Ipsos Public Affairs

doctors of bc

2017 Clinical Faculty Survey Presentation

February 28, 2017



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Agenda

Methodology

Key Findings

Overall Benefits and Challenges

Profile of Clinical Faculty Work

Impacts of Clinical Faculty Work

Satisfaction with Current Compensation

Compensation Model – Teaching Without Patient Care

Compensation Model – Teaching With Patient Care

Taking Action



METHODOLOGY



Methodology

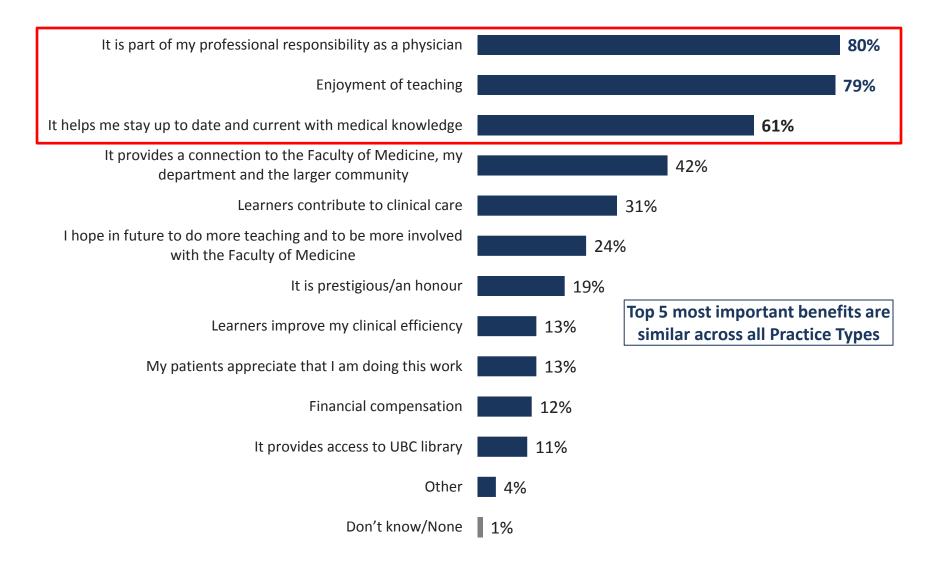
- Online survey invitations sent via email to 10,024 Doctors of BC members
- Survey completed by 1,034 Doctors of BC members who self-identified as:
 - Physicians who teach medical undergraduates and residents in their office, hospital or classroom
 - Does not include tenured or tenure track professors in the Faculty of Medicine or residents
 - May include administrative and committee work associated with clinical teaching
- Response rate is 26% of estimated 4,000 Clinical Faculty in BC
- Overall margin of error is ±2.6 percent, 19 times out of 20
- Survey provided respondents with link to the following document:
 - Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs
- Survey fielded between January 23 and February 5, 2017

KEY FINDINGS

OVERALL BENEFITS AND CHALLENGES

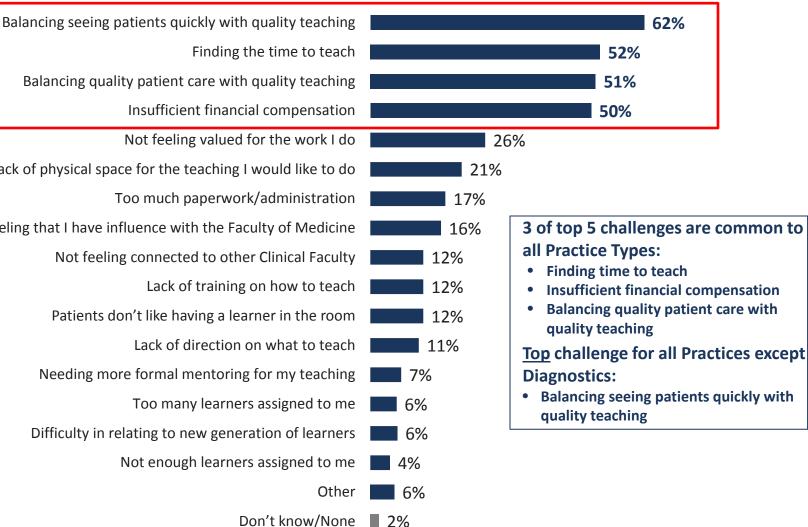


Most Important Benefits for Clinical Faculty Work



Q7. Which of the following (up to 5 items) are the most important benefits you receive for doing Clinical Faculty work? © 2017 lpsos BASE: All Clinical Faculty (n=1,034)

