Physicians in Manitoba (2022)

October 2022
Overview

This report offers a summary of physician resources in Manitoba. This includes:

• The current state and trends of physicians in Manitoba.
• Comparisons to other provinces.
• Physician burnout, mistreatment, and health indicators.
• Projections for physician retirement, relocation and reduction in hours.

The report is produced to support health human resource planning as well as physician retention and recruitment initiatives.

The report draws on several resources, including:

• Physicians in Canada reports, Canadian Institute for Health Information (2021)
• Annual Reports, College of Physicians and Surgeons of Manitoba (2021-22)
• Annual Physician Survey, Doctors Manitoba (2022)
• National Physician Health Survey, Canadian Medical Association (2022)
• Doctors Per Capita, OECD Data (2021)

Additional analysis can be requested by contacting Doctors Manitoba at general@doctorsmanitoba.ca.
Physician Resources
Current State and Trends
Physicians in Manitoba

- The number of physicians has grown every year for two decades.
- Both Winnipeg and Rural/Northern Manitoba have seen a 43+% increase in the number of doctors over the last 20 years.

Source: College of Physicians and Surgeons of Manitoba
Why do we feel behind?

Growth, 2001-2020:
• Number of physicians: ↑ 46%

Factors to consider:
➢ Population Growth
  Growth in physicians per capita: ↑ 19%
➢ Medical Advancements and Sub-Specialization
➢ Patients living longer with more chronic disease
➢ Work-life balance
➢ Increasing administrative burden

Physicians: Number and Per Capita

Source: CPSM & Canadian Institute for Health Information
Physician Growth by Province

Manitoba has had the lowest growth in physicians per capita in Canada:
- Manitoba: 19%
- Canadian average: 29%

Source: Canadian Institute for Health Information
Physician Shortage
Before the Pandemic (2020)

Overall, Manitoba has the 3rd lowest number of physicians per capita in Canada.

This includes both Family Physicians and Specialists

Manitoba would need 359 more physicians to meet the Canadian average, though the current Canadian average is far lower than most OECD nations.

Source: Canadian Institute for Health Information
Physicians Per Capita – International Comparison

- OECD Average: 359 physicians per 100,000 residents
- Canada ranks 7th lowest out of 32 nations monitored

Source: OECD, physicians per 1,000 citizens
Manitoba’s rank on physicians per capita has declined over the last two decades, from fourth best to third worst.
Family Physicians
Before the Pandemic (2020)

With 108 Family Physicians per 100,000 residents, Manitoba has the lowest number per capita in Canada.

Source: Canadian Institute for Health Information
Specialists
Before the Pandemic (2020)

With 108 Specialist Physicians per 100,000 residents, Manitoba has the third lowest number per capita in Canada.

Source: Canadian Institute for Health Information
The physicians per capita in Manitoba’s Rural and Northern health regions are all below their peer-group average, reflecting the pervasive physician shortages in all of these regions.

Peer groups were defined using the CIHI/Statistics Canada Health Region peer groups. Interlake-Eastern and Prairie Mountain Regions belong to Peer Group D. Northern Region belongs to Peer Group F. Southern Health Region belongs to Peer Group B.

The physician count per 100,000 residents were calculated using the combined family physician and specialist physician counts for each region. For peer groups, the combined physician counts and populations for all included regions were used to calculate the number of physicians per 100,000 residents.

<table>
<thead>
<tr>
<th>Region</th>
<th>Physicians Per 100,000 Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interlake–Eastern</td>
<td>92</td>
</tr>
<tr>
<td>Peer Regions</td>
<td>162</td>
</tr>
<tr>
<td>Northern</td>
<td>115</td>
</tr>
<tr>
<td>Peer Regions</td>
<td>166</td>
</tr>
<tr>
<td>Prairie Mountain</td>
<td>149</td>
</tr>
<tr>
<td>Peer Regions</td>
<td>162</td>
</tr>
<tr>
<td>Southern Health</td>
<td>99</td>
</tr>
<tr>
<td>Peer Regions</td>
<td>220</td>
</tr>
</tbody>
</table>

Source: Canadian Institute for Health Information
Physician Resources
Major Urban Centres

Compared to other major urban centres across Canada, Winnipeg has among the lowest number of physicians per capita.

It’s important to note that in some provinces, regions that include the major urban referral centre also include surrounding rural areas. This makes it difficult to compare major cities.

