reflection of actual retirement rates. However, it may be an indication of recent and future reduction of practice hours. Of the group who said they plan to retire, almost half (48%) had reduced their work hours in the past two years and 29% had reduced their on-call duties.
- One in five (19%) physicians indicated they have reduced weekly work hours (not including on call) and 14% of physicians indicated they have reduced on-call hours in the past two years. 11% of physicians planned to increase weekly work hours in the next two years; however, fewer physicians are planning to increase on-call hours (6%).
- One out of ten physicians who participated in the 2010 survey indicated that they intended to focus their practice in an area of special interest in the next 2 years. This seems to be supported by the 2013 results – 10% reported that they added an area of focus or special interest to their practice and 20% indicate that they intend on doing this in the next 2 years.

## Provided Services

The 2013 NPS data indicates that the demand for physicians’ services is higher than ever and yet just over a third of physicians reported increases in the supply of doctors within their specialty.

- Two thirds of physicians indicated the need for the medical services they provide has increased over the last two years.
- There is no surprise given our aging population, that geriatric medicine leads the list with 59% indicating a major increase in the need for their services. Other specialties of note are dermatology, general pathology and neurosurgery with 53%, 43% and 38% respectively indicating major increases.
- There were only a few specialties who reported combined percentages above 10% of major or minor decreases in the need for their services. Although it is of note that most of these are

diagnostic related specialties with Nuclear Medicine physicians reporting a combined decrease of 36% for their services.

- 40% of family physicians indicated there was no change in family physician supply in the last two years, and 36% of other specialists indicated no change in supply of physicians in their speciality.
- In the last two years, 37% of family physicians and 23% of other specialists indicated an increase in other health professionals offering services they provided.
- The survey demonstrates an increased role of nurse practitioners and clinical nurse specialists in providing medical services. A significant number of specialties reported these two health professions as providing services considered within their practice domain.
- Almost two thirds of family physicians indicated some activities within their domain are carried out by other health professionals. The biggest proportion of respondents (42%) indicated that this was true for nurse practitioners, followed by pharmacists (25%), registered nurses (18%), and diabetes educators/nurses (17%).
- Four out of five ophthalmologists (78%) reported that other health professionals are providing services within their domain of practice. Almost all (98%) indicated optometrists as the primary group that provide some components of their specialty domain. And two out of five obstetrician and gynecologists reported that midwives are providing services within their domain of practice.

## Access to Resources

Access to resources, including publicly funded services and hospital resources, continues to be an unsatisfactory for many physicians in Canada.

- Almost four out of five family physicians (79%) are unsatisfied with their access to publicly funded physiotherapists and 71% are equally displeased with accessing publicly funded occupational therapists. 44% were dissatisfied with their access to social workers.
- Access to hospital beds seems to be a common issue across the country. On average, 42% physicians reported access to hospital beds for their patients as excellent or satisfactory. According to the survey, New Brunswick physicians reported higher satisfaction to hospital beds access (49%) while physicians in British Columbia are less satisfied with their access to hospital beds (34%). Emergency physicians experience the highest rate of dissatisfaction with 88%.

- Over half of family physicians reported unsatisfactory access to hospital beds and MRI scans. Access to PET scans rated even worse with 60% unsatisfied. Of the family physicians that provide endoscopy, 40% were unsatisfied with their access to endoscopy suites.
- Among other specialists providing endoscopy, about 30% were dissatisfied with their access to operating rooms and endoscopy suites. The ratings were the worst among the younger age groups. Over 40% of those under 35 years old considered their access to operating rooms to be unsatisfactory compared to 27% for those 55 or older. Likewise with endoscopy suites, 44% of the younger doctors were less satisfied with their access to endoscopy suits compared to about one quarter of the oldest age groups.

## Satisfaction

- 72% of all respondents reported being satisfied or very satisfied with their professional life. Satisfaction is fairly consistent across all demographic groups although older physicians were more likely to report being very satisfied at 41% of those 65 or older compared to 16% of those under 35.
- Almost half of the respondents (49%) were satisfied or very satisfied with the balance between personal and professional commitments. The oldest physicians were again the most satisfied at 71% compared to 47% of both the 35-44 and 45-54 age groups. Male physicians at 54% were slightly more satisfied with their balance than female physicians at 50%.
- 55% of physicians are satisfied or very satisfied with their remuneration model. Males are slightly more content at 60% compared to females at 57%. The oldest physicians were the most satisfied at 67% compared to 56% for both the 35- 44 and 45-54 age groups.

## Information Technology

The 2013 data indicate a significant increase in the use of electronic health records by the Canadian physicians since the 2010 NPS, jumping from 39% in 2010 to a much higher percentage of 62% in 2013.

- The group that tends to utilize electronic health records the most is under the age of 44 at 70%.
- Since electronic health records were implemented, almost half (42%) of the physicians noticed an increase in their productivity, with more family physicians noticing a positive change (45%) compared to the other specialists (39%).



- Almost half (47%) of the physicians under the age of 44 experienced the positive change in productivity. This phenomenon decreased with age from about 41% for those 45-64, and a third for those 65 years or older.
- Two out of three family physicians indicated the use of electronic health records facilitates better quality of care to their patients.
- Only half of the other specialists felt that the use of electronic health records aids to increase their quality of care.

For more information, please visit [www.nationalphysiciansurvey.ca](http://www.nationalphysiciansurvey.ca) or contact us at [info@nationalphysiciansurvey.ca](mailto:info@nationalphysiciansurvey.ca).

