How Canada Compares

Results From the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians

Accessible Report

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Executive summary

For most people, primary care clinicians such as family doctors and nurses are the first point of contact with the health care system. This report presents analyses from the Canadian Institute for Health Information (CIHI) on the results of the Commonwealth Fund (CMWF) International Health Policy Survey of Primary Care Physicians. Comparisons of Canadian primary care physicians' experiences with those of primary care physicians in 10 other developed countries provide important perspectives on how well primary care works in Canada and where improvements still need to be made from the point of view of primary care physicians.

Across Canada, there have been many efforts to improve the delivery of primary care. The results of the CMWF survey show that Canada has been implementing best practices in organizing care to improve access, provide patient-centred care and adopt information technologies. That said, Canada lags behind other CMWF countries in using electronic information systems in physician practices and in coordinating care. There is also substantial variation between jurisdictions in many areas, suggesting that there are ways to learn from the most effective policies and programs across the country and internationally.

Key findings from this year's survey

Profile of primary care physicians and their practices

- There were more physician group practices in Canada in 2019 than in 2015 (65% versus 60%), reflecting a trend away from solo practices. Notably, there is wide variation across the country in how practices are organized.
- More primary care physicians found their jobs stressful in 2019 than in 2015 (46% versus 27%). A similar trend was seen in the other CMWF countries.

Access to care

- More Canadian primary care physicians offer weeknight (57%) and weekend (50%) appointments compared with the CMWF average (weeknight: 44%; weekend: 36%). However, only 49% of Canadian primary care physicians have arrangements for patients to be seen when their practices are closed, lower than the CMWF average (75%).
- 22% of Canadian primary care physicians offered patients the option to request appointments online in 2019, compared with 11% in 2015.
- Fewer Canadian primary care physicians (23%) offer patients the option to ask medical questions via email or a secure website compared with the CMWF average (65%). There are also fewer Canadian primary care physicians (18%) who frequently make home visits compared with the CMWF average (42%).

Patient-centred care

- The majority of Canadian primary care physicians feel well prepared to care for patients with chronic conditions (82%). In contrast, fewer Canadian primary care physicians feel prepared to care for patients with specialized needs, particularly dementia (40%), palliative care (36%) and substance use (19%). In Canada, 13% of primary care physicians reported feeling well prepared to care for patients requesting medical assistance in dying.

Coordination within the health system and with social services

- Fewer Canadian primary care physicians communicate with home care providers about their patients' needs (24%) compared with the CMWF average (31%). However, about the same proportion of Canadian physicians receives updates about their patients (36%) as the CMWF average (37%).
- Although many Canadian primary care physicians (60%) screen their patients for social needs, fewer frequently coordinate care with social services (43%). One of the biggest challenges is inadequate staffing to make referrals and coordinate (43%), though the top challenge differs across jurisdictions.
- 65% of Canadian primary care physicians think that better integration of primary care with hospitals, mental health services and community-based social services is the top priority in improving quality of care and patient access.

Coordination using information technologies

- More Canadian primary care physicians were using electronic medical records (EMRs) in 2019 (86%) than in 2015 (73%), but this was still lower than the CMWF average (93%).
- Fewer Canadian primary care practices offer their patients the option to electronically view their patient visit summaries online (Canada: 5%; CMWF: 26%) and request prescription renewals online (Canada: 10%; CMWF: 52%). Similarly, compared with the CMWF average, fewer Canadian primary care practices can exchange information electronically with doctors outside their practice, including patient clinical summaries (Canada: 25%; CMWF: 63%), laboratory and diagnostic test results (Canada: 36%; CMWF: 65%) and lists of medications taken by their patients (Canada: 33%; CMWF: 62%).
- Compared with the CMWF average, fewer Canadian primary care physicians review their performance on clinical outcomes (Canada: 34%; CMWF: 60%), patients' hospital admissions (Canada: 25%; CMWF: 32%), prescribing practices (Canada: 26%; CMWF: 58%), surveys of patient satisfaction and experiences with care (Canada: 17%; CMWF: 38%) and surveys of patient-reported outcome measures (Canada: 8%; CMWF: 22%).

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Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.

Appreciation goes to the CIHI staff on the core team as well as in the supporting program areas who contributed to the development of this project.

About this report

The 2019 edition of the CMWF's International Health Policy Survey focused on the views and experiences of primary care doctors. This report highlights the Canadian story and examines how these experiences vary across Canada and relative to other developed countries, as well as how they are changing over time.

For the first time, primary care physicians from all Canadian jurisdictions were represented in this survey. In all provinces except Prince Edward Island, random samples of primary care physicians were selected. In P.E.I. and the territories, censuses of all primary care physicians were conducted. However, the final number of responses in the territories was small and the territorial results were aggregated together as "total territories." Since the territories are different from one another and "total territories" does not represent a single jurisdiction, "total territories" results were not compared against the CMWF average using statistical tests.

Supplementary data tables are available online. These show more detailed responses to the questions presented here, as well as some additional questions not covered in the report. Full data sets of the survey results are available to researchers upon request by writing to cmwf@cihi.ca. As well, a chartbook version of this report with visuals is available on CIHI's website.

Interpreting results

CIHI applied statistical methods to determine whether Canadian and provincial results were significantly different from the international average of 11 countries. Results are presented throughout the report using the following symbols to indicate statistical significance and the desirable direction of the indicator:

Results with a desirable direction

a: Above average

b: Same as average

c: Below average

Results without a clear desirable direction

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories)

Above-average results are more desirable relative to the international average, while below-average results often indicate areas for improvement.

Sample sizes in some provinces are much smaller than in others and have wider margins of error. For this reason, 2 provinces may have the same numeric results with different statistical differences (e.g., one result might be same as average, while the other is below average). The wider the margin of error, the more difficult it is for a result to show up as significantly different from the average. The most robust samples are in Quebec and Ontario because of the additional funding from those provinces.

To assess the reliability of the results, coefficient of variation (CV) was calculated. CV is the standard error of an estimate expressed as a percentage of the estimate and is a measure of sampling error. Estimates with a CV less than 16.6% are considered reliable for general use. Estimates with a CV between 16.6% and 33.3% are considered to have high levels of error, and caution should be exercised; results with such CV values are flagged with an asterisk (*). Estimates with a CV higher than 33.3% are considered unreliable and are suppressed, as indicated with an em dash (—). These quality level guidelines are consistent with those used at Statistics Canada.[1]

Some of the questions were part of the Canadian survey only and were not asked in other countries. International comparison is therefore not possible. Findings for these questions are labelled "Canada only" in this report.

To examine possible relationships between survey questions, logistic regression modelling was performed.

To provide additional context, this report also references information from CIHI and other sources. References can be found at the end of the report.

Reporting framework

The report is organized in a way that reflects how primary care physicians interact with their patients, other parts of the health system and the social system. First, it describes the practice characteristics of primary care physicians. Next, it examines how primary care practices provide access to care for patients and patient-centred care, as well as how they coordinate care with other parts of the health system and with social services. Lastly, the report explores how primary care physicians use information technology to support coordination and their overall perceptions of the health system.

Note: In Quebec, social services are an integral part of the health system (ministère de la Santé et des Services sociaux du Québec).

