

# 2005 Survey of Ontario's Physicians: Access Challenges Ahead

College of Physicians and Surgeons of Ontario

June 2006

## Overview

The College of Physicians and Surgeons of Ontario has conducted an annual survey of the province's licensed doctors for the past six years. The survey tracks the demographics of the profession, including key information about the clinical practices and work patterns of Ontario's doctors.

The College collects information about the practice patterns of Ontario's physicians to identify medical practice trends; ensure that the College's regulatory activities and programming reflects the contemporary practice of medicine; and provide useful information to assist in the development of effective public policy solutions to address physician resource needs.

## Methodology

The College's 2005 survey was sent to 27,409 physicians who are active members in their registry status with the College.<sup>1</sup> Ninety-eight percent or 26,848 physicians responded to the 2005 survey. The number of respondents exceeds that of any other known survey of physicians in Canada.<sup>2</sup>

<sup>1</sup> This includes all physicians who have an active license to practise medicine in Ontario.

<sup>2</sup> The majority of the data presented in this report focuses on the 22,188 respondent physicians who are active members with a primary practice address in Ontario.

## 2005 Highlights:

### *Aging trend of Ontario's medical profession*

- The average age of practising physicians is now 51.7 years of age, up from 49.0 years of age in 2000.
- The proportion of practising physicians approaching retirement age continues to increase.
- A greater proportion of specialists fall within the retirement range cohorts.

### *Work patterns are changing*

- Female physicians increased the number of hours they worked in 2005.
- 50.9% of female physicians worked 40 or more hours at their primary practice. This is a significant increase from 39% working more than 40 hours in 2004.
- Roughly equal proportions of male and female physicians are working more than 40 hours in their primary practice.

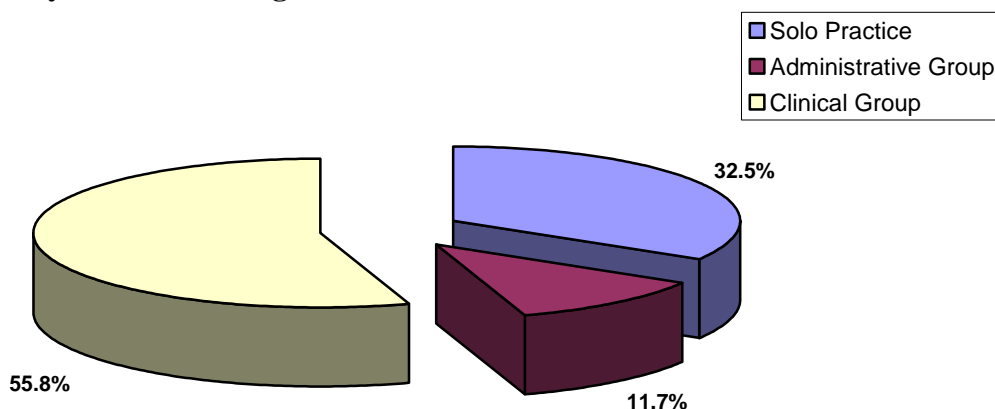
### *Family physicians/general practitioners accepting new patients continues to decline*

- The number of general practitioners/family physicians (GPs/FPs) accepting new patients dropped from 38.4% in 2000 to 16.5% in 2004, and further dropped to 11.4% in 2005.
- However, once the estimated proportion of those with practices dedicated to more than 40% family practice is considered, *only 3.6% are accepting new patients into their family practices.*

## Ontario's Physician Population in 2005: Overview of Respondents

- 30.7% of Ontario's physicians are female, 69.3% of physicians are male;
- 75.7% of physicians have hospital privileges;
- 72% of physicians work with other physicians in their primary practice. This has increased from 69.6% in 2004;
- 19.1% of physicians do not provide for coverage for their patients during vacations or other absences;
- 25% of Ontario's physicians are international medical graduates;
- In terms of primary practice settings (Chart 1):
  - 32.5% of physicians are in a solo practice setting;<sup>3</sup>
  - 11.7% of physicians are in an administrative group setting;<sup>4</sup> and,
  - 55.8% of physicians are in a clinical group setting.<sup>5</sup>

