

**Updated Data Release of the
2001
National Family Physician
Workforce Survey**

The College of Family Physicians of Canada
The Janus Project: *Family Physicians Meeting the Needs of
Tomorrow's Society*

August 2002



**The College of
Family Physicians
of Canada**

**Le Collège des
médecins de famille
du Canada**

INTRODUCTION

Doctors, nurses, and allied health professionals work together to deliver a comprehensive healthcare system for Canadians. Within this system, family doctors comprise half of the physician workforce¹, and most Canadians (78%) will visit a family doctor at least once a year². If we are to understand the Canadian health care system, the need for comprehensive information on the practice of family medicine is essential.

Indeed, many physician information databases exist in Canada. Provincial/territorial registries contain basic information, as do sources such as the Southam Medical Directory. National surveys carried out by the Canadian Medical Association and Medical Post deliver insights on family physician practice patterns at a high level of aggregation. The Canadian Institute for Health Information, through its partnerships with provincial/territorial governments, maintains a National Physician Database that offers useful information on the fee-for-service activities of all physicians in Canada. These are valued information resources that address a variety of specific needs and even answer many questions about how family doctors practice in Canada.

However these information resources cannot answer many fundamental questions about the delivery of health care services in Canada. Moreover, there are many important questions to ask. To address these questions, we must take a close look at primary care, including what family doctors themselves can tell us about the care they offer to Canadians. We must achieve a better understanding of what family doctors do in their daily practices, the clinical problems they deal with and the types of medical services they offer.

Questions about primary care are directly connected to the services that are available to Canadians and, as such, they are being raised in jurisdictions throughout the nation. In their September 2000 Communiqué on Health, Canada's Health Ministers agreed *"that improvements to primary health care are crucial to the renewal of health services. Governments are committed to ensuring that Canadians receive the most appropriate care, by the most appropriate providers, in the most appropriate settings."* Similar recommendations have been set out by Saskatchewan's Fyke Commission in its report on "Caring for Medicare: Sustaining a Quality System" (April 2001) and Québec's Clair Commission in its report on "Les solutions émergentes" (December 2000). Finally, the federal government's Commission on the Future of Health Care in Canada is likely to focus attention on these issues as it develops a vision of our future health care system.

The College of Family Physicians of Canada (CFPC) National Family Physician Workforce Survey was launched in an effort to answer many of the fundamental questions about family medicine in Canada. The new information provided by this initiative is meant to serve health care providers and planners at all levels, including community based family doctors, family medicine teachers and researchers, provincial and federal governments, regional health boards, medical associations, universities and hospitals

¹ Canadian Institute for Health Information (CIHI). Ottawa, Ontario, Canada. Data available on the CIHI World Wide Web site at <http://www.cihi.ca>. Specific link for data cited in this report is <http://www.cihi.ca/facts/natsmdb.shtml>. Accessed on February 26, 2001.

² Statistics Canada. National Population Health Survey Public Use Microdata File, 1996-97. Statistics Canada, Health Statistics Division, Ottawa, Ontario. Catalogue Number 82M0009XCB.

The College of Family Physicians of Canada: National Family Physician Workforce Survey

The first National Family Physician Workforce Survey (NFPWS) was carried out in 1997. This survey was undertaken as part of the College of Family Physician's (CFPC's) *Janus Project: Family Physicians Meeting the Needs of Tomorrow's Society*.

The 1997 survey involved a randomly selected, stratified sample of 5,198 family physicians, general practitioners and emergency family physicians³ (FPs) across Canada. The 3,004 eligible FPs who replied to the survey provided detailed practice information and their data comprised the first National Family Physician Workforce Survey Database. Results of the 1997 NFPWS have been broadly disseminated and are available on the CFPC website at <http://www.cfpc.ca/Janus/janushome.htm>.

The health care needs of Canadians change over time, as does the landscape of our health care system. Therefore, NFPWS data is collected on an on-going basis. The 2001 NFPWS builds on the original database by gathering information that will allow for direct comparisons of how FP practice patterns have changed since 1997, as well as by exploring new areas of interest.

Importantly, unlike the 1997 survey, the 2001 NFPWS was carried out as a census survey of all family doctors in Canada. By gathering feedback from as many family doctors as possible in all regions of Canada, the 2001 NFPWS has attempted to produce a detailed profile of how family doctors practice across the country. The database produced through this census survey will help to address a broad range of questions about family medicine throughout Canada.

The objective of this updated data release is to describe how the 2001 NFPWS was carried out and to present some of the main findings of the study. We will also report on some of the changes that have taken place among family physicians since 1997. The results presented in this report represent a small sampling of the breadth of information gathered in the 2001 NFPWS. In-depth results will be presented in various formats in the coming months and years.

2001 NFPWS METHODOLOGY

The 2001 CFPC National Family Physician Workforce Survey was carried out as a self-reported, mailed survey, sent to all family doctors in Canada. The CFPC obtained the mail list of family physicians/general practitioners (FPs) from International Marketing Service (IMS) - Health. The IMS listing includes all physicians in Canada holding a medical license and is compiled and updated from provincial registrars' lists, medical directories and direct contact with physicians' offices. In total, 28,340 FPs in all provinces and territories were asked to reply to the 2001 NFPWS. The questionnaire was distributed in French or English, according to the physician's preference as indicated in the IMS listing.

Physicians' mail addresses and fax information were used to conduct the survey, based on a modified Dillman⁴ approach. Over a 4-month period, February - May 2001, questionnaires were mailed out on three separate occasions - an original mailing was sent to all 28,340 FPs, plus two follow-up mailings to non-responders. A post-card style reminder card was mailed to all FPs approximately two weeks after the initial mailing. Two reminder messages were sent to non-responders via fax during the final stages of data collection, in May and June 2001. These

³ These three physician classifications (i.e., family physician, general practitioner and emergency family physician) are referred to as FPs or family doctors or family physicians throughout this report.

⁴ Dillman, D. (1978) *Mail and Telephone Surveys: the total design method*. New York: John Wiley and Sons.

fax reminders were sent to the 58% of the non-responders for whom fax phone numbers were available.

The 2001 NFPWS questionnaire was developed through the efforts of a working group of the Janus Project Coordinating Committee (see Acknowledgements). The working group developed the content for the 2001 NFPWS, ensuring that data gathered in the 2001 survey would be comparable to that gathered in the 1997/98 NFPWS, as well as exploring new areas of interest. A pilot study was conducted in the summer of 2000, and the resultant recommendations were included in the final version of the questionnaire.

The final 2001 NFPWS questionnaire was 16 pages long, bound in booklet fashion (see Appendix II). The Centre for Rural and Northern Health Research at Laurentian University was contracted by the CFPC to manage the survey mailings, to enter and validate data, and to produce a final Consultant's Report. National level estimates based on 2001 NFPWS study results are considered accurate to within +/- 0.64%, 19 times out of 20.

Response Rates and Basic Demographic Characteristics

Of the 28,340 FPs identified on the original mailing address list, 360 could not be located using multiple follow up strategies. These strategies included telephone calls using the phone numbers listed in the IMS database, as well as searching for physician information in alternate databases, such as the Canadian Medical Directory and the CFPC membership database. Eliminating these cases reduced the original study list to 27,980 potential survey respondents.

In total, 27,980 FPs are considered to have had the opportunity to respond to the 2001 NFPWS. Of these, 14,319 replied to the survey and 13,661 did not. The overall study response rate is $14,319 / 27,980 = 51.2\%$. Table 1 gives provincial/territorial response rates calculated in the same manner.

Table 1: Provincial/territorial 2001 NFPWS response rates

Province / Territory	Response Rate %	Province / Territory	Response Rate %
Newfoundland	50.4	Manitoba	52.7
Prince Edward Island	57.0	Saskatchewan	49.0
New Brunswick	51.2	Alberta	52.6
Nova Scotia	54.6	British Columbia	51.9
Québec	47.8	Yukon	59.3
Ontario	52.4	Northwest Territories	70.3

A number of those who responded to the 2001 NFPWS were found to be ineligible for the study because they were not in full- or part-time family practice or on leave from such practice (e.g., retired, full-time in research or administration, medical resident, locum tenens). In total, there were 1,231 such cases. Thus, the final 2001 NFPWS database contains information on 13,088 Canadian FPs in full- or part-time family practice or on leave from such practice. Assuming that the same proportion (8.6%) of the non-respondents was ineligible, it is estimated that there were 12,342 non-respondents. Table 2 compares the proportion male and female for respondents and non-respondents.

Table 2: Gender comparison of survey respondents and non-respondents⁵

Gender	Eligible Respondents (n = 13,088) %	Non-respondents** (n = 12,432) %	Total (N = 25,520) %
Female	38.2	30.0	34.0
Male	61.1	69.4	65.3
Unknown	0.6	0.6	0.6

*Based on IMS Health mailing list information available for all subjects at the start of the study.

**Number of non-respondents is based on the assumption that, as for respondents, 8.6% of non-respondents were not eligible for the survey, i.e. not in full- or part-time family practice or on leave from such practice.

To adjust for total non-response and for significant differences ($p < 0.0001$) in response rates by gender and health region, the data were weighted. For example, a male FP from Calgary was assigned a weight of 2.282 (174 respondents/397 eligible FPs), while a female FP from the Central Alberta region was assigned a weight of 1.547 (62 respondents/96 eligible FPs). In this manner, the total FP population by health region and gender from the weighted survey data, matches the corresponding total eligible from the IMS listing. A detailed description of the weighting procedure and the health regions used are provided in Appendices III and IV.

Practice Settings

Family physicians offer broad based health care within communities across the country. Each community is unique; family physicians work in a wide range of practice settings, and many of them work in multiple settings. Table 3 lists a number of these practice settings and reports the percentage of family doctors who indicate each as their *main* practice setting. Table 3 also reports the percentage of family doctors who practice in various settings, whether or not they are a *main* practice setting.

While family doctors practice mainly in private offices/clinics, many also report working in a variety of other settings. For instance, 34.7% provide care in hospital in-patient units and 24.5% work in emergency departments. In 2001 a larger proportion of family doctors worked in hospital in-patient units and emergency departments than in 1997, when the figures were 26.3% and 21.9%, respectively.

The percentage of family doctors who reported working in walk-in clinics has also increased, going from 10% in 1997 to 18.8% in 2001. At 36.1%, the proportion of Québec family doctors that report doing some work in free-standing walk-in clinics (clinique sans rendez-vous) is higher than in any other province/territory (see Figure 1). However, Alberta and Saskatchewan have the highest proportion of FPs reporting walk-in clinics as their main practice setting (6.4% and 6.5%, respectively) compared with 3.1% for all Canadian FPs and 3.0% for Québec FPs.

