

End-of-career practice patterns of primary care physicians in Ontario, Canada

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Background:

Although many efforts have been made to understand the medical workforce in Canada, optimal alignment of the supply of physicians with the demand from the population for medical services continues to challenge policy-makers. Inputs to the physician workforce are well characterized, but egress of physicians from the workforce has been less well studied. Estimating physician attrition has proven to be difficult for a variety of reasons, including: poor reliability of physicians' self-reported retirement intentions and lack of systematic and consistent collection of end-of-career physician information; these challenges are compounded by a multitude of different definitions of retirement. The literature suggests that a broader perspective on physician retirement – one that considers changing medical practice patterns – is necessary in order to better understand and predict physician retirement behaviours.

Objectives:

1 – To characterize the process of physician attrition from the workforce. 2 – To generate knowledge that will facilitate prediction of physician workforce trends and enhance physician workforce planning.

Population studied:

This study focuses on practice patterns of primary care physicians in Ontario, Canada. Ontario is the most populous province in Canada, a country that provides universal coverage for medically necessary health care services. Primary care physicians represent half the physician workforce and provide approximately half of all patient care.

Methods:

Data from the Institute for Clinical and Evaluative Sciences, a not-for-profit research institute housing an extensive array of Ontario's health-related data, are used in this study. Demographic and practice-related data for Ontario primary care physicians are linked longitudinally and analyzed quantitatively. Practice patterns of all primary care physicians who were providing comprehensive care at any time between 1992 and 2013 are characterized in terms of both workload and scope of practice. Changes in these variables over time, as well as the influence of various factors (gender, age, generation, location of training, location and model of practice) on physician practice patterns, are examined.

Emerging findings:

A sample of 21,240 primary care physicians who provided comprehensive care in Ontario between 1992 and 2013 has been identified and data analysis is in progress. Aging and feminization of the workforce is observed over the study period. Workload indices – billings, services provided, full-time equivalent status, number of days worked, and panel size – and participation in comprehensive primary care activities are examined longitudinally. Key career milestones are identified, including: the age range through which physicians demonstrate peak workload, the average age at which physicians begin to decrease workload, the length of the period of phased retirement, and the average ages at which physicians stop providing comprehensive care and stop practising entirely. Antecedents to attrition from the provision of comprehensive primary care and full retirement from clinical practice, as well as the influence of various factors on physician practice patterns, are also examined.

Conclusions and policy implications:

Understanding how medical practice patterns change over time will help to more accurately predict physicians' retirement behaviours. This, in turn, will facilitate more effective physician workforce planning and enhance Canadian health workforce policy decision-making.