



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

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Workforce Trends



- **Workforce participation**
 - Declining prior to 1990s then increasing
 - Expected age of retirement:
59 in 1994 → 63 in 2002
- **‘Baby boom’ generation approaching retirement age**
- **Retirement behaviours of physicians: not much is known**



- Migration
- Death
- Retirement

Research 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

Research Questions



How do primary care physicians change their practice patterns as they age?

Which factors influence changing physician practice patterns?

Methodology

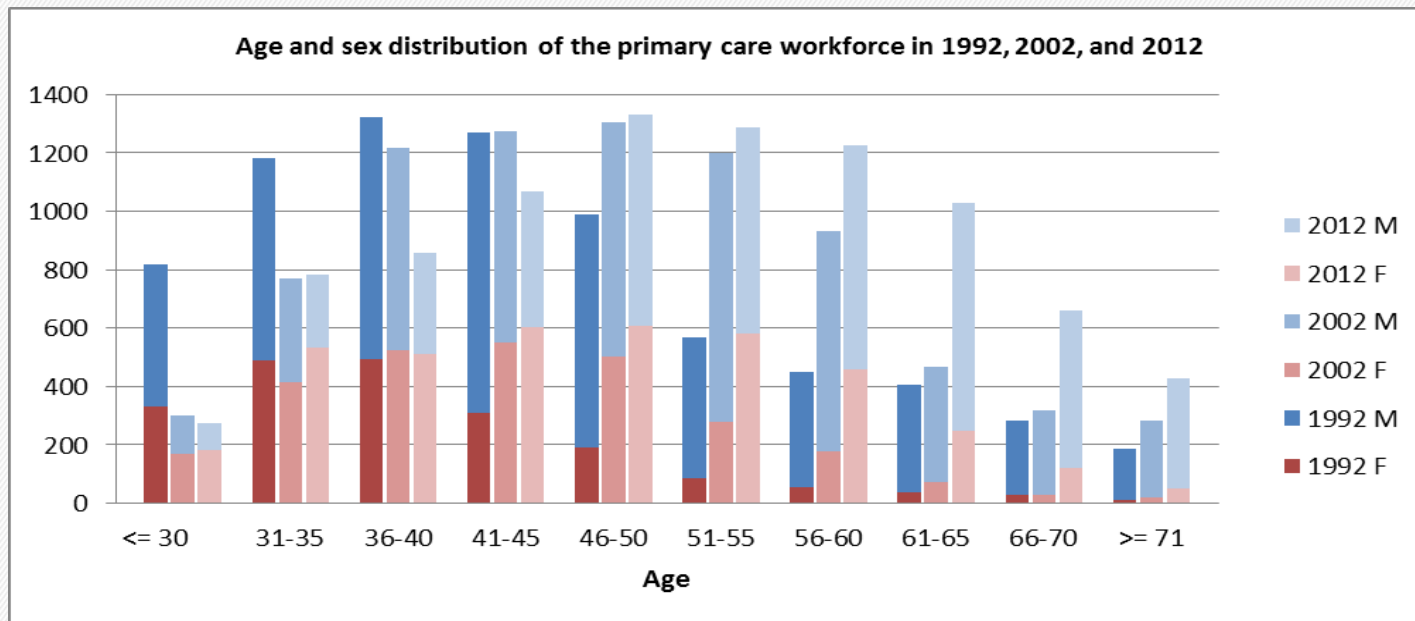


- Longitudinally linked demographic and billing information for Ontario primary care physicians, 1992-2013
- Data from the Institute for Clinical and Evaluative Sciences (ICES)
- Comprehensive care
- Measures of retirement:
 - $\leq \$0/\$10,000/\$20,000$ billings in current and future years
 - $FTE \leq 0.33/0.25/0.15/0.10$ in current and future years
 - License not renewed