**Chart 1:  
Primary Practice Settings**



## Ontario's Medical Profession is Aging

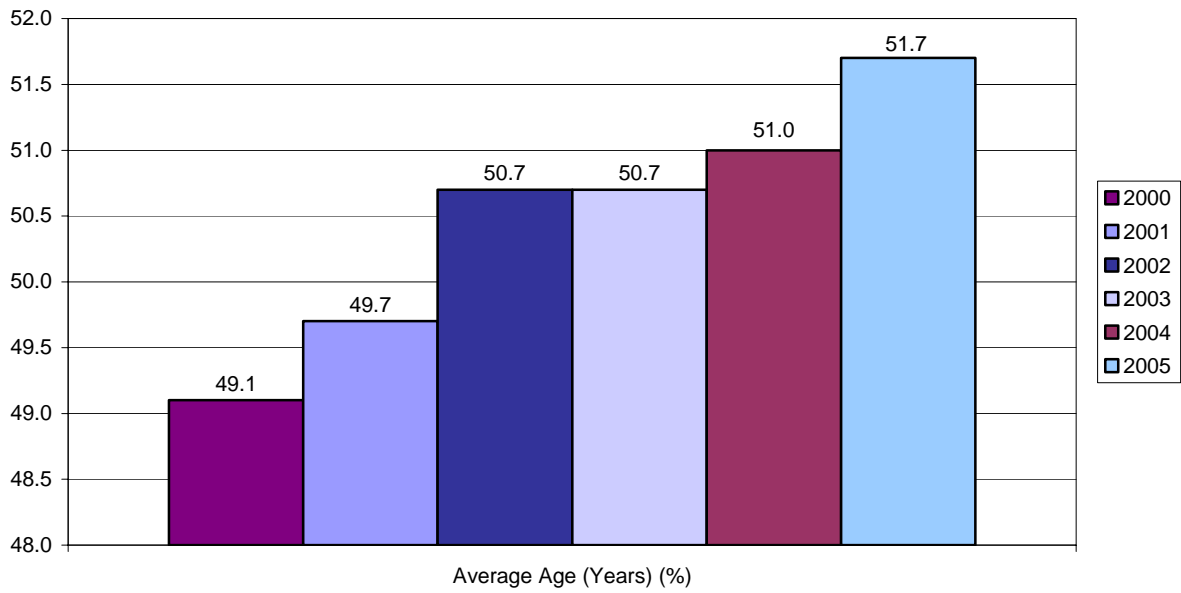
Ontario's medical profession continues to age, and the proportion of older physicians within the population is steadily increasing. The average age of practising physicians is now 51.7 years of age, up from 49.1 years in 2000 (Chart 2). In the last year alone, the average age of Ontario's physicians increased by almost one year. Further, more than half of the physicians in Ontario are over the age of 51, and more than one third (38.4%) are within the traditional retirement age (55 and over).

<sup>3</sup> **Solo practice setting** – includes those practices where physicians do not share staff, space or records with other physicians.