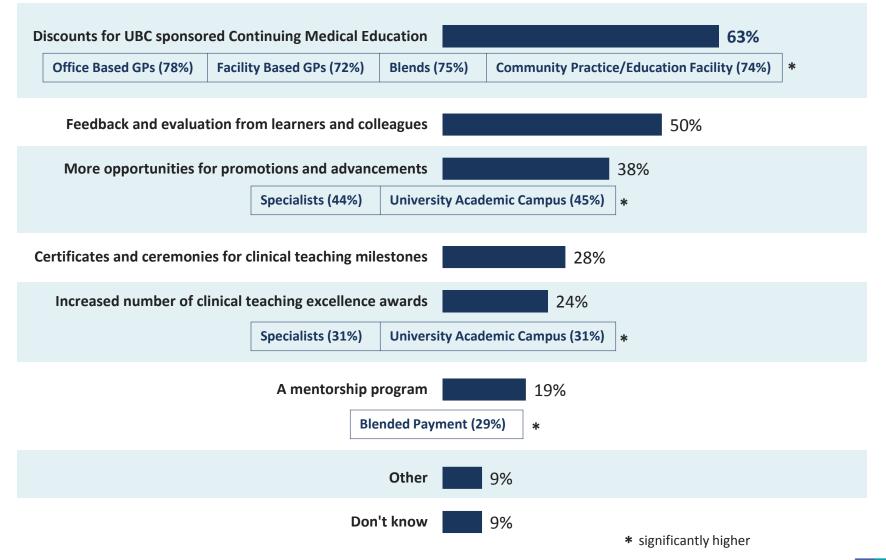
Most Important Challenges Faced in Clinical Faculty Work



Balancing quality patient care with quality teaching Lack of physical space for the teaching I would like to do Too much paperwork/administration Not feeling that I have influence with the Faculty of Medicine Not feeling connected to other Clinical Faculty Patients don't like having a learner in the room Needing more formal mentoring for my teaching Difficulty in relating to new generation of learners

Which of the following (up to 5 items) are the most important challenges you face in your Clinical Faculty work? Q8. © 2017 lpsos All Clinical Faculty (n=1,034) BASE:

Improving Recognition Beyond Compensation



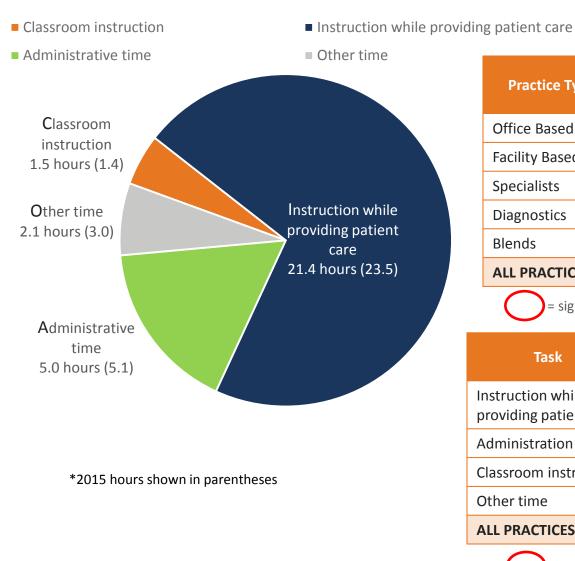
Q10. Aside from compensation, how would you like to be recognized for your clinical teaching?



PROFILE OF CLINICAL FACULTY WORK



Mean Hours per Month Spent on Clinical Faculty Tasks*



Dractice Turne	Dece	Hours		
Practice Type	Base	2017	2015	
Office Based GPs	n=191	19.9	23.6	
Facility Based GPs	n=141	21.3	36.0	
Specialists	n=510	33.7	36.2	
Diagnostics	n=41	29.4	35.2	
Blends	n=125	24.1	34.5	
ALL PRACTICES	n=1,034	30.0	33.1	

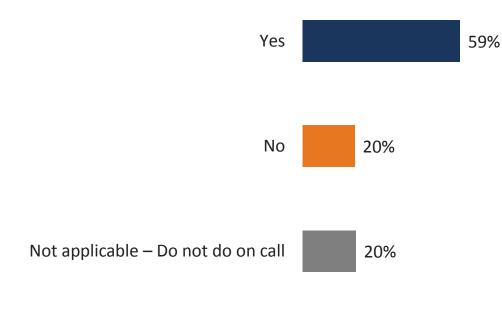
= significantly lower than in 2015

Task	Fee for Service	АРР	Blended
Instruction while providing patient care	28.2	24.6	20.9
Administration	3.9	6.6	5.5
Classroom instruction	2.6	3.6	3.7
Other time	2	2.5	1.8
ALL PRACTICES	33.2	35.7	25.6
_			

= significantly lower

Q11. How many hours in a typical month do you estimate that you spend on each of the following Clinical Faculty tasks?