Younger family doctors are more likely to work in walk-in clinics. Of those who are less than 30 years of age, 33.0% say they work in walk-in clinics compared to 18.2% of those in the 40-54

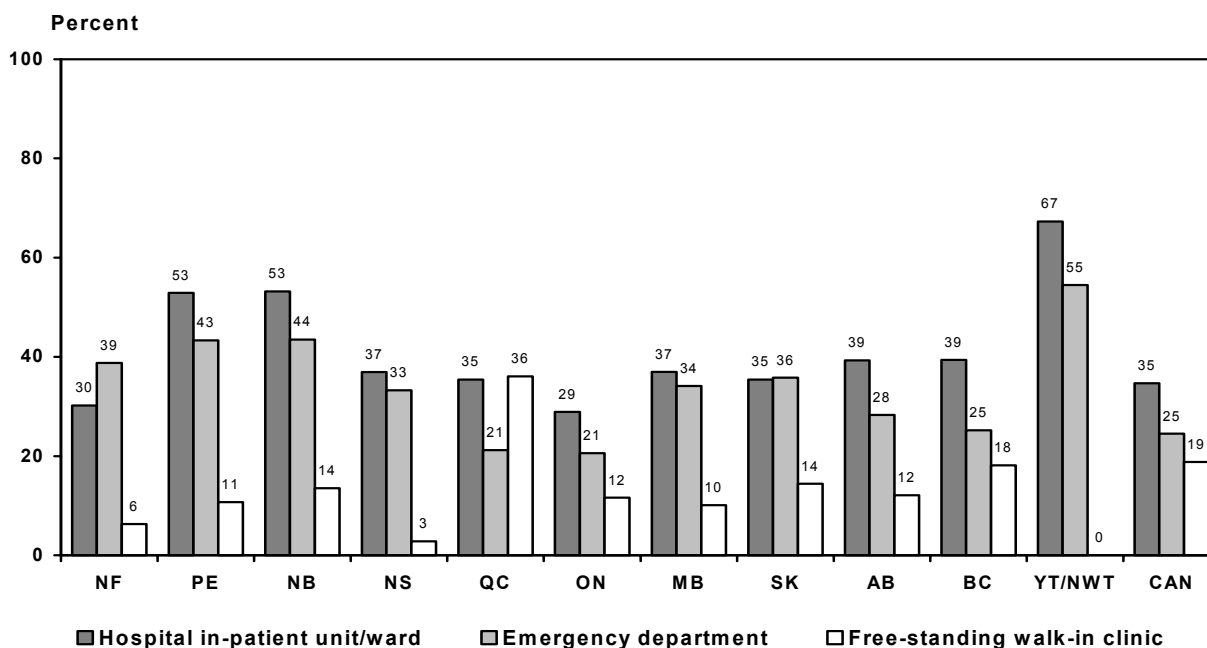
⁵ The Initial Data Release report also included a comparison of graduating year for respondents vs. non-respondents, however this variable was problematic: it represents graduation from medical school and not from family medicine residency or rotating internship; in the survey database, many of the responses to this question were deemed invalid (e.g., graduation from medical school at age 7) but the validity of responses could not be verified for the non-respondents; 9% of the respondents were ineligible (retired, not in family practice, etc.) and this proportion would likely be higher for non-respondents and since those who are ineligible are likely to be older, this would also affect graduating year.

year age group. This difference does not hold, however, when *main* practice settings are compared. Only 1.9% of those less than 30 say they *mainly* work in walk-in clinics compared to 2.7% of family doctors in the 40-54 year age group.

Table 3: Family physicians' practice settings, 2001

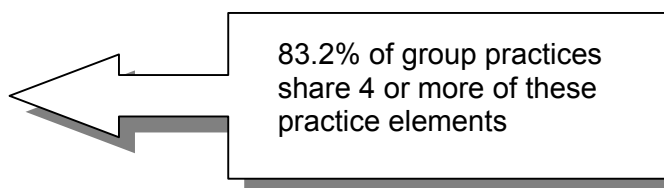
Setting	Percent reporting this as their main practice setting	Percent reporting this as a practice setting (main or otherwise)
Private office / clinic	73.1	79.3
Community clinic / CHC / CLSC	7.1	12.1
Academic family medicine teaching unit	2.5	6.0
Free-standing walk-in clinic	3.1	18.8
Nursing home / Home for Aged	0.7	23.7
Hospital in-patient unit	3.3	34.7
Emergency department	6.7	24.5

Figure 1: Percent of FPs that do some work in hospital in-patient units, emergency departments and free-standing walk-in clinics, by province/territory, 2001



The NFPWS also asked family doctors whether they worked primarily in solo or group practice settings. In 1997, 31.3% of family physicians said they were solo practitioners compared to 22.5% in 2001. There are generally several components that can vary within a group practice. For family doctors in group practices, 2001 NFPWS results show that:

- 92.0% share office space
- 90.8% share staff
- 84.0% share expenses
- 82.0% share patient records
- 76.2% share on-call duties



Practice Profile

The 2001 National Family Physician Workforce Survey asked family doctors to report on the range of medical services they offer to patients. Table 4 highlights a number of medical services offered by family doctors.

Table 4: Selected medical services offered by family physicians, 2001

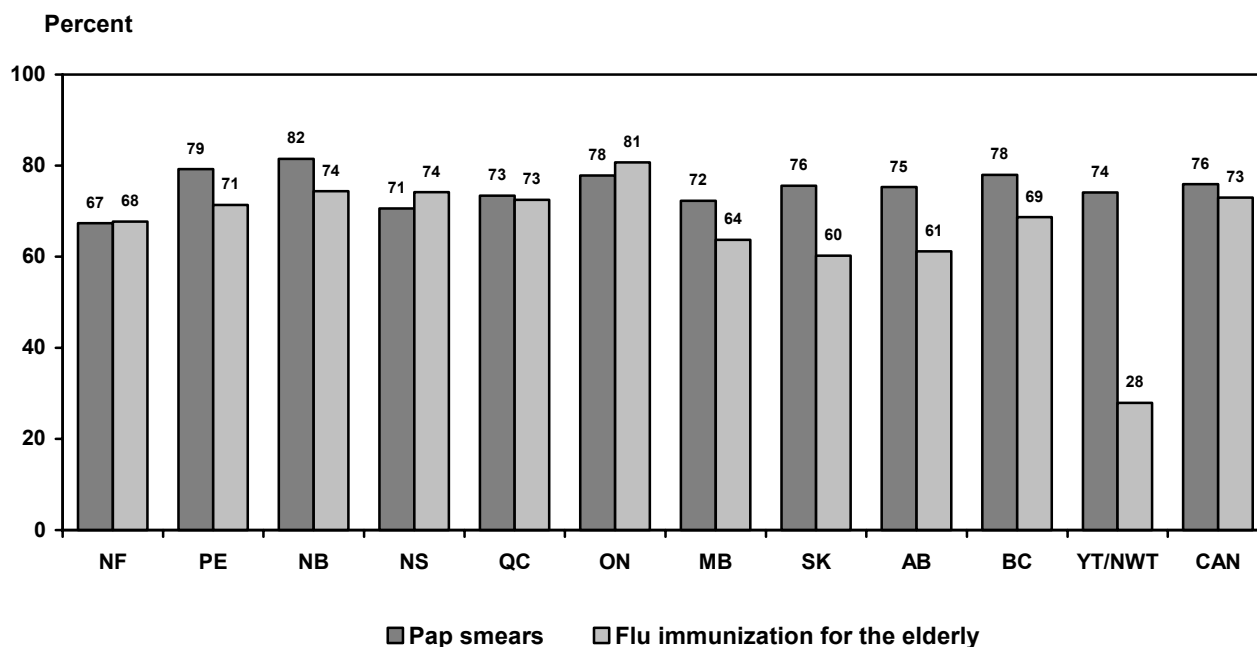
	Percent of FPs who offer medical service
Chronic disease management	90.5
Psychotherapy / counselling	89.4
Other mental health care (e.g., assessment, prescribing psychotropic drugs)	83.0
Palliative care	74.6
Sports medicine	57.5
Substance abuse / addiction medicine	45.4
Surgical assisting	36.0
Occupational / industrial medicine	28.4
Alternative / Complementary medicine	13.7
Anaesthesia	6.0
Major surgery (e.g., appendectomies, c-sections, hysterectomies)	1.9

In addition to the medical services listed in Table 4, family doctors were asked to report on their practices with respect to health promotion and disease prevention. Overall, 79.0% of FPs said they offer preventive medical services to their patients. Table 5 lists a variety of preventive services and the frequency with which family doctors offer these services at appropriate intervals to patients for whom they are indicated.

Focusing on two preventive practices that are commonly carried out by family doctors, Figure 2 illustrates how the delivery of preventive services varies among provinces/territories.

Table 5: Preventive services offered by family doctors at appropriate intervals to patients for whom they are indicated, 2001

Preventive Service	Percent of FPs who very frequently offer preventive service	Percent of FPs who frequently or very frequently offer preventive service
Blood pressure screening	79.5	96.9
Pap smears	75.9	92.5
Childhood immunization (<i>DPT, HiB, MMR</i>)	64.5	78.2
Counselling about regular physical activity	49.0	87.0
Counselling on safe sex practices	38.7	74.8
Obtain history of tobacco use	81.9	97.9
Smoking cessation counselling / interventions	56.9	90.1
Counselling about periconceptual folic acid supplementation	44.0	71.4
Counselling about breast feeding	32.0	59.2
Influenza immunization for the elderly	73.0	93.4
Mammography for women aged 50-69	75.5	93.8
Clinical breast examination for women aged 50-69	69.9	90.9

Figure 2: Percent of FPs that very frequently provide preventive services at appropriate intervals to patients for whom they are indicated, by province/territory, 2001

Regularly Scheduled Work Hours (excluding on-call)

Family doctors report that they see, on average, 125 patients per week during their regularly scheduled clinical activity. This ranged from a low of 90 patients per week in Quebec and 93 per week in NWT/Yukon/Nunavut to highs of 163 patients per week in PEI and 157 in Newfoundland. Male FPs reported higher patient volumes per week (138 patients/wk) than female FPs (100).

The 2001 NFPWS family doctors were asked to document their weekly hours spent in professional activities, excluding on-call⁶. On average FPs in Canada report working 52.7 hours per week on these activities (see Table 6). It is important to note that these figures do not include on-call time. Data on on-call hours are gathered separately in the NFPWS and are summarized in the next section of this report.

Table 6: Family physicians' average weekly hours spent on regularly scheduled professional activities (excluding on-call hours), 2001

Activity	Average weekly work hours (excluding on-call)
Direct patient care in office / clinic	28.5
Indirect patient care (e.g., phone calls, reviewing lab work and consultation reports, requests for consultations)	4.9
House calls	1.3
Emergency room as MD on duty	4.7
Emergency room to manage own patients only	0.4
Hospital in-patient care	4.0
In-patient care in other types of institutions (e.g., nursing home, rehab facility)	1.3
Managing your practice (e.g., supervising staff, non-clinical work)	1.5
Continuing medical education (e.g., courses, journal reading, video and audio tapes)	2.7
Teaching (e.g., teaching medical students)	1.0
Research-related activities	0.4
Administration activities (e.g., hospital committees, management of university program)	1.2
Other professional activities (e.g., involvement with professional organizations, public health)	0.9
TOTAL (sum of activities listed above)	52.7

Table 6 shows that the majority of an FP's work hours are devoted to direct patient care in the office/clinic (on average, 28.5 hrs/week). An additional 11.7 hours per week are spent with