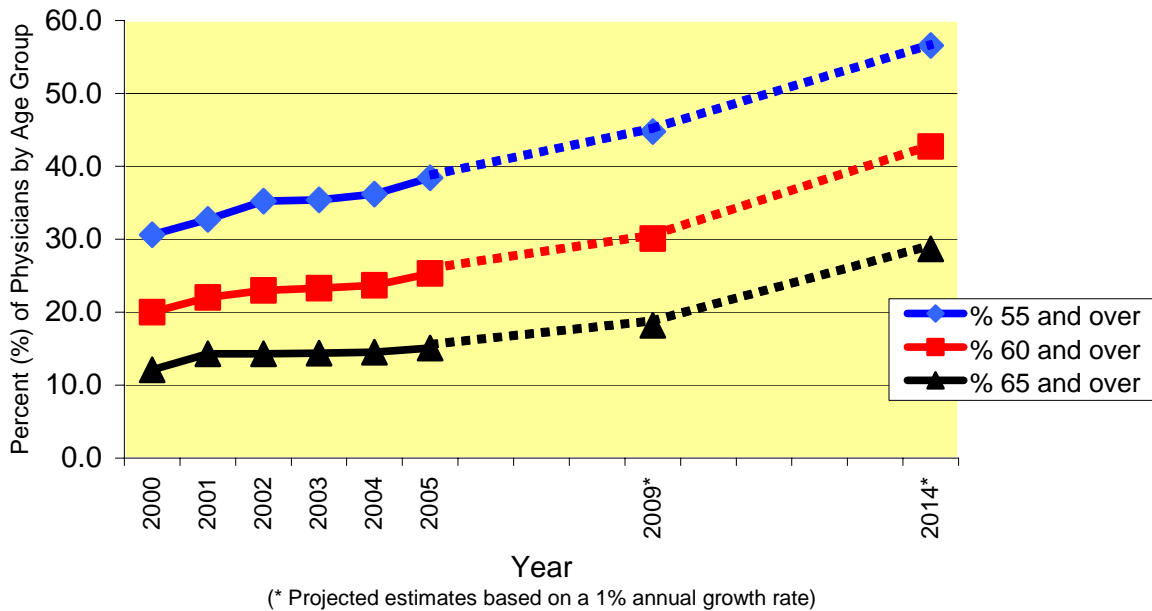
<sup>4</sup> **Administrative group setting** – includes those practices where physicians share staff or space but not records with other physicians in their primary practice setting.

<sup>5</sup> **Clinical group setting** – includes those practices where physicians share patient records and space or staff with other physicians in their primary practice setting.

**Chart 2:  
Average Age of Physicians 2000 - 2005**



**Chart 3:  
Proportion of Ontario Physicians within Retirement Age Increasing Steadily**



The percentage of physicians older than 55 continues to increase. Physicians within these age cohorts give a reasonable indication of the percentage of physicians within retirement range. In 2000, 30.6% of physicians were over 55 years of age, 20% of physicians were over 60 years of age, and 12.1% were older than 65 years of age. In 2005, these values increased to 38.4%, 25.3%, and 15.1% respectively, a further increase from even one year ago (Chart 3).

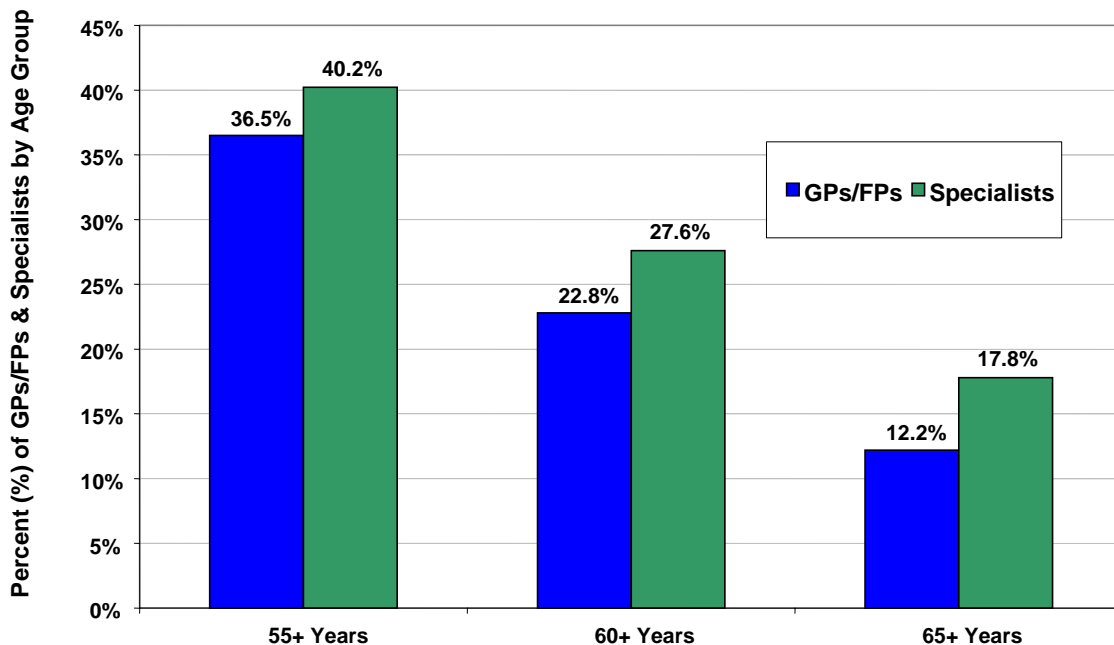
As the physician demographic continues to shift, it is projected that by 2009, 44.8% of physicians will be over 55 years of age, 30.1% will be over 60 years of age and 18.2% will be over 65 years of age. If these trends continue, by 2014, the retirement age cohorts will continue to increase in size. It is projected that in less than 10 years, 56.6% of physicians will be 55 years of age and over. These projections assume a 1% net growth rate in the physician population and that new physicians coming into the system are under the age of 45.