Clinical Teaching While On Call

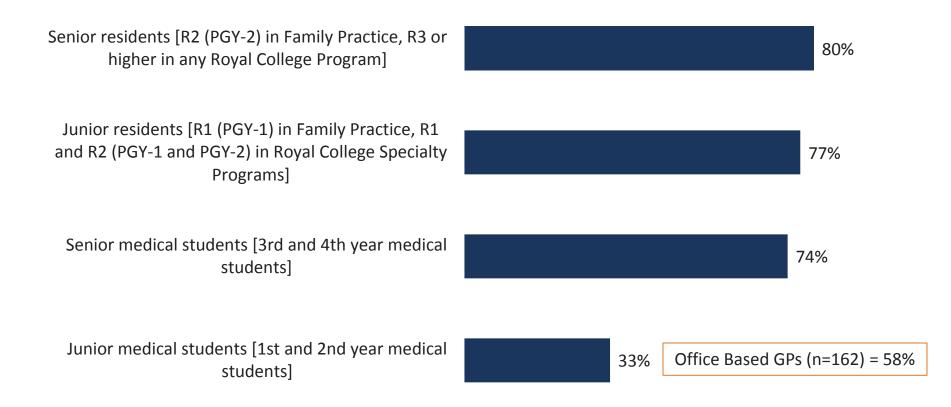


Practice Type	Base	% Yes
Office Based GPs	191	35%
Facility Based GPs	141	46%
Specialists	510	72%
Diagnostics	41	37%
Blends	125	78%
Payment Method		
Fee For Service	542	63%
АРР	308	50%
Blended	147	69%

= significantly higher than Clinical Faculty as a whole



Students and Residents Instructed

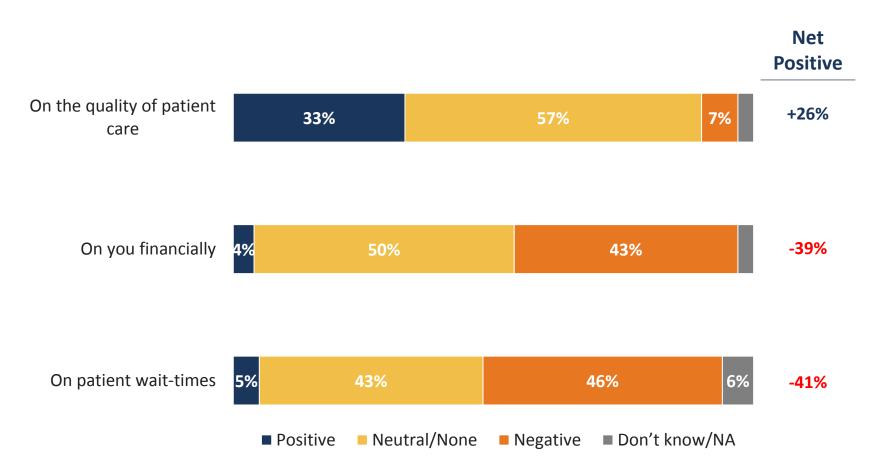




IMPACTS OF TEACHING



Impact of Clinical Faculty Work

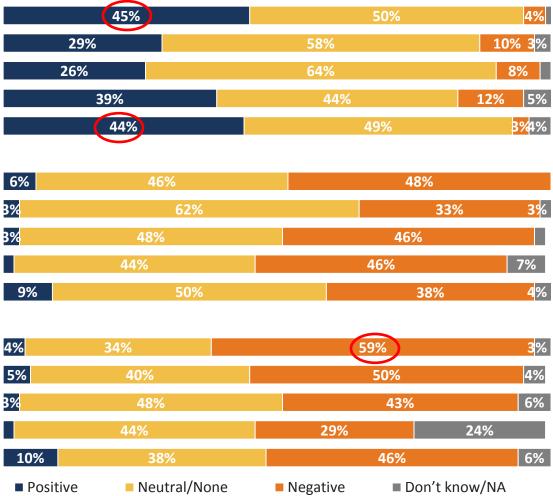


Q9. Overall, does your Clinical Faculty work have a positive or negative impact on each of the following? © 2017 lpsos BASE: All Clinical Faculty (n=1,034)



Impact of Clinical Faculty Work—by Practice Type

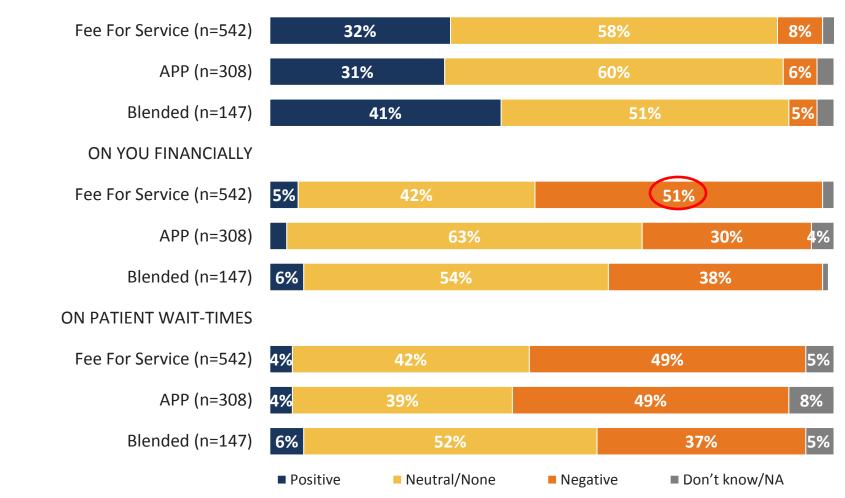




Q9. Overall, does your Clinical Faculty work have a positive or negative impact on each of the following?

