



## 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

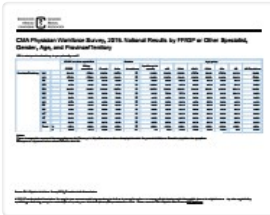
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## Q07. Main province/territory of practice

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

Survey Date: 2019

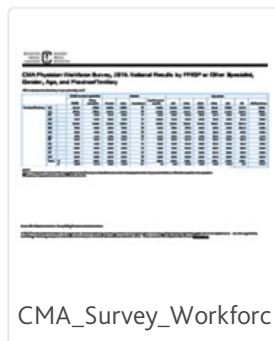
Full Question: Q07. In what province/territory do you primarily work?

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

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The table displays national results for the CMA Physician Workforce Survey, 2019, categorized by FPPSP or Other Specialty, Gender, Age, and Provincial/Territorial. It includes columns for various demographic and professional metrics.

## 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

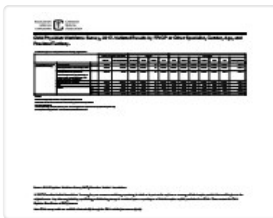
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## Q09. Organization of practice (solo, group, etc.)

<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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## 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

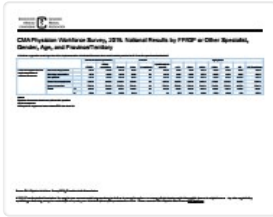
Response Choices: Obtaining credential verification for or from the provincial/territorial regulatory authority  
Obtaining letter(s) of good standing from the provincial/territorial regulatory authority  
Obtaining reference or character letters  
Obtaining police record check  
Cost of getting licensed 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

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CMA Physician Workforce Survey, 2019: National Results by FFS/P or Other Specialty, Gender, Age, and Practice Setting

Province/Territory	FFS/P	Other Specialty
Alberta	100%	100%
British Columbia	100%	100%
Manitoba	100%	100%
Ontario	100%	100%
Quebec	100%	100%
Saskatchewan	100%	100%
Atlantic	100%	100%
NWT	100%	100%
Yukon	100%	100%
NT	100%	100%

## Q11. Support for national licensure

<https://surveys.cma.ca/en/permalink/survey82>

Survey Date: 2019

Full Question: Q11. How supportive would you be of the implementation of national licensure that would enable practice in all Canadian provinces/territories?

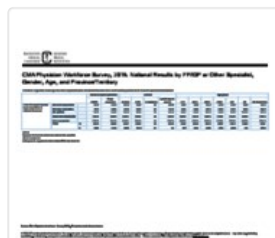
Topic: Access to services  
National licensure

Keywords: License  
Licensure

Response Choices: Not at all supportive  
Not very supportive  
No opinion  
Somewhat supportive  
Very supportive

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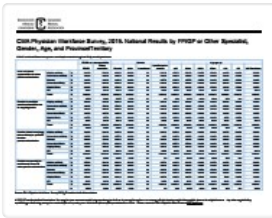


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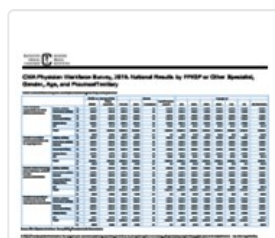
## Q12. Impact of national licensure on physician practices

<https://surveys.cma.ca/en/permalink/survey83>

Survey Date:	2019
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%	35%	15%	0%
Somewhat agree	10%	15%	20%	35%	20%
Strongly agree	5%	10%	15%	25%	45%

## 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

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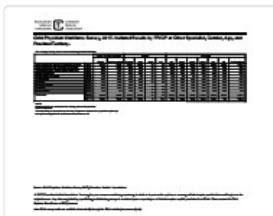
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## Q13. Work hours



## <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.

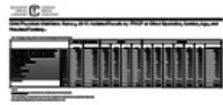
Topic: Patient care  
On-call activities  
Practice management (e.g., overhead costs, paperwork)  
Hours of work and workload

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.)

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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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CMA\_Survey\_Workforce2017\_Q14\_AdminForms-e.pdf

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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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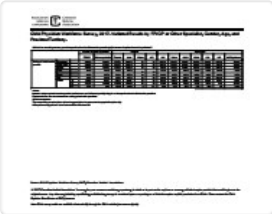
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## Q21b. Rating of collaboration

<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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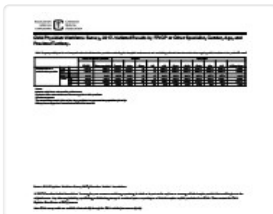
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## Q21. Interprofessional collaboration

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

Survey Date: 2017

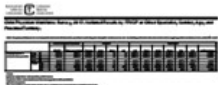
Full Question: Q21. Do you participate in an interprofessional collaborative practice excluding the hospital environment and excluding referrals that do not involve ongoing collaboration on the patient's care?

Topic: Patient care  
Collaborative practice


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


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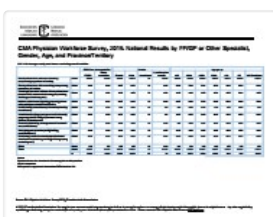
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## Q21 & Q22. Work hours

<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

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## Q25a. Changes made to practice

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

Survey Date: 2017

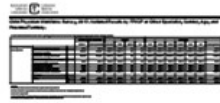
Full Question: Q25a. With reference to the LAST 2 YEARS, please check all of the following changes you have already made:

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

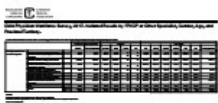
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## Q25b. Planned changes to practice

<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:

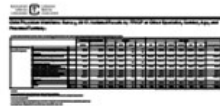
Topic: Retirement  
Practice relocation  
On-call activities  
Hours of work and workload

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

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