**Proportionately More Specialists are Approaching Retirement Age**

A proportionately higher number of specialists<sup>6</sup> relative to GPs/FPs are approaching retirement age. This is reflected in the composition of each of the retirement age cohorts. In 2005, of those physicians 55 years of age and older, 54.6% are specialists; of those 60 years of age and older, 56.8% are specialists; and of those 65 years of age and older, 61.4% are specialists.

Also, the overall percentage of physicians 65 years of age and older continues to increase. In 2005, 17.8% of all specialists are 65+, compared to only 12.2% of all GPs/FPs who fell into this same age category (Chart 4).

**Chart 4:  
Proportion of GPs/FPs and Specialists in Retirement Age Cohorts**

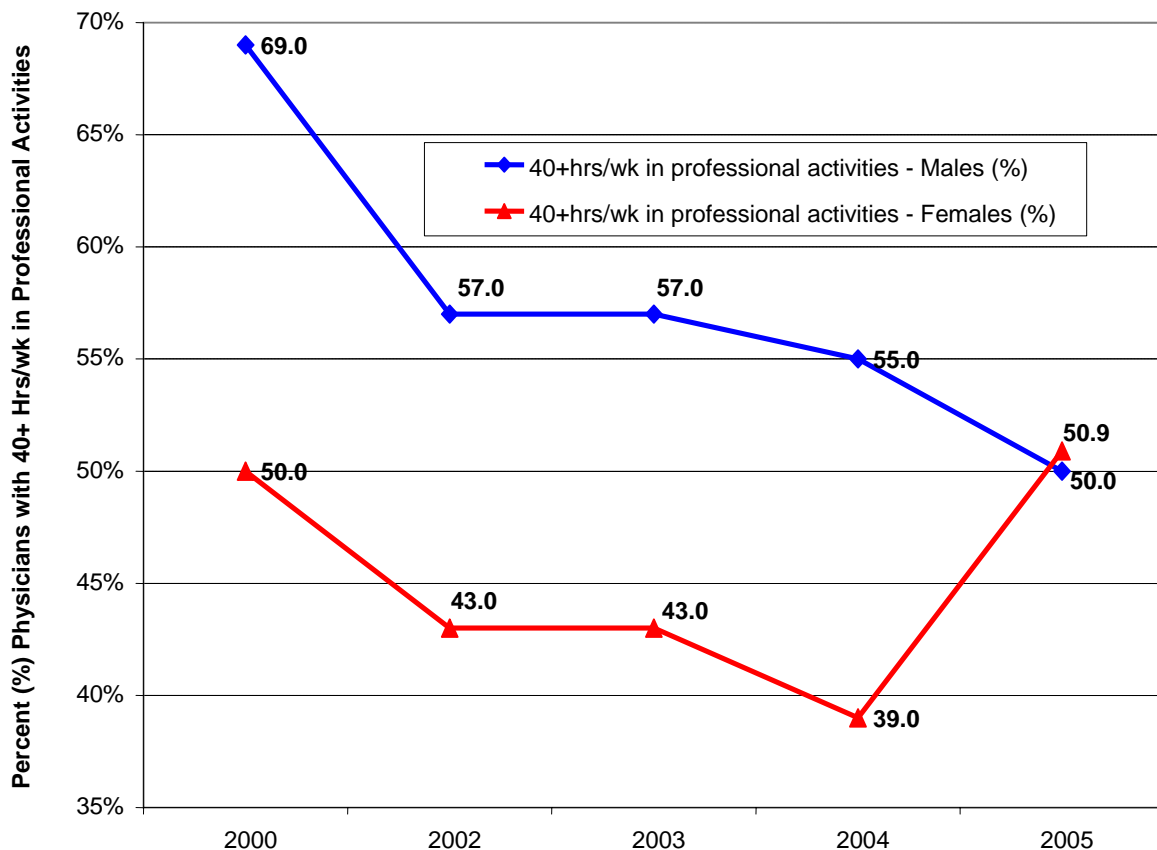


<sup>6</sup> A “specialist” physician practises in an area of medicine other than general or family medicine, (e.g., neurology, cardiology, or ophthalmology).

## Gender and Work Patterns

One important factor in assessing physician work patterns is gender distribution in medicine. The number of female physicians in practice is increasing steadily. In 2000, 