

# CMA Workforce Survey 2017

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The Canadian Medical Association (CMA) would like your help. In order to best serve Canadians and Canadian physicians, we would like you to tell us about your practice – from your working hours and practice setting to your use of technology and plans for the future – by completing this 10-minute survey. We understand the importance of your time. Please know that every response we get will draw a better, more accurate picture of our profession at the national, provincial and regional levels as well as by specialty.

## Privacy

We strongly believe in privacy and your voluntary input will remain confidential as all results will be communicated in aggregate format. Completion of the survey means you agree to participate in the study. Click here to learn more about the CMA privacy guidelines and policies.

## Results

Once available, aggregated results will be posted on the CMA website and will be used by CMA and other stakeholders such as researchers and health human resource planners.

## Research ethics

The research ethics for this survey have been approved by the University of Ottawa Research Ethics Board.

### 1. Are you:

- a licensed physician in full or part-time practice, a locum, in a medically related field, or on a leave of absence.
- a **student**, medical **resident** or completely **retired**.

## About you

### 2. Are you:

- Female
- Male
- Other

### 3. Year of birth:

### 4. In what province/territory do you primarily work?

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland & Labrador
- Northwest Territories
- Yukon
- Nunavut

### 5. Where did you complete your undergraduate medical training?

- Canada
- USA
- Other country, please specify: \_\_\_\_\_

### Your Practice

### 6. Would you describe yourself as a:

- Family physician
- Family physician with a focused practice (e.g. emergency medicine, sport and exercise medicine)
- Other specialty physician (medicine or surgery)

### 6i. What area does your practice focus on?

- Administration (e.g., political, associations etc.)
- Addiction medicine
- Child and adolescent health
- Chronic non-cancer pain
- Emergency medicine
- Family practice anesthesia
- Health care of the elderly
- Hospital medicine
- Maternity and newborn care
- Mental health
- Minor plastic surgery/cosmetics
- Occupational medicine
- Palliative care
- Prison health
- Sport and exercise medicine
- Surgical assisting
- Women's health
- Other

Please specify [other]:

### 6i. Select the specialty/sub-specialty certificate that is most closely related to the main area of your current practice.

- |   |  |   |
|---|--|---|
| <input type="radio"/> Adolescent Medicine                       | <input type="radio"/> Critical Care Medicine – Adult         | <input type="radio"/> General Surgical Oncology                     |
| <input type="radio"/> Anatomical Pathology                      | <input type="radio"/> Dermatology                            | <input type="radio"/> Geriatric Medicine                            |
| <input type="radio"/> Anesthesiology                            | <input type="radio"/> Developmental Pediatrics               | <input type="radio"/> Geriatric Psychiatry                          |
| <input type="radio"/> Cardiac Surgery                           | <input type="radio"/> Diagnostic Radiology                   | <input type="radio"/> Gyn. Reproductive Endocrinology & Infertility |
| <input type="radio"/> Cardiology - Adult                        | <input type="radio"/> Emergency Medicine                     | <input type="radio"/> Gynecologic Oncology                          |
| <input type="radio"/> Cardiology - Pediatric                    | <input type="radio"/> Endocrinology & Metabolism – Adult     | <input type="radio"/> Hematological Pathology                       |
| <input type="radio"/> Child and Adolescent Psychiatry           | <input type="radio"/> Endocrinology & Metabolism – Pediatric | <input type="radio"/> Hematology                                    |
| <input type="radio"/> Clinical Immunology & Allergy - Adult     | <input type="radio"/> Family Medicine                        | <input type="radio"/> Infectious Diseases – Adult                   |
| <input type="radio"/> Clinical Immunology & Allergy – Pediatric | <input type="radio"/> Forensic Pathology                     | <input type="radio"/> Infectious Diseases – Pediatric               |
| <input type="radio"/> Clinical Pharmacology & Toxicology        | <input type="radio"/> Forensic Psychiatry                    | <input type="radio"/> Internal Medicine                             |
| <input type="radio"/> Colorectal Surgery                        | <input type="radio"/> Gastroenterology - Adult               | <input type="radio"/> Maternal Fetal Medicine                       |
| <input type="radio"/> Critical Care Medicine - Pediatric        | <input type="radio"/> Gastroenterology - Pediatric           | <input type="radio"/> Medical Biochemistry                          |
|   | <input type="radio"/> General Internal Medicine              | <input type="radio"/> Medical Genetics                              |
|   | <input type="radio"/> General Pathology                      | <input type="radio"/> Medical Microbiology                          |
|   | <input type="radio"/> General Surgery                        | <input type="radio"/> Medical Oncology                              |

