

Psychiatry – A Recent Profile of the Profession

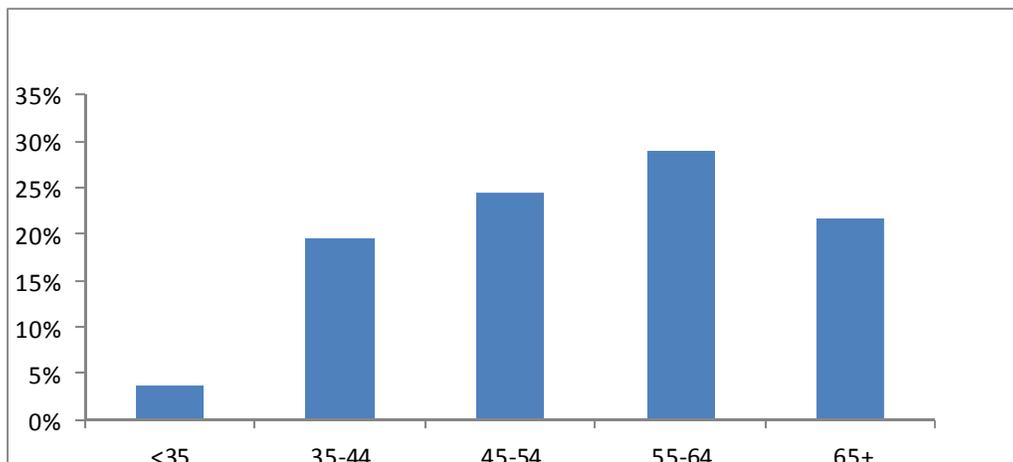
Introduction

The following bulletin uses information from the CMA Masterfile, the Canadian Institute for Health Information and the National Physician Survey. Unless otherwise indicated, the survey results are from the 2010 iteration¹.

Demographics

According to the CMA Masterfile (members and non-members), as of January 2012, there were 4,426 licensed psychiatrists in Canada. This number excludes residents but includes licensed non-clinicians. Psychiatry has a disproportionately large number of older physicians compared to most disciplines; over half (51%) are age 55 or older. This compares to 40% of all physicians of a like age. See graph 1.

Graph 1: Percent distribution of psychiatrists by age group, Canada, 2012.



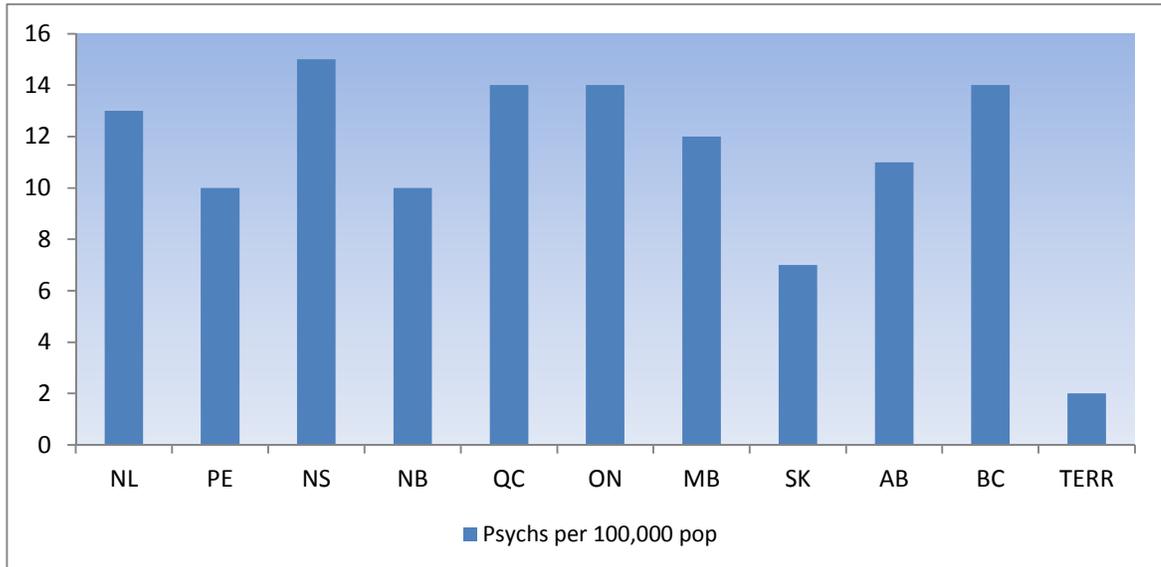
As a whole, the majority of psychiatrists are male (59%) but for those 35 years or younger 61% are female and 39% are male.