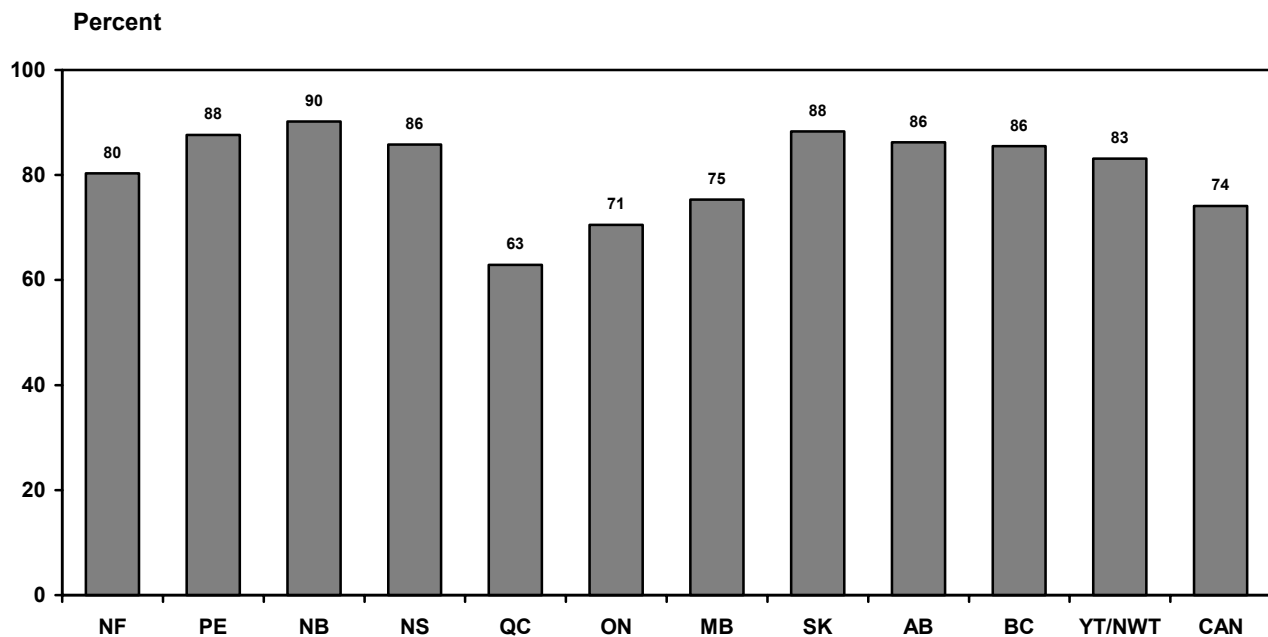
⁶ Note: information on total hours worked cannot be compared between 1997 and 2001 since the question was asked differently in the two surveys, i.e., in 1997, doctors were not asked about time spent in indirect patient care.

patients in other settings, including home visits, emergency rooms and in-patient units. Family doctors also report spending 4.9 hours per week, on average, providing indirect patient care, such as reviewing lab results and consulting with other health care providers on patient related matters. The remaining work hours reported by family doctors are spent on activities such as managing their practices (1.5 hrs/week), maintaining their clinical skills through continuing medical education (2.7 hrs/week), teaching/research (1.0 hr/week) and other administrative/professional activities (2.1 hrs/week).

On-Call Work Hours

Health care services must be available around the clock, and because of this, on-call duties are part of daily life for many health care providers. In 2001, 72.7% of family physicians indicated that they provide some type of on-call service in addition to their regularly scheduled activities. Figure 3 shows provincial/territorial variations in the percent of family doctors who provide on-call service. Table 7 describes the types of on-call work in which family doctors are involved.

Figure 3: Percent of FPs that provide on-call service, by province/territory, 2001



Of those physicians who provide this service, the average weekly hours of on-call is 24.1.

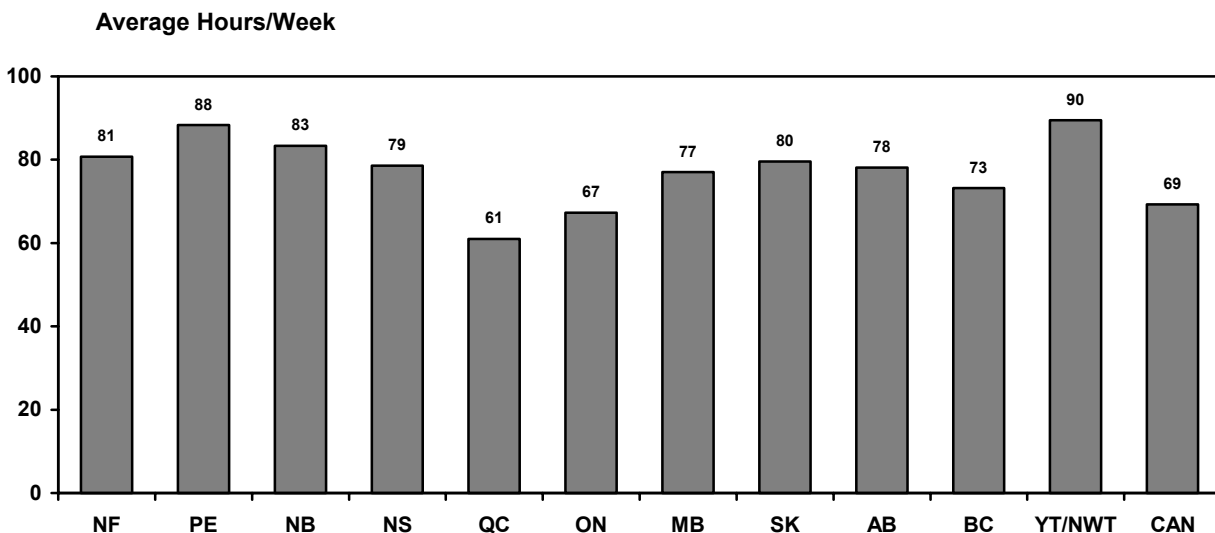
Table 7: Percent of FPs that provide on-call services, 2001

Type of On-Call Service	Percent of FPs
On-call for one or more types of services	74.1
On-call for hospital in-patients	45.7
On-call for non-hospitalized patients – telephone availability only	12.1
On-call for non-hospitalized patients – telephone availability and will see patients if required	35.4
Obstetrical on-call	15.7
Emergency room on-call	20.7

Total Work Hours

FPs in Canada reported working a total of 69.3 regular plus on-call hours⁷ per week (Figure 4a) and this varied by province from a low of 61.0 total hours/week reported by Québec FPs to a high of 89.5 by FPs in the Yukon, Northwest Territories and Nunavut. Female FPs report working 10 fewer hours on average than male FPs, with the difference most dramatic in the 35-44 year age group (see Figure 4b). Total hours worked is similar across all age groups (69-71 average hours/week) until it drops to an average of 56 hours for FPs over 65 years of age.

Figure 4a. Total Weekly hours including on-call – Average reported by all family physicians in Canada, by province/territory, 2001



⁷ Total hours were calculated by summing the components of question 13: time spent in different activities and question 16: on-call hours. The total hours variable was derived only for FPs with valid responses to each component of question 13 and 16 (weighted n = 21,180), e.g., hours for any activity or for either regular, on-call or combined totals, could not exceed the number of possible work hours in the week (168 hrs – 7x5 hrs for eating, sleeping, etc. = 133 hrs).

Figure 4b: Total weekly work hours including on-call reported by family physicians in Canada, by gender and age, 2001

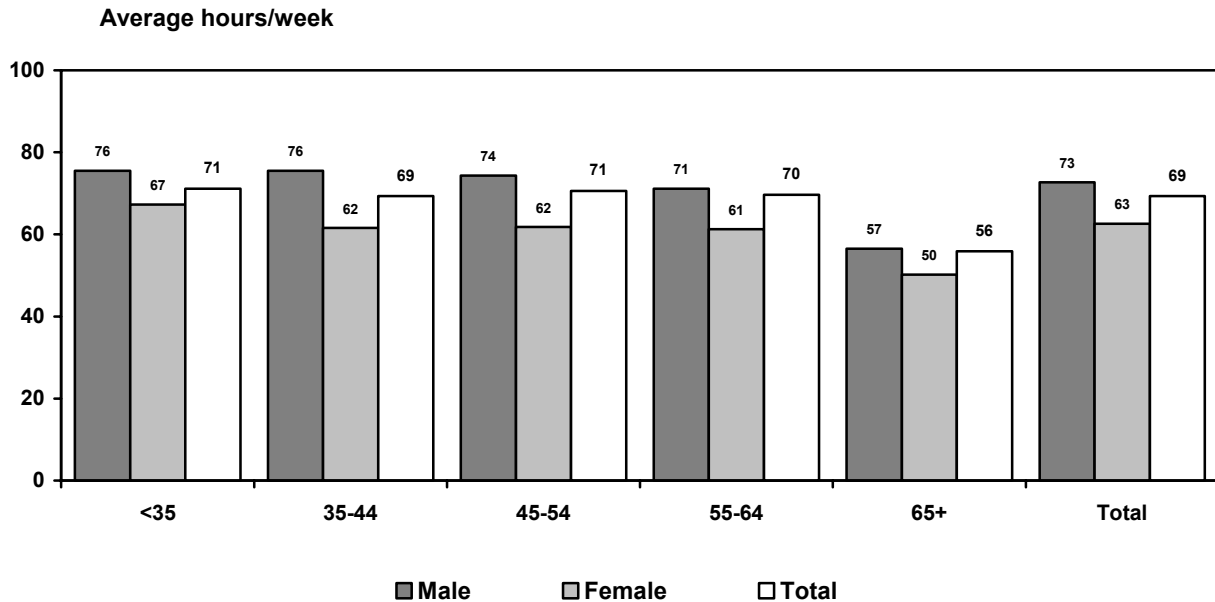
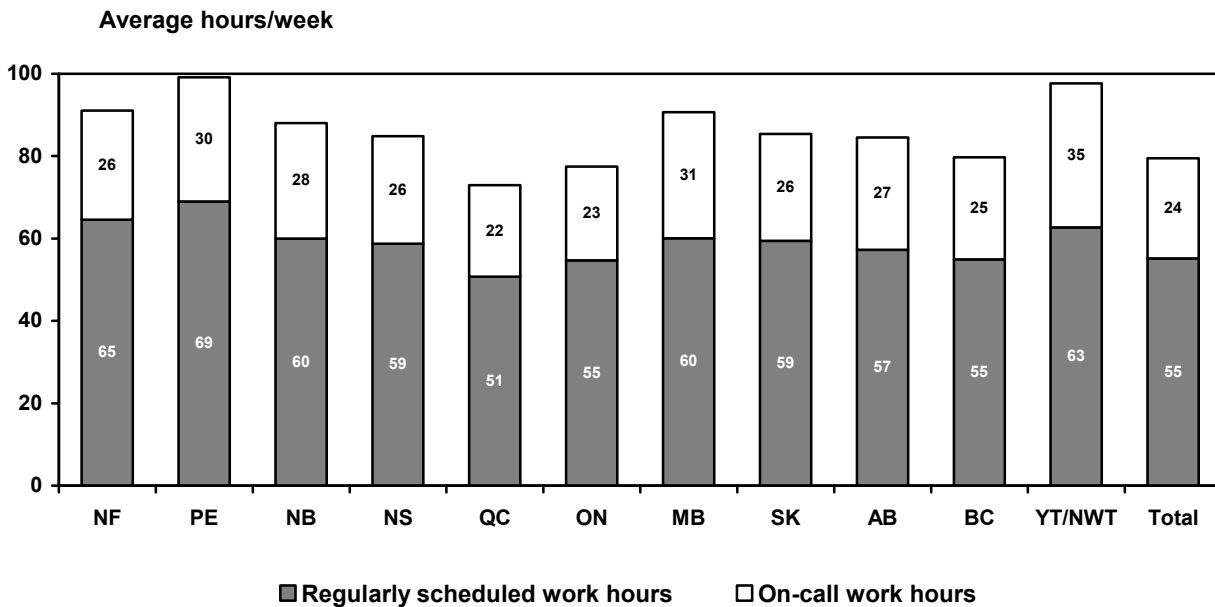


Figure 4c: Total weekly work hours including on-call reported by family physicians who provide on-call services in Canada, by province/territory, 2001