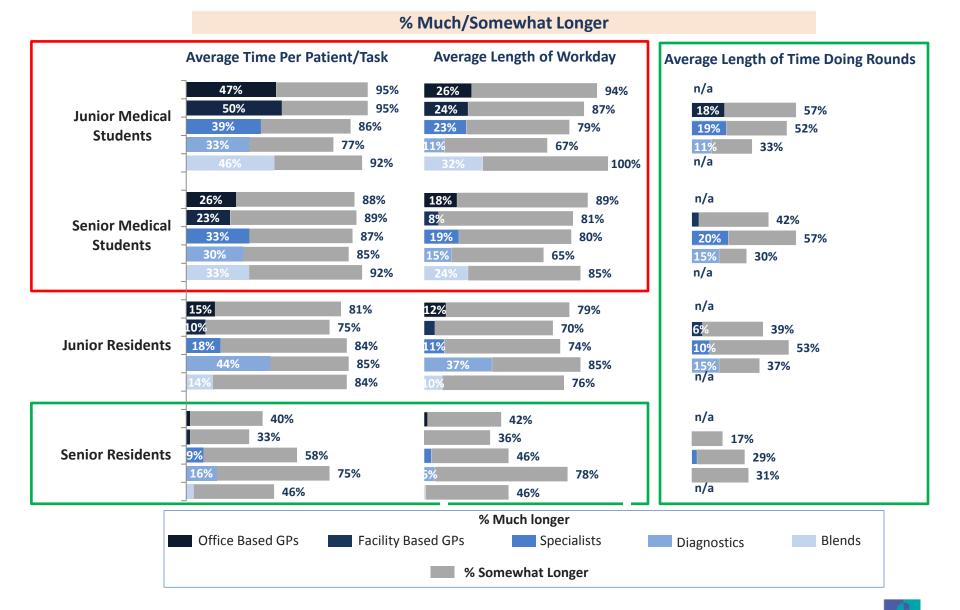
Impact of Clinical Faculty Work—by Payment Type

ON THE QUALITY OF PATIENT CARE



Q9. Overall, does your Clinical Faculty work have a positive or negative impact on each of the following?