Almost three-quarters (73%) of psychiatrists earned their medical degree in Canada while 27% were educated elsewhere. Of those who were educated in the US or abroad, the largest proportion acquired their medical degree from India (17%) followed by the United Kingdom at 10%.

¹ National Physician Survey. CMA, CFPC, Royal College. 2010, www.nationalphysiciansurvey.ca

According to the Canadian Institute for Health Information² Nova Scotia has the highest number of psychiatrists per 100,000 populations (15) while Saskatchewan at 7 and the Territories at 2 are the jurisdictions with the lowest ratio. See graph 2.

Graph 2: Psychiatrists per 100,000 population, Canada, 2010.



National Physician Survey Findings

Psychiatrists seem divided when it comes to rating access to their specialty's services. Well over a third (37%) rated access as very good or excellent, 29% as good while 40% rated it as fair or poor. Family physicians rated access to psychiatric care more harshly with 29% reporting it as very good or excellent and 55% saying it was fair or poor. There were definitely differences across Canada with less than a quarter (23%) of psychiatry respondents from the Atlantic region rating access as very good or excellent compared to over half (55%) of those from the Prairie region³.

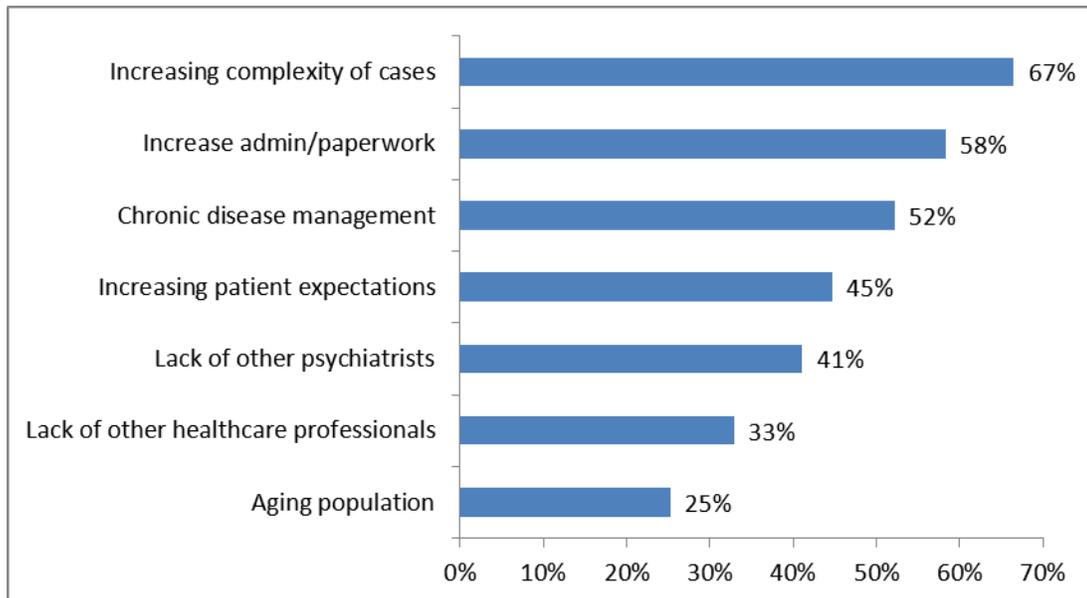
For those psychiatrists who saw urgent patients, only 16% could see them within a day although more than half (55%) could see them within a week. The average wait for non-urgent cases was 11 weeks. For both urgent and non-urgent cases, Quebec region had the shortest wait times (7 days and 9 weeks) and B.C. region the longest (11 days and 12 weeks).

