



## Q09. Organization of practice (solo, group, etc.)

<https://surveys.cma.ca/en/permalink/survey16>

Survey Date: 2017

Full Question: Q09. 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).

Topic: Work setting  
Patient care  
Hospital setting  
Collaborative practice

Keywords: Collaborative practice  
Group practice  
Hospital setting  
Interprofessional  
Partner  
Patient care setting  
Practice setting  
Solo practice  
Team practice  
Work setting

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

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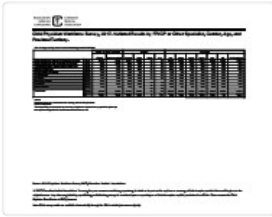


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## Q13. Work hours

<https://surveys.cma.ca/en/permalink/survey20>

Survey Date: 2017

Full Question: Q13. 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.

Topic: Patient care  
On-call activities  
Practice management (e.g., overhead costs, paperwork)  
Hours of work and workload

Keywords: Administrative duties  
Committee work  
Indirect patient care  
On-call services  
Patient care  
Practice management  
Continuing medication education (CME)  
Research  
Teaching  
Work hours  
Oncall  
Oncall activities  
Workload

- Response Choices:
- 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.)

## Documents

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## Q14. Hours on administrative forms

<https://surveys.cma.ca/en/permalink/survey21>

Survey Date: 2017

Full Question: Q14. How many hours per week do you spend completing administrative forms on behalf of your patients (e.g. third party insurance forms)?

Topic: Patient care  
Practice management (e.g., overhead costs, paperwork)  
Hours of work and workload

Keywords: 3rd party insurance forms  
Administrative duties  
Indirect patient care  
Paperwork  
Practice management  
Workload

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## Q16. Overhead costs

<https://surveys.cma.ca/en/permalink/survey23>

Survey Date: 2017


Full Question: Q16. 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.)?

Topic: Remuneration method  
Practice management (e.g., overhead costs, paperwork)


Keywords: FFS  
Overhead costs  
Practice expenses  
Practice management  
Remuneration


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## Q21. Interprofessional collaboration

<https://surveys.cma.ca/en/permalink/survey28>

Survey Date: 2017

Full Question: Q21. 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?

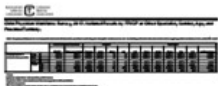
Topic: Patient care  
Collaborative practice


Keywords: Clinical care  
Collaborative practice  
Group practice  
Interprofessional  
Patient care  
Partner  
Team practice

### Documents

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## Q21b. Rating of collaboration

<https://surveys.cma.ca/en/permalink/survey30>

Survey Date: 2017

Full Question: Q21b. How would you rate your interprofessional collaborative practice(s) in terms of optimal care for patients?

Topic: Patient care  
Collaborative practice

Keywords: Collaborative practice  
Group practice  
Interprofessional  
Patient care  
Team practice

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CMA\_Survey\_Workforce2017\_Q21b\_CollabPracRating-e.pdf

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## Q25a. Changes made to practice

<https://surveys.cma.ca/en/permalink/survey34>

Survey Date: 2017

Full Question: Q25a. With reference to the LAST 2 YEARS, please check all of the following changes you have already made:

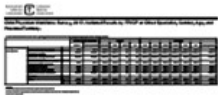
Topic: Retirement  
Practice relocation  
On-call activities  
Hours of work and workload

Keywords: Career transition  
Oncall  
Oncall activities  
On-call services  
Overworked  
Patient load  
Practice relocation  
Retirement  
Work hours  
Work location  
Work-life balance  
Workload


Response Choices: 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


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## Q25b. Planned changes to practice

<https://surveys.cma.ca/en/permalink/survey35>

Survey Date: 2017

Full Question: Q25b. With reference to the NEXT 2 YEARS, please check all of the following changes that you are planning to make:

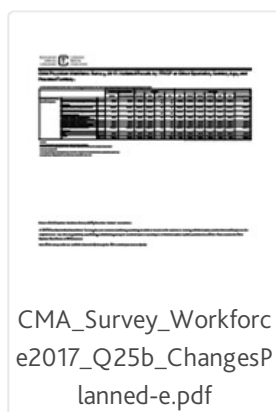
Topic: Retirement  
Practice relocation  
On-call activities  
Hours of work and workload

Keywords: Career transition  
On-call services  
Oncall  
Oncall activities  
Overworked  
Patient load  
Practice relocation  
Retirement  
Work hours  
Work location  
Work-life balance  
Workload

Response Choices: 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

### Documents

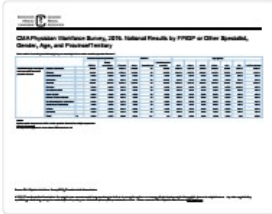
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## Q06. Province(s)/territory(ies) of licensure

<https://surveys.cma.ca/en/permalink/survey73>

Survey Date: 2019

Full Question: Q06. In which Canadian jurisdiction(s) do you currently hold an active medical practice licence?