Profile of primary care physicians and their practices

Key findings

- Canadian physicians see a median of 100 patients a week, similar to the 11-country average of medians (99 patients a week). 55% of Canadian primary care physicians spend 15 to less than 25 minutes with each patient, similar to the CMWF average (54%). Most Canadian primary care practices (61%) are not accepting new patients.
- There were more physician group practices in Canada in 2019 than in 2015 (65% versus 60%), reflecting a trend away from solo practices. Notably, there is wide variation across the country in how practices are organized.
- Slightly fewer Canadian primary care physicians are extremely, very or moderately satisfied with practising medicine (88%) and with their income from medical practice (76%) compared with the CMWF average (91% and 80%, respectively). However, slightly more Canadian primary care physicians are satisfied with their time spent per patient (69%) and daily workload (57%) compared with the CMWF average (62% and 52%, respectively).
- More primary care physicians found their jobs stressful in 2019 than in 2015 (46% versus 27%). A similar trend was seen in the other CMWF countries (2015: 35%; 2019: 45%).

More Canadian primary care physicians worked in physician group practices in 2019 than in 2015 (Canada only)

Table 1 Primary practice site, trend over time, percentage, Canada

Primary practice site	2015	2019
Private solo practice	20	15
Physician group practice	60	65
Community clinic/health centre	13	12
Hospital-based practice	4	5

Variation across jurisdictions in primary care practice organization (Canada only)

Table 2 Primary practice site, percentage, by jurisdiction

Jurisdiction	Private solo practice	Physician group practice	Community clinic/ health centre	Hospital-based practice
N.L.	17*	43	19*	17*
P.E.I.	37*	—	43*	—
N.S.	25	53	15*	—
N.B.	55	22*	16*	—
Que.	9	61	16	9
Ont.	17	68	6	4*
Man.	18*	47	25	—
Sask.	12*	58	25	—
Alta.	10*	78	—	—
B.C.	14*	74	8*	—
Terr.	—	45	39*	—
Can.	15	65	12	5

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Differences between solo and group physician practices

Table 3 Proportion of primary care practices that do the following, by type of practice, Canada

Activities	Private solo practice	Physician group practice
Offer appointments on the weekend (i.e., Saturday or Sunday)	38	56
Use personnel, such as nurses or case managers, to monitor and manage care for patients with chronic conditions that need regular follow-up care	44	62
Use electronic patient medical records (not including billing systems)	62	93
Offer patients the option to request appointments online	9	28
Receive and review data on surveys of patient satisfaction and experiences with care quarterly or yearly	9	16

Canadian primary care physicians see 100 patients a week, with variability across jurisdictions

Table 4a **Median** number of patients seen during a typical workweek, by country

Country	Median patients seen
Germany	200
France	120
Australia	110
United Kingdom	100
Netherlands	100
Canada	100[d]
CMWF average	99
New Zealand	84
United States	80
Switzerland	80
Norway	80
Sweden	40

Table 4b **Median** number of patients seen during a typical workweek, by jurisdiction [d]

Jurisdiction	Median patients seen
N.L.	125
P.E.I.	100
N.S.	112
N.B.	110
Que.	70
Ont.	100
Man.	100
Sask.	120
Alta.	100
B.C.	120
Terr.	70

Notes
d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).
The Canadian median represents the median experience of Canadians (as opposed to the average of provincial and territorial medians).

In 2016, 85% of Canadians had a regular doctor or place where they received care.[2]

Canadian physicians work similar hours as CMWF average

Table 5 Proportion of primary care physicians by the number of hours they typically work each week in their medical practice, by country

Country	Less than 35 hours	35 to less than 45 hours	45 or more hours
France	5	22	73
Germany	5	16	78
Norway	8	21	72
Netherlands	9	23	68
United States	13	22	65
Canada	18	26	55
CMWF average	20	26	54
Switzerland	26	20	55
United Kingdom	30	32	39
Sweden	32	37	31
New Zealand	36	36	28
Australia	38	32	30

Note
Including all hours they work across practices, including hours worked at home and on call.

In addition to clinical activities as measured here, primary care physicians may work in teaching, health facility committees, administration, research and continuing medical education/continuing professional development.[3]

Canadian primary care physicians spend similar amount of time with patients as CMWF average

Table 6 Proportion of primary care physicians by the **average** amount of time they are able to spend with a patient during a routine office visit, by country

Country	Less than 15 minutes	15 to less than 25 minutes	25 minutes or more
Sweden	2	44	54
Norway	3	86	12
Switzerland	6	66	27
France	8	82	10
New Zealand	10	87	3
United States	16	63	21
Australia	25	70	5
Canada	28	55	18
CMWF average	32	54	14
Netherlands	85	15	0
Germany	85	12	2
United Kingdom	86	14	0

Compared with 2015, there were no significant changes in the amount of time Canadian primary care physicians were able to spend with patients during routine office visits.[4]

Physician satisfaction by time spent with patients

Table 7 Proportion of Canadian primary care physicians who are **extremely**, **very** or **moderately satisfied** with the time they can spend with patients, by the amount of time they are able to spend with patients during routine office visits

Amount of time	Extremely, very or moderately satisfied
Less than 15 minutes	53
15 to less than 25 minutes	72
25 minutes or more	82

57% of Canadians feel that their regular doctor **always** spends enough time with them when they need care or treatment.[2]

Provincial and territorial snapshot: Time

Table 8a Proportion of primary care physicians by the number of hours they typically work each week in their medical practice, by jurisdiction [d]

Amount of time	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Less than 35 hours	9*	—	13*	14*	29	17	12*	9*	13*	19*	—	18	20
35 to less than 45 hours	25	22*	20*	20*	27	30	17*	13*	27	24	25*	26	26
45 or more hours	66	65	67	66	44	53	72	77	61	57	60	55	54

Table 8b Proportion of primary care physicians by the **average** amount of time they are able to spend with a patient during a routine office visit, by jurisdiction [d]

Amount of time	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Less than 15 minutes	43	34*	28	34	2*	34	29	34	19*	58	—	28	32
15 to less than 25 minutes	49	63	62	61	50	58	58	57	69	36	77	55	54
25 minutes or more	8*	—	10*	—	48	7	13*	9*	12*	—	—	18	14

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Typical hours of work include all hours physicians work across practices, including hours worked at home and on call.

About two-thirds of Canadian primary care practices not accepting new patients (Canada only)

Table 9a Proportion of primary care physicians who have the capacity to accept new patients in their main care setting, considering their roster and work schedule, Canada

Capacity (yes/no)	Percentage
Yes, have the capacity and accepting all patients who inquire	16
Yes, have the capacity and accepting only patients who fit certain criteria	22
Yes, have the capacity but not accepting new patients	9
No, do not have the capacity	52

Table 9b Of those who have the capacity and are accepting new patients, proportion of primary care physicians who use the following strategies,† Canada

Strategy	Percentage
Use a waiting list maintained by the clinic	46
Use the public waiting list of patients maintained by the government	36
Put your name in the government list of available doctors	33
Use other strategies to fill capacity	59

Notes
† Excludes respondents who answered "not applicable" for each strategy.
Multiple responses were allowed, so the sum of responses does not total 100%.

Fewer Canadian primary care physicians satisfied with practising medicine and with their income compared with CMWF average

Table 10a Proportion of primary care physicians who are **extremely**, **very** or **moderately satisfied** with practising medicine, by country

Country	Percentage
Switzerland	98
Australia	96
Netherlands	95
New Zealand	93
Norway	92
France	91
CMWF average	91
Sweden	88
Canada	88[c]
Germany	88
United Kingdom	85
United States	84

Table 10b Proportion of primary care physicians who are **extremely**, **very** or **moderately satisfied** with the following aspects of their medical practice

Aspects of medical practice	Canada	CMWF average
Their income from medical practice	76[c]	80
The time they can spend per patient	69[a]	62
Their daily workload	57[a]	52

Notes
a: Above average.
c: Below average.
The Netherlands is excluded from Table 10b as it used a different scale.