Time Impact of Providing Instruction During Patient Care

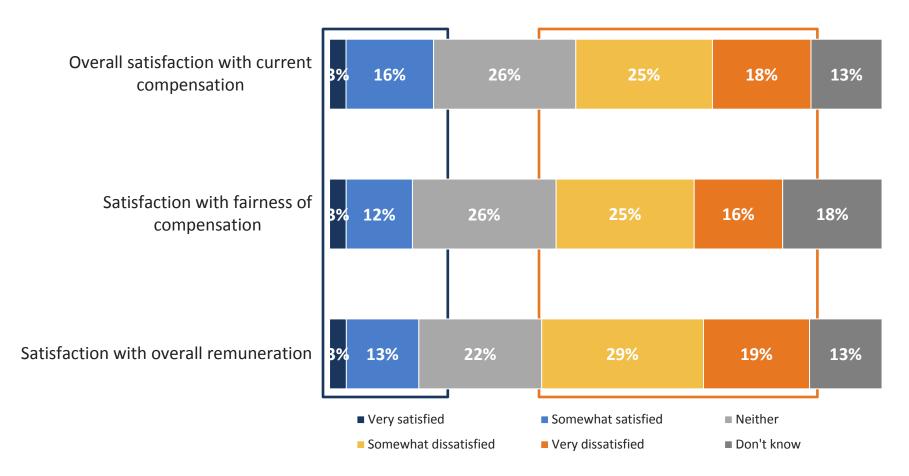




SATISFACTION WITH CURRENT COMPENSATION



Satisfaction with Compensation for Teaching in MD Undergraduate Program



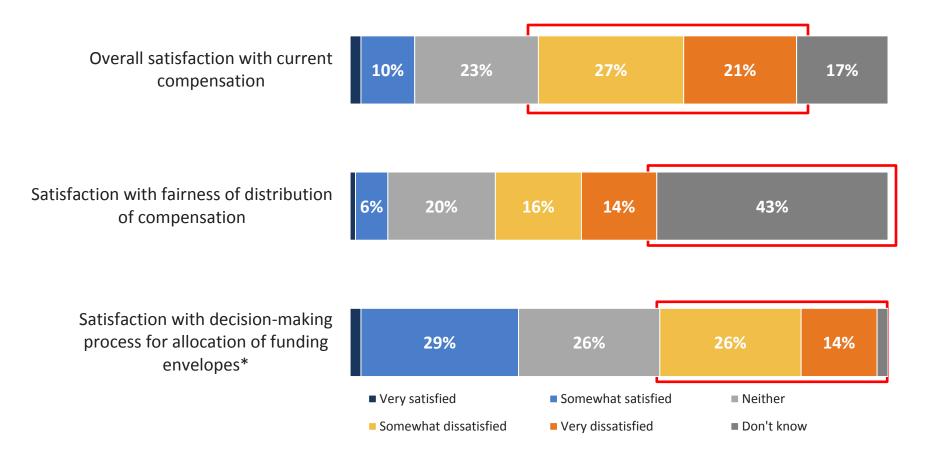
Q17. Overall, how satisfied are you with your current compensation for Undergraduate Clinical Faculty Work?

Q18. In particular, how satisfied are you with the fairness of the current compensation for Undergraduate Clinical Faculty work?

Q19. And how satisfied are you with the overall remuneration of your Undergraduate Clinical Faculty work?

© 2017 lpsos BASE: All Clinical Faculty (n=1,034)

Satisfaction with Compensation for Teaching Residents in MD Postgraduate Program



Q20. Overall, how satisfied are you with your current compensation for Postgraduate Clinical Faculty Work?

Q23. How satisfied are you with the fairness of the distribution of compensation for Postgraduate Clinical Faculty work across Departments/Divisions?

Q22. How satisfied are you with the decision-making process regarding the allocation of Clinical Faculty funding envelopes?

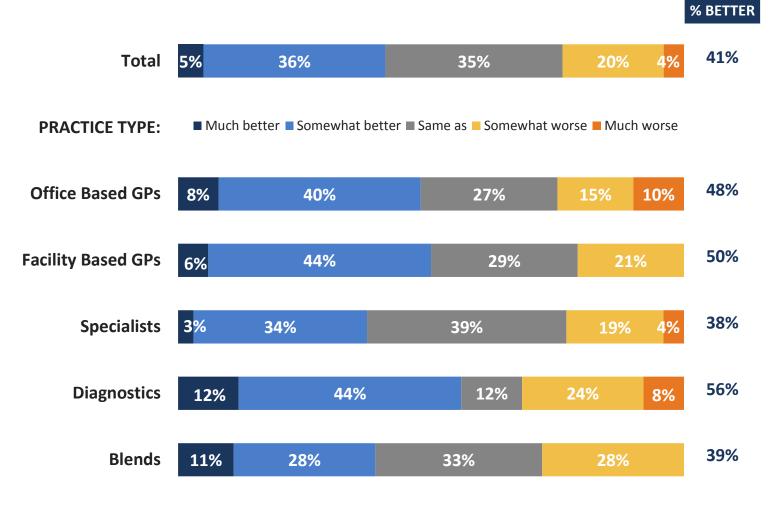
BASE: All Clinical Faculty (n=1,034)

© 2017 lpsos *BASE: Involved in Clinical Faculty distribution committee decision-making process (n=42)

COMPENSATION MODEL -Teaching Without Patient Care



Perception of New Compensation Model for Teaching Without Patient Care

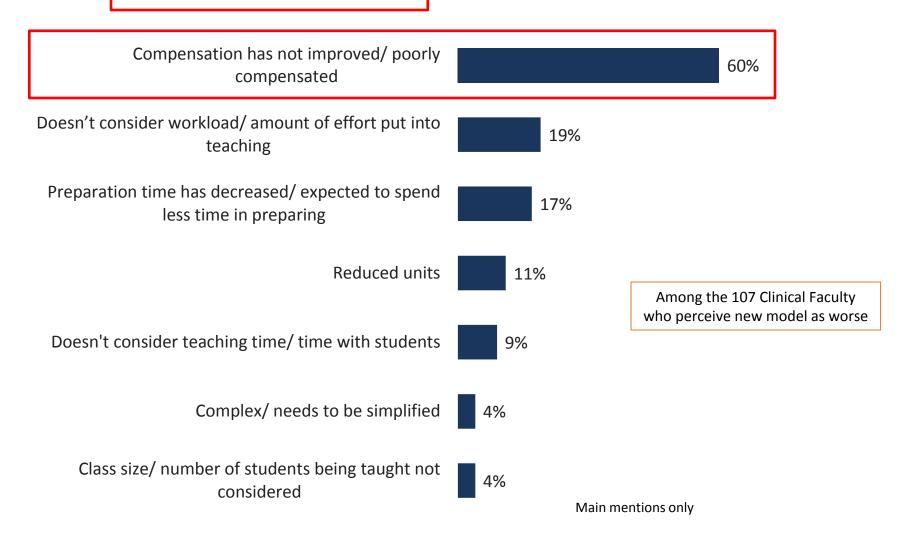


Q24. Compared to the existing compensation model for teaching without patient care, would you describe the alternate model as better, about the same as, or worse?