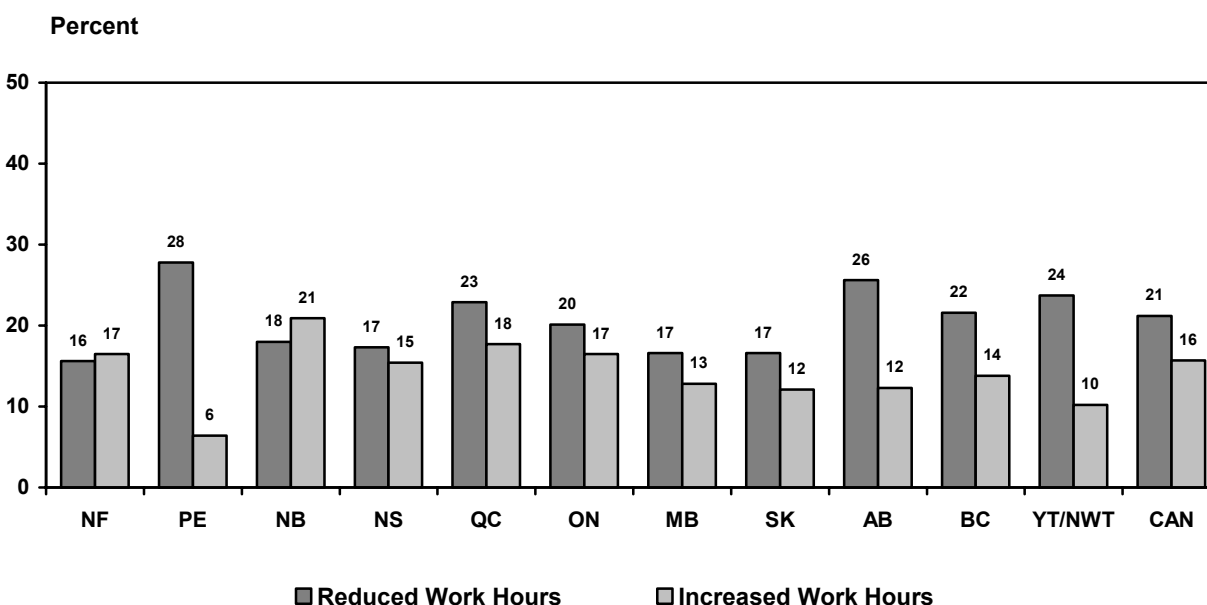
Physicians who provide on-call services work, on average, 55.3 regular hours and 24.1 on-call hours for a total of 79.4 hours per week. These totals vary by province as illustrated in Figure 4c, with Québec FPs who provide on-call reporting the fewest regular (48) and on-call (13) hours per week and the FPs from the YK/NWT/Nun reporting the most (61 and 28, respectively).

Planned Changes to Work Hours

As reported above, family doctors across Canada report working long hours. As shown in Figure 4a and b, family doctors in several provinces report average work weeks of more than 80 hours.

The 2001 NFPWS asked family doctors if they have changed their work hours in the past two years (1999-2001) and if they are planning to change their work hours over the next two years (2001-2003). Figure 5 shows how family physicians' work hours have changed over the past two years. Figure 6 shows how they might change in the coming two years.

Figure 5: Percent of FPs, by province/territory, changed their work hours between 1999-2001



About one in five FPs in Canada reduced their work hours between 1999 and 2001, and a similar proportion planned to reduce their work hours between 2001 and 2003. Sixteen percent of FPs nationwide had increased their work hours in the two years prior to the survey, but only 2% planned to increase their work hours in the next two years. Looking at the combination of past (1999-2001) and planned future (2001-2003) reductions in work hours: 64% of FPs reported no past or planned reduction, 15.4% reported a past reduction only, 14.6% reported a planned reduction only, and 10.7% reported both a past and a planned reduction.

There was little relationship between current work hours and past or planned reduction in hours: the province with the fewest average hours worked per week (Québec) had the highest proportion of FPs (26%) reporting that they planned to reduce their hours in the future. The territories had the highest reported hours worked per week and reported past reduction in hours above the Canadian average (24%), but were below the Canadian average in percent planning to reduce hours in the future (14%).

Access to Care

Family doctors play a pivotal role in delivering health care services to Canadians. However, a family doctor can only provide care to a finite number of patients. Faced with this reality, a family doctor may decide to stop accepting new patients in order to continue delivering high quality care to his or her current patients.

The 2001 NFPWS asked family doctors whether or not they were accepting new patients into their practice. Overall, 24.3% said that their practices were open to all new patients without any restrictions; 67.8% indicated that their practices were closed, but that they would accept new patients under certain circumstances (e.g., friends/family of current patients, referral from other physicians). Finally, 5.2% were unequivocal in stating that they do not accept new patients into their practices. These results are illustrated in Figure 7.

Figure 6: Percent of FPs who plan to change their work hours between 2001-2003, by province/territory

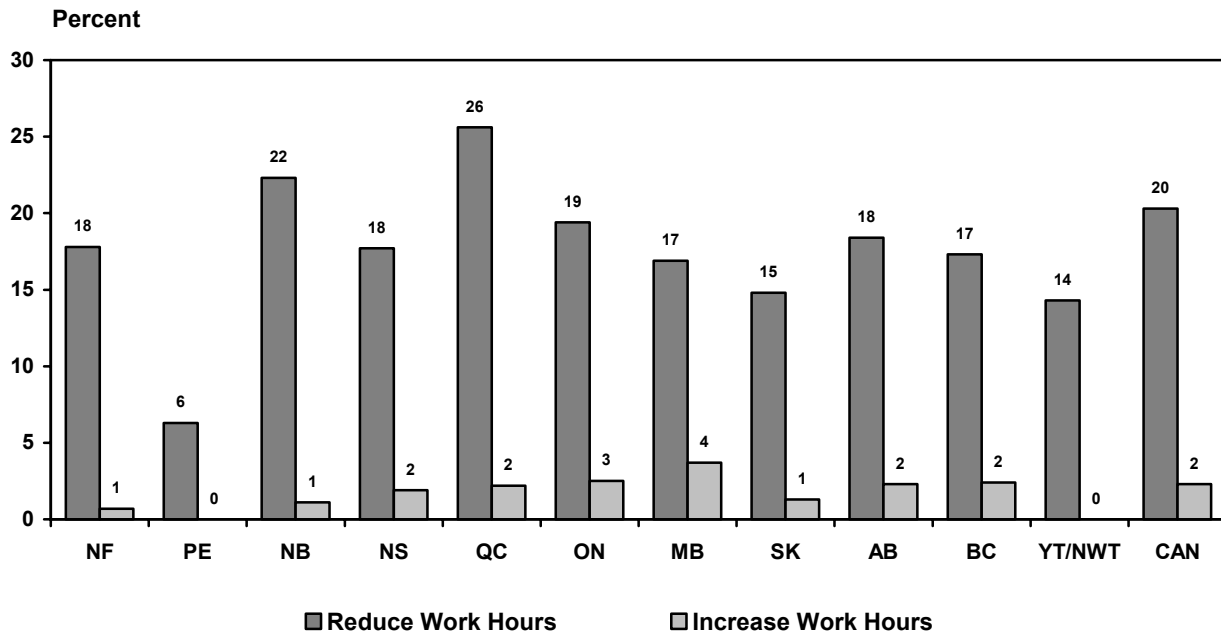
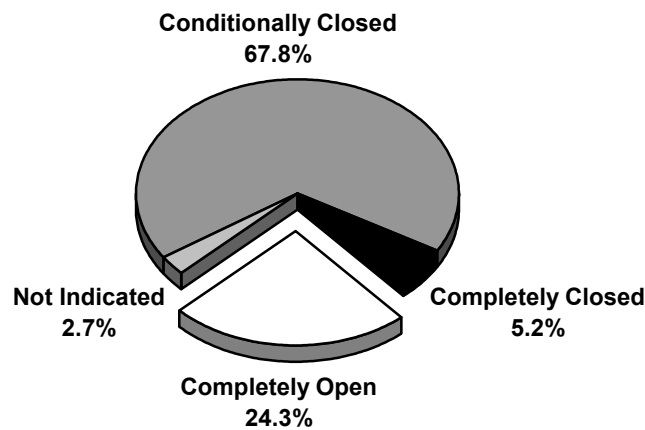


Figure 7: FPs practice status, 2001



In addition to providing direct care to patients, family doctors are very active in facilitating and coordinating many other health care services for their patients. In 1997, 52.7% of NFPWS respondents said that there were problems in accessing medical care within their communities. In 2001, 67.3% of NFPWS respondents said that there are moderate to severe problems accessing medical care within their communities. Overall, 48.0% of family doctors across Canada report that there is poor availability of family physicians accepting new patients within their practice communities.

The perceptions held by family doctors regarding the general availability of medical care in their communities is supported by their experiences in their practices. The 2001 NFPWS asked family doctors to rate the availability of specific health care resources that they, themselves, might commonly try to access on behalf of their patients. Table 8 gives the overall percentages of family doctors who reported poor availability of a variety of health care resources for their patients.

Table 8: Poor Access - Percent of FPs that report poor access to various health care resources within their communities, 2001

Availability of:	Percent who rate access as poor
Referral to Psychiatrists	44.5
Long-term care beds (e.g., nursing home, chronic care)	38.8
Hospital beds	25.3
Female or male physicians, as preferred by patient	23.9
Referral to Orthopedic Surgeons	18.4
Health care services in patient's preferred language	17.1
Homemaking services	9.7
Community nursing services	8.0
Diagnostic services	5.3
Referral to Obstetricians / Gynecologists	4.2

Table 9 presents data on the availability of various resources as reported by family doctors within some of Canada's health regions (it is important to note that, although questions about access to care within their communities were asked in 1997, the small sample size did not allow analysis at the regional level). The data show that there are significant regional level variations in the availability of these resources. Many factors contribute to these variations and these data may provide health care planners and decision makers with important insights relevant to the management of health care services within their own jurisdictions.

Changes in Practice

The 2001 NFPWS asked family doctors about changes they had made to their practices in the past two years, as well as changes they were planning to make in the coming two years. Tables 10 and 11 focus on practice changes related to the supply and distribution of physicians in Canada.

Other practice changes can also influence the availability of family physician services in Canada. Table 12 deals with practice changes that are related to the scope of services offered by family physicians.

Table 9: Poor Access - Percent of family physicians within selected health regions who report poor access to various health care resources within their communities, 2001

Health Region Description*	Percent of FPs who report poor availability of:			
	Referral to psychiatrists	Long-term care beds	Hospital beds	Community nursing services
Zone 6 - Nova Scotia (includes Halifax)	38.9	44.5	26.1	9.4
Région de Montréal-Centre - Québec	32.3	28.8	22.9	10.2
Région de Québec - Québec	26.9	11.1	9.1	3.2
Champlain District Health Council - Ontario (includes Ottawa)	54.5	44.6	25.8	9.0
Toronto District Health Council - Ontario	38.9	44.3	30.5	10.1
Winnipeg - Manitoba	38.9	36.6	31.9	11.9
Regina (D) and Saskatoon (F) Service Areas	37.2	50.0	38.5	6.6
Capital Health Authority - Alberta (includes Edmonton)	50.3	47.9	33.2	8.5
Calgary Regional Health Authority - Alberta	73.6	42.4	37.8	4.3
Vancouver - British Columbia	55.1	60.9	46.2	8.2
Capital - British Columbia (includes Victoria)	55.7	66.7	50.1	10.1

*Based on Statistics Canada's Health Regions 2000. Statistics Canada product code 82F0082XCB.

