Teaching Activities of Canadian Physicians on the Rise

Background
The following bulletin utilizes results of the 2004, 2007 and 2010 National Physician Surveys (NPS). This is 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. Response rates, results and methods can be found at www.nationalphysiciansurvey.ca.

This bulletin examines the trends in time spent by licensed physicians providing education to students and residents.

Teaching Activities
In the last 15 years, medical school enrolment has increased by almost 80%. The number of trainees in postgraduate medical training programs has increased by virtually the same amount (77%) over this period of time.

At the postgraduate level in particular, physicians are increasingly being trained at communities that are often a fair distance from the traditional academic health science centre locales. In addition to satellite campuses like Prince George in British Columbia, there are literally hundreds of clinical teaching sites. With the trend towards distributed learning and the sheer magnitude of students and residents needing clinical teachers, it is not surprising that the National Physician Survey shows the hour’s physicians spend on teaching is on the rise.

In 2010, physician respondents reported spending 6.7 hours per week on providing direct patient care that included a teaching component. This is a 31% increase (or 1.6 hours/week) from the 5.1 hours reported in 2004. Teaching without any direct patient care (including lectures, contact with students/residents, preparation, marking, evaluations, etc.) also increased over the time period by 36% or 0.4 hours per week. Of particular interest is the decrease in time spent providing patient care without a teaching component. See Figure 1.

While the almost 3 hour per week difference is not completely balanced by the 2.4 hour increase in all teaching activities, there were other categories of workload such as administration, managing a practice and indirect patient care (forms, charting, etc.) that also saw increases between 2004 and 2010.
Figure 1: Hours per week spent on direct patient care and teaching

With the increased likelihood of being located in an academic health science centre, Royal College certified specialists tend to do more teaching than family physicians (FPs) but both experienced increases in teaching activities between 2004 and 2010. In 2004, FP respondents to the NPS reported 3.1 hours in direct patient care with a teaching component. By 2007, this number increased to 3.6 and rose by an additional hour to 4.5 in 2010. A similar trend is seen for other specialists with 7.3 hours per week in teaching with direct patient care reported in 2004, increasing to 8 hours in 2007 and 9.1 in 2010. See Figures 2 and 3.

Figure 2: Hours/week spent by Family Physicians on teaching with and without direct patient care
Figure 3: Hours/week spent by Other Specialists on teaching with and without direct patient care

The 2004 NPS revealed that family physicians spent roughly 40 minutes (0.65 hours) per week teaching without any direct patient care involvement. This number rose to 1 hour in 2007 and just over an hour (1.1) in 2010. Physicians in other specialties saw an increase from 1.9 teaching hours per week in 2004 to 2.2 hours by 2010.

The same trends of increasing teaching load as indicated above was observed in the data for all age groups of physicians and both genders. There is little difference in the hours spent teaching between male and female physicians for both FPs and other specialists. Teaching activities (both with and without patient care) seem most intense among physicians less than 45 years of age, tapering off as physicians age. In 2010, physicians less than age 45 averaged 10.4 hours per week compared to 6.3 hours for those aged 55 or older.

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