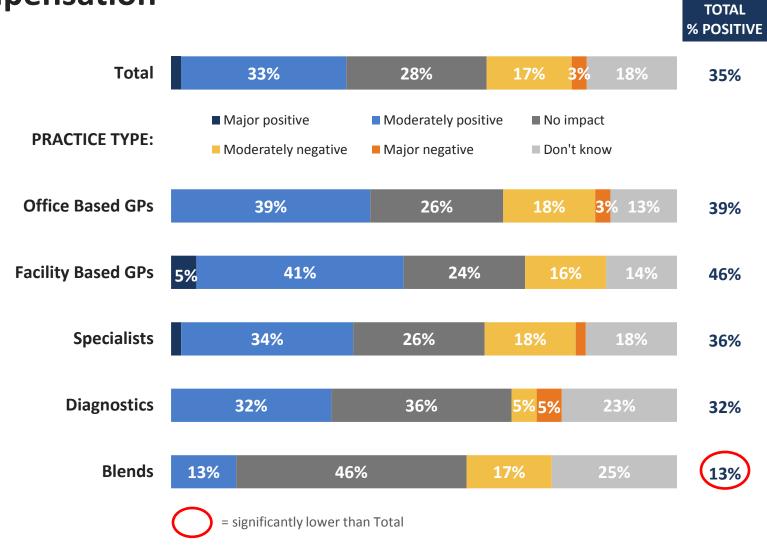


Aspects of New Model that Make it Worse than Current

Model (coded open-ended responses)

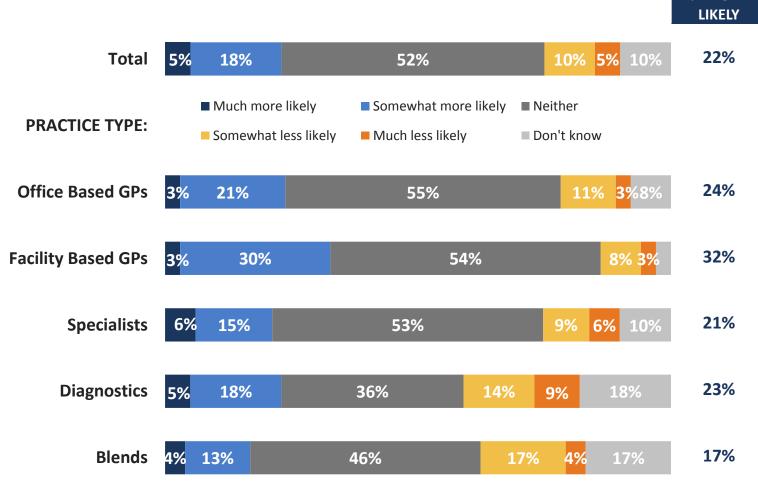


Impact of New Compensation Model on Current Compensation



Q26. What impact, if any, would you expect the new compensation model for teaching without patient care to have on your own compensation?

Impact of New Compensation Model on Likelihood to Continue Teaching

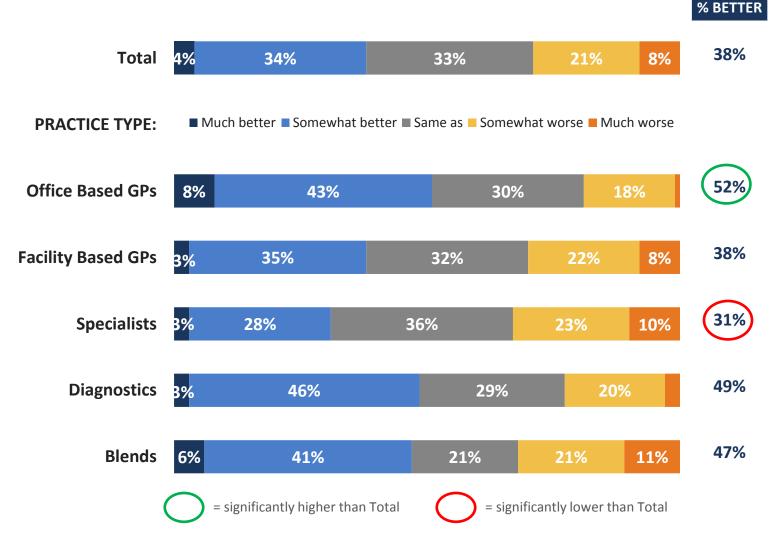


Q27. And if the new compensation model for teaching without patient care were implemented, would you be...? © 2017 lpsos BASE: Rate new compensation model as better or worse (n=289)

