

2013 National Physician Survey

Employment Issues Among Rural Family Physicians in Canada

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Introduction

Canada's physician-to-population ratio has improved from 1.8 physicians per 1,000 population in 2000 to 2.1 in 2013.¹ There is some concern as to whether this increase is in effect in both urban and rural areas. In 2012, 700,000 Canadians indicated that no doctors were available in their area.² Policy makers continue to design incentive programs to recruit and retain physicians in rural practices.^{3,4} The literature indicates that concerns about practising in rural settings include employment issues.⁵

Objectives

Using data from the 2013 National Physician Survey (NPS), we aim to:

- Compare urban and rural family physicians' (FPs') self-reported workload, employment satisfaction, and intentions to leave their practice location.
- To examine segments of rural FPs and describe changes that might motivate them to continue practising in rural settings.

Methods

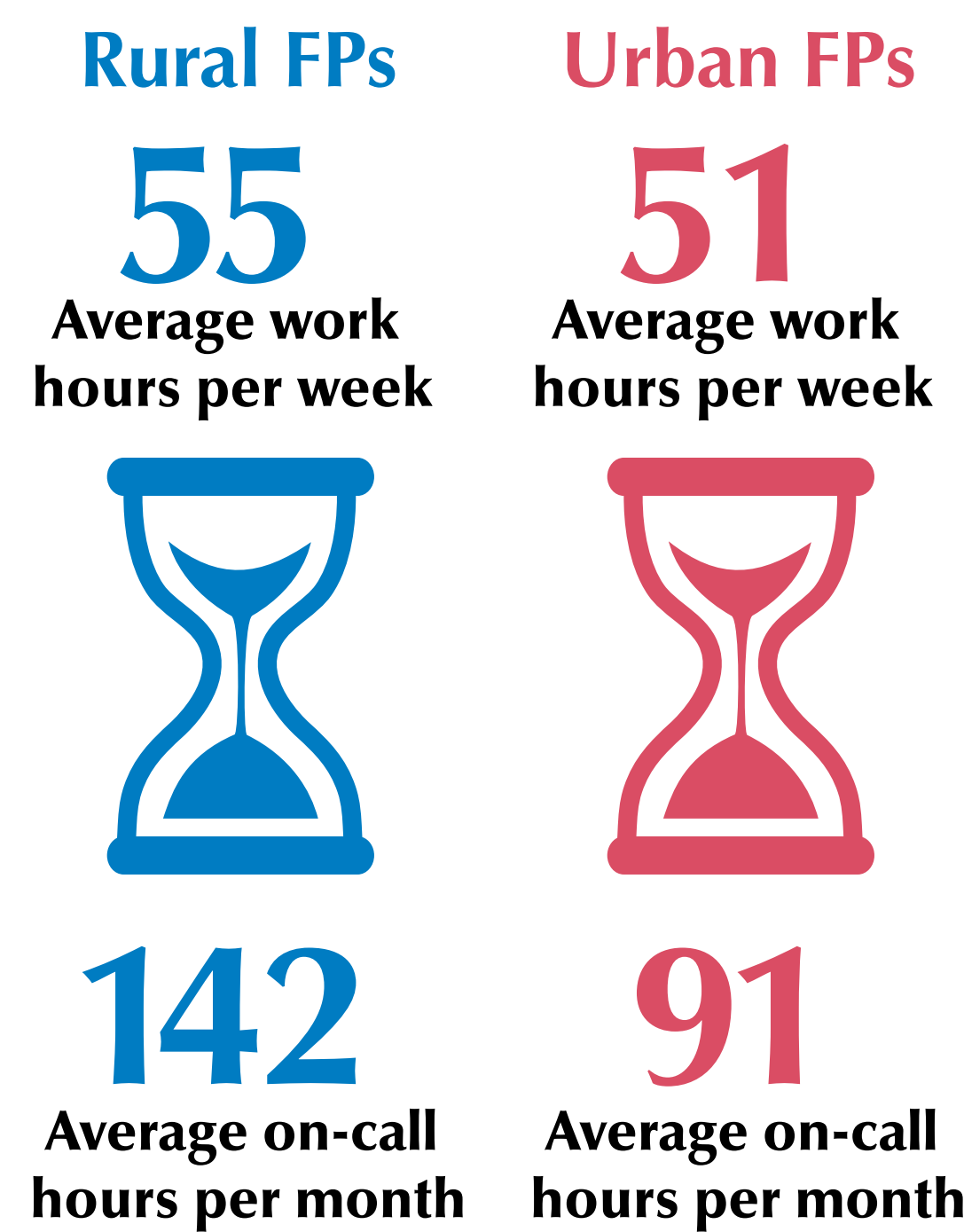
We collected data from the 2013 National Physician Survey, a collaborative project of the College of Family Physicians of Canada, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada. The survey is available online to all physicians in Canada and focuses on a particular theme each year.