Increasing proportion of Canadian primary care physicians find their jobs extremely or very stressful

Table 11a Proportion of primary care physicians who feel **extremely** or **very stressed** with their job as a primary care physician, by country

Country	Percentage
Australia	29
Netherlands	31
Switzerland	38
France	38
New Zealand	42
Norway	44
CMWF average	45
Canada	46[b]
Germany	52
United States	53
United Kingdom	60
Sweden	65

Table 11b Trend over time, proportion of primary care physicians who feel **extremely** or **very stressed** with their job as a primary care physician

Country	2015	2019
Canada	27	46[b]
CMWF average	35	45

Notes
b: Same as average.
Lower numbers are desirable.

Provincial and territorial snapshot: Satisfaction and stress

Table 12a Proportion of primary care physicians who are **extremely**, **very** or **moderately satisfied** with aspects of medical practice, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Practising medicine	91[b]	94[b]	79[c]	92[b]	91[b]	85[c]	94[b]	94[b]	95[a]	83[c]	91[d]	88[c]	91
Their income from medical practice	69[c]	84[b]	62[c]	79[b]	93[a]	63[c]	87[a]	80[b]	86[b]	67[c]	94[d]	76[c]	80
The time they can spend per patient	69[a]	80[a]	51[c]	72[a]	81[a]	64[b]	71[a]	67[b]	81[a]	49[c]	71[d]	69[a]	62
Their daily workload	57[b]	66[b]	38[c]	64[a]	65[a]	51[b]	62[a]	63[a]	69[a]	48[b]	60[d]	57[a]	52

Table 12b Proportion of primary care physicians who feel **extremely** or **very stressed** with their job as a primary care physician,† by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Percentage	46[b]	48*[b]	61[c]	42[b]	34[a]	55[c]	43[b]	45[b]	40[b]	48[b]	49[d]	46[b]	45

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Lower results are more desirable.

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results). Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

Access to care

Key findings

- More Canadian primary care physicians offer weeknight (57%) and weekend (50%) appointments compared with the CMWF average (weeknight: 44%; weekend: 36%). However, only 49% of Canadian primary care physicians have arrangements for patients to be seen when their practices are closed, lower than the CMWF average (75%).
- 22% of Canadian primary care physicians offered patients the option to request appointments online in 2019, compared with 11% in 2015.
- Fewer Canadian primary care physicians (23%) offer patients the option to ask medical questions via email or a secure website compared with the CMWF average (65%). There are also fewer Canadian primary care physicians (18%) who frequently make home visits compared with the CMWF average (42%).

More Canadian primary care physicians offer weeknight and weekend appointments than CMWF average

Table 13a Proportion of primary care physicians whose practices offer appointments **after 6 p.m. during the week** (i.e., Monday to Friday) **at least once a week**,[†] by country

Country	Percentage
France	91
United Kingdom	75
Germany	63
Canada	57[a]
Australia	50
CMWF average	44
Switzerland	42
United States	38
New Zealand	35
Netherlands	19
Sweden	12
Norway	6

Table 13b Proportion of primary care physicians whose practice offers appointments **on the weekend** (i.e., Saturday or Sunday) **at least once a month**,‡ by country

Country	Percentage
Australia	83
France	70
Canada	50[a]
United Kingdom	48
United States	41
Switzerland	40
CMWF average	36
New Zealand	34
Germany	13
Sweden	11
Norway	2
Netherlands	2

Notes

† Excludes respondents from Norway who answered "Not applicable, patients can use the emergency room on weekdays."

‡ Excludes respondents from Norway who answered "Not applicable, patients can be seen in primary care after-hours clinics on the weekends."

a: Above average.

In 2016, only 34% of Canadians reported that it was very or somewhat easy to get medical care in the evenings, on weekends or on holidays without going to the hospital emergency department.[2]

Provincial and territorial snapshot: Access outside of regular hours

Table 14 Proportion of primary care physicians whose practice offers appointments outside of regular hours, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
After 6 p.m. during the week (i.e., Monday to Friday) at least once a week†	45[b]	35*[b]	54[a]	28[c]	69[a]	75[a]	27[c]	37[b]	42[b]	28[c]	46[d]	57[a]	44
On the weekend (i.e., Saturday or Sunday) at least once a month‡	40[b]	—	31[b]	16*[c]	61[a]	57[a]	35[b]	31[b]	47[a]	41[b]	38*[d]	50[a]	36

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

† Excludes respondents from Norway who answered "Not applicable, patients can use the emergency room on weekdays."

‡ Excludes respondents from Norway who answered "Not applicable, patients can be seen in primary care after-hours clinics on the weekends."

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Fewer Canadian primary care physicians have after-hours arrangements

Table 15a Proportion of primary care physicians whose practice has an **arrangement**, either internally or with another practice, where patients can be seen by a doctor or nurse when the practice is closed (e.g., **after hours**), by country

Country	Percentage
Germany	96
New Zealand	92
Norway	91
Netherlands	90
United Kingdom	84
Sweden	77
France	75
CMWF average	75
Australia	69
Switzerland	56
Canada	49[c]
United States	45

Table 15b Of those who have arrangements, proportion of primary care physicians who **usually** receive notifications that their patients have been seen for after-hours care, by country

Country	Percentage
Netherlands	98
New Zealand	79
United Kingdom	77
CMWF average	45
Australia	43
Norway	43
United States	37
Germany	37
Switzerland	29
Canada	28[c]
Sweden	11
France	8

Note
c: Below average.

In 2015, Canadian primary care physicians reported similar results for having arrangements when the practice is closed. Canada's place among other countries was similar in both 2015 and 2019.[4]

Provincial and territorial snapshot: After-hours arrangements

Table 16a Proportion of primary care physicians whose practice has an **arrangement**, either internally or with another practice, where patients can be seen by a doctor or nurse when the practice is closed (e.g., **after hours**), by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Percentage	35[c]	—	34[c]	39[c]	39[c]	64[c]	28[c]	38[c]	59[c]	37[c]	—	49[c]	75

Table 16b Of those who have arrangements, proportion of primary care physicians who **usually** receive notifications that their patients have been seen for after-hours care, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Percentage	35[c]	58[b]	51[b]	58[a]	10[c]	26[c]	23[c]	32[c]	37[b]	35[c]	37*[d]	28[c]	45

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Fewer Canadian primary care physicians offer access to patients electronically compared with CMWF average

Table 17a Proportion of primary care physicians whose practice offers patients the option to communicate with their practice via email or a secure website about a medical question or concern, by country

Country	Percentage
Sweden	95
Switzerland	81
United States	79
Netherlands	78
Norway	77
New Zealand	74
CMWF average	65
United Kingdom	62
Germany	60
France	55
Australia	34
Canada	23[c]

Table 17b Proportion of primary care physicians whose practice offers patients the option to request appointments online (not including email), by country

Country	Percentage
United Kingdom	91
Sweden	87
Norway	83
New Zealand	77
Australia	73
United States	64
Netherlands	58
CMWF average	56
France	30
Canada	22[c]
Germany	15
Switzerland	10

Note
c: Below average.

In 2016, 4% of Canadians had emailed their regular practice with a medical question in the preceding 2 years.[2]

In 2015[4] and 2017,[5] 11% of Canadian primary care physicians reported having offered patients the option to request appointments online.