Table 10: Practice changes that family physicians have made in the past two years

	Percent of FPs that have made change within the past 2 years
Moved to Canada from another country	1.5
Relocate practice to another province in Canada	2.4
Take a temporary leave of absence	6.7
Change discipline / retrain	1.1

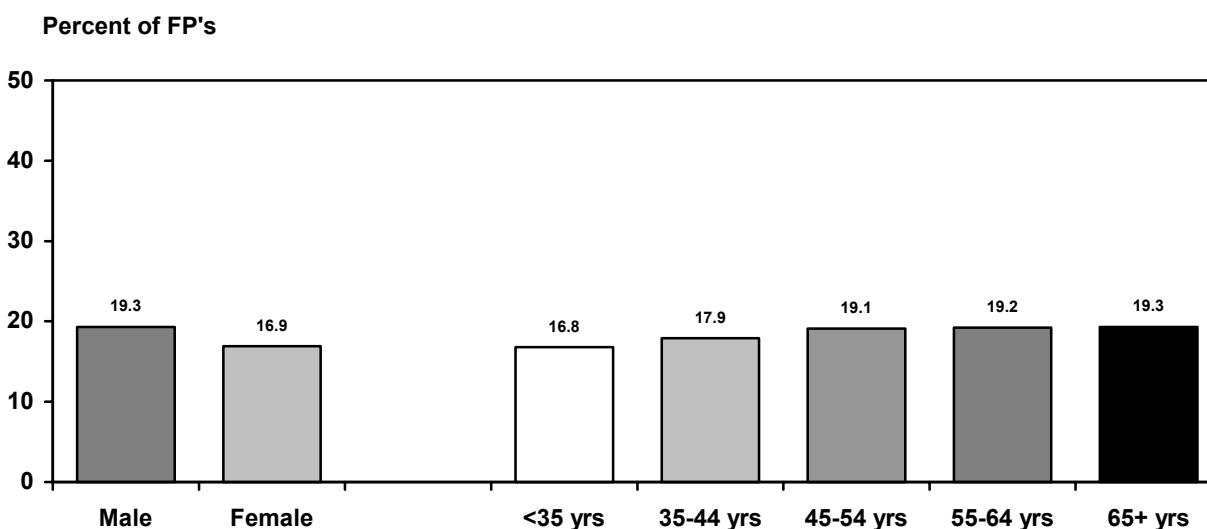
An analysis of both past (1999-2001) and planned future (2001-2003) reductions in scope of practice showed that 54.8% of FPs had no past or planned reductions in scope of practice, 28.9% had reduced scope in the past only, 6.3% reported future planned reductions only, and 8.6% had reduced scope in the past and were also planning to in the next two years. Figure 8 illustrates the differences in planned scope reductions by age and by gender.

Table 11: Practice changes that family physicians planned to make between 2001-2003

	Percent of FPs planning to make change in the coming 2 years
Leave Canada to practise in another country	7.1
Relocate practice to another province in Canada	6.8
Take a temporary leave of absence	5.5
Change discipline / retrain	1.9
Retire	3.9
Leave active practice for other reasons	4.3

Table 12: Practice changes that are related to the scope of services offered by family physicians

Change in Scope of Practice	Percent that have made change within the past 2 years (1999-2001)	Percent planning to make change in the coming 2 years (2001-2003)
Specialize practice within an area of family medicine (e.g., psychotherapy, palliative care)	12.8	4.9
Reduce scope of practice (e.g., stop OB, emergency and/or palliative care)	40.1	18.4
Expand scope of practice (e.g., add OB, emergency and/or palliative care)	14.5	6.7

Figure 8: Family Physicians who plan to reduce their scope of practice between 2001-2003, by age and by gender

FINAL COMMENT

Health services planning in Canada must move beyond head counts of various health care providers to the actual health services provided, and populations served by each health care group, including family doctors. There is a need to understand the range and scope of these services across the country. With its multidimensional and changing health care system, the need to do so has never been greater in Canada.

The CFPC's National Family Physician Workforce Survey helps broaden our understanding of family medicine in Canada. The NFPWS contributes to our knowledge of family doctors with respect to their work settings, the people they work with, the services they offer and the populations they serve.

The results of the 2001 study can be compared to the results in 1997 on several issues and this provides the opportunity to comment on emerging trends. As well, the 2001 study includes data at the national, provincial/territorial and regional level that should be beneficial to providers and planners throughout the health care system.

This report highlights some of the important results from our 2001 survey. Ongoing analyses and reporting of the survey data will take place over the next few months and years. As part of the NFPWS strategy this survey will be repeated in three years time.

Acknowledgements

Members of the Janus Project Coordinating Committee (JPCC):

The College of Family Physicians of Canada would like to thank the members of the Janus Project Coordinating Committee for overseeing the 2001 National Family Physician Workforce Survey.

Dr. Nick Busing (Chair of the JPCC, CFPC)
Dr. Brian Hutchison (Ontario)
Dr. Calvin Gutkin (Executive Director & Chief Executive Officer, CFPC)
Ms. Danielle Fréchette (Royal College of Physicians and Surgeons of Canada)
Dr. David Gass (Atlantic Provinces)
Dr. David Topps (British Columbia / Alberta)
Dr. Harold Dion (Québec)
Ms. Inese Grava-Gubins (Director of Research, CFPC)
Dr. Jean Rodrigue (Fédération des médecins omnipraticiens du Québec)
Ms. JoAnn Heale (Janus Project Coordinator, CFPC)
Dr. John Maxted (Director of Health Policy & Communications, CFPC)
Mr. Luciano Ieraci (Janus Project Assistant, CFPC)
Ms. Lynda Buske (Canadian Medical Association)
Dr. Raymond Pong (Director, Centre for Rural & Northern Health Research (CRaNHR))
Mr. Robert Shearer (Health Canada)
Dr. Sharon Mould (Saskatchewan / Manitoba)
Mr. Steve Slade (CFPC until 2002 then Canadian Institute for Health Information)
Dr. Sunny Wong (Resident Representative, CFPC)
Dr. Yves Talbot (Ontario)

Database Working Group:

The CFPC is also very grateful to the individuals and organizations that helped to develop the 2001 NFPWS questionnaire.

Dr. Brian Hutchison (Chair of the Working Group; McMaster University)
Dr. Christel Woodward (McMaster University)
Ms. Danielle Fréchette (Royal College of Physicians and Surgeons of Canada)
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Dr. Jean Rodrigue (Fédération des médecins omnipraticiens du Québec)
Ms. Lynda Buske (Canadian Medical Association)
Dr. Raymond Pong (Centre for Rural and Northern Health Research)
Mr. Steve Slade (CFPC)
Dr. Tim Kerr (Peterborough, ON)

Project Collaborating Partners:

The College of Family Physicians of Canada would like to thank its collaborating partners for their support of the National Family Physician Workforce Survey-part of the Janus Project.

Canadian Institute for Health Information (CIHI)
Canadian Medical Association (CMA)
La fédération des médecins omnipraticiens du Québec (FMOQ)
Health Canada
Royal College of Physicians and Surgeons of Canada (RCPSC)

Sponsors:

The CFPC would like to recognize the sponsors who have provided financial support to the National Family Physician Workforce Survey- part of the Janus Project.

Canadian Institute for Health Information (CIHI)
Canadian Medical Association (CMA)
La fédération des médecins omnipraticiens du Québec (FMOQ)
Health Canada
Merck Frosst
Scotiabank

Special recognition is extended to The Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University for conducting the 2001 Survey.

Thank you to International Marketing Service (IMS) Health for providing the initial mail list of family physicians/general practitioners.

The College of Family Physicians of Canada would like to thank the 14,319 family doctors who took the time to respond to the 2001 National Family Physician Workforce Survey. The contribution made by each individual in answering this survey will provide important new insights on family medicine in Canada. Thank you.

APPENDIX I:

**The 2001 National Family Physician
Workforce Survey Questionnaire**

The National Family Physician Survey

2001

**Part of the JANUS Project:
Family Physicians Meeting the Needs of
Tomorrow's Society**



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada

This questionnaire is to be filled out ONLY by physicians who have completed their formal medical education and who currently are:

- In active full-time or part-time medical practice
OR
- Locum tenens
OR
- On a leave of absence or sabbatical from active patient care. *If you are temporarily not in active practise, please refer to your most recent medical practice when filling out this questionnaire.*

Please complete this questionnaire if one of the above describes your status.

If you DO NOT fall into any of the above-mentioned categories, please indicate your status below by checking the appropriate category. Return this UNCOMPLETED questionnaire in the enclosed stamped, self-addressed envelope. Thank you.

Resident: Year 1 2 3 4 *(Please circle one)*

➔ *Discipline:*

Full-time in health administration

Full-time in health research

Retired

Other

➔ *Please specify:*

FOR OFFICE USE ONLY

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Practice Setting

The terms "family physician" and "FP/GP" are used in this questionnaire to denote both family physician and general practitioner.

1. The following is a list of practice settings. Please check the category(ies) which best describe(s) the setting(s) where you practise medicine. **Please check all that apply.**

- | | |
|---|---|
| <input type="checkbox"/> Private office / clinic (excluding free standing walk-in clinics) | <input type="checkbox"/> Free-standing walk-in clinic |
| <input type="checkbox"/> Community clinic / Community health centre / Centre local de services communautaires | <input type="checkbox"/> Nursing home / Home for the aged |
| <input type="checkbox"/> Hospital in-patient unit / ward | <input type="checkbox"/> Academic family medicine teaching unit |
| <input type="checkbox"/> Emergency department | <input type="checkbox"/> Other <i>Please specify:</i> |
- ➔

2. Please indicate which of these settings is your MAIN practice setting (i.e., the clinical setting where you spend most of your time). **Please check ONE only.**

- | | |
|---|---|
| <input type="checkbox"/> Private office / clinic (excluding free standing walk-in clinics) | <input type="checkbox"/> Nursing home / Home for the aged |
| <input type="checkbox"/> Community clinic / Community health centre / Centre local de services communautaires | <input type="checkbox"/> Hospital in-patient unit |
| <input type="checkbox"/> Academic family medicine teaching unit | <input type="checkbox"/> Emergency department |
| <input type="checkbox"/> Free-standing walk-in clinic | <input type="checkbox"/> Other <i>Please specify:</i> |
- ➔

If you have checked one of these four boxes please skip to Question 5

3. Please indicate how your MAIN practice setting is organized. **Please check ONE only.**

- Solo practice
- Family physician group practice
- Family physician / specialist group practice

➔ For group practice please indicate what is shared. **Please check all that apply.**

- Office space
- Staff
- Expenses
- Patient records
- On-call duties

4. Please indicate the **NUMBER** of each type of health care provider in your **MAIN** practice setting. **PLEASE COUNT YOURSELF.**

Number

Family physicians

Number

Registered nurses
(other than nurse practitioners)

Number

Psychologists

Specialist physicians

Other nurses (e.g., registered / licensed practical nurses)

Occupational therapists

Nurse practitioners

Dieticians / Nutritionists

Physiotherapists

Other Please specify:

Practice Profile

5. Please describe the population **PRIMARILY** served by your practice:

Inner city

Rural

Urban / Suburban

Geographically isolated / Remote

Small town

Other Please specify:

6. Which of the following age groups do you generally serve in your practice? Please check all that apply.

Children (0-12 years)

Adults (19-64 years)

Adolescents (13-18 years)

Seniors (65+ years)

7. Approximately what proportion of your patients is female?

%

8. Which of the following characterize a significant proportion (i.e., >10%) of your practice population? Please check all that apply.

Aboriginal peoples

Cultural minorities

The unemployed

The homeless

Transient / Seasonal populations

Low income earners

HIV / AIDS patients

Patients with chronic mental illness

Substance / Drug abusers

Recent immigrants

Patients with permanent physical disabilities

NONE of the above

9. Please estimate the number of patients you see in an **AVERAGE WEEK**, **EXCLUDING** patients seen while on-call (i.e., time outside of regularly scheduled clinical activity during which you are available to patients):

TOTAL

patients per week

10. Which of the following medical services do you offer to your regular patients and/or to other patients you see. Please check all that apply.

	Regular patients	Other patients	I do not provide this service
Alternative / complementary medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home for the aged / nursing home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-patient hospital care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational / industrial medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapy / counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health care (e.g., assessment, prescribing psychotropic drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse / addiction medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing major surgery in hospital (e.g., appendectomies, c-sections, hysterectomies). Does not include assisting at surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical assisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of patient's use of other health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-in care during regular hours, without pre-arranged appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After hours clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. To what extent are you accepting new patients into your MAIN practice? Please check all that apply.