- The theme of the 2013 NPS was employment opportunities and challenges.
- The survey data is weighted (n_{FPs} = 4,626, N = 34,753) on a number of variables, including province, sex, and age.
- The response rate in 2013 was 17%.
- Identifying a practice as rural or urban is based on the respondent's perception of the primary population he or she serves.

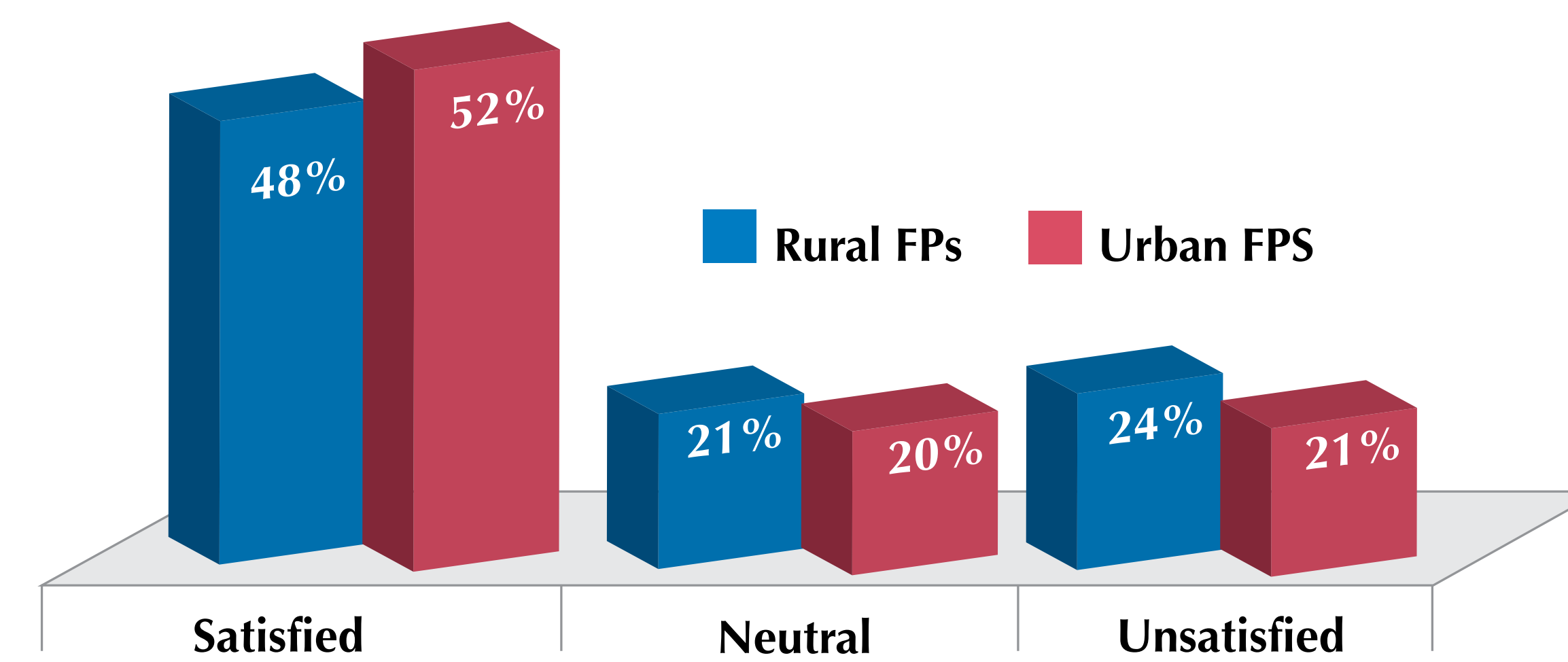
SAMPLE CHARACTERISTICS

	Urban FPs	Female	Male	<45	45-55	>55
Urban FPs	68% (21,450)	45%	51%	31%	30%	39%
Rural FPs	32% (9,987)	39%	58%	37%	29%	34%

Workload and Satisfaction: Rural vs. Urban FPs



On-call care is provided by 74% of rural FPs and 59% of urban FPs.