Provincial and territorial snapshot: Electronic access

Table 18 Proportion of primary care physicians whose practice offers patients electronic access options, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Communicate with their practice via email or a secure website about a medical question or concern	9*[c]	—	25[c]	12*[c]	17[c]	30[c]	22*[c]	11*[c]	23*[c]	24[c]	—	23[c]	65
Request appointments online (not including email)	—	—	11*[c]	10*[c]	32[c]	19[c]	27[c]	16*[c]	19*[c]	27[c]	0[d]	22[c]	56

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Fewer Canadian primary care physicians frequently make home visits compared with CMWF average

Table 19a Proportion of primary care physicians who responded that they or other health care professionals in their practice **frequently** make home visits, by country

Country	Percentage
Netherlands	92
United Kingdom	82
Germany	75
France	63
CMWF average	42
Sweden	39
Switzerland	31
Canada	18[c]
New Zealand	17
Norway	17
Australia	17
United States	8

Table 19b Proportion of primary care physicians who responded that they or other health care professionals in their practice **frequently** make home visits, by jurisdiction

Jurisdiction	Percentage
N.L.	33[c]
P.E.I.	—
N.S.	22*[c]
N.B.	13*[c]
Que.	25[c]
Ont.	18[c]
Man.	12*[c]
Sask.	18*[c]
Alta.	9*[c]
B.C.	14*[c]
Terr.	18*[d]

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

In 2015, 19% of Canadian primary care physicians frequently made home visits (below the CMWF average of 39%),[4] similar to this year's Canadian result (18%).

Patient-centred care

Key findings

- The majority of Canadian primary care physicians feel well prepared to care for patients with chronic conditions (82%). In contrast, fewer Canadian primary care physicians feel prepared to care for patients with specialized needs, particularly dementia (40%), palliative care (36%) and substance use (19%) — below the CMWF averages (46%, 51% and 22%, respectively). In Canada, 13% of primary care physicians reported feeling well prepared to care for patients requesting medical assistance in dying (Canada only).

Few primary care physicians in Canada and internationally well prepared to care for patients with substance-use conditions

Table 20 Proportion of primary care physicians whose practice is **well prepared**, with respect to having sufficient skills and experience, to manage care for patients with specialized needs, by type of need

Type of need	Canada	CMWF average
Chronic conditions	82[c]	84
Mental illness (e.g., anxiety, mild or moderate depression)	61[b]	62
Dementia	40[c]	46
Substance-use conditions (e.g., drug, opioid or alcohol use)	19[c]	22

Notes
b: Same as average.
c: Below average.

Provincial and territorial snapshot: Specialized needs

Table 21 Proportion of primary care physicians whose practice is **well prepared**, with respect to having sufficient skills and experience, to manage care for patients with specialized needs, by type of need and jurisdiction

Type of need	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Chronic conditions	85[b]	79[b]	90[a]	82[b]	77[c]	85[b]	83[b]	87[b]	86[b]	85[b]	64[d]	82[c]	84
Mental illness (e.g., anxiety, mild or moderate depression)	60[b]	33*[c]	65[b]	63[b]	58[b]	62[b]	61[b]	60[b]	69[b]	67[b]	40*[d]	61[b]	62
Dementia	46[b]	34*[b]	52[b]	50[b]	41[c]	36[c]	43[b]	39[b]	36[c]	48[b]	19*[d]	40[c]	46
Substance-use conditions (e.g., drug, opioid or alcohol use)	25[b]	—	28[b]	17*[b]	12[c]	19[c]	27[b]	28[b]	23*[b]	23*[b]	21*[d]	19[c]	22

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Fewer Canadian primary care physicians use personnel to care for patients with chronic conditions compared with CMWF average

Table 22a Proportion of primary care physicians who use personnel, such as nurses or case managers, to monitor and manage care for patients with chronic conditions that need regular follow-up care, by country

Country	Percentage
Netherlands	96
United Kingdom	95
New Zealand	93
Sweden	88
France	88
Australia	79
CMWF average	77
Norway	71
United States	69
Canada	62[c]
Germany	56
Switzerland	48

Table 22b Proportion of primary care physicians who use personnel, such as nurses or case managers, to monitor and manage care for patients with chronic conditions that need regular follow-up care, by jurisdiction

Jurisdiction	Percentage
N.L.	47[c]
P.E.I.	71[b]
N.S.	56[c]
N.B.	60[c]
Que.	80[b]
Ont.	51[c]
Man.	57[c]
Sask.	62[c]
Alta.	82[b]
B.C.	43[c]
Terr.	54[d]

Notes
b: Same as average.
c: Below average.
d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).
The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Management of chronic conditions

Table 23 Proportion of primary care physicians who responded that they or other health care professionals in their practice **usually** or **often** provide care for patients with **chronic conditions** in the following ways

Chronic condition management activities	Canada	CMWF average
Develop treatment plans with patients they can carry out in their daily life	74[a]	69
Provide patients with written instructions about how to manage their own care at home	47[c]	53
Record patients' self-management goals in their medical record	47[b]	46
Contact patients between visits to monitor their condition	35[a]	32

Notes
a: Above average.
b: Same as average.
c: Below average.

Provincial and territorial snapshot: Management of chronic conditions

Table 24 Proportion of primary care physicians who responded that they or other health care professionals in their practice **usually** or **often** provide care for patients with **chronic conditions** in the following ways, by jurisdiction

Chronic condition management activities	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Develop treatment plans with patients they can carry out in their daily life	80[a]	78[b]	81[a]	71[b]	51[c]	78[a]	85[a]	89[a]	85[a]	84[a]	67[d]	74[a]	69
Provide patients with written instructions about how to manage their own care at home	43[c]	54[b]	46[b]	41[c]	38[c]	47[c]	53[b]	60[b]	55[b]	51[b]	46[d]	47[c]	53
Record patients' self-management goals in their medical record	44[b]	51*[b]	43[b]	40[b]	37[c]	44[b]	46[b]	63[a]	61[a]	60[a]	32*[d]	47[b]	46
Contact patients between visits to monitor their condition	26[b]	37*[b]	28[b]	22[c]	48[a]	28[c]	33[b]	36[b]	41[b]	30[b]	21*[d]	35[a]	32

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Most Canadian primary care physicians have end-of-life conversations with patients

Table 25 Proportion of primary care physicians who **routinely** or **occasionally** have end-of-life conversations with their patients about their preferences, wishes and goals for their care, in the event they become very ill or injured or cannot make decisions for themselves,† by country

Country	Percentage
Netherlands	100
United Kingdom	99
Germany	97
Switzerland	97
New Zealand	95
Australia	94
Canada	94[a]
CMWF average	92
United States	92
France	88
Norway	83
Sweden	72

Notes
† Excludes respondents who answered "does not apply."
a: Above average.

66% of Canadian seniors have had a discussion with family, a close friend or a health care professional about the health care treatment they want or do not want in the event that they cannot make decisions for themselves.[6]

Fewer Canadian primary care physicians well prepared to manage patients with palliative needs compared with CMWF average

Table 26 Proportion of primary care physicians who feel **well prepared**, with respect to having sufficient skills and experience, to manage care for patients with palliative care needs, by country

Country	Percentage
Netherlands	97
United Kingdom	72
Germany	64
New Zealand	61
Norway	52
CMWF average	51
Switzerland	45
Australia	40
Canada	36[c]
Sweden	34
United States	33
France	25

Note
c: Below average.

Palliative care rotations are currently not mandatory for family physicians in Canada;[7] completing one is recognized with a Certificate of Added Competence as an enhanced skill.[8] This may explain why few Canadian primary care physicians feel well prepared to care for patients with palliative needs.

In total, 8.5% of Canadian primary care physicians have a practice focus in palliative care.[5]

Provincial and territorial snapshot: Palliative and end-of-life care

Table 27 End-of-life care, by proportion of primary care physicians and jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Routinely or occasionally have end-of-life conversations with their patients†	93[b]	98[a]	97[a]	99[a]	94[a]	91[b]	93[b]	96[a]	97[a]	97[a]	98[d]	94[a]	92
Feel well prepared to manage care for patients with palliative care needs	55[b]	48*[b]	54[b]	60[a]	30[c]	33[c]	50[b]	48[b]	30[c]	46[b]	44[d]	36[c]	51

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Excludes respondents who answered "does not apply."