- |   |  |   |
|---|--|---|
| <input type="radio"/> Neonatal Perinatal Medicine | <input type="radio"/> Orthopedic Surgery                     | <input type="radio"/> Plastic Surgery                       |
| <input type="radio"/> Nephrology – Adult          | <input type="radio"/> Otolaryngology - Head and Neck Surgery | <input type="radio"/> Psychiatry                            |
| <input type="radio"/> Nephrology – Pediatric      | <input type="radio"/> Pain Medicine                          | <input type="radio"/> Public Health and Preventive Medicine |
| <input type="radio"/> Neurology – Adult           | <input type="radio"/> Pediatric Emergency Medicine           | <input type="radio"/> Radiation Oncology                    |
| <input type="radio"/> Neurology - Pediatric       | <input type="radio"/> Pediatric Hematology/Oncology          | <input type="radio"/> Respiriology – Adult                  |
| <input type="radio"/> Neuropathology              | <input type="radio"/> Pediatric Radiology                    | <input type="radio"/> Respiriology – Pediatric              |
| <input type="radio"/> Neuroradiology              | <input type="radio"/> Pediatric Surgery                      | <input type="radio"/> Rheumatology – Adult                  |
| <input type="radio"/> Neurosurgery                | <input type="radio"/> Pediatrics – General                   | <input type="radio"/> Rheumatology – Pediatric              |
| <input type="radio"/> Nuclear Medicine            | <input type="radio"/> Physical Medicine & Rehabilitation     | <input type="radio"/> Thoracic Surgery                      |
| <input type="radio"/> Obstetrics & Gynecology     |  | <input type="radio"/> Urology                               |
| <input type="radio"/> Occupational Medicine       |  | <input type="radio"/> Vascular Surgery                      |
| <input type="radio"/> Ophthalmology               |  |   |

- NA – I work solely in an administrative (e.g., political, association etc.), research or other capacity.

### 7. Which of the following is your primary work setting?

- Private office/clinic (excluding free standing walk-in clinics)
- Community clinic/Community health centre
- Free-standing walk-in clinic
- Academic health sciences centre (AHSC)
- Non-AHSC teaching hospital
- Community hospital
- Other hospital
- Emergency department (in community hospital or AHSC)
- Nursing home/ Long term care facility / Seniors' residence
- University
- Research Unit
- Free-standing lab/diagnostic clinic
- Administrative office / Corporate Office
- Other \_\_\_\_\_

**7i. What is the postal code where you primarily work?**

**8. Do you provide patient/clinical care (either direct or indirect)?**

- Yes
- No

**9. How is your MAIN patient care setting organized? Check ONLY ONE. (Note that a solo or group practice could also include another health professional who does not have her/his own caseload).**

- Solo practice
- Group practice – community based
- Interprofessional practice – community based (physician(s) & other health professional(s) who have their own caseloads)
- Hospital-based practice

### **On-call**

**10. Do you provide on-call services?**

- Yes
- No

**11. Estimate your average number of on-call work hours per month:**

**12. Estimate how many of your on-call hours each month are actually spent indirect patient care (e.g., phone, email, face-to-face):**

## Hours Worked

**13. EXCLUDING ON-CALL ACTIVITIES, how many HOURS IN AN AVERAGE WEEK do you usually spend on the following activities? Assume each activity is mutually exclusive for reporting purposes (i.e., if an activity spans two categories, please report hours in only one category).**

Direct patient care without a teaching component, regardless of setting

Direct patient care with a teaching component, regardless of setting

Teaching/Education without direct patient care (contact with students/residents, preparation, marking, evaluations, etc.)

Indirect patient care (charting, reports, phone calls, meeting patients' family, etc.)

Health facility committees (academic planning committees)

Administration (i.e., management of university program, chief of staff, department head, Ministry of Health, etc.)

Research (including management of research and publications)

Managing your practice (staff, facility, equipment, etc.)

Continuing medical education/professional development (courses, reading, videos, tapes, seminars, etc.)

Other

**TOTAL HOURS WORKED PER WEEK:**

**14. How many hours per week do you spend completing administrative forms on behalf of your patients (e.g. third party insurance forms)?**

## Remuneration Method

**15. In the last year, approximately what proportion of your professional income did you receive from these payment methods? Note: TOTAL MUST EQUAL 100%.**

Fee-for-service insured	<input type="text"/>
Fee-for-service uninsured (private pay services)	<input type="text"/>
Salary	<input type="text"/>
Capitation	<input type="text"/>
Sessional/per diem/hourly	<input type="text"/>
Service contract	<input type="text"/>
Incentives and premiums	<input type="text"/>
Other	<input type="text"/>

**16. What percentage of your gross professional income goes towards running your practice (e.g. staff, leases/rent/mortgage, equipment leasing/rental, personal benefits, vehicle costs, professional fees, malpractice dues, etc.) ?**

Not applicable

## Access

**17. To what extent is your practice accepting new patients into your MAIN patient care setting? Please check only ONE.**

- No restrictions; practice is open to all new patients
- Partially closed
- Completely closed
- Does not apply to my practice setting