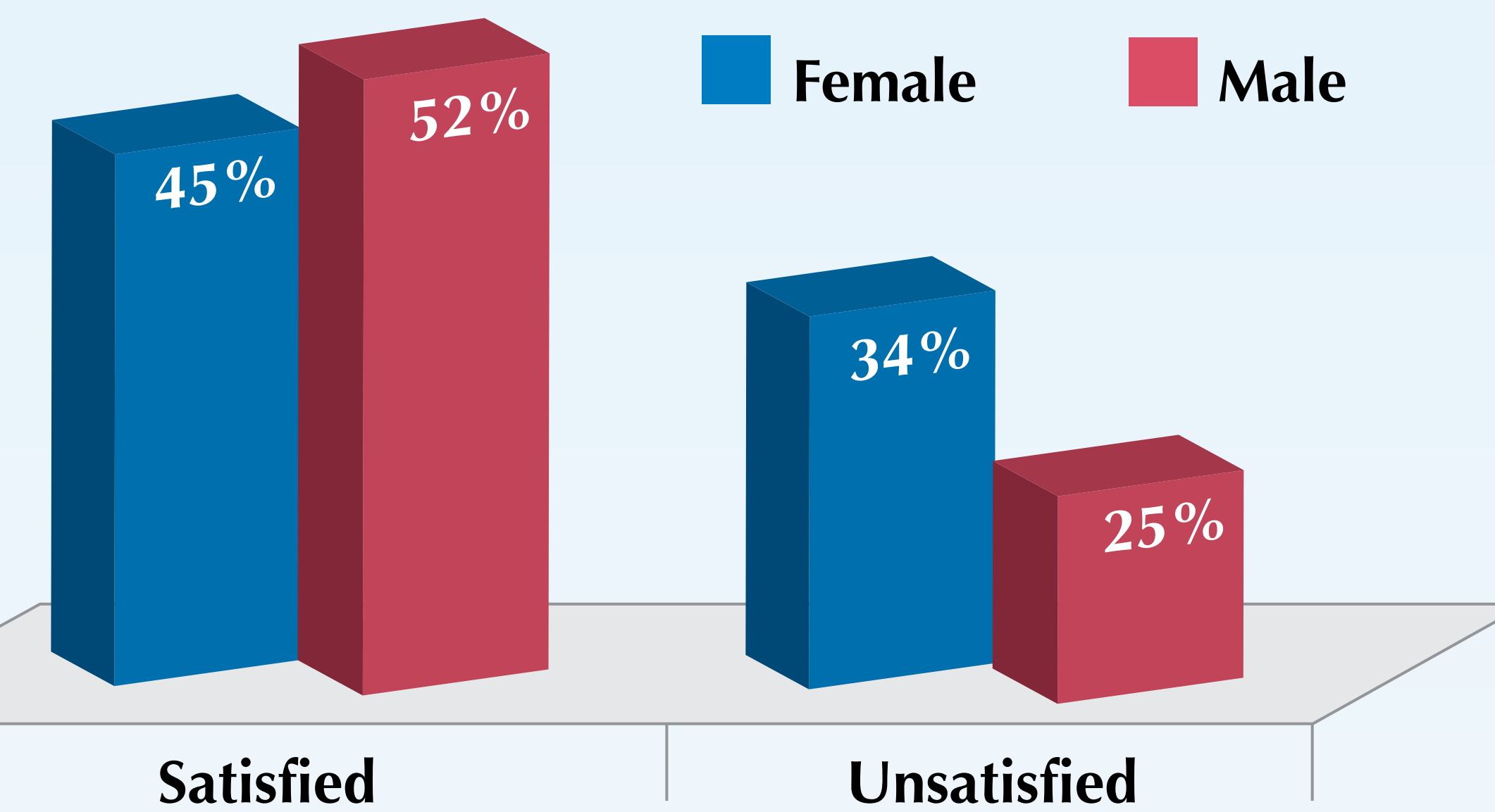


11% of rural FPs reported they intend to leave to practise in an urban area.

2% of urban FPs reported they intend to leave to practise in a rural area.