COMPENSATION MODEL -Teaching With Patient Care



Perception of New Compensation Model for Teaching With Patient Care



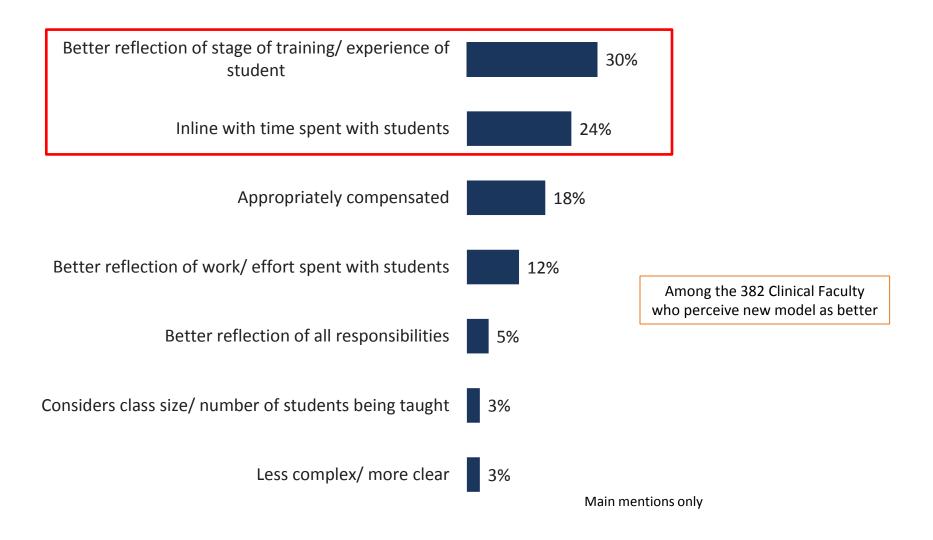
Q28. Compared to the existing compensation model for teaching with patient care, would you describe the alternate model as better, about the same as, or worse?

Aspects of New Model that Make it Better than Current

Model (coded open-ended responses)

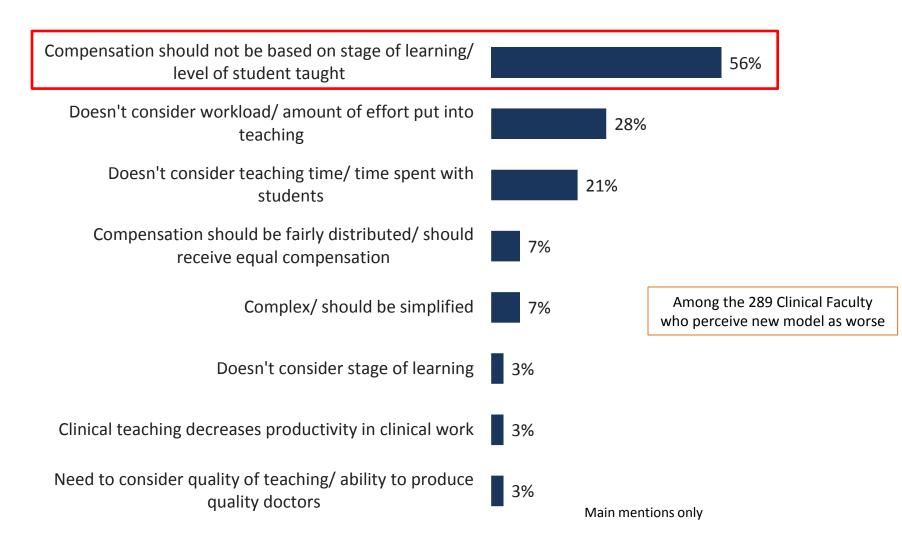
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Q29.

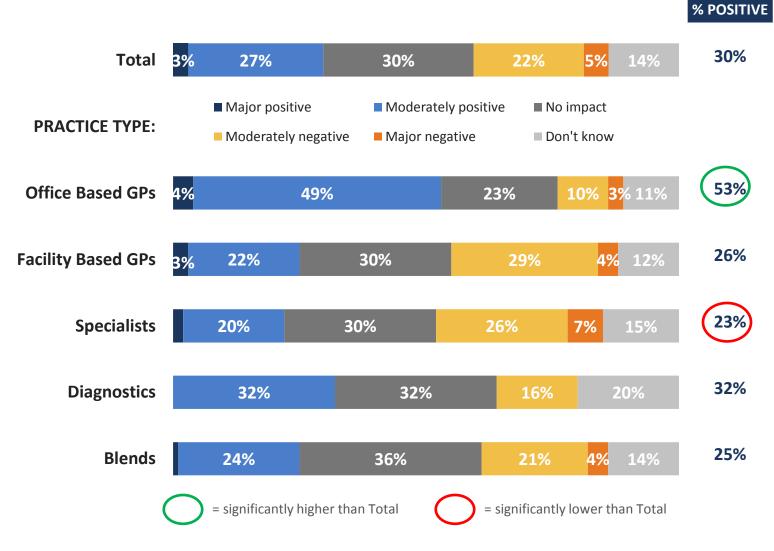


Aspects of New Model that Make it Worse than Current

Model (coded open-ended responses)