27% of the physician population in practice was female. In 2005, that number had increased to 30.7%. In past years, female physicians spent fewer hours engaged in professional activities than males. However, this year marks the first time that we have seen the proportion of women working more than 40 hours per week (50.9%) exceed that found in the male physician population (50.0%). The proportion of women working more than 40 hours per week increased significantly, up 11.9% from 2004 (Chart 5). Further monitoring is required to determine whether this is an emerging trend.

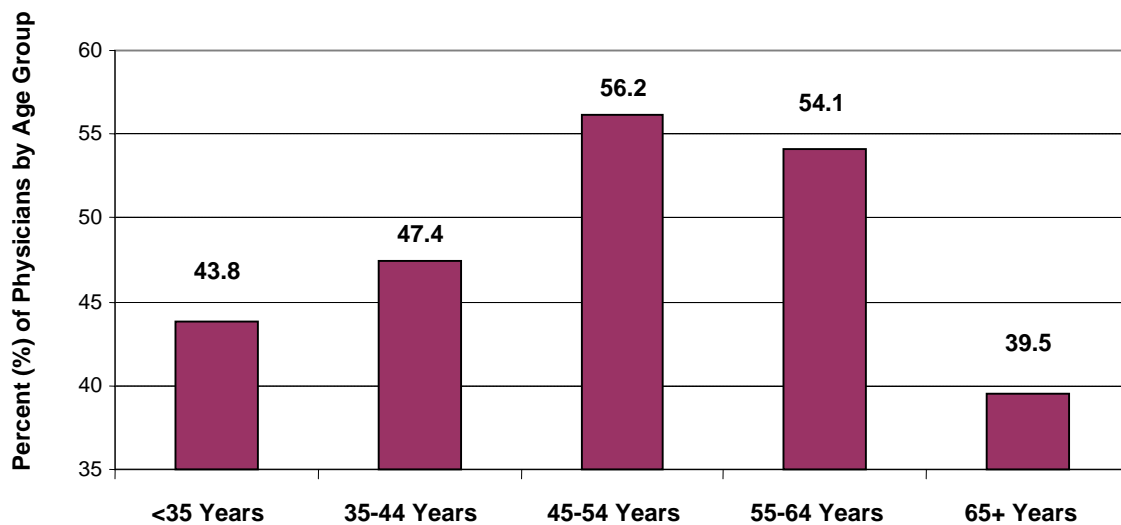
**Chart 5:**  
**Physicians Working More Than 40 Hours/Week by Gender**



## Age and Work Patterns

Physicians between the ages of 45 and 65 tend to work more hours than younger physicians and those 65 years of age and older. This pattern is not surprising given that these age cohorts represent those physicians who are well-established in their careers. However, this finding is particularly concerning given it is projected that by the year 2014, 30% of the physician population will be 65 years of age and older, and working fewer hours.

