

## National Physician Survey Cohort – a multi-year analysis

### Cohort Analysis 2007 to 2013

The purpose of the cohort file is not to statistically imply that the findings can be translated to the whole population of physicians, but instead to track the behavior of individuals in the hope of understanding what motivates or facilitates physicians to plan changes and follow through. With the permission of each physician respondent, the cohort file can track what happened to individuals who completed the National Physician Survey (NPS) at least two of the 2007, 2010 and 2013 surveys.

### Tracking physicians from 2007 to 2013

In the cohort file, there were 239 physicians who indicated on the 2007 National Physician Survey that they planned to retire from clinical practice within two years but then completed the 2010 survey, open only to licensed physicians. By 2013, this group had reduced to 44, presumably because many had retired but as well may have decided not to complete the survey. Over 70% of these physicians, by 2013, were 65 years of age or older with the average age being 67. The vast majority (91%) were still providing patient care although a smaller percentage was providing on-call<sup>1</sup> services.

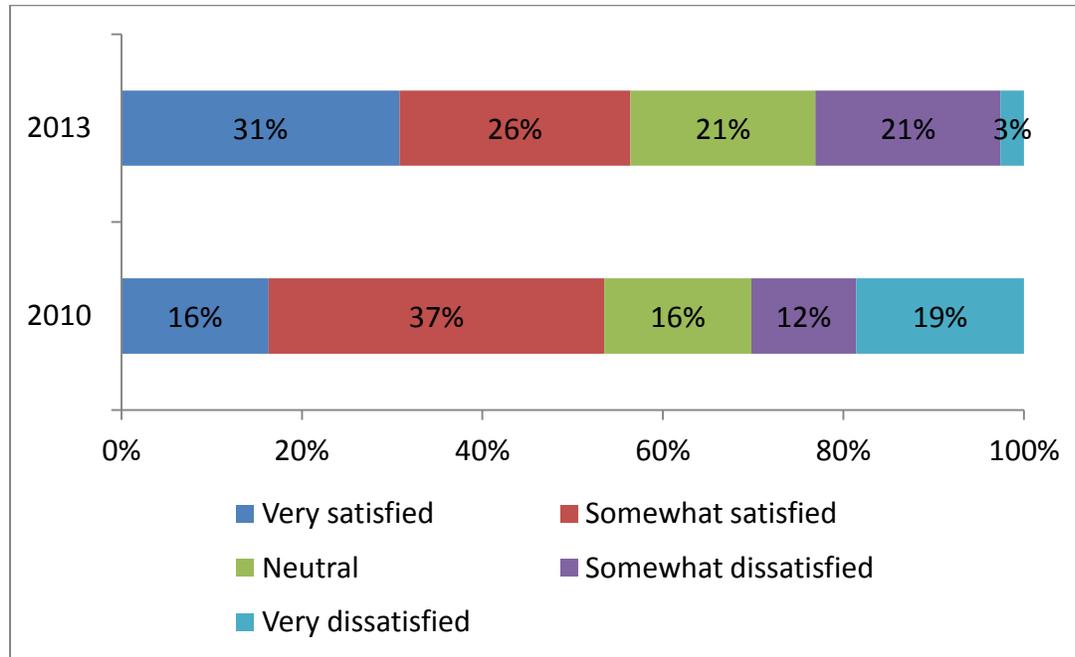
For the 44 physicians that were still working in 2013, their satisfaction levels appear to have gone up. A higher percentage were satisfied with their professional life (66% versus 57%) and while there was no significant change in those somewhat or very satisfied with the balance between personal and professional commitments, the percentage saying they were “very satisfied” almost doubled from 16% to 31% (excluding no responses). See graph 1. This may have been caused by eliminating or reducing call, which is considered by many physicians as the most stressful part of their profession (2004 NPS).

Other changes planned by physicians in 2007 included reducing their scope of practice. Of the 62 who planned to reduce their scope in 2007 and answered both the 2010 and 2013 survey, 37% had managed to make the change by 2010 and an additional 29% by 2013. So in total, more than two-thirds reduced their scope of practice by 2013.

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<sup>1</sup> Time outside of regularly scheduled clinical activity during which you are available to patients.

