



Putting Away the Stethoscope for Good? Toward a New Perspective on Physician Retirement

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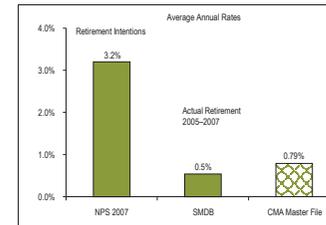
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Findings

Retirement Intentions Versus Retirement Behaviour

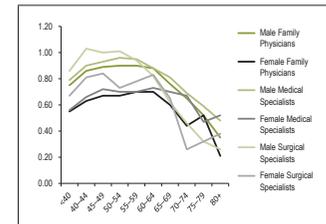
Canadian physicians' intention to retire differed from their actual retirement. Self-reported retirement intentions from the 2007 National Physician Survey showed that about 3.2% of all physicians planned to retire in each of the two years following the survey. However, the estimated average annual retirement rates were 0.54%, based on three years of data from Scott's Medical Database (including semi-retirement), and 0.79%, based on data from the Canadian Medical Association Master File for the same three-year period.

Figure 1: Retirement Intentions Versus Retirement Behaviour



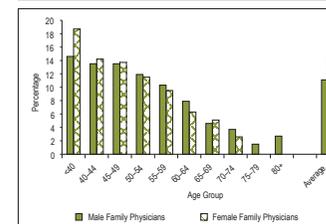
Notes
NPS: National Physician Survey.
SMDB: Scott's Medical Database.
CMA: Canadian Medical Association.
Sources
CFPC/CMA/RCPC National Physician Survey Database, 2007, "Protected by Copyright"; Scott's Medical Database, Canadian Institute for Health Information; Canadian Medical Association.

Figure 2: Average Full-Time Equivalent Values for Physicians Who Billed Fee-for-Service, by Sex, Specialty and Age Group, Canada, 2006



Sources
National Physician Database, Canadian Institute for Health Information.

Figure 3: Percentage of Family Physicians Who Billed Fee-for-Service and Were Providing Obstetrical Services, by Age Group and Sex, Canada, 2006



Sources
National Physician Database, Canadian Institute for Health Information.

Objectives

- To better understand Canadian physician retirement
- To better understand how aging affects Canadian physicians' work

Background

Efforts to enhance the physician workforce in Canada have tended to focus on supply issues by increasing medical school enrolments (increase of 74% since 1997-1998) and enabling more international medical graduates to practise in Canada. It is commonly believed that as more and more physicians approach the traditional retirement age of 65, the number of physicians retiring will grow. But does this mean that most physicians will put away their stethoscopes for good at age 65?

This study is an attempt to understand how aging affects physicians' work, including staying in or leaving clinical practice. It also examines retirement intentions and compares them with actual retirement behaviours.

Methodology

A literature review was conducted to determine what was known about retirement in general and physician retirement in particular. Three empirical analyses followed:

- 1) Estimating the extent of physician retirement by comparing survey results (intention to retire) with actual retirement rates from two Canadian administrative databases.
- 2) Estimating the number of older physicians who were minimally active and could, therefore, be considered retired from a health workforce planning perspective.
- 3) Conducting physician workload analysis to understand how aging affected physicians' clinical practice.

Sources

2007 National Physician Survey, College of Family Physicians of Canada, Canadian Medical Association and Royal College of Physicians and Surgeons of Canada; Scott's Medical Database and National Physician Database, Canadian Institute for Health Information; and Canadian Medical Association Master File.

Aging Effects on Clinical Practice

As Canadian physicians aged, their workload (as measured by average full-time equivalent values among physicians who billed fee-for-service) tended to decline. The scope of their practice also tended to become narrower, as older physicians relinquished some types of clinical work while retaining others. Although there were no major differences between family physicians/general practitioners (FPs/GPs) in different age groups with respect to such core clinical activities as office assessments and mental health care, the older FPs/GPs became, the less likely they were to engage in activities such as hospital inpatient care, obstetrics, anesthesia and services requiring advanced procedural skills.

Limitations

Existing data on retirement and retirement projections should be used with caution because there is no consensus on what physician retirement means, and existing Canadian physician databases do not use consistent definitions of physician retirement.

The activity-level information is based on fee-for-service billing information. It does not include information on alternative payment schemes or other activities that physicians may do, such as administration, teaching, consulting and research.

Conclusions

The findings of this study suggest that the impact of an aging medical workforce should be examined from the broader perspective of changing medical practice patterns, rather than from the narrow focus on retirement. The impact of aging is determined not just by the number of physicians who reach age 65 or exit the medical workforce, but also by what older physicians do and how much they do.

As the proportion of older physicians increases, understanding what they do, how much they do, how long they stay active and so forth is becoming increasingly important and urgent.

Who We Are

Established in 1994, CIHI is an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. Funded by federal, provincial and territorial governments, we are guided by a Board of Directors made up of health leaders across the country.

Our Vision

To help improve Canada's health system and the well-being of Canadians by being a leading source of unbiased, credible and comparable information that will enable health leaders to make better-informed decisions.

About Health Workforce

Along with ministries of health and other stakeholder groups, CIHI tracks the health care workforce and develops annual reports and analyses to better understand and highlight the various types of services provided by our health human resources. This includes services provided by physicians, nurses and other health care providers.

To obtain a copy of the report on which this poster is based, visit www.cihi.ca/physicians or send an email to physicians@cihi.ca.

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