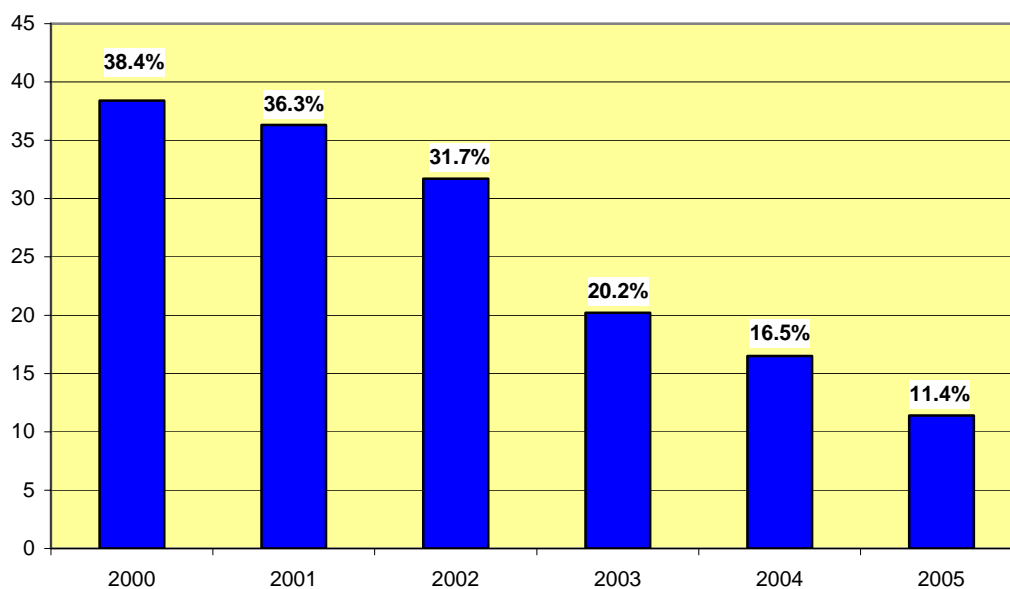
**Chart 6:**  
**Proportion of Physicians by Age Group Working More Than 40 Hrs/Wk**



## GPs/FPs Accepting New Patients Continues to Decline

Over the past four years, the number of GPs/FPs accepting new patients has decreased steadily. In 2000, 38.4% of GPs/FPs responding to the annual survey indicated that they were able to accommodate new patients, and in 2002, that value dropped further to 31.7%. Since then, the number of GPs/FPs accepting new patients has continued to drop. In 2005, only 11.4% were accepting new patients (Chart 7).

**Chart 7:**  
**GPs/FPs Accepting New Patients 2000 – 2005**



## Regional Variation of GPs/FPs Accepting New Patients

Further examination of the proportion of GPs/FPs accepting new patients shows that there are significant regional differences in the number of GPs/FPs accepting new patients across Ontario.

The regions below are defined by the first letter of the postal code of physicians' primary practice address (Table 1). The highest percentage of GPs/FPs accepting new patients is found in the metropolitan Toronto area, where 21.7% of GPs/FPs advised that they are accepting new patients into their practices. South central Ontario and northern Ontario reflect the overall provincial percentage with 10.6% and 10.5% of physicians accepting new patients respectively.

Due to the large physician density in Toronto and the surrounding south central Ontario area, this high value increases the overall provincial value of physicians accepting new patients, masking

the low proportion of physicians accepting new patients in other regions of the province. This is evident in looking at the results from eastern and southwestern Ontario, both of which are substantially below what would be expected in comparison to the overall provincial value, with only 4.7% and 4.5% of physicians accepting new patients respectively.

It is important to note that these values do not reflect population need or density. Therefore, it is difficult to speculate about the impact of the low value of 4.5% in southwestern Ontario or the high value of 21.7% in Toronto, as neither value tells us whether population needs are being met.

