National Physician Survey

Presentation to CMA Staff
June 12, 2012
NPS Background

- The NPS is Canada's most comprehensive and authoritative survey of current and future physicians
- Collaborative project of CFPC, CMA, Royal College
- Sent to all practising physicians, students and residents.
- Iterations in 2004, 2007 and 2010
- Funding from CIHI for 2004, 2007, and 2010
- Results posted at www.nationalphysiciansurvey.ca
Why NPS?

- Integrates physician resource surveys of the CFPC, CMA and Royal College eliminates duplication.
- Comprehensive since sent to all physicians, residents and students.
- Ability to track some indicators over time.
- NPS data is used by physician groups, health industry, governments, researchers, etc. to inform policy, modeling and decision making on health human resource issues.
2010 Survey

- Distributed to 90,079 recipients in 2010!
- Despite decreasing response rates, the response databases are large enough to accuracy rate of +/- 0.9%.
- 2010 database contains responses from:
  - 12,076 physicians
  - 2,546 medical residents
  - 3,139 medical students
Practice setting

- Work/patient care settings
- Languages spoken with patients
- Overhead
- Incorporation
- Solo/group/interprofessional practice
- Collaboration
- Barriers to working with NPs and PAs
- Access to care
- Wait times for appointments
Practice/work profile

- Profile of services offered (FP only)
- Developments within a specialty (other spec only)
- Areas of focus
- Extra training
- Population served

Allocation of Time

- On call
- Hours worked per week by category
- Use of locums
- CPD methods and barriers
Changes to practice

- Factors increasing demand for your time
- Changes made in last two years - hours, teaching, admin, focus, retire from clinical practice, etc.
- Changes planned in next two years – as above
- If near retirement, enticements to stay

Use of IT

- Web site
- Use of email
- Record keeping
- Electronic record, interfaces, warnings
- Online journals, CPGs, CME, etc.
Other topics

- Satisfaction
- Payment methods
- Chronic Disease Management tools
- Referral documents
- Demographics – age, sex, place and year of MD grad and postgrad, country of birth, age of dependents, rural/urban
- Agreement to cohort analysis
Residents/Students Topics

- Program satisfaction
- Skills acquisition
- Intended practice patterns
- Intended practice location
- Intended use of electronic tools
- Factors influencing career choices
- Financial and demographic variables
Estimated debt at end of Family Med residency (those who answered)

<table>
<thead>
<tr>
<th>Debt</th>
<th>1st year</th>
<th>2nd year</th>
<th>3rd year</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5K or less</td>
<td>16%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>$5K to $20K</td>
<td>13%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>$20K to $60K</td>
<td>20%</td>
<td>19%</td>
<td>26%</td>
</tr>
<tr>
<td>$60K to $100K</td>
<td>13%</td>
<td>18%</td>
<td>32%</td>
</tr>
<tr>
<td>$100K to $140K</td>
<td>25%</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>Over $140K</td>
<td>25%</td>
<td>24%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Trends in solo practice

- FP/GP
  - 2004: 26%
  - 2007: 23%
  - 2010: 22%

- Other spec
  - 2004: 38%
  - 2007: 32%
  - 2010: 33%
Percent using electronic records to enter and retrieve patient notes

- Rad Onc: 70%
- Diag Rad: 50%
- FP: 40%
- Urol: 40%
- Int Med: 40%
- Otol: 40%
- Ob/gyn: 30%
- Ophth: 30%
- Peds: 30%
Percent using electronic records to enter and retrieve patient notes

- NL: 41%
- PE: 35%
- NS: 42%
- NB: 32%
- QC: 23%
- ON: 45%
- MB: 29%
- SK: 32%
- AB: 53%
- BC: 43%
Hours worked per week (excl call)

- CVT: 67 hours
- Nuc Med: 57 hours
- Anes: 55 hours
- Ob/gyn: 53 hours
- Ophthal: 52 hours
- Inf Dis: 52 hours
- Emerg: 51 hours
- Peds: 51 hours
- FP: 50 hours
- Psych: 48 hours
- Gen Path: 47 hours
- Derm: 47 hours
- Com Med: 45 hours
On call hours per month