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Few Canadian primary care physicians well prepared to manage patients requesting medical assistance in dying (Canada only)

Table 28 Proportion of primary care physicians whose practice is **well prepared**, with respect to having sufficient skills and experience, to manage care for patients requesting medical assistance in dying, by jurisdiction [d]

Jurisdiction	Percentage
N.L.	12*
P.E.I.	—
N.S.	15*
N.B.	24
Que.	12
Ont.	12
Man.	15*
Sask.	11*
Alta.	13*
B.C.	19*
Terr.	25*
Can.	13

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Did you know?

Medical assistance in dying is not considered part of palliative care, but it is an end-of-life option for Canadians who meet the legal criteria.

Between December 10, 2015 (when the law was enacted) and October 31, 2018, there were 6,749 medically assisted deaths in Canada.[9]

Coordination within the health system

Key findings

- While more Canadian primary care physicians send information to specialists (90%) compared with the CMWF average (85%), timely transfer of information back from specialists is lower in Canada (17% versus 21%).
- The proportions of Canadian primary care physicians who usually receive notifications that patients had visited the emergency department (49%) and had been hospitalized (54%) are similar to the CMWF averages (51% and 55%, respectively).
- Fewer Canadian primary care physicians communicate with home care providers about their patients' needs (24%) compared with the CMWF average (31%). However, about the same proportion of Canadian physicians receives updates about their patients (36% versus 37%).

Two-way communication between primary care physicians and specialists

Table 29 Proportion of primary care physicians who responded that they **usually** do the following when their patients have been referred to a specialist

Activities	Canada	CMWF average
Send the patient history and the reason for the consultation to the specialist	90[a]	85
Receive from the specialist information about changes made to the patient's medication or care plan	59[b]	58
Receive a report with the results of the specialist visit within 1 week of service	17[c]	21

Notes
a: Above average.
b: Same as average.
c: Below average.

In 2016, 13% of Canadians reported that their specialist did not have basic information or test results from their regular doctor about the reason for their visit,[2] and 21% reported that their regular doctor did not seem informed and up to date about the care they received from the specialist.[2]

Provincial and territorial snapshot: Communication with specialists

Table 30 Proportion of primary care physicians who responded that they **usually** do the following when their patients have been referred to a specialist, by jurisdiction

Activities	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Send the patient history and the reason for the consultation to the specialist	96[a]	95[a]	99[a]	94[a]	69[c]	98[a]	94[a]	96[a]	96[a]	98[a]	96[d]	90[a]	85
Receive from the specialist information about changes made to the patient's medication or care plan	59[b]	69[b]	77[a]	71[a]	30[c]	67[a]	63[b]	68[a]	66[b]	73[a]	70[d]	59[b]	58
Receive a report with the results of the specialist visit within 1 week of service	12*[c]	—	11*[c]	11*[c]	11[c]	18[b]	14*[c]	26[b]	17*[b]	23*[b]	—	17[c]	21

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Half of Canadian primary care physicians usually receive notifications of patients' emergency department visits

Table 31a Proportion of primary care physicians who **usually** receive notifications that their patients have been seen in an emergency department, by country

Country	Percentage
New Zealand	85
Netherlands	84
United Kingdom	66
Norway	59
CMWF average	51
Canada	49[b]
United States	49
Switzerland	46
Germany	40
Australia	40
France	24
Sweden	15

Table 31b Proportion of primary care physicians who **usually** receive notifications that their patients have been seen in an emergency department, by jurisdiction

Jurisdiction	Percentage
N.L.	54[b]
P.E.I.	82[a]
N.S.	75[a]
N.B.	87[a]
Que.	17[c]
Ont.	59[a]
Man.	48[b]
Sask.	44[b]
Alta.	42[b]
B.C.	69[a]
Terr.	60[d]

Notes
a: Above average.
b: Same as average.
c: Below average.
d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).
The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Many Canadian primary care physicians receive notifications of patients' hospital stays within 2 weeks

Table 32a Proportion of primary care physicians who **usually** receive notifications that their patients have been admitted to a hospital, by country

Country	Percentage
Netherlands	82
New Zealand	79
Norway	72
United Kingdom	63
CMWF average	55
United States	54
Canada	54[b]
France	48
Germany	46
Australia	41
Switzerland	41
Sweden	27

Table 32b After their patients have been discharged from a hospital, **average length of time** Canadian primary care physicians wait to receive the information they need to continue managing the patient, including recommended follow-up care

Length of time	Percentage
0–4 days	48
5–14 days	31
15+ days or never	22[†]

Notes
† Same as in 2015.[4]
b: Same as average.

64% of family physicians use electronic tools to receive hospital visit and discharge information.[5]

Provincial and territorial snapshot: Communication with hospitals

Table 33a Proportion of primary care physicians who **usually** receive notifications that their patients have been admitted to a hospital, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Percentage	49[b]	77[a]	72[a]	78[a]	25[c]	64[a]	41[c]	53[b]	52[b]	76[a]	63[d]	54[b]	55

Table 33b After their patients have been discharged from a hospital, **average length of time** primary care physicians wait to receive the information they need to continue managing the patient, including recommended follow-up care (proportion of physicians), by jurisdiction

Length of time	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
0–4 days	25[c]	36*[c]	50[c]	35[c]	18[c]	62[b]	36[c]	51[c]	55[b]	63[b]	43*[d]	48[c]	61
15+ days, or never	34[c]	28*[c]	15*[b]	33[c]	51[c]	8[a]	27[c]	10*[b]	16*[b]	10*[b]	—	22[c]	12

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

A quarter of Canadian primary care physicians communicate with home-based nursing care about their patients' needs

Table 34a For patients who receive home-based nursing care, proportion of primary care physicians who **usually** communicate with home-based nursing care providers about their patients' needs and the services to be provided,[†] by country

Country	Percentage
Sweden	47
Norway	45
France	36
United States	33
Switzerland	33
CMWF average	31
United Kingdom	30
Germany	29
Netherlands	27
Canada	24[c]
New Zealand	18
Australia	14

Table 34b For patients who receive home-based nursing care, proportion of primary care physicians who **usually** are advised by the home-based nursing care providers of a relevant change in their patients' condition or health status,† by country

Country	Percentage
Switzerland	47
Sweden	46
France	45
Norway	43
United Kingdom	43
United States	42
Germany	38
CMWF average	37
Canada	36[b]
Netherlands	28
New Zealand	23
Australia	21

Notes

† Excludes respondents who answered "does not apply."

b: Same as average.

c: Below average.

Provincial and territorial snapshot: Communication with home-based nursing care

Table 35 For patients who receive home-based nursing care, proportion of primary care physicians who **usually** have the following communications with home-based nursing care providers, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Communicate with home-based nursing care providers about their patients' needs and the services to be provided†	17*c	31*b	36b	54a	21c	20c	31b	45a	25*b	24*b	35*d	24c	31
Are advised by the home-based nursing care providers of a relevant change in their patients' condition or health status†	22*c	63a	54a	74a	31c	26c	41b	59a	40b	46b	52d	36b	37

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Excludes respondents who answered "does not apply."

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Coordination with social services

Key findings

- Although many Canadian primary care physicians (60%) screen their patients for social needs, similar to the CMWF average (60%), fewer frequently coordinate care with social services (43%) compared with the CMWF average (46%). One of the biggest challenges is inadequate staffing to make referrals and coordinate (43%), though the top challenge differs across jurisdictions.