**Table 1:  
Percentage of GPs/FPs Accepting New Patients by Postal Code Region**

POSTAL CODE REGION	%
Eastern Ontario (K)*	4.7
South Central Ontario (L)*	10.6
Toronto (M)*	21.7
Southwestern Ontario (N)*	4.5
Northern Ontario (P)*	10.5
TOTAL	11.4

\*Geographical region by the first letter of the postal code

### GPs/FPs by Certification and Training versus Scope of Practice

Recent reports from Ontario medical schools have indicated that fewer students are choosing family practice as an area of specialization. The proportion of physicians in general or family practice has decreased since 2000, when 51% of the physicians in Ontario were GPs/FPs. The College's 2002 annual survey showed that the overall Ontario physician population was then composed of 48% GPs/FPs and 52% specialists. Since 2002, the proportion of GPs/FPs relative to specialists has held steady.

An important factor to note is that these values represent those physicians who are GPs/FPs by *certification and training*. However, the provision of primary care is related not only to training and certification alone, but also to a physician's scope of practice.<sup>7</sup> Many GPs/FPs focus their practices on particular areas of medicine (e.g., sports medicine, psychotherapy) and are not actually practising family medicine. Approximately 45% of those physicians who are identified as GPs/FPs by certification and training provided clinical practice information on the 2005 survey. Of those GPs/FPs who provided clinical practice information, only 31.2% said that they have practices that are more than 40% dedicated to the provision of family medicine. Therefore, it can be assumed that the overall number of GPs/FPs (47.9%) overstates the actual number of physicians providing strictly primary care services.

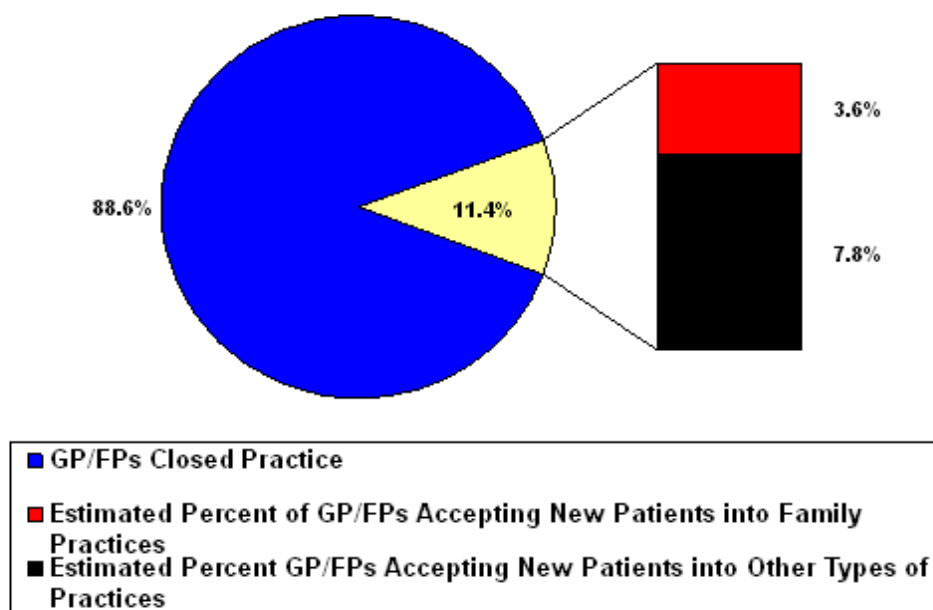
<sup>7</sup> Scope of practice is the area(s) of medicine in which a physician is practising, and is educated and experienced.

## GP/FPs Accepting New Patients by Scope of Practice

Practice scope also affects the number of GPs/FPs accepting new patients. When practice scope is factored into the equation, the picture grows even more concerning. Only 11.4% of GPs/FPs advised that they are accepting new patients. However, when we factor in the estimated proportion of those with practices dedicated to more than 40% family medicine, we can extrapolate that of the 11.4% of GPs/FPs accepting new patients, *only 3.6% are accepting new patients into their family practices.*

These values should be interpreted with some caution as they are based on data derived from only those GPs/FPs (45%) who provided clinical practice information on their annual survey.

**Chart 8:**  
**GP/FPs Accepting New Patients by Scope of Practice**



## Access Challenges Ahead

Access to care is one of the most significant challenges facing our health care system today. Worsening trends including the alarmingly low percentage of GPs/FPs accepting new patients and the increasing age of the profession need to be addressed by public policy makers.

