

## Vox populi

### *Is the National Physician Survey worth it?*

Stewart Cameron MD FCFP

The average age of Canadian physicians was 50 years as of last year.<sup>1</sup> The mean time since that average doctor was licensed was 21 years,<sup>2</sup> meaning that many in today's medical community had begun their professional careers by the mid-1980s. Most of our physicians entered medical school before HMG-CoA reductase inhibitors were available and before the identification of the hepatitis C virus; AIDS had only just been described as a disease. While these doctors were completing training, researchers were still working the bugs out of magnetic resonance imaging technology and coronary angioplasty. These doctors went to medical school before the World Wide Web existed. Digital photography was largely restricted to space programs. It was, in many respects, a very different world. Those doctors trained in one century and are practising in another.

#### Coming up short

As momentous as they are, it could be argued that these discoveries and inventions are not the biggest issues Canadian doctors have grappled with since. There is a case to be made that shortages in our health care system are having a more profound effect on physician practice. Scarcity of resources—both material and human—is a new fact of life. We know that physicians are changing how they work and practise in ways that are sometimes subtle but nevertheless profound.

Even a casual follower of mainstream media could conclude that these changes are not presented to the public particularly well. While the press and broadcasters cover new advances in clinical medicine, they are less likely to investigate or report on physician practice patterns or clinical roles. These changes are not well followed by governments either. Politicians are often reticent to draw attention to issues that reflect badly on them.

#### Winds of change

In the second week of January 2008, media across Canada did carry numerous stories about problems with the supply of medical manpower. In-depth stories on the challenges faced by Canadian doctors dealing with underfunding and understaffing of our health care system were carried on the Web, on television, on radio,

and by newspapers. This was followed in March by further analysis, broken down by province and territory, showing how the changing medical work force has effects on access to family physicians and other medical specialists. In April another wave of stories covered student and resident issues, such as the difficulties faced by rural applicants to medical schools. June brought extensive publicity of the challenges of providing care for patients with chronic diseases. Thoughtful commentary from the leaders of Canadian physician organizations was used to illuminate the stories, all backed with solid data.

These stories evoked much discussion of the issues, and there were calls to address the problems. The print media, radio talk shows, and television stations requested interviews with physicians, and a cadre of well-versed spokespersons was on hand to fulfil these requests.

This coverage was a result of the release of data from the National Physician Survey (NPS), a project of the College of Family Physicians of Canada, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada.

The NPS appears to be the largest such undertaking in the world. While other countries rely on sporadic surveys and small polls, Canada has a unique snapshot of the issues facing physicians, collected directly from doctors themselves. Every physician in the nation has a chance to contribute. As the results are paired with those of the previous NPS in 2004, our respective organizations are now armed with powerful information to guide health planning. Ongoing work with governments will be strengthened by this unique source of knowledge from the front lines of health care delivery.

In addition, the results are not kept secret or partially released to suit an agenda. They are made available to members, researchers, the media, and the public on the NPS website ([www.nationalphysiciansurvey.ca](http://www.nationalphysiciansurvey.ca)).

#### Leading the way

A huge coordinated effort is behind this campaign. The NPS is planned years in advance with preparations that include the selection of questions, piloting of questionnaires, and review of methodology to ensure statistical reliability. After the data are collected, they are extensively analyzed to reveal important trends and issues.

## Organizations are now armed with powerful information

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## Commentary

Leaders and spokespersons are briefed. The releases to the public are coordinated through multiple meetings, e-mails, and teleconferences by the staff and leaders of the 3 participating medical organizations.

Your national College has been a leader throughout this process. Indeed, the initial NPS in 2004 was based on a previous work force survey initiated by the College of Family Physicians of Canada. The College, through the Janus Project and its steering committee, has ensured that the family medicine perspective has always featured prominently in the results.

There are encouraging signs that the media are now paying more attention to this area.<sup>3,4</sup> Sometimes, however, Canadians seem resigned to a situation of care rationing and shortages. They have tried to adjust to waiting lists as if they were inevitable. This suits the agenda of those who would just as soon keep the data under wraps.

The NPS will not allow that to happen. The stories in the supplement to this issue are your stories, as you told them. The public and the governments are hearing your voice, thanks to the NPS. Take a few minutes to peruse the supplement; it is about you and your career, and it is something you can be proud of.

The NPS is worth it.



**Dr Cameron** is an Associate Professor in the Department of Family Medicine at Dalhousie University in Halifax, NS, and is Chair of the Janus Steering Committee of the College of Family Physicians of Canada.

### Competing interests

None declared

### Correspondence

**Dr Stewart Cameron**, Department of Family Medicine, Dalhousie University, Lane 8, 5909 Veterans' Lane, Halifax, NS B3H 2E2; telephone 902 473-6250; fax 902 473-8548; e-mail [stewart.cameron@dal.ca](mailto:stewart.cameron@dal.ca)

**The opinions expressed** in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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