Fewer Canadian primary care physicians frequently coordinate care with social services compared with CMWF average

Table 36a Proportion of primary care physicians who **usually** or **often** screen or assess patients for at least one type of social need, by country

Country	Percentage
France	73
Germany	69
United Kingdom	64
Canada	60[b]
United States	60
CMWF average	60
Switzerland	60
New Zealand	58
Sweden	56
Norway	54
Australia	54
Netherlands	49

Table 36b Proportion of primary care physicians who responded that they or other health care professionals in their practice **frequently** coordinate care with social services or other community providers, by country

Country	Percentage
Germany	75
United Kingdom	65
Norway	57
New Zealand	52
Switzerland	52
Netherlands	47
CMWF average	46
Canada	43[c]
United States	40
Australia	38
France	21
Sweden	12

Notes
b: Same as average.
c: Below average.
Social needs include problems with housing, financial security, food insecurity, transportation needs, utilities, domestic violence, and social isolation or loneliness.

Between 2015 and 2019, the proportion of Canadian primary care physicians who frequently coordinate care with social services dropped from 50%[4] to 43%.

Provincial and territorial snapshot: Assessing social needs and coordinating social services

Table 37a Proportion of primary care physicians who **usually** or **often** screen or assess patients for at least one type of social need, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Percentage	54[b]	63[b]	62[b]	57[b]	60[b]	59[b]	61[b]	62[b]	60[b]	60[b]	65[d]	60[b]	60

Table 37b Proportion of primary care physicians who responded that they or other health care professionals in their practice **frequently** coordinate care with social services or other community providers, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Percentage	51[b]	61[b]	43[b]	41[b]	32[c]	47[b]	49[b]	52[b]	40[b]	47[b]	53[d]	43[c]	46

Notes

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

Social needs include problems with housing, financial security, food insecurity, transportation needs, utilities, domestic violence, and social isolation or loneliness.

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Many Canadian primary care physicians experience challenges when coordinating with social services

Table 38 Proportion of primary care physicians who reported the following as **major** challenges when they or other personnel in their practice coordinate their patients' care with social services†

Type of challenge	Canada	CMWF average
Inadequate staffing to make referrals and coordinate care with social service organizations	43c	36
Lack of follow-up from social service organizations about which services patients received or need	43c	40
Too much paperwork regarding the coordination with social services	40a	44
Lack of awareness of social service organizations in the community	36c	29
Lack of a referral system or mechanism to make referrals	35c	30

Notes

† Excludes respondents who answered "Do not coordinate with social services."

a: Above average.

c: Below average.

Lower results are more desirable.

Provincial and territorial snapshot: Coordination challenges with social services

Table 39 Proportion of primary care physicians who reported the following as **major** challenges when they or other personnel in their practice coordinate their patients' care with social services, by jurisdiction

Type of challenge	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Inadequate staffing to make referrals and coordinate care with social service organizations	34[b]	37*[b]	39[b]	52[c]	55[c]	41[c]	37[b]	38[b]	34[b]	41[b]	55[d]	43[c]	36
Lack of follow-up from social service organizations about which services patients received or need	30[a]	39*[b]	46[b]	52[c]	40[b]	47[c]	37[b]	42[b]	42[b]	43[b]	61[d]	43[c]	40
Too much paperwork regarding coordination with social services	29[a]	27*[a]	45[b]	34[a]	39[a]	45[b]	36[b]	26[a]	33[a]	45[b]	38*[d]	40[a]	44
Lack of awareness of social service organizations in the community	30[b]	—	25[b]	32[b]	31[b]	39[c]	37[b]	30[b]	33[b]	46[c]	29*[d]	36[c]	29
Lack of a referral system or mechanism to make referrals	22[a]	40*[b]	32[b]	35[b]	33[b]	39[c]	34[b]	32[b]	20*[a]	47[c]	32*[d]	35[c]	30

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

† Excludes respondents who answered "Do not coordinate with social services."

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

Lower results are more desirable.

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Coordination using information technologies

Key findings

- More Canadian primary care physicians were using EMRs in 2019 (86%) than in 2015 (73%), but this was still lower than the CMWF average (93%).
- Compared with the CMWF average, fewer Canadian primary care practices offer their patients the option to electronically view their information and make requests, including viewing test results online (Canada: 34%; CMWF: 37%), viewing patient visit summaries online (Canada: 5%; CMWF: 26%) and requesting prescription renewals online (Canada: 10%; CMWF: 52%).
- Fewer Canadian primary care practices can exchange information electronically with doctors outside their practice compared with the CMWF average, including patient clinical summaries (Canada: 25%; CMWF: 63%), laboratory and diagnostic test results (Canada: 36%; CMWF: 65%) and lists of medications taken by their patients (Canada: 33%; CMWF: 62%).
- Compared with the CMWF average, fewer Canadian primary care physicians review their performance on clinical outcomes (Canada: 34%; CMWF: 60%), patients' hospital admissions (Canada: 25%; CMWF: 32%), prescribing practices (Canada: 26%; CMWF: 58%), surveys of patient satisfaction and experiences with care (Canada: 17%; CMWF: 38%) and surveys of patient-reported outcome measures (Canada: 8%; CMWF: 22%).

Canadian primary care physicians catching up in use of EMRs

Table 40 Proportion of primary care physicians who use EMRs in their practice (not including billing systems), by country

Country	Percentage
New Zealand	100
Norway	100
United Kingdom	100
Netherlands	99
Sweden	99
Australia	97
CMWF average	93
United States	92
Germany	89
France	88
Canada	86[c]
Switzerland	71

Note
c: Below average.

Factors that contribute to greater EMR use include younger age and working primarily in physician group practices.

85% of family physicians use electronic records to enter and retrieve clinical patient notes.[5]

In 2015, 73% of Canadian primary care physicians used electronic patient medical records in their practice (below the CMWF average of 88%).[4]

Provincial and territorial snapshot: EMR use

Table 41 Proportion of primary care physicians who use EMRs in their practice (not including billing systems), by jurisdiction

Jurisdiction	Percentage
N.L.	61[c]
P.E.I.	26*[c]
N.S.	86[c]
N.B.	61[c]
Que.	84[c]
Ont.	89[c]
Man.	88[b]
Sask.	91[b]
Alta.	92[b]
B.C.	90[b]
Terr.	96[d]
Can.	86[c]
CMWF avg.	93

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Electronic access to regional, provincial or territorial information systems (Canada only)

Table 42 Proportion of primary care physicians who have electronic access to any regional (e.g., hospital/hospital network), provincial or territorial information systems where they can see patient information that is from outside their practice, by jurisdiction [d]

Jurisdiction	Percentage
N.L.	93
P.E.I.	91
N.S.	57
N.B.	94
Que.	76
Ont.	64
Man.	80
Sask.	92
Alta.	95
B.C.	57
Terr.	80
Can.	73

Notes
d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).
The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Less than half of Canadian primary care physicians routinely use EMRs to support quality-of-care decisions

Table 43 Trend over time, proportion of primary care practices that do the following tasks **routinely** using a computerized system (e.g., EMR)

Activities and country	2015	2019
Send patients reminder notices when it is time for regular preventive or follow-up care (e.g., flu vaccine, HbA1c for diabetes patients)		
Canada	18	26[c]
CMWF average	45	51
Receive a reminder for guideline-based interventions and/or screening tests		
Canada	27	38[b]
CMWF average	33	40
Track all laboratory tests ordered until results reach clinicians		
Canada	28	49[c]
CMWF average	47	67
Receive an alert or prompt to provide patients with test results		
Canada	25	41[b]
CMWF average	33	40

Notes
b: Same as average.
c: Below average.