² Canadian Institute for Health Information. Supply, Distribution and Migration of Physicians 2010, Ottawa, 2011

³ Regions defined as Atlantic, Quebec, Ontario, Prairies, and BC & Territories.

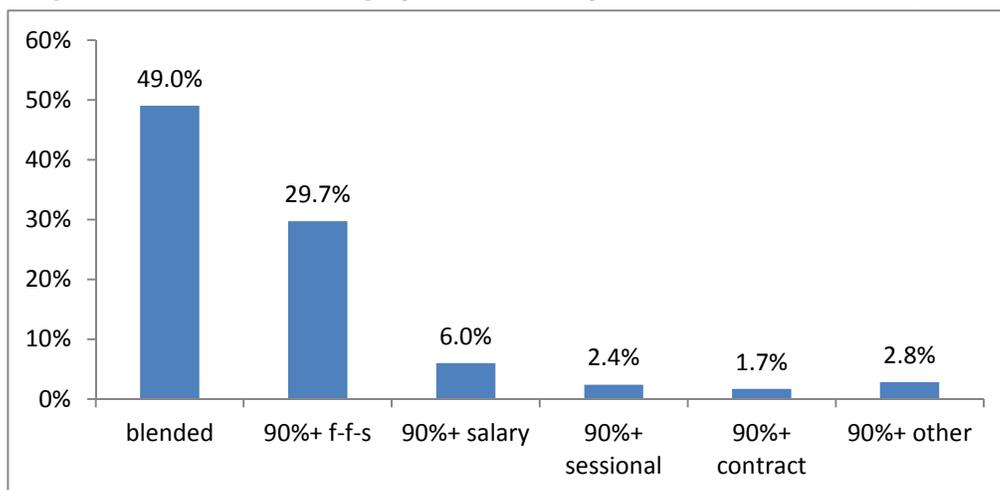
When asked what factors were increasing demands for their time, the most frequently cited ones were increasing complexity of their patient caseload (66%) and increasing administrative workload/paperwork (58%). See graph 3 for other factors.

Graph 3: Percentage of psychiatrists indicating factors increasing demand for their time, 2010.



Almost half (49%) of psychiatrists received their professional earnings through multiple methods of payment (blended) compared to just a third of all medical specialties combined (see Graph 4). For those paid via a blended method, over half (52%) of their remuneration came from fee-for-service billings. In 2007, when asked how they would prefer to be paid, 58% indicated blended would be their first choice.

Graph 4: Distribution of psychiatrists by remuneration mode, 2010.



Psychiatrists worked on average 48 hours per week (excluding on-call duties) with most of this time (30 hours per week) devoted to direct patient care with or without a teaching component. Another 7 hours per week was spent providing indirect patient care such as charting, meeting a patient's family, etc. In 2007 they reported seeing approximately 40 patients per week. There was no statistically significant difference between the hours worked by men and women or among age groups.

In addition to their regular workload, 61% of psychiatrists make themselves available to patients outside of their regularly scheduled hours (i.e., on-call). They spend an average of 87 hours per month on-call and see approximately 17 patients.

A large proportion (43%) of psychiatrists who answered the survey indicated that they intended to decrease their weekly work hours within the next two years and 23% said they would be reducing their on-call responsibilities. Eight percent planned to retire from clinical practice within the next two years although typically retirement intentions are overstated. Still if it did occur, it would result in the loss from clinical practice of about 350 psychiatrists.

Most psychiatrists appear content with their medical career. Over three quarters (77%) are very or somewhat satisfied with their current professional life and 61% assign this rating to the balance between their professional and personal commitments.