**18. Please estimate the number of patients you see in a TYPICAL WEEK, EXCLUDING patient visits while you are on-call (on-call is defined as time outside of regularly scheduled activity during which you are available to patients):**

**19. Typically, if a patient visits your office or is referred to you, how long would that patient wait until the first available appointment WITH YOU OR YOUR PRACTICE?**

**Urgent**

- Same day
- Number of days: \_\_\_\_\_
- Unsure
- Not applicable

**Non-urgent**

- Same week
- Number of weeks: \_\_\_\_\_
- Unsure
- Not applicable

**20. Rate your access to the following for your patients:**

	Excellent	Satisfactory	Unsatisfactory	N/A
Operating room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endoscopy suites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedural rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care beds (e.g., nursing home, chronic care, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital in-patient care on an urgent basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital care for elective procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Routine diagnostic services (e.g., lab, x-rays, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced diagnostic services (e.g., MRI, CT, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Collaboration

**21. Do you participate in an interprofessional collaborative practice excluding the hospital environment and excluding referrals that do not involve ongoing collaboration on the patient's care?**

- Yes
- No

**21a. Please indicate which providers are involved in your collaborative team(s).**

### **Other physicians**

- |  |   |
|--|---|
| <input type="checkbox"/> Cardiologists             | <input type="checkbox"/> Obstetricians/gynecologists                |
| <input type="checkbox"/> Dermatologists            | <input type="checkbox"/> Orthopaedic surgeons                       |
| <input type="checkbox"/> General internal medicine | <input type="checkbox"/> Psychiatrists                              |
| <input type="checkbox"/> General surgeons          | <input type="checkbox"/> Other physicians, please specify:<br>_____ |

### **Other health care providers:**

- |   |   |
|---|---|
| <input type="checkbox"/> Dietitians/nutritionists                         | <input type="checkbox"/> Occupational therapists      |
| <input type="checkbox"/> Physiotherapists/rehab therapists/kinesiologists | <input type="checkbox"/> Nurse practitioners          |
| <input type="checkbox"/> Psychologists                                    | <input type="checkbox"/> Specialized nurses           |
| <input type="checkbox"/> Social workers                                   | <input type="checkbox"/> Other nurses                 |
|   | <input type="checkbox"/> Other, please specify: _____ |

**21b. How would you rate your interprofessional collaborative practice(s) in terms of optimal care for patients?**

- Excellent
- Very good
- Good
- Fair
- Poor

**Electronic Tools**

**22. Do you use electronic records to enter and retrieve clinical patient notes in the care of your patients?**

- Yes
- No

**23. Please indicate which of the following electronic tools you use in the care of your patients. *Check all that apply.***

- Reminders for patient care
- Ordering lab tests
- Ordering diagnostic tests
- Receipt of hospital visit and discharge information
- Clinical decision support tool
- Access to list of medications taken by a patient
- Warnings for drug interactions
- Interface to pharmacy/pharmacist
- Access to lab test/diagnostic results
- Referral to other physicians
- Secure transfer of patient information
- Access to provincial/territorial patient information systems
- Interface to non-doctor health professionals
- None of the above

**24. Can patients in your practice do the following? Check all that apply.**

- Request appointments online (i.e. advance access e-scheduling)
- Request prescription renewals online
- View information from their health record online (e.g. lab test results or immunization history)
- Electronically add measurements (e.g. blood pressure readings) to their electronic record
- Electronically add text and/or other documentation to their electronic record
- None of the above
- N/A (e.g. hospital practice only)

**Changes to Practice**

**25a. With reference to the LAST 2 YEARS, please check all of the following changes you have already made.**

- Retired from *clinical* practice
- Reduced weekly work hours (excluding on-call)
- Increased weekly work hours (excluding on-call)
- Relocated my practice to another province/territory in Canada
- Practised in the USA
- Practised in another country: \_\_\_\_\_
- None of the above mentioned changes

**25b. With reference to the NEXT 2 YEARS, please check all of the following changes that you are planning to make.**

- Retire from *clinical* practice
- Retire *completely* from medical practice
- Reduce weekly work hours (excluding on-call)
- Increase weekly work hours (excluding on-call)
- Relocate my practice to another province/territory in Canada
- Practise in the USA
- Practise in another country: \_\_\_\_\_
- None of the above mentioned changes

## Employment

### 26. Describe your current employment situation.

- Overworked in my discipline
- Employed in my discipline to my satisfaction
- Underemployed in my discipline
- Not employed in my discipline

## Satisfaction

### 27. Rate your satisfaction with each of the following:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Your professional life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The balance between your personal and professional commitments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## General comments

**Thank you for taking the time to share your views with us. If you have any questions about this survey, please send an email to [tara.chauhan@cma.ca](mailto:tara.chauhan@cma.ca). If you are ready to submit your answers, please do so now by clicking 'Submit'. You will then be redirected to the prize draw entry ballot.**