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.

- Adolescent Medicine
- Anatomical Pathology
- Anesthesiology
- Cardiac Surgery
- Cardiology - Adult
- Cardiology - Pediatric
- Child and Adolescent Psychiatry
- Clinical Immunology & Allergy - Adult
- Clinical Immunology & Allergy – Pediatric
- Clinical Pharmacology & Toxicology
- Colorectal Surgery
- Critical Care Medicine - Pediatric
- Critical Care Medicine – Adult
- Dermatology
- Developmental Pediatrics
- Diagnostic Radiology
- Emergency Medicine
- Endocrinology & Metabolism – Adult
- Endocrinology & Metabolism – Pediatric
- Family Medicine
- Forensic Pathology
- Forensic Psychiatry
- Gastroenterology - Adult
- Gastroenterology - Pediatric
- General Internal Medicine
- General Pathology
- General Surgery
- General Surgical Oncology
- Geriatric Medicine
- Geriatric Psychiatry
- Gyn. Reproductive Endocrinology & Infertility
- Gynecologic Oncology
- Hematological Pathology
- Hematology
- Infectious Diseases – Adult
- Infectious Diseases – Pediatric
- Internal Medicine
- Maternal Fetal Medicine
- Medical Biochemistry
- Medical Genetics
- Medical Microbiology
- Medical Oncology
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):
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
- Fee-for-service uninsured (private pay services)
- Salary
- Capitation
- Sessional/per diem/hourly
- Service contract
- Incentives and premiums
- Other

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

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):

[Blank]

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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating room</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Endoscopy suites</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Procedural rooms</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Long-term care beds (e.g., nursing home, chronic care, etc.)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Hospital in-patient care on an urgent basis</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Hospital care for elective procedures</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
Routine diagnostic services (e.g., lab, x-rays, etc.)
Advanced diagnostic services (e.g., MRI, CT, etc.)
Home care
Palliative care

**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**
- Cardiologists
- Dermatologists
- General internal medicine
- General surgeons
- Obstetricians/gynecologists
- Orthopaedic surgeons
- Psychiatrists
- Other physicians, please specify: ______________________

**Other health care providers:**
- Dieticians/nutritionists
- Physiotherapists/rehab therapists/kinesiologists
- Psychologists
- Social workers
- Occupational therapists
- Nurse practitioners
- Specialized nurses
- Other nurses
- 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:

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your professional life</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>The balance between your personal and professional commitments</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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. 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.