- No restrictions; practice is open to all new patients
- Closed, but will accept new referrals from other physicians
- Closed, but will accept family members of current patients
- Closed, but will accept friends of current patients
- Closed to patients within certain age ranges. *Please specify:*
- Closed to patients with certain types of medical problems. *Please specify:*
- Closed, but will accept patients with certain types of medical problems. *Please specify:*
- Closed, but will accept patients for other reason(s). *Please specify:*
- Completely closed

Time Allocation

12. How many hours do you typically spend on professional activities in a week, EXCLUDING on-call time (i.e., time outside of regularly scheduled clinical activity during which you are available to patients)? hours / week

13. Listed below are a number of professional activities. Please indicate how much time you spend on each in an AVERAGE WEEK (EXCLUDING ON-CALL TIME). Please answer all that apply to you.

Direct patient care in office / clinic	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Indirect patient care (e.g., phone calls, reviewing lab work and consultation reports, requests for consultations)	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
House calls	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Emergency room as MD on duty	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Emergency room to manage own patients only	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Hospital in-patient care	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
In-patient care in other types of institutions (e.g., nursing home, rehab facility)	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Managing your practice (e.g., supervising staff, non-clinical work)	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Continuing medical education (e.g., courses, journal reading, video and audio tapes)	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Teaching (e.g., teaching medical students)	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Research-related activities	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Administration activities (e.g., hospital committees, management of university program)	<input style="width: 50px; height: 20px;" type="text"/>	hours / week
Other professional activities (e.g., involvement with professional organizations, public health)	<input style="width: 50px; height: 20px;" type="text"/>	hours / week

14. In an average year, how many weeks do you spend on each of the following activities?

weeks providing clinical services / medical care

weeks away from practice for CME purposes

weeks of vacation

weeks in other activities Please specify:

52 TOTAL MUST EQUAL 52 WEEKS

On-Call

“ON-CALL” = time outside of regularly scheduled clinical activity during which you are available to patients.

15. Please describe your on-call activity. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Do not do on-call (Please skip to Question 19) | <input type="checkbox"/> Do on-call for non-hospitalized patients – telephone availability only |
| <input type="checkbox"/> Do obstetrical on-call | <input type="checkbox"/> Do on-call for non-hospitalized patients – telephone availability and see patients as required |
| <input type="checkbox"/> Do on-call for hospital in-patients | <input type="checkbox"/> Do emergency room on-call |

16. Please estimate your average total number of on-call work hours per month: hours/month

17. Please estimate the number of on-call patients you see per month: patients/month

18. a) Please give a general description of your on-call arrangements (e.g., 1 in 4 with other FP/GPs); and
b) Describe any aspects that are particularly stressful for you (e.g., number of phone calls, complexity of services you must provide).

a) General description:

b) Stressful aspects:

Professional Income

19. In the last 12 months, approximately what proportion of professional income did you receive from each of the following payment methods for PATIENT CARE SERVICES?

(i.e., excluding income for teaching, research, administration, etc.)

TOTAL MUST EQUAL 100%

Fee-for-service	<input type="text"/>	%	Sessional / hourly payments	<input type="text"/>	%
Salary	<input type="text"/>	%	Other	<input type="text"/>	%
Capitation	<input type="text"/>	%	Please specify:		



Clinical Practice Profile

20. Which of the following procedures do you perform as part of your practice? *Please check all that apply.*

- Audiometry
- Refraction
- ECG interpretation
- Pulmonary function testing
- Pap smears
- IUD insertion
- D+C aspiration
- Lumbar puncture
- Musculoskeletal (includes joint) injection / aspiration
- Casting / Splinting
- Anoscopy
- Other endoscopy *Please specify:*



- Needle aspiration (for diagnosis / biopsy)
- Skin biopsy
- Other biopsy *Please specify:*



- Suturing
- Other minor surgery *Please specify:*



- Other procedures *Please specify:*



21. Please describe your involvement in maternity and newborn care. Please check all that apply.

- Maternity and newborn care are **not** part of my practice (*Please skip to Question 23*)
- Shared care: Provide **antenatal** care (no intrapartum care) and usually refer low risk women to:
- Another FP/GP An Obstetrician / Gynaecologist A midwife
- ➔ Low-risk women are usually transferred at weeks of pregnancy.
- ➔ Antenatal care is provided for approximately women per year.
- Provide **intrapartum** care in addition to prenatal care
- ➔ Number of births attended per year:
- ➔ In addition to providing care to women at low risk (*please check ONE only*):
- I usually continue to care for women at moderate risk without consultation
- I usually continue to care for women at moderate risk in consultation with an obstetrician
- I usually transfer moderate risk women to an obstetrician
- Provide **postpartum** care (in hospital or office)
- Provide **newborn** care (in hospital or office)

22. If you provide intrapartum care, please indicate which procedures you perform as part of your obstetrical practice. Please check all that apply.

- Vacuum extractions Low forceps
- Mid-forceps and rotations Cesarean sections (primary surgeon)

23. Please indicate how frequently you provide the following preventive services at appropriate intervals to patients for whom they are indicated.

	Very frequently	Frequently	Occasionally	Very rarely	No applicable patients
Obtain history of tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation counselling / interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling about breast feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling about periconceptual folic acid supplementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical breast examination for women aged 50-69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography for women aged 50-69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood immunization (<i>DPT, HiB, MMR</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling on safe sex practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling about regular physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza immunization for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use outreach strategies (<i>e.g., mail / telephone reminder</i>) for influenza immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to Care

24. Please rate the situation regarding availability of medical care services within your practice community:

No problems	Minor problems	Moderate problems	Severe problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please rate the availability of the following for your patients:

	Excellent	Very Good	Good	Fair	Poor
Referral to specialist physicians in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to Obstetricians / Gynecologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to Orthopedic Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthesia services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency room services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care beds (<i>e.g., nursing home, chronic care</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community nursing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care services in patient's preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female or male physicians as preferred by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Please indicate other physician specialists or other health care services for which availability is a problem for your patients:

27. Please rate the availability of family physicians accepting new patients in your practice community:

Excellent Very Good Good Fair Poor

28. Do your patients have access 24 hours/day, 7 days/week, 365 days a year to telephone advice from a physician or nurse associated with your practice?

Yes No

Changes in Practice

29. During the past two years, have you (please check all that apply):

- Relocated practice within the same province
- Relocated practice to another province in Canada
- Relocated to Canada from another country
- Moved from an urban/suburban to a rural/remote practice setting
- Moved from a rural/remote to an urban/suburban practice setting
- Specialized practice within an area of family medicine (e.g., psychotherapy, palliative care)

Please specify:

- Reduced scope of practice (e.g., stopped OB, emergency and/or palliative care)

Please specify:

- Expanded scope of practice (e.g., added OB, emergency and/or palliative care)

Please specify:

- Taken a temporary leave of absence

- Reduced weekly work hours Please specify how many hours **less** per week:

- Increased weekly work hours Please specify how many hours **more** per week:

- Changed discipline / retrained

- Other change(s)

Please specify:

- Made no significant change to practice (Please skip to Question 31)

30. Please describe the reason(s) for the change(s) you have made:

31. Thinking about the next two years, do you plan to *(please check all that apply):*

- Continue current practice at same location
- Relocate practice within the province where you are currently practicing
- Relocate practice to another province in Canada

Please indicate province:



- Leave Canada to practise in another country

Please indicate country:



- Move from an urban/suburban to a rural/remote practice setting
- Move from a rural/remote to an urban/suburban practice setting
- Specialize practice within an area of family medicine *(e.g., psychotherapy, palliative care)*

Please specify:



- Reduce scope of practice *(e.g., stop OB, emergency and/or palliative care)*

Please specify:



- Expand scope of practice *(e.g., add OB, emergency and/or palliative care)*

Please specify:



- Take a temporary leave of absence
- Reduce weekly work hours *Please specify how many hours less per week:*
- Increase weekly work hours *Please specify how many hours more per week:*
- Retire
- Change discipline / retrain
- Leave active practice for other reasons

Please specify:



- Make other change(s) to practice

Please specify:



32. Please describe the reason(s) for the change(s) you are planning:

Professional Satisfaction

33. Please rate your satisfaction with the following:

	Very dissatisfied					Very satisfied	
Your relationship(s) with hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationships with specialist physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your current professional life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Please feel free to offer additional comments regarding your professional satisfaction:

Personal / Family Life

35. What is your marital status? Please check **ONE** only.

- Single Separated / Divorced
 Married / Living with partner Widowed
 ↳ If married / living with partner, is your spouse/partner a physician?
 Yes No

36. Do you have children or other dependents for whom you provide personal care / supervision?

- No
 Yes If yes, for whom do you provide care?
 Children → Age of youngest child: years old
 Other dependents
 ↳ Hours per week that you provide care / supervision for your child(ren) or other dependents (exclude your sleeping hours): hours / week

37. If you had one choice, how would you adjust the balance of your personal and professional commitments or is the balance about right? Please check **ONE** only.

- Balance is about right
 More time for family
 More time for career
 More time for self

Topics of Current Interest

HIV/AIDS & HEPATITIS C

38. How many of the following do you care for in your practice?

HIV/AIDS patients Hepatitis C patients

39. Please indicate the type of HIV/AIDS care you provide:

- Do not provide HIV/AIDS care
- Provide HIV testing and counselling plus care for non-HIV related health needs
- Provide ongoing **basic** HIV care with referral for complications
- Provide ongoing **advanced** HIV care including treatment of complications

40. Please indicate the type of hepatitis C care you provide. *Please check all that apply.*

- Do not provide care
- Provide universal testing and counselling
- Provide selective testing and counselling based on risk factors
- Provide testing and counselling as part of the diagnosis of any hepatitis
- Provide care to asymptomatic patients
- Provide care to symptomatic patients

41. If you required educational information on hepatitis C / HIV topics, what topics would be most useful to you?

--	--

PHYSICAL ACTIVITY

42. Please indicate how frequently you perform each of the following as part of your regular practice:

	Very frequently	Frequently	Occasionally	Very rarely	Never
Ask patients about their physical activity levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess patient fitness as part of a physical exam or through a fitness test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to other professionals for fitness assessment or appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide patients with verbal directions for a physical activity program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide patients with written directions for a physical activity program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION TECHNOLOGY

43. For each of the following, please describe your computer access and use with respect to your PROFESSIONAL activities. Please check all that apply.

	Don't have access	Have access but don't use	Have access and use at the office	Have access and use at home
Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic appointment/scheduling system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic patient record system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer linkage to external system(s) (e.g., hospital, lab and/or pharmacy systems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature searching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line CME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Education / Training

44. From which university did you receive your:

Undergraduate medical training:

Post-graduate training in a family medicine residency program:

Other post-graduate medical training:

➔ *Please specify specialty:*

45. Year of graduation from medical school:

1 9

46. In the past year, which of the following have you included as part of your on-going/continuing learning?

Please check all that apply.

- Clinical practice guidelines
- Lectures, conferences and/or clinical presentations
- Small group learning, traineeships or workshops
- Chart audit with feedback on performance
- Other educational materials (e.g., audio/video tapes, journal articles, computer-generated materials)

47. **Do you use:** *Please check all that apply.*

- Reminder systems that **prompt you** to provide important clinical interventions for your patients
- Reminder systems and/or educational materials that **prompt your patients** to obtain recommended care

48. **Following completion of your internship or 2-year family medicine residency program, have you received additional STRUCTURED TRAINING in any of the following areas?**

Please check all that apply and indicate the number of months spent on training.

