

Physician workforce planning must adjust for aging population, changing practice patterns: New analysis

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Why are Canadians having problems accessing physicians despite historic highs in physician numbers? Factoring in changing

demographics and physician work trends can help with physician workforce planning, according to a new analysis in *Canadian Medical Association Journal*.

"[T]he increasing [health care] needs of an aging population have been empirically important since around 2005, while the supply of [physician](#) service hours has simultaneously declined in a manner that is largely unrelated to the evolving age–sex composition of the physician workforce," writes Dr. Arthur Sweetman, Department of Economics, McMaster University, Hamilton, Ontario, with coauthors. "Thus, relying on simple trends in physicians-per-capita ratios for workforce planning is misleading and not helpful."

The authors hope their analysis will inform governments and the [medical profession](#) in planning the appropriate number of new physicians who should enter [medical practice](#).

The analysis looked at trends in the number of physicians and hours of work, and factored in the needs of an aging population between 1987 and 2020. Physician hours of work, while being higher than in most other occupations, declined by 20.6%, from an average of 54.3 hours per week in 1987 to 43.1 hours per week in 2020.

"Despite working more than other occupations, physicians have faced mounting challenges meeting patient needs," says coauthor Dr. Boris Kralj, a professor of economics at McMaster University. "The 1980s physician workload proved unsustainable. In 1987, the average physician worked almost 13 and a half hours per week more than the average Canadian worker, whereas in 2020 that gap had declined to about 6.2 additional hours per week."

Simple adjustments for population aging and physicians' declining hours of work change the apparent 35% increase in physicians per capita

between 1987 and 2019 into a 4% reduction.

"The current physician practice environment is not one of resource abundance as suggested by high physician counts, but rather a period of physician shortages like that in the late 1990s. In fact, we are below levels observed in 1987," says Dr. Kralj. "The majority of the increase in physician supply over the past 3 decades has been offset by the rising needs of an aging population."

The analysis also debunks the theory that larger numbers of physicians who identify as working fewer average hours is a substantial contributor to the shortages.

"Females had lower average hours, but that average was relatively stable from 1987 to 2020," write the authors. "In contrast, the hours of male physicians declined, and the gender gap in hours diminished across the period."

They suggest several potential reasons for the decline in working hours beyond the modest contribution from a larger proportion of older and female physicians in the workforce. Other often-discussed issues, such as physician burnout combined with a desire for an improved work–nonwork balance, must also be at play.

"Our analysis shows that measures of [physicians](#) per capita need to be complemented with both demand- and supply-side adjustments to inform planning for health human resources in medicine."

The authors suggest caution in interpreting 2020 numbers as that was the start of the COVID-19 pandemic, and they were unable to evaluate trends for the later part of the pandemic owing to data limitations.

More information: Physician workforce planning in Canada: the

importance of accounting for population aging and changing physician hours of work, *Canadian Medical Association Journal* (2023). [DOI: 10.1503/cmaj.221239](https://doi.org/10.1503/cmaj.221239)

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