The major cities located in regions with significant surrounding rural areas include Regina, Edmonton, Ottawa, Calgary, Saskatoon, Victoria, Quebec City, and Halifax.

Source: Canadian Institute for Health Information
Risks to Retaining Physicians
Physician Health & Mistreatment
Physician Burnout & Distress

Two thirds of physicians and medical learners have experienced moral distress in their work during the pandemic, always, very often or sometimes. This is significantly higher than the rate among physicians across Canada, as reported this year by the Canadian Medical Association.

Half (50%) of physicians and medical learners are experiencing symptoms of burnout. This is much higher than the pre-pandemic Canadian baseline of 31%.

For both the CMA and Doctors Manitoba Physician Surveys:

• Burnout was measured using the Maslach Burnout Inventory (MBI) two-item scale.
• Moral distress was measured using a single item question.

Source: DRMB Physician Survey, 2022 and CMA Physician Health Surveys

Manitoba n=1,535
Depression and Recent Suicidal Ideation

A third (35%) of physicians and medical learners are showing signs of depression, similar to the level identified in the pre-pandemic Canadian baseline.

7% of physicians and medical learners report having had thoughts of suicide over the past year. This is much similar to the pre-pandemic Canadian baseline.

For both the CMA and Doctors Manitoba Physician Surveys:

- Depression was identified using the Patient Health Questionnaire-2 (PHQ-2) depression screening tool.
- Recent suicidal ideation was measured using a two-question combination that asks about lifetime ideation, then recent ideation in the previous 12 months.
Mistreatment & Discrimination

Half (50%) of physicians and medical learners have experienced mistreatment frequently or sometimes. This mistreatment could be based on race, ethnicity, gender identity, religion, sexual orientation or other personal attributes.

Mistreatment in Medicine
Based on gender identity, race, religion, sexual orientation or other attributes

- By Patients: 8% Frequently, 34% Sometimes
- By Colleagues: 5% Frequently, 25% Sometimes
- By Leadership: 6% Frequently, 22% Sometimes
- By Any of Above: 50% Frequently

Source: DRMB Physician Survey, 2022
Looking Ahead
Retirement Trends

Physician retirements have been increasing, with more retirements occurring during the pandemic.

Retirement rates have more than doubled over the last four years, from

- 8 retirements per 1,000 physicians in 2018
- 18 retirements per 1,000 physicians in 2021

Source: CPSM analysis
Practice Intentions
Next Three Years

In the next three years, 43% of physicians are planning to:

• Retire,
• Leave Manitoba, or
• Reduce their clinical hours.

Source: DRMB Member Survey, 2022
Physician Plans By Region

Plans to leave or reduce practice are a significant concern in all health regions of Manitoba, though the specific plans vary by region.

Practice Intentions – Next 3 Years

- **Southern**: 25% Reduce Hours, 6% Leave Manitoba, 9% Retire/Leave Practice, 40% Total
- **Prairie Mountain**: 18% Reduce Hours, 13% Leave Manitoba, 14% Retire/Leave Practice, 45% Total
- **Northern**: 21% Reduce Hours, 18% Leave Manitoba, 5% Retire/Leave Practice, 44% Total
- **Interlake-Eastern**: 24% Reduce Hours, 6% Leave Manitoba, 13% Retire/Leave Practice, 43% Total
- **Winnipeg**: 23% Reduce Hours, 8% Leave Manitoba, 12% Retire/Leave Practice, 43% Total

Source: DRMB Annual Survey, 2022
n=1,294
What is driving plans to leave or reduce practice?

Many of the top reasons are not personal, but rather they are systemic organizational causes.

Systemic/organizational causes are often modifiable.

74% of physicians cited systemic or institutional issues as their reason for leaving or reducing their practice.

Top Reasons for Leaving/Reducing Practice

<table>
<thead>
<tr>
<th>Reason</th>
<th>System or Institutional Reasons</th>
<th>Personal or other reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustrated by &quot;system issues&quot; outside of my control</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>Feeling burned out / distressed by work</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Personal reasons</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Don't feel valued by health system</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>Workload too heavy</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Need to focus on family</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Remuneration not competitive</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>

n=453

Source: DRMB Member Survey, 2022
A Doctors Manitoba physician survey earlier this year found 11% of physicians plan on retiring in next three years.

If nothing changes, Manitoba could lose 348 physicians to retirement over the next three years.