Introduction

Canada’s physicians-to-population ratio has improved from 1.6 physicians per 1,000 population in 2001 to 2.7 in 2013. There is some concern as to whether this increase is in effect in both urban and rural areas. In 2012, 786,000 Canadians indicated that no doctors were available in their area.1 Policy makers continue to design incentive programs to recruit and retain physicians in rural practices.2 The literature indicates that concerns about practising in rural settings include employment issues.3

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.

• Identifying a practice as rural or urban is based on the respondent’s perception of the primary practice location.

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 and 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 and unsatisfied with their personal and professional life balance than male FPs, older FPs, and CMGs, respectively.

• Improvements to motivate rural FPs include opportunities for CME/CPD, availability of locums, reasonable workload, access to hospital facilities/services, ability to reduce on-call duties, and more multidisciplinary support.

Workload and Satisfaction: Rural vs. Urban FPs

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 45–65 years, and 7% of those aged 65 years and older.

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

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; 18%) to indicate they intend to leave to practise in an urban area.

Rural FPs – By Age Group

The percentage of rural FPs who reported they intend to leave to practice in an urban area is 11% of rural FPs and 15% of urban FPs.

References


5. Lu D, Hakes J, Bai M, Tolhurst H, Dickinson J. Rural intentions – factors affecting the career choices of new graduates (IMGs; 19%) are less likely than Canadian medical graduates (CMGs; 9%) to indicate they intend to leave to practise in an urban area. Among urban graduates (CMGs; 9%) are less likely than Canadian medical graduates (CMGs; 9%) to indicate they intend to leave to practise in an urban area.
