

## EDITORIALS

# Robust description of family practice

### *A look at the National Physician Survey*

**Nick Busing, MD, FCFP Peter Newbery, MD, FCFP**

The daily news continues to highlight the plight of family physicians who are leaving communities, cutting back on their practices, having difficulty accessing advanced diagnostic services and specialists, and increasingly frustrated with the organization of their practices and their level of remuneration. We cannot avoid these issues; we need to address them head-on.

The recently released National Physician Survey (NPS) provides information that will help us tackle some of these issues. In 1997, the College of Family Physicians of Canada surveyed 5283 randomly selected family physicians to gain an understanding of all aspects of their practice. In 2001, the survey was repeated, and this time distributed to all practising family physicians in Canada. The information gathered led to spirited discussions around such issues as family physicians' role in the system, differences between rural and urban family doctors, and hours of work.

In 2004, the National Physician Survey was launched. This was a collaborative effort, led by the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, and the Canadian Medical Association. Important additional financial support was provided by the Canadian Institute for Health Information and Health Canada.

The NPS surveyed all practising physicians in Canada. Many of us will recall receiving this fairly lengthy self-reported survey. More than 21 000 physicians responded. Of the 30 903 family physicians invited to participate, 35.7% responded, and of the 28 496 specialists, 36% responded. The response rate varied by province, from a low of 28.5% to a high of 43.3% for family physicians. The highest response rate was among those aged 55 to 64, and more female (38.5%) than male (32.3%) family physicians responded.

Why are the responses so important? The NPS provides vital descriptions of family physicians and what they do. The results will help plan family physician human resources for the future, in collaboration with governments, fellow specialists, and other stakeholders in the health care system. The results also allow us, as individuals, to have a benchmark for comparing ourselves against our peers. Survey responses clearly emphasize some of the stresses we face, highlight areas of satisfaction and dissatisfaction, and help us understand the changing demographics of our discipline.

Some key information emerging from the NPS follows. For more details, please visit the NPS website at [www.nps-snm.ca](http://www.nps-snm.ca).

#### **Practice settings**

Practice settings are definitely changing. Many factors, including a desire to share the workload, have a balanced lifestyle, and keep practice costs down, and the presence of government incentives, are all encouraging family physicians to practise in groups. The NPS data show that 60.5% of family physicians are now in group practice. Only 25.5% are in solo practice. Slightly more women (66.7%) than men (57.0%) favour group practice, while 29.8% of men and 19.2% of women favour solo practice. Private offices and clinics continue to be the main practice setting for most (70%) of Canada's family physicians. Nursing homes, hospitals, walk-in clinics, and emergency rooms are becoming increasingly common practice settings for family physicians as well.

#### **Comprehensiveness**

There are so many ways to look at the comprehensiveness of the care we provide. Although there is disagreement about which factors are good markers for comprehensiveness, factors such as clinical services offered by family physicians,

procedures undertaken, and practice environment contribute some important information. For example, the NPS shows that the most common services offered by family physicians are in chronic disease management, geriatric medicine, pediatric care, and mental health care. Procedures most commonly performed by family physicians include Pap smears (77%), incising and draining abscesses (72%), and suturing (71%). Differences between male and female physicians, as well as age-based differences, are apparent here as well. For example 82.4% of women and 74.4% of men reported doing Pap smears in their practices. Audiometry is done by 6.7% of family physicians aged 55 to 64 and 2.5% of those younger than 35.

### **Maternity care**

Maternity care continues to be a hot topic for Canadian physicians and patients. With a decreasing number of obstetricians and gynecologists providing intrapartum care, and with the slow growth in availability of midwives in Canada, family physicians continue to be expected to participate in maternity care, particularly intrapartum care. The NPS looks closely at this issue and tries to tease out some of the emerging challenges. Across the country, 57% of family physicians provide maternity and newborn care. This varies considerably among provinces, from 35% in Quebec to 67% in both Newfoundland and Ontario. Only 13% of family physicians provide intrapartum care; provincial rates vary from a low of 7% in Prince Edward Island to a high of 26% in Saskatchewan.

### **Access**

Without a doubt, another hot topic is access. Access has often been framed as wait time for major surgical interventions or other high-end or high-tech treatments, but access should be viewed as a continuum. It begins the moment a patient seeks out a family physician. With the short supply, this is a huge problem. Once a patient has a family physician, access can be determined by the availability of diagnostic, emergency department, and consultation services. Family physicians' roles increase as access to these resources shrinks. The support and advocacy provided by family physicians for access issues is critical.

Access issues were examined from many points of view in the NPS. Specialists were asked about patient access to family doctors, and more than 40% described it as fair to poor. Interestingly, only 25% of specialists, compared with 33% of family doctors, considered access to other specialists to be fair to poor. Access to some specialties is more limited than access to others. For example, 66% of family physicians thought patient access to psychiatrists was fair to poor. Similarly, 47% reported difficulty accessing orthopedic surgeons. Only 16% rated access to emergency rooms as fair or poor. Access to routine diagnostic services was rated very good, but 64% of family physicians and 43% of specialists reported fair to poor access to advanced diagnostic services (eg, magnetic resonance imaging).

Our NPS data reinforce the fact that access is a multi-dimensional problem, seen differently by patients, family physicians, and other specialists. It reinforces the need for multi-dimensional approaches to access issues throughout the continuum of health care.

### **Recent and future changes**

The NPS also examined changes in family physicians' practice during the last 2 years. It showed that 3.2% had moved their practices to other provinces, 2.5% had relocated to Canada from another country, and 2.5% had moved from rural to urban environments. A substantial 13.1% reported that they had reduced their scope of practice, and 17.2% indicated that they were now working fewer hours.

As we move forward, what are our intentions for the next 2 years? Our data showed that 3.8% of family physicians are considering moving to another province, 2.8% plan to leave Canada, 2.9% plan to move from rural to urban environments, 13.1% want to reduce their scope of practice, 24.6% plan to reduce their work hours, and 5% wish to retire. The bottom line is that the current shortage of family physicians is about to get worse.

While various areas of satisfaction for family physicians emerged from the NPS, so did several challenges. About 88% reported being very or somewhat satisfied with their relationships with their patients, and 71% reported being very or somewhat satisfied with their relationships with specialist colleagues. Finding a locum, however, continues to be a

challenge, and only 16% of family physicians reported being very or somewhat satisfied with this. Balancing personal and professional life is also challenging, and only 52% of family physicians reported being very or somewhat satisfied with their current balance.

There is so much more to analyze. So much information is available in our NPS database. It is a truly wonderful repository of information describing who we are and what we do.

We should take the opportunity, both individually and collectively, to review the data carefully and speak out to all those responsible for shaping our health care system. We need to emphasize the challenges facing family medicine, and we need to be at the table offering practical solutions, based on factual information.

**Dr Busing** is Consulting Director and **Dr Newbery** is Chair of the College of Family Physicians of Canada's Janus Project and of the National Physician Survey. Data from the National Physician Survey (NPS) are available on the NPS website ([www.nps-snm.ca](http://www.nps-snm.ca)). For more information, contact **Sarah Scott**, NPS Coordinator, at (905) 629-0900, extension 289, or [sks@cfpc.ca](mailto:sks@cfpc.ca).

**Correspondence to:** Sarah Scott, Coordinator, National Physician Survey and Janus Project, College of Family Physicians of Canada, 2630 Skymark Ave, Mississauga, ON L4W 5A4; telephone (905) 629-0900, extension 289; fax (905) 629-0893; e-mail [sks@cfpc.ca](mailto:sks@cfpc.ca)

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