The College has developed a number of new initiatives in cooperation with the government and other stakeholders to improve patients' access to health care. As a result, 523 applicants were granted a license (between 2002 – 2005) under new registration policies and programs (i.e., Assistant Professor policy, Restricted Registration policy, and the Registration through Practice Assessment program). Without these policies and programs, most of the 523 applicants would not have qualified for a license to practise medicine.

The government, the College, and other stakeholders must continue to work together to address the issues relating to access to health care. Following are some recommendations that, if fully adopted and implemented, would help address the even greater health human resource problems on the horizon:

- *Significantly increase domestic capacity by increasing enrollment at Ontario medical schools;*
- *Encourage medical students to choose to train in family medicine by increasing the attractiveness of practising primary care medicine;*
- *Significantly increase the postgraduate training capacity;*
- *Continue to provide the necessary financial support to ensure that every IMG can be assessed, and if eligible, provided with training;*
- *Market Ontario as a great place to work for health professionals and encourage Ontario physicians practising in other jurisdictions to return;*
- *Create a health human resources planning body;*
- *Promote and implement collaborative care models.*

It is important to note that the government has announced its intention to move forward on a number of these initiatives. The degree to which they will help patients to access needed health care is directly related to the extent to which they are implemented. In any event, most of these are long-term solutions, the benefits of which will take a number of years to attain. It is, therefore, imperative that immediate and decisive action be taken.

Also noteworthy, health human resource planning in Ontario has often occurred on a very limited scale. In fact, a decade ago, Ontario responded to erroneous projections respecting the province's need for physicians. As a result, domestic capacity was decreased and we find ourselves in the situation we are in today. A health human resources planning body should be created to ensure that better planning occurs now to secure access to health professionals in the future.

Immediate relief may best be found in the development and implementation of new collaborative care models of practice that encourage health care providers to work together more effectively.

## Data Caveats

In reviewing these statistics, it is important to acknowledge their limitations. From the data collected, we are unable to comment on some important factors like the impact of different practice organizations (solo or group practice), productivity, and working with other health care professionals on access to care, and the overall quality of care provided to patients.

For example, the results from our surveys over the years have shown that younger physicians tend to be more likely to practice in a group setting. While in previous years, younger physicians may have been individually working fewer hours, their group practices may have been providing as many, if not more, hours of access for patients.

Also, our survey results cannot determine whether physicians who work more hours see more patients or spend more time with each patient. While the former might indicate improved access, it could mean reduced quality of care (but our survey cannot determine that).

The data that has been collected over the years in the annual survey does, however, clearly indicate the aging trend of the physician population, the percentage of physicians accepting patients into their practices, and the overall decline in the number of family physicians and general practitioners.

## About the College

The College of Physicians and Surgeons of Ontario (CPSO) is the self-regulating body for the province's doctors. The College regulates the practice of medicine to protect and serve the public interest.

It issues certificates of registration to doctors to allow them to practise medicine, monitors and maintains standards of practice through peer assessment and remediation, investigates complaints against doctors on behalf of the public, and disciplines doctors who have committed professional misconduct or are incompetent.

The medical profession has been granted a great degree of authority by provincial law, and that authority is exercised through the College. This system of self-regulation is based on the premise that the College must act first and foremost in the public interest. All doctors in Ontario must be members of the College in order to practise medicine in the province. The role of the College, as well as its authority and powers, are set out in the *Regulated Health Professions Act (RHPA)*, the *Health Professions Procedural Code* under the *RHPA* and the *Medicine Act*.

Just more than half of the governing Council of the College are physicians, 16 elected by the profession and three appointed by universities. The other 14 Councillors are public members, appointed by the government. They come from a variety of backgrounds and regions across Ontario. Council, directly and through its committees, sets policy and oversees College activities.

**“The best quality care for the people of Ontario by the doctors of Ontario”**

College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, Ontario  
M5G 2E2  
(416) 967-2611  
[www.cpso.on.ca](http://www.cpso.on.ca)