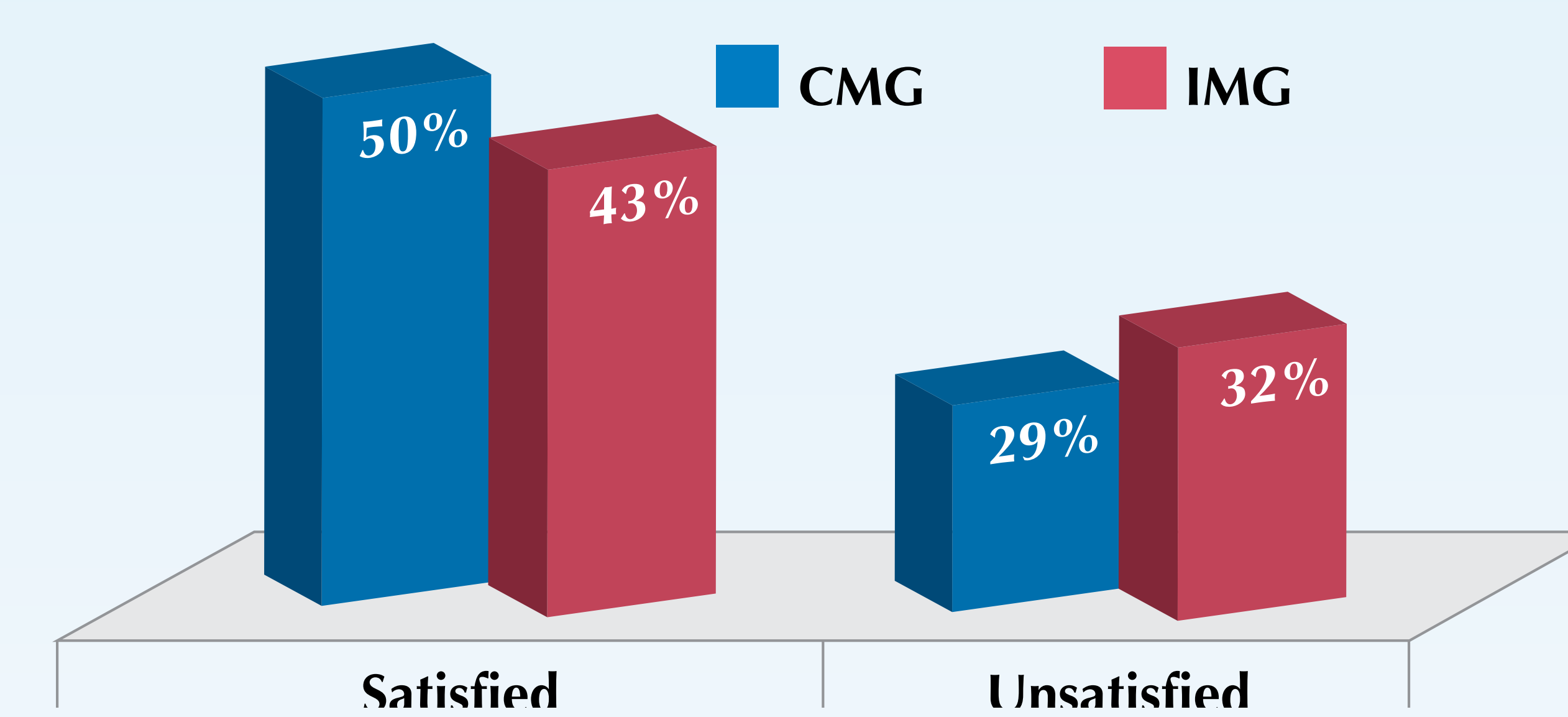
Rural FPs' Satisfaction with Personal and Professional Life Balance and Intentions to Leave Practice Location

