



Family Physicians' Response to the COVID-19 Pandemic: Results of the May/June 2022 CFPC Members Survey

The COVID-19 pandemic has significantly impacted the way family physicians care for patients and communities as frontline health workers. The College of Family Physicians of Canada (CFPC) surveyed its members in 2020, 2021, and 2022 to understand their experiences during the pandemic. The results from the June 2022 survey provide insight into how family doctors have adapted their practices, the concerns they have for their patients, as well as their own well-being.

Family physicians caring for COVID-19 patients:



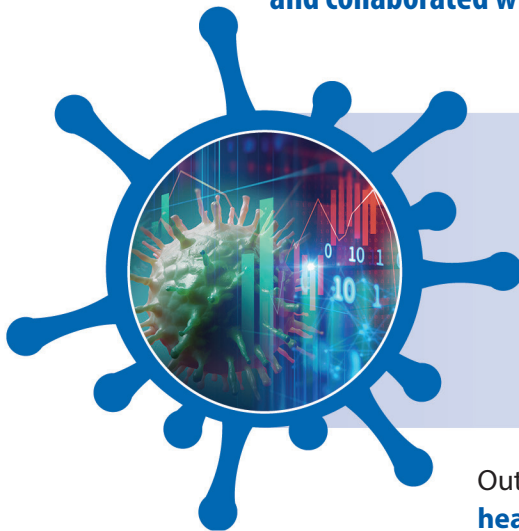
35%
Administering
COVID-19
vaccines

62%
Caring for
ambulatory
patients with
COVID-19

22%
Caring for
hospitalized
patients with
COVID-19

52%
Caring for
patients with
long COVID

How family physicians used information, coordinated activities, and collaborated with public health authorities during the COVID-19 pandemic:



81%
Monitored official
public health
guidance to
inform practice

48%
Communicated directly
with public health
authorities to seek
COVID-19 information
and/or practice
guidance

32%
Reported confirmed or
suspected COVID-19
cases directly or
indirectly to public
health authorities

22%
Participated in
advisory/planning
committees, task
forces, or groups
of public health
authorities

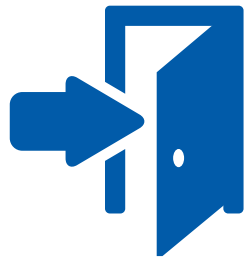
Out of 53 per cent of family physicians who **started or increased providing specific health services due to reduced availability of secondary referral services**, most of them (86%) started or increased mental health care. They also started or increased: non-hospital urgent care (34%); cerumen removal (35%); skin biopsy—shave, punch, or excisional biopsy (29%); and aspiration and/or injection of a joint or bursa (24%).

How the COVID-19 pandemic affected family physicians:



9%

Planned to leave practice due to work experiences during the pandemic



11%

Returned to practice to help during the pandemic



41%

Personally experienced abuse as a health worker due to the pandemic

63%

Heard about colleagues who experienced abuse as health workers due to the pandemic

Sixty-four per cent of family physicians reported decreased **confidence in the health care system due to its performance during the pandemic**; 28 per cent said their confidence remained the same, and eight per cent had increased confidence.

Virtual care:

On average, 25 per cent of family physicians connected with their patients through virtual care. Seventy-three per cent of family physicians used the telephone very frequently, while 12 per cent used email, six per cent video, and one per cent text messages.

How virtual care affected access to and the quality of care family physicians provided:



How family doctors describe their personal wellness:



Best I've ever felt

May 2020	May 2021	June 2022
3%	2%	2%



Feeling pretty good, but there are trying days/I have a job to do

May 2020	May 2021	June 2022
66%	50%	29%



Exhausted, but coping

May 2020	May 2021	June 2022
26%	33%	34%



Burnt out

May 2020	May 2021	June 2022
5%	15%	23%

The cumulative effects of the pandemic-related stress may be contributing to the climbing percentages of family physicians who feel burned out and thinking of or have taken a break from work.

Burnout:

Family physicians continue to experience high or severe burnout:

Copenhagen Burnout Scale	April/May 2021			May/June 2022		
	Male	Female	All Family Physicians	Male	Female	All Family Physicians
High or severe PERSONAL burnout	16.9%	25.8%	22.3%	17.0%	20.7%	19.4%
High or severe WORK-RELATED burnout	16.3%	23.4%	20.6%	19.3%	21.8%	20.9%
High or severe PATIENT-RELATED burnout	12.2%	14.1%	13.4%	19.5%	17.3%	18.1%

- Overall, while the rate of work-related burnout among family physicians remains at the same level as the year before, personal burnout levels are slightly decreasing.
- Both male and female physicians report a significant increase of patient-related burnout.
- While female family physicians report higher rates of personal and work-related burnout, the male-female gap reduced somewhat in 2022.