Provincial and territorial snapshot: Quality-of-care functionalities

Table 44 Proportion of primary care practices that do the following tasks **routinely** using a computerized system (e.g., EMR), by jurisdiction

Activities	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Send patients reminder notices when it is time for regular preventive or follow-up care	8*[c]	—	17*[c]	14*[c]	6*[c]	31[c]	26[c]	37[c]	41[c]	35[c]	—	26[c]	51
Receive a reminder for guideline-based interventions and/or screening tests	18*[c]	—	22*[c]	27[c]	15[c]	52[a]	47[b]	38[b]	53[a]	40[b]	18*[d]	38[b]	40
Track all laboratory tests that are ordered until results reach clinicians	50[c]	—	58[c]	26[c]	39[c]	48[c]	58[c]	61[b]	59[b]	61[b]	41*[d]	49[c]	67
Receive an alert or prompt to provide patients with test results	35[b]	—	38[b]	21*[c]	30[c]	44[b]	47[b]	54[a]	49[b]	45[b]	33*[d]	41[b]	40

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Fewer Canadian primary care practices can communicate electronically with patients compared with CMWF average

Table 45 Trend over time, proportion of primary care physicians whose practices offer **their patients** the option to do the following activities

Activities and country	2015	2019
View test results online†		
Canada	18	34[c]
CMWF average	n/a‡	37
View patient visit summaries online		
Canada	n/a§	5[b]
CMWF average	n/a§	26
Request prescription renewals††		
Canada	8	10[c]
CMWF average	n/a‡	52

Notes
† Wording of the question was modified slightly from "view test results on a secure website" in 2015.
‡ n/a: CMWF average is not available because the question was asked only in Canada in 2015.
§ n/a: Data is not available because this was a new question in 2019.
†† Wording of the question was modified slightly from "request refills for prescriptions online" in 2015.
b: Same as average.
c: Below average.

In 2016, 6% of Canadians viewed health information online or downloaded it (e.g., test or laboratory results).[2]

In 2017, 2% of Canadian family physicians reported that patients in their practice could electronically add text and/or other documentation to their electronic record.[5]

Provincial and territorial snapshot: Electronic communication options for patients

Table 46 Proportion of primary care physicians whose practice offers **their patients** the following options, by jurisdiction

Activities	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
View test results online	—	—	32[b]	—	37[b]	42[a]	13*[c]	11*[c]	15*[c]	49[a]	0[d]	34[c]	37
View patient visit summaries online	—	—	8*[c]	—	3*[c]	6[c]	—	7*[c]	—	—	0[d]	5[c]	26
Request prescription renewals online	—	0[c]	12*[c]	—	8[c]	15[c]	12*[c]	12*[c]	—	—	0[d]	10[c]	52

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Fewer Canadian primary care practices can communicate electronically with other practices compared with CMWF average

Table 47 Trend over time, proportion of primary care physicians who can electronically exchange the following with any doctors outside their practice

Activities and country	2015	2019
Patient clinical summaries		
Canada	20	25[c]
CMWF average	56	63
Laboratory and diagnostic test results		
Canada	29	36[c]
CMWF average	58	65
Lists of all medications taken by an individual patient		
Canada	n/a	33[c]
CMWF average	n/a	62

Notes
n/a: Data is not available because this was a new question in 2019.
c: Below average.

Provincial and territorial snapshot: Electronic communication with other practices

Table 48 Proportion of primary care physicians who can electronically exchange the following with any doctors outside their practice, by jurisdiction

Activities	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Patient clinical summaries	35[c]	—	31[c]	13*[c]	15[c]	30[c]	33[c]	44[c]	18*[c]	26[c]	44*[d]	25[c]	63
Laboratory and diagnostic test results	42[c]	43*[c]	36[c]	20*[c]	40[c]	35[c]	45[c]	57[b]	30[c]	29[c]	45[d]	36[c]	65
Lists of all medications taken by an individual patient	46[c]	—	34[c]	19*[c]	39[c]	29[c]	41[c]	54[b]	29[c]	26[c]	45[d]	33[c]	62

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Fewer Canadian primary care physicians review their performance in patient care at least annually compared with CMWF average

Table 49 Proportion of primary care physicians whose practice receives and reviews data on the following aspects of their patients' care, **quarterly** or **yearly**

Type of data	Canada	CMWF average
Clinical outcomes (e.g., percentage of diabetes or asthma patients with good control)	34[c]	60
Patients' hospital admissions or emergency department use	25[c]	32
Prescribing practices (e.g., use of generic drugs, antibiotics or opioids)	26[c]	58
Surveys of patient satisfaction and experiences with care	17[c]	38
Surveys of patient-reported outcome measures (PROMs)	8[c]	22

Note
c: Below average.

Provincial and territorial snapshot: Performance review

Table 50 Proportion of primary care physicians whose practice receives and reviews data on the following aspects of their patients' care, **quarterly** or **yearly**, by jurisdiction

Type of data	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Clinical outcomes	23[c]	—	29[c]	50[c]	14[c]	40[c]	37[c]	31[c]	51[b]	37[c]	25*[d]	34[c]	60
Patients' hospital admissions or emergency department use	15*[c]	34*[b]	17*[c]	40[b]	19[c]	30[b]	23*[c]	26[b]	29[b]	19*[c]	—	25[c]	32
Prescribing practices	24[c]	—	19*[c]	22[c]	10[c]	29[c]	30[c]	19*[c]	59[b]	22*[c]	—	26[c]	58
Surveys of patient satisfaction and experiences with care	10*[c]	—	9*[c]	11*[c]	5*[c]	22[c]	17*[c]	28[c]	32[b]	11*[c]	—	17[c]	38
Surveys of patient-reported outcome measures (PROMs)	9*[c]	0[c]	—	—	3*[c]	8[c]	11*[c]	16*[c]	21*[b]	—	—	8[c]	22

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Perception of health system performance

Key findings

- 22% of Canadian primary care physicians think that the quality of medical care their patients receive throughout the health system has improved compared with 3 years ago, higher than the CMWF average (19%).
- 62% of Canadian primary care physicians rated the overall performance of the health care system as very good or good, lower than the CMWF average (70%).
- 65% of Canadian primary care physicians think that better integration of primary care with hospitals, mental health services and community-based social services is the top priority in improving quality of care and patient access.

More Canadian primary care physicians think quality improved, but fewer rate overall performance favourably compared with CMWF average

Table 51a Proportion of primary care physicians who think the quality of medical care their patients receive throughout the health care system has improved, has become worse or is about the same as 3 years ago, by country

Country	Improved	About the same	Worse
Norway	27	61	11
Sweden	24	40	35
United States	24	48	28
Australia	23	59	18
Canada	22	53	25
New Zealand	22	54	24
CMWF average	19	50	31
United Kingdom	18	36	46
Netherlands	17	52	31
Germany	14	52	34
Switzerland	13	66	22
France	7	29	64

Table 51b Proportion of primary care physicians who rated the overall performance of the health care system as **very good** or **good**, by country

Country	Percentage
Switzerland	93
Norway	88
Netherlands	80
Australia	79
Germany	74
Sweden	71
CMWF average	70
France	68
New Zealand	62
Canada	62[c]
United Kingdom	60
United States	39

Note
c: Below average.

