



Vital Signs

Counting on one another *National Physician Survey*

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QUESTION How many doctors does it take to change an IV? A prescription? A pacemaker?

ANSWER The answer is no joke. No one seems to know.

Practice patterns of physicians today are much less predictable than in years past. Doctor shortages and changing patient needs have required many physicians to develop added skills and offer services that differ from those traditionally provided by their medical disciplines. Simply totaling the number of licensed physicians (or the number in any field of practice) no longer tells us all we need to know about services being delivered. One neurologist might provide consultations for any neurologic problem, another restricts practice to patients with seizure disorders. A general surgeon who provides care to patients with abdominal, thoracic, orthopedic, urologic, and gynecologic concerns might have a partner who limits practice to the chest and belly. One family physician attends to any problem for any patient of any age; the next one has a practice focused on palliative care.

Many physicians' careers now include commitments to many important responsibilities, including patient care, teaching, research, and hospital or other health system administration and leadership. Some contribute services for special needs populations locally, or even internationally. Physicians raising children or those in their pre-retirement years are choosing to focus more time on personal and family needs. Younger doctors refuse to work the hours that defined their predecessors' careers. Emerging models of practice emphasize new and different approaches. The roles of doctors in hospitals and institutions are changing.

Understanding these and other factors is critical to planning our physician resources. Unfortunately, until recently, there has been little reliable

information about what doctors do in their practices now and what their plans are for the future. This has made it very difficult for medical schools to determine the numbers and kinds of physicians they should be training and for health planners to develop recruitment strategies to ensure delivery of the core medical services Canadians need. To increase access to care, we need to know not only how many doctors we have, but more importantly what they do and are most likely going to do in their future practice.

In 1997-1998, as part of our College's Janus Project: Family Physicians Meeting the Needs of Tomorrow's Society, we introduced the National Family Physician Workforce Survey (NFPWS) with the goal of better defining family doctors' current and future practice patterns. The first survey was a stratified random sample of more than 5200 family physicians and general practitioners. In 2001, the NFPWS included all family doctors in Canada (more than 27 000). With response rates over 52%, the NFPWS has helped create the most comprehensive database of family physicians' practice patterns ever produced in Canada. While all data are anonymous, information from the NFPWS has become highly valued by many, including those representing family doctors in ongoing national, provincial, or local deliberations and negotiations.

Thanks to the NFPWS, Canada has become better informed about family doctors' practices, including how family doctor shortages affect services, family physicians' working hours (averaging 52 hours weekly and exceeding 70 hours weekly

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for those who take after-hours call duty), and the differences in practice patterns among rural and urban, male and female, or younger and older practitioners.

As of 2004, the College of Family Physicians of Canada, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada will join forces and collaboratively present a new version of this survey. The National Physician Survey (NPS) will now include *all* doctors in Canada: family physicians and specialists. As the NPS evolves it will also include medical students and residents. You should have already received your 2004 survey.

As a resource to our Janus Project, the NPS will continue to help our College better understand and support the changing needs of our members. Through the NPS, we will also work collaboratively with our partner organizations and build a database that will enable us to represent the interests of all family physicians and their patients in ways never before possible.

Information is powerful. To get it we are asking every physician in Canada to take the time to complete the NPS. We need to help physician resource planners better understand the work that doctors actually do. To get them to stop simply counting heads, we will be counting on you. 