



Backgrounder Embargoed until Jan 9, 2008 – 5:00am EST

2007 National Physician Survey (NPS)

The National Physician Survey (NPS) is a major ongoing research project that gathers the opinions of physicians, 2nd year medical residents and medical students from across the country. It is the largest census survey of its kind and is an important barometer of where the country's present and future doctors are on a wide range of critical issues.

- The College of Family Physicians of Canada (CFPC), Canadian Medical Association (CMA) and Royal College of Physicians and Surgeons of Canada (RCPC) work collaboratively to manage this important research.
- The 2007 Survey expands and builds on the 2004 Survey. Nearly 20,000 physicians from across the country completed the 2007 Survey.
- On January 9th, 2008, the first phase of the NPS analysis is being released. This includes national data from physicians in all medical disciplines across Canada. Later in the spring more research results will be released following further analysis. These results will include data from individual provinces and territories. Specialty-specific breakdowns, as well as resident and student survey results, will also be available once analysis of the data has been completed.

Call to Action

Federal, provincial and territorial governments, as well as other health authorities and professional bodies should be challenged by physician resource data from the National Physician Survey to continue to address the education, training, recruitment and retention of physicians to ensure a sustainable workforce that is ready to meet the changing health needs of Canadians. While it is acknowledged that the last few years have seen many positive steps in the right direction, the NPS data also present physician resource challenges for which successful solutions have yet to be found.

- Canada should implement a coordinated, pan-Canadian approach to educate, train, recruit and retain a sufficient number of physicians to meet the needs of an aging population with increasingly complex health problems. This approach should include support for an infrastructure charged with coordinating the ongoing study, monitoring and public reporting of the health human resource needs across the country.
- International medical graduates will continue to make a valued contribution to the physician workforce in Canada, but are not the only solution to the shortages.

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Access to care remains a high priority for Canadians

In 2004, First Ministers committed to achieve meaningful reductions in wait times in priority areas such as cancer treatment, heart procedures, diagnostic imaging, joint replacements, and sight restoration by March 31, 2007. The intervening work by such groups as the Wait Time Alliance has been highly valued but there is still much work to be done.

- The NPS 2007 indicates that even within the top five priority areas:
 - 55% of family physicians (FPs) rate access to orthopedic surgeons as fair to poor;
 - 42% of FPs rate access to ophthalmologists as fair to poor;
 - 19% of FPs rate access to cardiac care as fair to poor;
 - 19% of FPs rate access to cancer care as fair to poor; and,
 - Half of *all* physicians (49%) rate access to advanced diagnostic services, i.e. CTs, MRIs, as fair to poor.
- Gaining access to psychiatrists is still a top challenge for patients. Two-thirds (64%) of family physicians said that their patients' access to psychiatrists in 2007 was fair to poor. Likewise, patient access to psychosocial support and mental health and addiction counseling services were rated poorly.
- Patients must also wait to access urgent care. Only 37% of specialists other than family physicians report being able to see a patient with an urgent problem within one day. An additional 27% indicate that patients with urgent problems will have to wait up to one week to be seen in their practice. The situation is somewhat better for family physicians with 65% indicating that they are able to see a patient with an urgent problem within one day and another 14% within one week.
- Access to physicians is not the only challenge for patients. Access to long-term care beds was rated fair to poor by nearly 60% of all physicians (59%); access to hospital care for elective procedures fair to poor by almost half (45%); and access to operating room time fair to poor by over one third of all physicians (38%).

Patients Matter Most to Physicians

While three quarters of physicians are somewhat to very satisfied with their professional lives, it is their patients that really matter to them. Their relationships with patients gave them the highest satisfaction rates with over four fifths of physicians (84%) being somewhat to very satisfied.

- The top five issues that seem to be impeding physicians' care for their patients are related to the necessary supports for patient care:
 - System funding – rated especially high amongst specialists other than family physicians (61%)
 - Availability of other personnel, rated as a problem particularly in rural communities
 - Paperwork – rated as an especially high issue amongst family physicians (57%)
 - Bureaucracy
 - External demands on their time
- The most frequently cited factors increasing the demand for physicians' time were:
 - The increasing complexity of their patient caseloads (80%);
 - Management of patients with chronic diseases/conditions (73%);
 - Increasing patient expectations (70%); and,
 - The aging patient population (69%), of special importance to 80% of FPs.

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Different ways of communicating with and about patients

Canadian physicians are computer savvy. Three quarters use the internet and up to 90% use email. Half of these use email to talk to colleagues about patients and 13% use email to communicate directly with patients. Seventeen percent of physicians have a practice website to communicate more effectively with patients.

Changing patterns of physician practice

Physician resource planning needs to take into account the changes that are occurring in demographics and practice patterns.

- More than 6% of physicians who responded to the NPS 2007 said that they plan to retire from clinical practice and 1% plan to permanently leave practice for other reasons in the next two years. The effect of these changes could mean that as the baby boom generation gets older, over 4000 physicians will cease their medical practice within the next two years.
- Significantly more women than men are coming into medical practice. 55% of the NPS respondents under 35 years of age were women whereas only 10.5% of the respondents over 65 years of age were women.
- Reduced practice hours and scopes of practice will continue to have an impact on physician resources. In responding to the NPS 2004, 26% of physicians reported that they planned to reduce their weekly work hours. In the NPS 2007 27% of physicians said they had actually made that change. In addition, one third (35%) said that they plan to reduce their workweek over the next two years.

Inter-professional care is a growing phenomenon for physicians

Physicians are working more and more collaboratively in formal and informal practice arrangements. In fact, 93% of physicians providing collaborative care feel this working relationship improves the care their patients receive.

- Solo practice arrangements appear to be decreasing with only 27% of physicians now reporting they are in solo practice, down from 32% in 2004. 46% of all physicians are working in group medical practice settings and 24% are working in inter-professional practice settings with other health care providers.

Methodology

The National Physician Survey (NPS) is a total census survey. The NPS is made possible through the financial contributions of the CMA, CFPC, RCPSC, the Canadian Institute for Health Information (CIHI) and Health Canada. The NPS has received cash and in-kind contributions for a total budget of \$1.2 Million over 3 years (2007-2009).

- The 2007 edition of the NPS was carried out as a self-reported survey sent to all licensed physicians in Canada. NPS respondents completed the survey either on paper or electronically. A change in the methodology from NPS 2004, the NPS 2007 consisted of a shorter core questionnaire as well as a longer detailed questionnaire with two versions developed specifically for family physicians and general practitioners (FPs), and another for all other medical specialists.
- Surveys and reminders were mailed and emailed using the NPS Masterfile contact list. The NPS Masterfile was populated with information from the CMA Membership System, the CFPC membership database, and the RCPSC membership database.

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- The NPS 2007 questions evolved from questions used on the NPS 2004. A working group approach was taken that included representatives from the CFPC, CMA, RCPSC, CIHI, and other affiliated societies to review and refine questions asked in the NPS 2004.
- Of the 60,811 physicians who were eligible to complete the NPS 2007, 19,239 responded for a rate of 32%.
- For more information and to see the NPS 2004 data and highlights of the NPS 2007 results, please go to **nationalphysiciansurvey.ca**

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