Primary Care Workforce



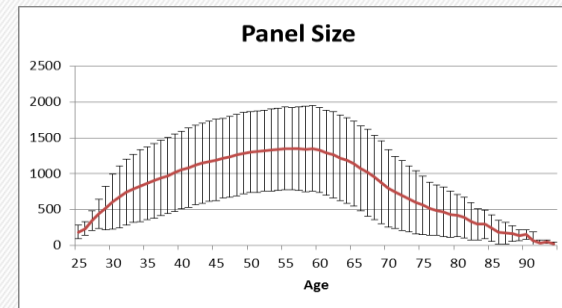
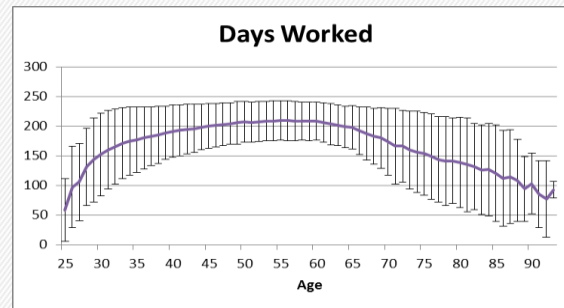
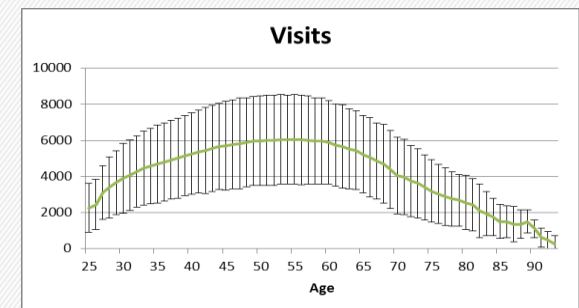
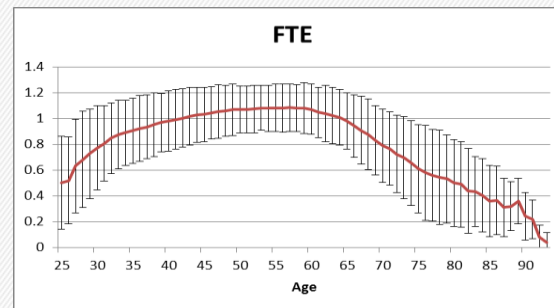
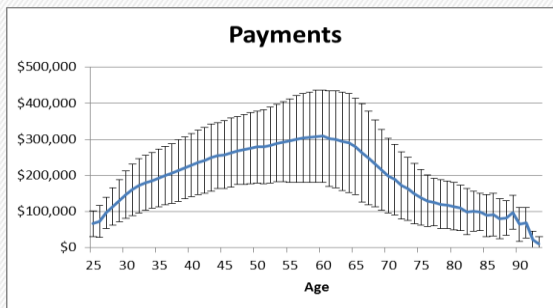
- Family Physicians: N = 21,240
- Primary Care Workforce: N = 15,552



Workload



- Average annual workload, by age (with IQR)

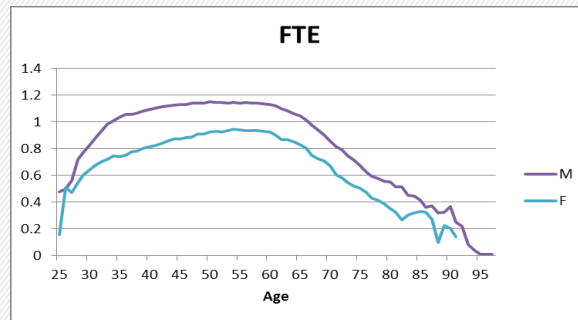


Factors Influencing Workload

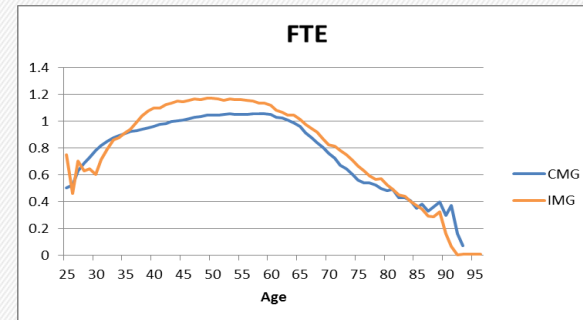


- Average annual FTE status

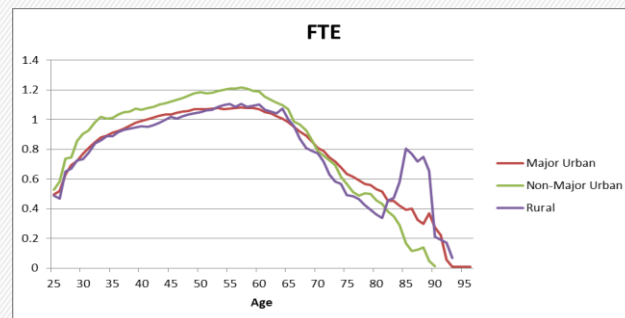
Sex:



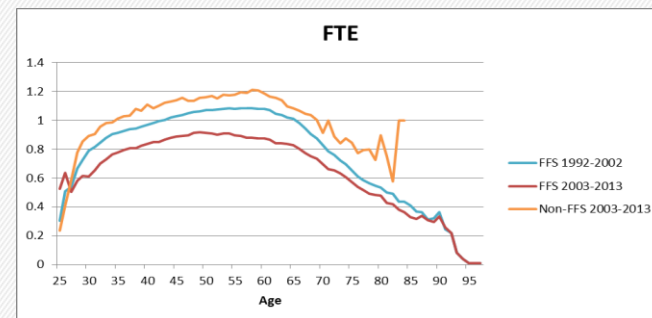
Location of training:



Location of practice:



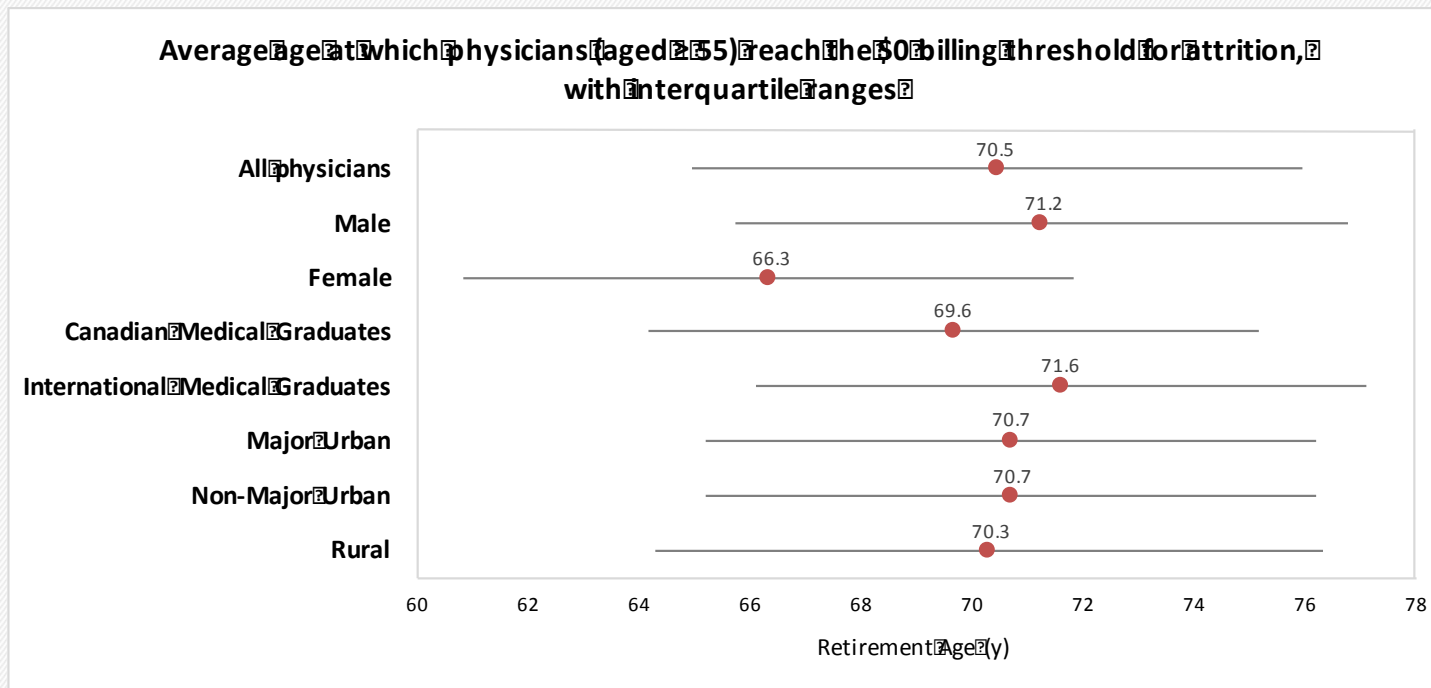
Model of practice:



Retirement Age



- Attrition across the age spectrum
- Average retirement age



Scope of Practice



- **Attrition from comprehensive care across the age spectrum**
- **Physicians aged ≥ 55 years who retire:**
 - 40% retire at the same time as they stop providing comprehensive care
 - 60% continue to practise for approximately 3 more years after stopping
- **Physicians continue with activities that were previously part of their practices**

Conclusions



- Defining and measuring retirement is challenging
- Demographics matter
 - Age, gender, location of training
- Neglecting scope of practice may result in overestimation of physician supply
- National primary care workforce data are needed

Questions?



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