Provincial and territorial snapshot: Overall perceptions

Table 52a Proportion of primary care physicians who think the quality of medical care their patients receive throughout the health care system has improved or has become worse compared with 3 years ago, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Improved	24[b]	—	—	16*[b]	29[a]	14[c]	20*[b]	42[a]	29[a]	24[b]	26*[d]	22[a]	19
Worse	16*[a]	24*[b]	57[c]	24[b]	21[a]	35[b]	20*[a]	11*[a]	11*[a]	23*[b]	17*[d]	25[a]	31

Table 52b Proportion of primary care physicians who rate the overall performance of the health care system as **very good** or **good**, by jurisdiction

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Percentage	66[b]	53[c]	42[c]	70[b]	70[b]	54[c]	61[c]	71[b]	73[b]	54[c]	74[d]	62[c]	70

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

a: Above average.

b: Same as average.

c: Below average.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Better integration of care across health and social systems identified as top priority

Table 53 Proportion of primary care physicians who responded that the following strategies are the **top priority** in order to improve quality of care and patient access [d]

Strategies	Canada	CMWF average
Better integrate primary care with hospitals, mental health services and community-based social services	65	57
Reduce wait times for elective surgery and specialists	55	35
Increase spending on disease prevention and/or public health	40	43
Increase access to and funding for social care programs (e.g., housing, food, employment support)	38	35
Reduce prescription drug prices	37	24
Reduce cost-sharing, deductibles and co-payments for patients	13	16

Note

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

Provincial and territorial snapshot: Improvement strategies

Table 54 Proportion of primary care physicians who responded that the following strategies are the **top priority** in order to improve quality of care and patient access, by jurisdiction [d]

Strategies	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Better integrate primary care with hospitals, mental health services and community-based social services	68	68	56	64	73	65	60	70	56	61	64	65	57
Reduce wait times for elective surgery and specialists	59	57	59	49	51	55	61	56	59	58	23*	55	35
Increase spending on disease prevention and/or public health	51	47*	43	51	42	38	47	49	40	36	34*	40	43
Increase access to and funding for social care programs (e.g., housing, food, employment support)	39	46*	41	45	35	37	41	41	31	39	66	38	35
Reduce prescription drug prices	50	53*	42	43	32	31	46	50	41	49	19*	37	24
Reduce cost-sharing, deductibles and co-payments for patients	18*	—	16*	16*	8	14	16*	15*	11*	15*	—	13	16

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data is suppressed due to extreme sampling variability (CV>33.3%).

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Physicians identified patient requests as biggest barrier to reducing low-value or potentially wasteful care in Canada

In some countries, increasing attention is being given to treatments that may be of low value or that could potentially be wasteful.

Table 55 Proportion of primary care physicians who responded that the following are **major barriers** to reducing low-value or potentially wasteful care [d]

Barriers	Canada	CMWF average
Patient requests for unnecessary tests and treatments	58	57
Lack of time for shared decision-making with patients	37	41
Medical malpractice environment	27	40
Lack of tools or decision aids to help determine whether a patient will or will not benefit from a service	23	27

Note
d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

Many Canadians are aware that there are medical tests and treatments that can be unnecessary, but they need more support or tools in deciding whether to use them.[10]

Provincial and territorial snapshot: Barriers to reducing low-value care

Table 56 Proportion of primary care physicians who responded that the following are **major barriers** to reducing low-value or potentially wasteful care, by jurisdiction [d]

Barriers	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.	CMWF avg.
Patient requests for unnecessary tests and treatments	63	50*	61	58	35	71	53	58	65	57	62	58	57
Lack of time for shared decision-making with patients	37	37*	42	38	28	41	41	34	29	42	51	37	41
Medical malpractice environment	25	25*	31	16*	13	38	23*	25	26*	26	35*	27	40
Lack of tools or decision aids to help determine whether a patient will benefit from a service	24	36*	22*	23	23	23	24	22	20*	28	20*	23	27

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

d: Non-directional or no statistical tests were performed to compare with the CMWF average (e.g., territories).

The CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results).

Methodology notes

The CMWF's 2019 International Health Policy Survey of Primary Care Physicians includes responses from primary care physicians in 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States.

More detailed methodology notes, including a complete list of response rates from all countries surveyed, are available online.

In Canada, Social Sciences Research Solutions (SSRS) conducted mail and online surveys from January 29 to June 3, 2019, for the provinces (except P.E.I.), and censuses of P.E.I. and the territories from February 27 to July 30, 2019. In addition to the base sample funded by the CMWF, sample sizes were increased in Quebec and Ontario with funding from provincial organizations, and in the rest of the provinces and territories with funding from CIHI. Primary care physicians were randomly selected in the provinces (except P.E.I.); all primary care physicians in P.E.I. and the territories were invited to participate. To encourage participation, an incentive cheque of $25 or $100 was provided for each primary care physician selected in the provinces and territories, respectively. In total, there were 2,569 respondents in Canada, for an overall response rate of 39.3%.

Due to small sample sizes in Yukon, the Northwest Territories and Nunavut, the results from the territories are reported together (with permission/support).

Weighting of results

The survey data for Canada was first weighted by age and gender (for Ontario, Quebec and the rest of Canada). The weights were subsequently adjusted to reflect the share of each jurisdiction among Canadian primary care physicians. Benchmarks for physician distribution were derived from the CMA Masterfile, January 2018, Canadian Medical Association.

Averages and trends

For this report, the CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results). Except where otherwise noted, results were compared over time using data from previous CMWF surveys.

Trending results are for reference only, and caution should be used when interpreting the results. Some questions were modified compared with the 2015 survey (e.g., question text revised, response options added, question placement changed, translation changed).

Statistical analysis

Consistent with other published reports on CMWF data,[11] non-response categories such as "not sure," "declined to answer" and "not applicable" were excluded from reporting and statistical analyses.

CIHI developed statistical methods to determine whether

- Canadian results were significantly different from the average of 11 countries; and
- Provincial results were significantly different from the international average.

For the calculation of variances and confidence intervals, standard methods for the variances of sums and differences of estimates from independent simple random samples were used, with the design effects provided by SSRS used to appropriately adjust the variances for the effects of the survey design and post-survey weight adjustments. Coefficients of variation were calculated by dividing the standard error by the estimate.

Relationships between different variables were analyzed using logistic regression modelling. A main response category was determined for each question, and responses were dichotomized such that the response value of interest was coded as 1 and all other values, excluding non-response categories, were coded as 0. Logistic regression was then used to fit this binary variable on explanatory variables with appropriate adjustment for survey weights and stratification variables using the SAS procedure SURVEYLOGISTIC for the analysis.

Demographics of survey respondents (unweighted)

Jurisdiction	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Terr.	Can.
Total	**192**	**44**	**186**	**196**	**464**	**597**	**186**	**206**	**177**	**203**	**51†**	**2,569**
Gender												
Male	56%	75%	54%	44%	47%	50%	54%	60%	58%	56%	41%	52%
Female	44%	25%	44%	55%	52%	49%	45%	39%	41%	44%	59%	47%
Age												
<35	9%	11%	7%	19%	25%	16%	13%	10%	20%	10%	18%	16%
35–44	33%	20%	22%	20%	17%	21%	27%	32%	33%	27%	33%	24%
45–54	31%	25%	27%	28%	17%	23%	22%	28%	14%	23%	18%	23%
55–64	14%	25%	25%	25%	27%	23%	24%	17%	22%	28%	18%	23%
65+	14%	18%	18%	8%	13%	16%	13%	13%	10%	12%	14%	13%
Geographic location (self-identified)												
City/suburb	44%	34%	44%	40%	64%	77%	62%	51%	72%	68%	10%	59%
Small town/ rural area/ remote area	54%	66%	54%	59%	34%	21%	36%	48%	25%	31%	80%	39%

Note

† Both local and locum physicians were surveyed in the territories. Only local physicians were included in the "total territories" analyses, whereas both local and locum physicians were included in the Canada-level analyses. As a result, the sum of the number of physicians by jurisdiction does not equal the Canada total.

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