- Urol: 215
- CVT: 195
- Ophth: 155
- FP: 134
- Ortho: 132
- Peds: 130
- Ob/gyn: 126
- Anes: 90
- Derm: 89
- Psych: 87
Average direct patient care hours per week (excluding call) by sex
Difference in hours worked per week (excl call) between male/female MDs

1997 to 2003 CMA Physician Resource Questionnaires
Hours worked per week (excluding call) by gender and dependents

- **Children <5yrs**
  - Males: 42.3 hours
  - Females: 55.2 hours

- **Children 5-10 yrs**
  - Males: 46.4 hours
  - Females: 57.9 hours

- **Children >10yrs**
  - Males: 46.6 hours
  - Females: 52.5 hours

- **No dependents**
  - Males: 51.7 hours
  - Females: 53.0 hours
Percent rating access to advanced diagnostic services fair/poor

- Gastro
- Phys med
- Ortho
- Ob/gyn
- Rheum
- Cardiol
- Ophth
- Psych

2010
2007
Percent rating access to OR time fair/poor

- **Ortho**: 2007 - 70%, 2010 - 50%
- **Urol**: 2007 - 60%, 2010 - 50%
- **Plastic**: 2007 - 60%, 2010 - 50%
- **Otol**: 2007 - 50%, 2010 - 50%
- **Ob/gyn**: 2007 - 50%, 2010 - 40%
- **Gen Surg**: 2007 - 40%, 2010 - 40%
- **Ophth**: 2007 - 30%, 2010 - 30%
Trends in remuneration modes

- 2004: 51% 90%+ FFS, 28% Blended
- 2007: 48% 90%+ FFS, 31% Blended
- 2010: 42% 90%+ FFS, 32% Blended
Percent physicians with 90% + of remuneration from fee-for-service
Hours worked by selected payment mode

- **90%+ F-F-S**: Total hrs/week = 52, Direct pt care hrs/wk = 37
- **90%+ Salary**: Total hrs/week = 51, Direct pt care hrs/wk = 24
- **90%+ Capitation**: Total hrs/week = 50, Direct pt care hrs/wk = 34
- **90%+ Blended**: Total hrs/week = 52, Direct pt care hrs/wk = 31
## Average overhead as percent of gross earnings by selected specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Average overhead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>12.8%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>23.0%</td>
</tr>
<tr>
<td>Ortho Surg</td>
<td>27.0%</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>27.9%</td>
</tr>
<tr>
<td>FP</td>
<td>28.2%</td>
</tr>
<tr>
<td>Plastic Surg</td>
<td>32.7%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>38.2%</td>
</tr>
</tbody>
</table>
Data available on-line

www.nationalphysiciansurvey.ca

- Tabular results by age, sex, province and specialty
- Many tracking questions from 2004, 2007 and 2010
- Results in French and English
- Copies of the questionnaires for every iteration
- Published reports and articles using NPS data.
- Custom request forms
Who uses NPS data?

- CMA, CFPC, Royal College
- Other national medical organizations
- Provincial Medical Associations
- Provincial and Federal Ministries of Health
- Regional Health Authorities
- National agencies (Health Council of Canada, Canada Health Infoway, CIHI)
- University researchers and curriculum evaluators
- CFPC provincial Chapters
- Resident and student researchers
- Media
NPS 2012-2014 cycle

• Shorter on-line surveys more often rather than a large survey every three years
• Surveys will focus on one or two topic areas of current and historical interest
• Shorter surveys may mean better response rates
• CIHI will not be funding next iterations. Other sources of funding are being investigated.
• Effort will be made to get “champions” whose logos will be attached to emails, e.g. specialty societies
NPS 2012-2014 cycle

- Fully electronic, no paper version. This will facilitate skip patterns for more detail on individual specialties
- Surveys will be easier to complete away from office
- New NPS website being developed to facilitate accessing results.
NPS 2012-2014 cycle

2012: Survey of Students and Residents
- Expected to go live in October; data by February
- Many tracking questions from 2010

2013: Physician Survey (Survey focus TBD)
- Expected to launch in March 2013
- Results available in Fall of 2013

2014: Physician Survey (Survey focus TBD)
Thank you!

Do not hesitate to contact us if you have questions about the NPS!

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www.nationalphysicianssurvey.ca