In training

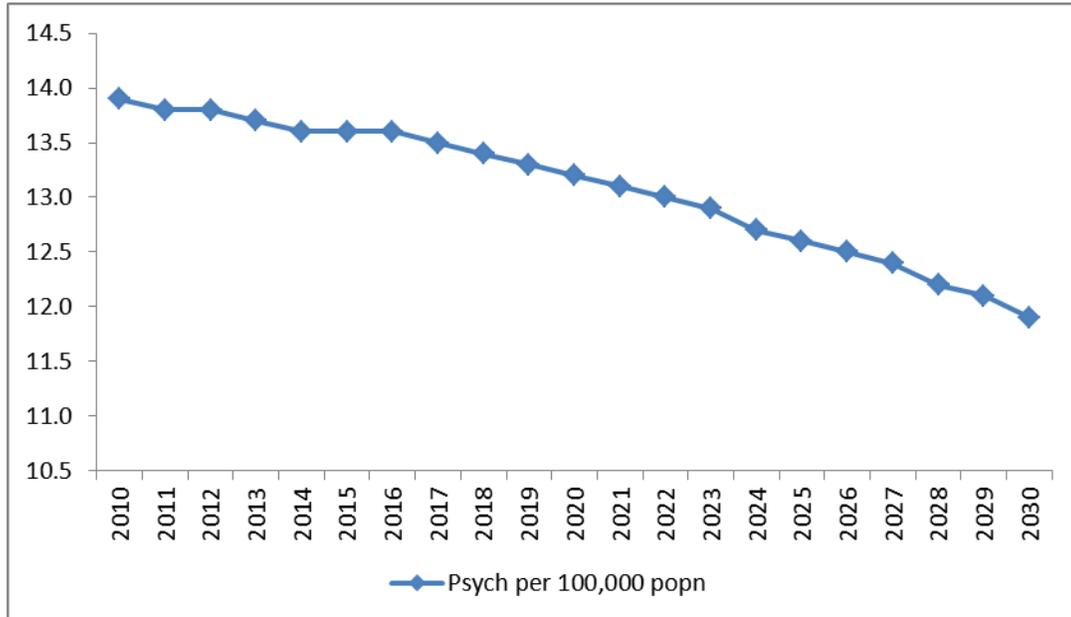
There are currently 764 in Ministry funded psychiatry postgraduate training positions. The number of psychiatry residents appears to be increasing as there are currently 158 in their third year of training but 169 in their first year. In 2010, 114 exited postgraduate training with full certification status. Females represented 53% of this exit group compared to comprising 66% of first year trainees.

Supply Projections

The CMA Physician Resource Evaluation Template is a stock and flow model that estimates future supply of physicians.⁴ In 2010, the CMA did supply estimates for the specialty of psychiatry in Ontario. For the status quo scenario (i.e., no major policy changes, migration shifts, etc.), the model projected an increasing supply of psychiatrists but a decreasing number of psychiatrists per population. It is estimated that the number of psychiatrists per 100,000 population will fall from approximately 13.9 in 2010 to 11.9 by 2030. Looking at it another way, the number of people per psychiatrist will have risen from 7,210 in 2010 to 8,435 in 2030. See Graph 5.

⁴ Newton S, Buske L. Physician resource evaluation template: a model for estimating future supply in Canada. *Annals RCPSC* 1998;31:145-50

Graph 5: Psychiatrists in Ontario per 100,000 population – Status Quo Scenario



A recent needs based study conducted by the Ontario Ministry of Health and Long-term Care, in collaboration with the Ontario Medical Association⁵, concluded that the province is already experiencing a shortage of psychiatrists and by 2030 it will need approximately 300 more.

“The CPA appreciates the work undertaken by the CMA to profile current and projected impacts of HR trends in Psychiatry on service delivery. It is clear the data supports the need to expand psychiatry training programs across the country. But the data only tells part of the story. Access figures for psychiatrists don’t give a good picture of the challenges of accessing evidence based mental health services. The difference in part explains the differing experience of access between psychiatrists and family physicians.” commented Dr. Donald Addington, Chair of the Canadian Paediatric Board of Directors.

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⁵ Singh D et al. Ontario Population Needs-Based Physician Simulation Model. Toronto 2010.