	Number of Months		Number of Months
<input type="checkbox"/> Anaesthesia	<input type="text"/>	<input type="checkbox"/> Obstetrics	<input type="text"/>
<input type="checkbox"/> Care of the elderly	<input type="text"/>	<input type="checkbox"/> Occupational medicine	<input type="text"/>
<input type="checkbox"/> Emergency medicine	<input type="text"/>	<input type="checkbox"/> Palliative care	<input type="text"/>
<input type="checkbox"/> Mental health / Psychiatry	<input type="text"/>	<input type="checkbox"/> Surgery	<input type="text"/>
<input type="checkbox"/> Sports medicine	<input type="text"/>	<input type="checkbox"/> Other <i>Please specify:</i>	<input type="text"/>

➔

Demographic Information

49. **Please provide the 6-digit postal code of your MAIN practice location:**

50. **Which language(s) do you speak in your medical practice?** *Please check all that apply.*

- English
- French
- Other *Please specify:*

51. **Your year of birth:** 19

52. **Your sex:** male female

Instructions:

- Please return the completed questionnaire in the business reply envelope provided to the Centre for Rural and Northern Health Research, Laurentian University, Sudbury, Ontario, P3E 2C6.
- If you have questions about this survey, please contact Steve Slade at 1-800-387-6197 (ext. 289), or via e-mail at sas@cfpc.ca.
- If you have comments or suggestions regarding this survey and/or future National Family Physician Surveys, please attach a separate page.

Thank you for participating in this Survey

APPENDIX II:

Procedure for Weighting the Data in the 2001 National Family Physician Workforce Survey

Weighting Data in the 2001 National Family Physician Workforce Survey (NFPWS)

The 2001 NFPS was a large census survey (25,520 eligible family practitioners⁸) with a good response rate (51.3% - 13,088). However there were significant differences in response rates for segments of the family physician/general practitioner (FP) survey population. Females responded more frequently than males – 57.4% compared with 47.8%. There were also significant differences in response rates by health region⁹ with a low of 25% in Prince Edward Island and a high of 66% in the Yukon/North West Territories/Nunavut. The response rates by gender and by health region are provided in Table 1. Figure 1 illustrates the percentage female in the respondent FP population compared with the known Canadian FP population.

Gender and region are two known factors that influence FPs' practice patterns. For example, in both the 1997 and 2001 NFPWS: female FPs reported working fewer hours per week than male FPs; FPs in the prairie provinces reported providing intrapartum care more frequently than those in other provinces. The national picture of FPs practice patterns based on the survey respondents would be affected by the higher response rate of females and by the variable regional response rates.

Population weighting can be used to correct for this non-response bias¹⁰ and to generate estimates of the total numbers of FPs. To do this, a weight is calculated for each respondent by dividing the total survey population for that segment by the respondent population, e.g. the number of eligible Toronto, female FPs on the mail list divided by the number of eligible Toronto, female respondents [weight = 1.916 - (790/412)]. This weight is then applied in cross tabulations of any survey responses to generate FP population totals for that variable. Table 2 provides the weights that were applied to the 2001 NFPS data, by gender and region. Detailed information on the calculation of the weighting variable methodology is provided in the file NFPWS2001_Weighted_Calculations.xls.

Cross tabulations on the survey sample using this population weighting variable (hrgendwt) will always sum to the total FP population for the variable in question (total n for Canada = 25,520).

Analytic Weights

As mentioned above, tables created using the population weights described, will sum up to the estimated total, eligible FP population in Canada rather than to the survey sample total. However, in statistical analyses, the use of these weights would inflate the sample size with the risk of committing a Type I error (i.e., rejecting the null hypothesis when it should be accepted). This can be avoided by using 'analytic weights'. These weights correct for non-response bias while maintaining the original sample size for statistical analyses³. Analytic weights are calculated by dividing the survey weight for each individual in the analysis sample by the average weight for the sample. Analytic weights have been calculated for the entire database (variable = anlytw), but would have to be recalculated when a subset of the database (e.g., provincial analysis) is used. Table 3 provides a comparison of the number and percent of male and female FPs from the survey data, using different weights.

Cross tabulations on the survey database using this analytic weighting variable (anlytw) will always sum to the survey population for the variable in question (total n for Canada = 13,088).

⁸ Original mail list of 28,340 family physicians/general practitioners (FPs): reduced to 27,980 potential respondents (360 could not be located using multiple follow up strategies); 14,319 replied for a response rate of 51.3%; 13,088 of these were eligible FPs (1,231 – 9.1% were ineligible because of retirement, full-time in research or administration, or a medical residency); assuming the same proportion ineligible in the non-respondent population, the estimated eligible FP population in 2001 was 25,520.

⁹ Health region groupings are those used by the Canadian Institute for Health Information in their 2000 and 2001 Health Reports (www.cihi.ca).

¹⁰ Goel, V. *Analysis of complex surveys*, Institute for Clinical and Evaluative Sciences, November 5, 1993.

Table 1 . Response Rates by Health Region* and by Gender

CIHI Health Region	Response Rates x Region x Sex		
	Male	Female	Total
10001 NF (StJohns)	36.4%	51.7%	42.1%
10002 NF (not St.John's)	64.1%	67.2%	65.5%
11000,11002,12345 PEI	23.6%	26.5%	25.1%
12001 NS (Zone 6 incl Halifax)	47.9%	58.2%	52.8%
12002 NS (Zone1-5)	53.6%	57.4%	55.0%
13001 NB (St.Johm, Fredericton, Moncton)	51.5%	58.7%	54.1%
13002 NB Rural	95.8%	96.7%	96.1%
24001 Montreal-Centre, Laval	38.8%	52.4%	44.3%
24002 Monteregie (S of Montreal)	45.9%	53.0%	49.3%
24003 QuebecC	43.5%	54.7%	48.1%
24004 Lanaudiere, Laurentides (N of Montreal)	48.7%	52.0%	50.2%
24005 Maurice Cntr-du-QC, l'Outaouais (Centre QC)	45.8%	56.4%	50.1%
24006 Chaudiere-Appalaches, l'Estrie (SE of Montreal)	46.2%	55.9%	50.4%
24007 Bas StLaurent, Gaspesie (incl Rimouski)	51.3%	62.3%	56.1%
24008 North QC	41.1%	51.7%	45.3%
35001 Toronto	42.6%	52.2%	45.9%
35002 Champlain (incl Ottawa)	51.9%	64.2%	57.0%
35004 Simcoe York (N of Toronto)	52.4%	59.5%	54.9%
35005 Halton-Peel (W of Toronto)	44.4%	55.7%	48.2%
35006 Dur, Hal, Kaw, Pine (E of Toronto)	51.3%	73.4%	57.2%
35007 Quinte, King, Rideau (incl Kingston)	53.5%	64.4%	57.4%
35008 Waterloo, Well, Duff (incl Kitchener)	56.1%	64.6%	58.9%
35009 Thames Valley (incl London)	54.6%	60.0%	56.4%
35010 Hamilton	49.9%	54.3%	52.4%
35011 Niagara, Grand River	57.0%	58.3%	57.3%
35012 Southwest ON (incl Windsor)	52.9%	61.5%	55.3%
35013 Centrl-North ON (incl North Bay, Sudubry, ThunderBay)	50.4%	65.0%	54.3%
46001 Winnipeg	43.9%	58.7%	49.2%
46002 MB Rural	60.7%	63.9%	61.5%
47001 Saskatoon, Regina	41.6%	60.5%	47.9%
47002 SK Rural	53.1%	42.6%	50.9%
48001 Calgary	43.6%	61.8%	52.0%
48002 Edmonton	43.7%	59.8%	50.0%
48003 AB Central	53.2%	64.6%	56.3%
48004 AB Periph	54.9%	60.7%	56.3%
59001 Vancouver Centre	41.5%	57.0%	47.5%
59002 Vancouver Surrrounding	45.7%	56.6%	49.1%
59003 Victoria/ Central Vancouver Is	48.9%	54.9%	51.0%
59004 BC SCentral	58.8%	61.5%	59.8%
59005 BC Exterior	55.8%	65.6%	58.7%
60000 YK/NT/Nunavut	60.4%	74.1%	66.0%
Canada	47.8%	57.4%	51.3%

* Health Regions identified by Canadian Institute for Health Information in their 2000 and 2001 Health Reports (www.cihi.ca).

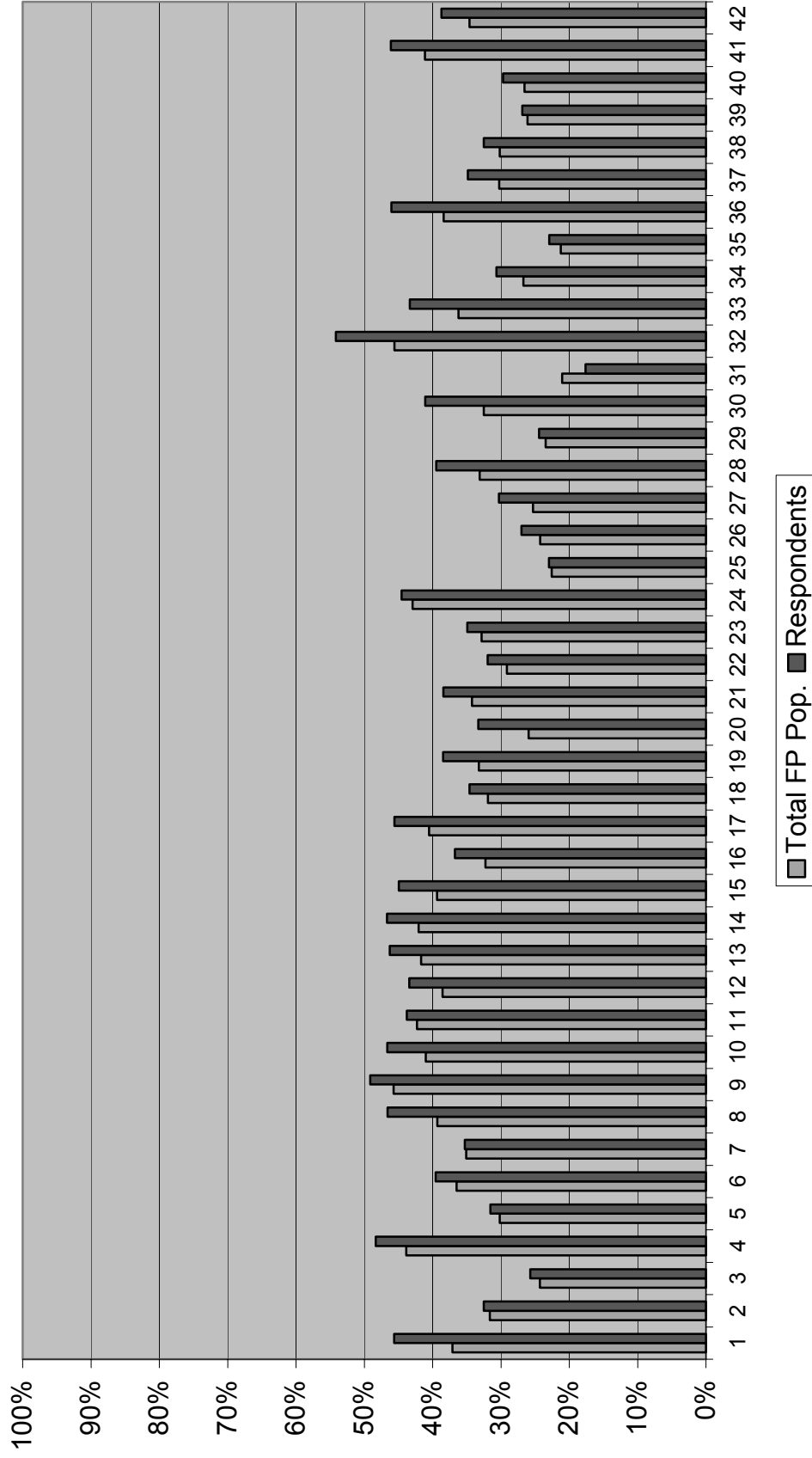
Table 2. Population Weights for the 2001 National Family Physician Workforce Survey