Workload:

Almost half of family physicians (49%) worked beyond their desired capacity, 46 per cent at their desired capacity, and five per cent below their desired capacity. One in three family physicians working beyond desired capacity experience high or severe work-related burnout.

Testimonials:

"Beyond exhausted and burnt out. Not supported by the government nor public. We are looked down upon and mistreated. There needs to be re-education of patients on what we do and the respect we deserve."

"There is an overwhelming sense that family medicine is a dying field, that there's no way to achieve work-life balance, that there is no way to earn well and practice well/comprehensively."

"I think about leaving family medicine every day. I love my patients, but they have become increasingly complex and demanding."

"It's time to reorganize health care in Canada."

"As family doctors we are dealing with more and more complex patients. Our payment structure needs to change to reflect that. . . . Also, sometimes I have so much paperwork to do, I almost don't have time to see patients anymore! I don't think I can keep being a family doctor if the government doesn't recognize us more and actually pays us for all the work we do."

"If I spend more time with my patients (which I do, because I believe in providing optimal care), I suffer financially. In my opinion, our current fee-for-service system does not optimize nor allow for adequate comprehensive care."

"Advocate moving away from fee-for-service practice for family physicians. . . . Advocate for new models of clinic where overhead is not solely covered by family physicians."

"I believe our health care system is need of a complete change. We need to have more patient-centred care through virtual care by empowering patients to a greater degree and to empower doctors/ teams to provide a better virtual care."

"We have to do medicine differently. The family doctor shortage is so severe now that it can't be solved by adding more MDs. The admin burden . . . is ridiculous."

"I feel like the provincial government here does not value primary care these days, and have seen colleagues close clinics, retire early, or move away."

"I still love my patients and my job (caring, diagnosing, treating, supporting) but I hate the admin/chasing/begging/ searching for resources, and I hate having to try and provide care I'm not qualified to do. . . . It's not good for patients, and it's not good for me."

"At 41, I'm closing my practice after 10 years and leaving 1,500 patients with no family doctor. . . . The paperwork burden climbs every day. There is no one to refer patients to so I spend more and more of my time feeling useless because I don't have the skills to solve my patients' problems. Patients are more demanding and rude to both me and my staff.

The government and media love to trash us. I have nothing left to give and I've had enough. I'll never take on a practice again—plan to locum or do government work for the rest of my career. And I am/was a damn good family doctor who provided outstanding care."

"My overhead costs have gone from 35 per cent to 65 per cent in the past six months. I don't think I can keep my practice running for much longer as I can't pay many of my expenses. . . . I've pretty much resigned to not having a retirement. I cry all the time. Patients are more complicated and demanding. I still haven't paid off my student loan yet. I know what they mean by golden handcuffs."



Methodological note:

The third COVID-19 CFPC members survey was sent to 34,001 members, excluding those living outside Canada. Data were gathered between May 25 and June 19, 2022. The results are based on the voluntary, self-reported information respondents provided. The Copenhagen Burnout Inventory was used to assess burnout. A total of 3,125 CFPC members replied to the survey, for an overall response rate of nine per cent. Geographic and demographic membership counts, and response rates are summarized below.

Geographic Response Rates

Region	Invited	Responded	Response Rate
Alberta	4,718	413	9%
British Columbia	6,014	640	11%
Manitoba	1,341	167	12%
New Brunswick	793	72	9%
Newfoundland and Labrador	582	33	6%
Northwest Territories	1,110	91	8%
Nova Scotia	47	5	11%
Nunavut	17	0	0%
Ontario	14,638	1,327	9%
Prince Edward Island	143	11	8%
Quebec	3,302	258	8%
Saskatchewan	1,224	100	8%
Yukon	70	8	11%
Missing data	2	0	0%
Total	34,001	3,125	9%

Demographic Response Rates

Sex	Invited	Responded	Response Rate
Female	17,176	1,971	11%
Male	16,806	1,152	7%
Not answered	5	0	0%
Missing data	14	2	14%
Total	34,001	3,125	9%

Age	Invited	Responded	Response Rate
< 30 years	1,051	88	8%
30 – 39 years	9,914	951	10%
40 – 49 years	8,688	829	10%
50 – 59 years	7,225	679	9%
60 – 69 years	4,359	424	10%
70 – 79 years	2,196	133	6%
≥ 80 years	567	20	4%
Missing data	1	1	100%
Total	34,001	3,125	9%

Please contact the CFPC's Research Department if you'd like to know more: research@cfpc.ca.

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