Rural FPS – By Sex



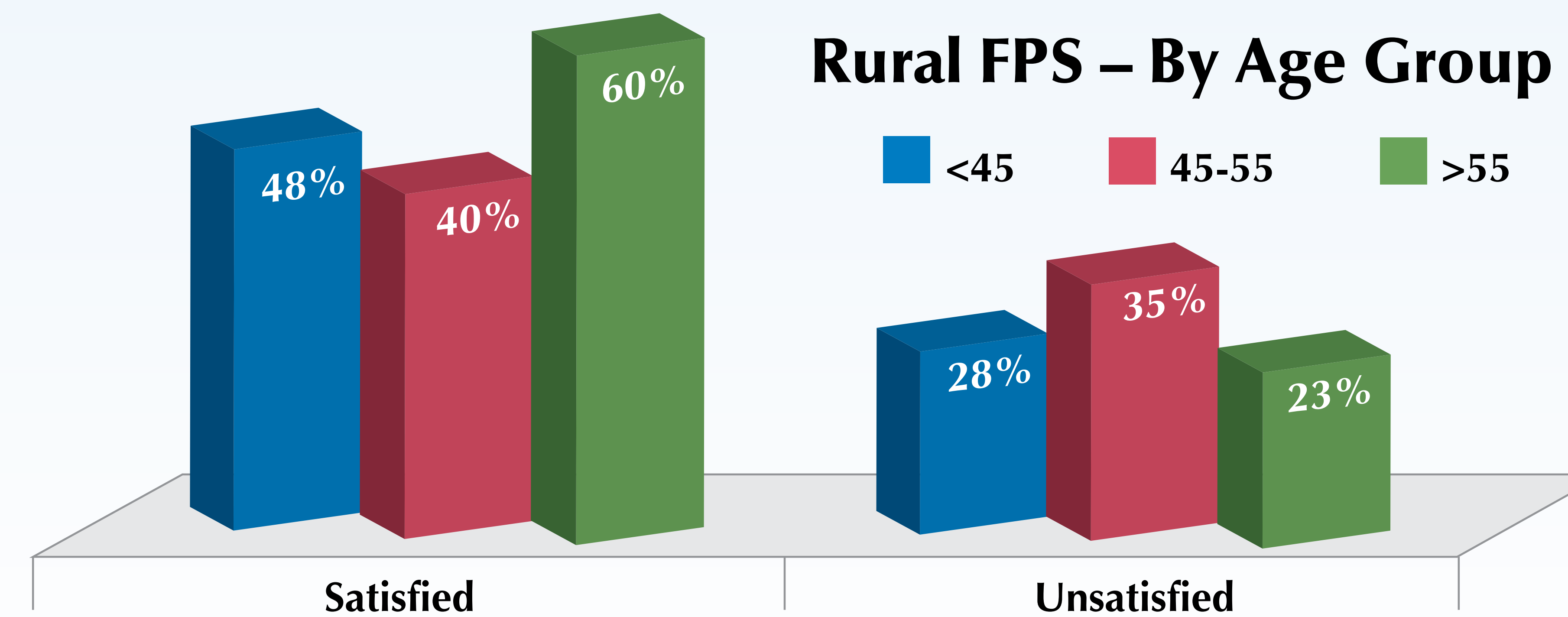
10% of female rural FPs and 11% of male rural FPs indicated an intention to leave to practise in an urban area.

Rural FPS – By Postgrad School Location



Canadian medical graduates (CMGs; 9%) are less likely than international medical graduates (IMGs; 19%) to indicate they intend to leave to practise in an urban area.

Rural FPS – By Age Group



The percentages, by age group, of rural FPs who indicated they intend to leave to practise in an urban area are 14% of those aged under 45 years, 9% of those aged 45-55 years, and 7% of those aged 55 years and older.

Key Findings

- Among rural FPs, 11% indicated their intention to leave rural practice and move to an urban area. Among urban FPs, only 2% intended to leave to practise in a rural area.
 - Rural FPs were more likely to have a heavier workload and feel overworked.
 - Rural FPs were more likely to be less satisfied/more unsatisfied with their personal and professional life balance.
- Difference in satisfaction between the sexes or age groups was more apparent in rural areas.
 - Female rural FPs, younger FPs, and IMGs were more likely to be less satisfied/more unsatisfied with their personal and professional life balance than male FPs, older FPs, and CMGs, respectively.
- Improvements to motivate rural FPs include opportunities for CPD, availability of locums, reasonable workload, access to hospital facilities/services, ability to reduce on-call duties, and more multidisciplinary support.

Our findings provide additional support for designing initiatives to retain FPs in rural settings. For example, the CFPC's Triple C Competency-based Curriculum aims to prepare residents for practice in a variety of locations, including rural areas, making them more likely to remain in these locations to provide much-needed access to care to rural populations.

References

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TOP 5 IMPROVEMENTS TO MOTIVATE RURAL FPS TO REMAIN IN THEIR PRACTICE SETTING