Topic: National licensure

Keywords: Province

Territory

License

Licensure

Practice

Work

Portability

Response Choices: British Columbia

Alberta

Saskatchewan

Manitoba

Ontario

Quebec

New Brunswick

Nova Scotia

Prince Edward Island

Newfoundland & Labrador

Northwest Territories

Yukon

Nunavut

## Documents

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## Q07. Main province/territory of practice

<https://surveys.cma.ca/en/permalink/survey75>

Survey Date: 2019

Full Question: Q07. In what province/territory do you primarily work?

Topic: National licensure

Keywords: Province  
Territory  
Practice  
Work

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

## Documents

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The thumbnail shows a data table with the following title: "CMA Physician Workforce Survey, 2019: National Results by FTEFP or Other Specialty, Gender, Age, and Practice/Setting". The table has multiple columns and rows of data, with the first column likely representing different specialties or categories.

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e2019\_Q7\_Practice\_Pr  
ovince-e.pdf

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## Q09. Applying for licensure in another jurisdiction

<https://surveys.cma.ca/en/permalink/survey77>

Survey Date: 2019

Full Question: Q09. Have you ever applied for a licence to practise medicine with a Canadian medical regulatory authority in a province or territory other than where you were first licensed to practise in Canada?

Topic: Access to services  
National licensure

Keywords: License  
Licensure

Response Choices: Yes  
No

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## Q10. Obstacles to applying for licensure

<https://surveys.cma.ca/en/permalink/survey79>

Survey Date: 2019

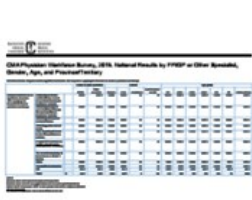
Full Question: Q10. What factors did you consider significant obstacles with respect to applying for licensure in another province or territory?

Topic: Access to services  
National licensure


- Keywords: License  
Licensure  
Barriers  
Practice obstacles
- Response Choices: Obtaining credential verification for or from the provincial/territorial regulatory authority  
Obtaining letter(s) of good standing from the provincial/territorial regulatory authority  
Obtaining reference or character letters  
Obtaining police record check  
Cost of getting licensed in the other province or territory  
Length of the process to obtain a licence in the other province or territory  
The overall complexity of the process to obtain a licence  
Other, please specify:  
There were no significant obstacles


## Documents

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Full Question: Q12. If a national licensure system were implemented today, how likely would you be to:  
Highly unlikely  
Somewhat unlikely  
Unsure  
Somewhat likely  
Highly likely

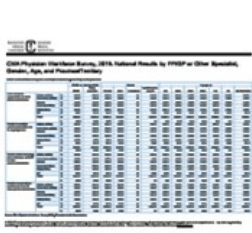
Topic: Access to services  
National licensure  
Patient care

Keywords: License  
Licensure  
Changes  
Portability  
Locum  
Virtual care  
Rural practice  
Access


Response Choices: Seek out locum opportunities in other provinces/ territories  
Practise in multiple provinces/territories on an ongoing basis  
Provide virtual care (e.g., telemedicine) to patients in other provinces/territories  
Practise temporarily in rural/remote areas in other provinces/territories  
Participate in further training in another province or territory


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CMA Physician Workforce Survey, 2019. National Results by FFSP or Other Specialist, Gender, Age, and Practice Setting

Response	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Strongly disagree	10%	20%	30%	25%	15%
Somewhat disagree	15%	25%	35%	20%	5%
Neither agree nor disagree	20%	30%	40%	10%	0%
Somewhat agree	5%	15%	25%	45%	10%
Strongly agree	0%	5%	15%	30%	50%

## Q13. Agreement that national licensure will improve access

<https://surveys.cma.ca/en/permalink/survey85>

Survey Date: 2019

Full Question: Q13. To what extent do you agree that national licensure will improve access to care for Canadians?

Topic: Access to services  
National licensure  
Patient care

Keywords: License  
Licensure  
Better  
Patients  
Access

Response Choices: Strongly disagree  
Somewhat disagree  
Neither agree nor disagree  
Somewhat agree  
Strongly agree

### Documents

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## Q21 & Q22. Work hours

# <https://surveys.cma.ca/en/permalink/survey112>

Survey Date: 2019

Full Question: Q21 & Q22. 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).

Topic: Hours of work and workload  
 Access to services  
 Patient care  
 Practice management (e.g., overhead costs, paperwork)  
 On-call activities  
 Oncall

Keywords: Workload  
 Time  
 Oncall

Response Choices: 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

## Documents

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