**Graph 1: Planning to retire by 2009 - Satisfaction between balance of personal and professional commitments**



**Tracking physicians from 2010 to 2013 cohort**

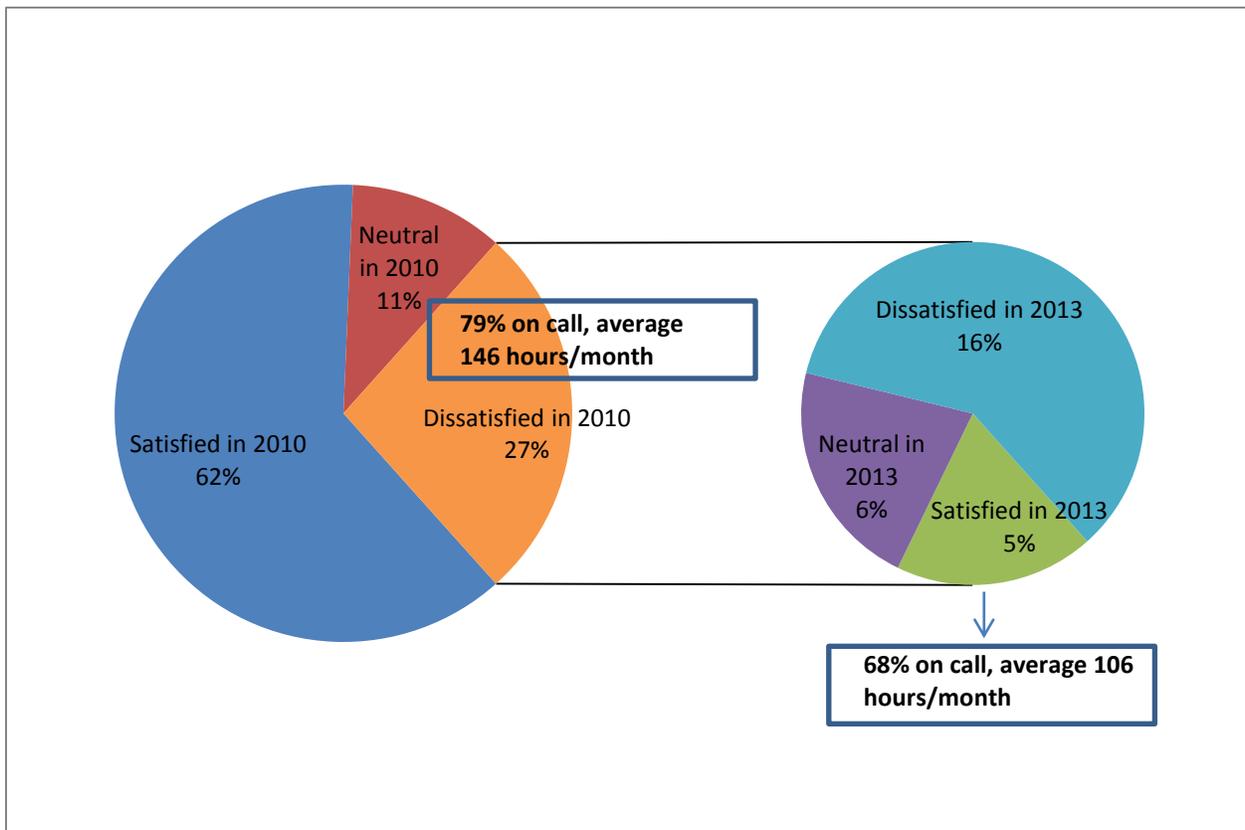
There were 117 doctors in the cohort file that planned to retire from clinical practice within two years of 2010 and answered the 2013 survey. Most (93%) were still doing patient care. Unlike the 6 years analysis of the 2007 group of hopeful retirees above, the unsuccessful 2010 group was not able to make large changes to their workload by 2013. Of those providing patient care in 2010 and still doing so in 2013, the total hours of work reported per week (excluding on-call) shrank from an average of 47 hours per week to 44 hours per week. The percentage doing on-call work declined a bit from 53% to 49% as did the number of hours that each were on call each month from 141 to 132 hours. These numbers indicate that despite some relatively minor adjustments to workload, these physicians were still very active in their clinical practice.

Those who were over the age of 60 in 2010 were more successful in reducing their on-call hours from 178 hours per month in 2010 to 130 per month in 2013 but the absolute value of 130 is not that dissimilar from the average of 132 hours per month for the subgroup of all physicians intending to retire from clinical practice. Little change was observed among these older physicians in their total hours per week, decreasing only slightly from 44 to 42. Satisfaction with the balance between personal and professional commitments among this group decreased from 81% in 2010 to 74% by 2013, a definite decrease but not as large as one might expect

given their thwarted plans to retire. A large majority of this group (86%) in 2013 again said they planned to retire within the next two years.

Of the group of physicians that answered both the 2010 and 2013 surveys, 61% were very or somewhat satisfied with the balance between professional and personal commitments in 2010. This decreased to half of them by 2013. Not surprising, those that were satisfied in 2010 and dissatisfied (excluding neutral) in 2013 reported more hours of work per week. Conversely those that were dissatisfied in 2010 and satisfied in 2013 reported fewer hours per week and less on-call hours each month. Also, 68% of them had on-call duties in 2013 down from 79% in 2010. The total hours of call each month fell significantly from an average of 146 hours to 106 hours, a 27% decrease.

**Graph 2: Satisfaction levels in 2010 and 2013**



Only one information technology question was asked on the 2013 survey, i.e. do you use electronic records to enter and retrieve clinical patient notes in the care of your patients. The cohort file includes 270 physicians who reported in 2010 that they planned to start using an electronic record within two years. By 2013, 68% of these individuals reported that they now were using an electronic record for the same purposes as indicated in 2010 (identical wording).

Of the 96 FPs who planned to add an area of focus within two years of 2010, 18% had done so by 2013. Of those who did not succeed, a third indicated plans in 2013 to focus their practice within two years.

Of the 920 physicians in the cohort file who planned to reduce their work hours within two years of 2010, less than a third (30%) had achieved this goal. The 676 doctors who planned to reduce their on-call hours were even less successful with only a quarter (24%) managing to make this change to their professional practice.

### **Summary**

As mentioned at the beginning of this bulletin, the analysis above cannot necessarily be generalized to all practising physicians but the behavior of this set of individuals is interesting nonetheless. Clearly, the amount of on-call duties can have an effect on levels of satisfaction even when physicians work well past their planned retirement dates. This is clearly an option for planners who wish to retain older physicians longer while making the transition to the next generation of physicians.

The cohort file also allows us to temper, to some extent, our interpretation of the intentions reported in the main National Physician Survey research file. Intention to retire, adopt an electronic record or change a practice in other ways does not always pan out in the time period originally planned.

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