CIHI Health Region	Weighting Variable x Region x Gender		
	Male	Female	Total
10001 NF (StJohns)	2.750	1.934	2.378
10002 NF (not St.John's)	1.547	1.487	1.528
11000,11002,12345 PEI	4.060	3.767	3.984
12001 NS (Zone 6 incl Halifax)	2.058	1.718	1.894
12002 NS (Zone1-5)	1.855	1.741	1.819
13001 NB (St.Johm, Fredericton, Moncton)	1.942	1.705	1.848
13002 NB Rural	1.043	1.034	1.040
24001 Montreal-Centre, Laval	2.567	1.908	2.260
24002 Monteregie (S of Montreal)	2.167	1.887	2.029
24003 QuebecC	2.299	1.829	2.080
24004 Lanaudiere, Laurentides (N of Montreal)	2.045	1.924	1.992
24005 Maurice Cntr-du-QC, l'Outaouais (Centre QC)	2.167	1.774	1.996
24006 Chaudiere-Appalaches, l'Estrie (SE of Montreal)	2.154	1.788	1.985
24007 Bas StLaurent, Gaspesie (incl Rimouski)	1.937	1.605	1.782
24008 North QC	2.433	1.933	2.208
35001 Toronto	2.334	1.916	2.181
35002 Champlain (incl Ottawa)	1.917	1.558	1.753
35004 Simcoe York (N of Toronto)	1.898	1.680	1.823
35005 Halton-Peel (W of Toronto)	2.252	1.794	2.076
35006 Dur, Hal, Kaw, Pine (E of Toronto)	1.940	1.362	1.748
35007 Quinte, King, Rideau (incl Kingston)	1.861	1.552	1.742
35008 Waterloo, Well, Duff (incl Kitchener)	1.768	1.547	1.698
35009 Thames Valley (incl London)	1.831	1.668	1.774
35010 Hamilton	1.964	1.842	1.910
35011 Niagara, Grand River	1.755	1.714	1.746
35012 Southwest ON (incl Windsor)	1.875	1.626	1.808
35013 Centrl-North ON (incl North Bay, Sudbury, ThunderBay)	1.974	1.538	1.842
46001 Winnipeg	2.246	1.705	2.032
46002 MB Rural	1.647	1.564	1.627
47001 Saskatoon, Regina	2.390	1.653	2.088
47002 SK Rural	1.885	2.345	1.966
48001 Calgary	2.282	1.617	1.922
48002 Edmonton	2.253	1.672	2.001
48003 AB Central	1.878	1.547	1.777
48004 AB Periph	1.814	1.648	1.776
59001 Vancouver Centre	2.402	1.755	2.104
59002 Vancouver Surrounding	2.180	1.768	2.036
59003 Victoria/ Central Vancouver Is	2.026	1.821	1.960
59004 BC SCentral	1.691	1.626	1.673
59005 BC Exterior	1.779	1.525	1.704
60000 YK/NT/Nunavut	1.656	1.350	1.515
Canada	2.082	1.743	1.951

Table 3. Comparison of Male and Female Family Physician Population Using Weighting Variables

Weighting Used in Analysis	Male FPs		Female FPs		Gender not Stated		Total	
	#	%	#	%	#	%	#	%
Unweighted	7978	61.0%	5049	38.6%	61	0.5%	13088	100.0%
Population Weighting (hrgendwt variable)	16597	65.0%	8805	34.5%	118	0.5%	25520	100.0%
Analytic Weighting (analytwt variable)	8512	65.0%	4516	34.5%	60	0.5%	13088	100.0%

Percentage of Female Family Physicians



Note: FP = family physician or general practitioner. Regions are numbered consecutively according to Table 1, e.g., 1 = 10001 NF (St. John's).

APPENDIX III:

**Health Region Groupings for the 2001
National Family Physician Workforce
Survey**

2001 National Family Physician Workforce Survey Health Regions and Corresponding CIHI Health Region Names and Codes

Health Region Used in NFPWS	CIHI Health Region Name	CIHI HR code
10001 NF -St. Johns	Health and Community Serv	1001
10002 NF -not St. Johns	Health and Community Serv	1002
10002 NF -not St. Johns	Health and Community Serv	1003
10002 NF -not St. Johns	Health and Community Serv	1004
10002 NF -not St. Johns	Grenfell Regional Health	1005
10002 NF -not St. Johns	Health Labrador Corporati	1006
11000 PEI	01 URBAN HEALTH REGION	1101
11000 PEI	02 RURAL HEALTH REGION	1102
12001 NS -Zone 6 incl.Halifax	ZONE 6	1206
12002 NS -Zone 1-5	ZONE 1	1201
12002 NS -Zone 1-5	ZONE 2	1202
12002 NS -Zone 1-5	ZONE 3	1203
12002 NS -Zone 1-5	ZONE 4	1204
12002 NS -Zone 1-5	ZONE 5	1205
13001 NB -St.Johns,Fredericton,Moncton	Region 1	1301
13001 NB -St.Johns,Fredericton,Moncton	Region 2	1302
13001 NB -St.Johns,Fredericton,Moncton	Region 3	1303
13002 NB Rural	Region 4	1304
13002 NB Rural	Region 5	1305
13002 NB Rural	Region 6	1306
13002 NB Rural	Region 7	1307
24001 Montreal-Centre, Laval	Région de Montréal-Centre	2406
24001 Montreal-Centre, Laval	Région de Laval	2413
24002 Monteregie -S of Montreal	Région de la Montérégie	2416
24003 Quebec City	Région de Québec	2403
24004 Lanaudiere, Laurentides -N of Montreal	Région de Lanaudière	2414
24004 Lanaudiere, Laurentides -N of Montreal	Région des Laurentides	2415
24005 Maurice Cntr-du-QC, Outaouais	Région de la Mauricie et	2404
24005 Maurice Cntr-du-QC, Outaouais	Région de l'Outaouais	2407
24005 Maurice Cntr-du-QC, Outaouais	Région de l'Abitibi-Témis	2408
24006 Chaudiere-Appalaches, Estrie	Région de l'Estrie	2405
24006 Chaudiere-Appalaches, Estrie	Région de la Chaudière-Ap	2412
24007 Bas St-Laurent,Gaspesie (incl Rimouski)	Région du Bas-Saint-Laure	2401
24007 Bas St-Laurent,Gaspesie (incl Rimouski)	Région de la Gaspésie-Île	2411
24008 North PQ	Région du Saguenay - Lac-	2402
24008 North PQ	Région de la Côte-Nord	2409
24008 North PQ	Région du Nord-du-Québec	2410
24008 North PQ	Région du Nunavik	2417
24008 North PQ	Région des Terres-Cries-d	2418
35001 Toronto	Toronto District Health Council	3504
35002 Champlain -incl. Ottawa	Champlain District Health Council	3501
35004 Simcoe York -N of Toronto	Simcoe-York District Health Council	3505
35005 Halton-Peel -W of Toronto	Halton-Peel District Health Council	3506
35006 Dur,Hal,Kaw,Pine -E of Toronto	Durham Haliburton Kawartha and Pine Ridg	3503

2001 National Family Physician Workforce Survey Health Regions and Corresponding CIHI Health Region Names and Codes

Health Region Used in NFPWS	CIHI Health Region Name	CIHI HR code
35007 Quinte,King,Rideau -incl. Kingston	Quinte Kingston and Rideau DHC	3502
35008 Waterloo, Well, Duff -incl. Kitchener	Waterloo-Wellington-Dufferin DHC	3507
35009 Thames Valley -incl. London	Thames Valley DHC	3511
35010 Hamilton	Hamilton-Wentworth DHC	3508
35011 Niagara, Grand River	Niagara District Health Council	3509
35011 Niagara, Grand River	Grand River DHC	3510
35012 Southwest ON -incl. Windsor	Essex Kent and Lambton DHC	3512
35012 Southwest ON -incl. Windsor	Grey Bruce Huron and Perth DHC	3513
35013 Centrl-North ON -incl.Sudbury,NBay,TBay	Muskoka Nipissing and Parry Sound DHC	3514
35013 Centrl-North ON -incl.Sudbury,NBay,TBay	Algoma Cochrane Manitoulin and Sudbury D	3515
35013 Centrl-North ON -incl.Sudbury,NBay,TBay	Northwestern Ontario DHC	3516
46001 Winnipeg	WINNIPEG	4610
46002 MB -non-Winnipeg	Brandon	4615
46002 MB -non-Winnipeg	North Eastman	4620
46002 MB -non-Winnipeg	South Eastman	4625
46002 MB -non-Winnipeg	Interlake	4630
46002 MB -non-Winnipeg	Central	4640
46002 MB -non-Winnipeg	Marquette	4650
46002 MB -non-Winnipeg	South Westman	4655
46002 MB -non-Winnipeg	Parkland	4660
46002 MB -non-Winnipeg	Norman	4670
46002 MB -non-Winnipeg	Burntwood	4680
47001 Saskatoon,Regina	Regina (D) Service Area	4704
47001 Saskatoon,Regina	Saskatoon (F) Service Are	4706
47002 SK Rural	Weyburn (A) Service Area	4701
47002 SK Rural	Moose Jaw (B) Service Are	4702
47002 SK Rural	Swift Current (C) Service	4703
47002 SK Rural	Yorkton (E) Service Area	4705
47002 SK Rural	Rosetown (G) Service Area	4707
47002 SK Rural	Melfort (H) Service Area	4708
47002 SK Rural	Prince Albert (I) Service	4709
47002 SK Rural	North Battleford (J) Serv	4710
47002 SK Rural	NHSB (K) Service Area	4711
48001 Calgary	Calgary Regional Health A	4804
48002 Edmonton	Capital Health Authority	4810
48003 AB Central	Headwaters Health Authori	4803
48003 AB Central	Health Authority #5	4805
48003 AB Central	David Thompson Regional H	4806
48003 AB Central	East Central Health Autho	4807
48003 AB Central	Crossroads Regional Healt	4809
48004 AB Periph	Chinook Regional Health A	4801
48004 AB Periph	Palliser Health Authority	4802
48004 AB Periph	Westview Regional Health	4808
48004 AB Periph	Aspen Regional Health Aut	4811
48004 AB Periph	Lakeland Health Region	4812

2001 National Family Physician Workforce Survey Health Regions and Corresponding CIHI Health Region Names and Codes

Health Region Used in NFPWS	CIHI Health Region Name	CIHI HR code
48004 AB Periph	Mistahaia Region	4813
48004 AB Periph	Peace Regional	4814
48004 AB Periph	Keeweenok Lake	4815
48004 AB Periph	Northern Light	4816
48004 AB Periph	Northwest R	4817
59001 Vancouver Centre	Vancouver	5916
59001 Vancouver Centre	Burnaby	5917
59001 Vancouver Centre	North Shore	5918
59001 Vancouver Centre	Richmond	5919
59002 Vancouver Surrounding	South Fraser Valley	5907
59002 Vancouver Surrounding	Simon Fraser	5908
59003 Victoria/C.Vancouver Is	Central Vancouver Island	5910
59003 Victoria/C.Vancouver Is	Capital	5920
59004 BC SCentral	West Kootenay-	5902
59004 BC SCentral	North Okanagan	5903
59004 BC SCentral	South Okanagan Similkamee	5904
59004 BC SCentral	Thompson	5905
59004 BC SCentral	Fraser Valley	5906
59004 BC SCentral	Coast Garibaldi	5909
59005 BC Exterior	East Kootenay	5901
59005 BC Exterior	Upper Island / Central Co	5911
59005 BC Exterior	Cariboo	5912
59005 BC Exterior	North West	5913
59005 BC Exterior	Peace Liard	5914
59005 BC Exterior	Northern Interior	5915
60000 YK/NT/Nunavut	Yukon Territory	6001
60000 YK/NT/Nunavut	Northwest Territories	6101
60000 YK/NT/Nunavut	Nunavut	6201