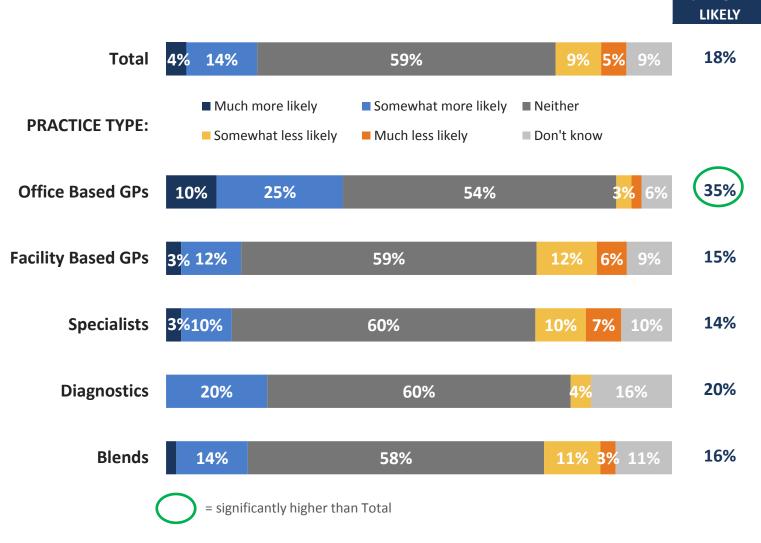
Impact of New Compensation Model on Current Compensation



Q31. What impact, if any, would you expect the new compensation model for teaching with patient care to have on your own compensation?

TOTAL

Impact of New Compensation Model on Likelihood to Continue Teaching



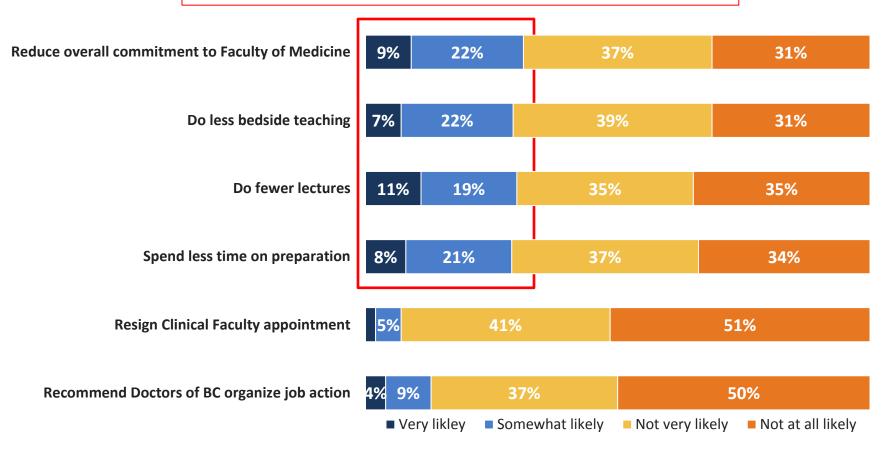
Q32. And if the new compensation model for teaching with patient care were implemented, would you be...? © 2017 lpsos BASE: Rate new compensation model as better or worse (n=671)

TAKING ACTION



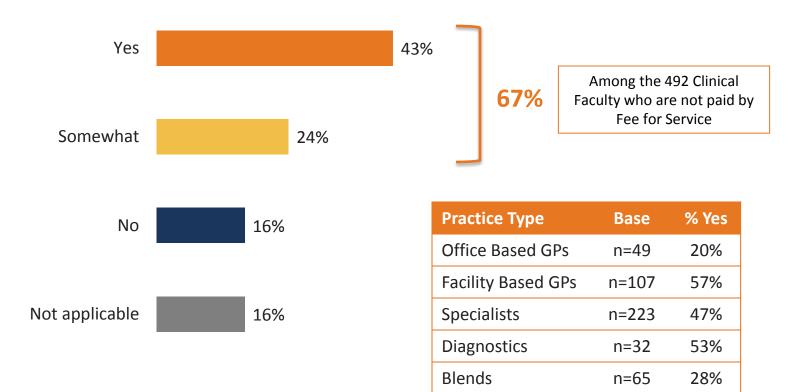
Likelihood of Taking Action if Compensation Concerns Not Addressed

48% of Clinical Faculty are likely to take one of 6 actions (46% of Clinical Faculty are likely to take one of top 5 actions)



Q33. This survey asked for your feedback on compensation for clinical teaching. If your concerns about compensation for teaching are not addressed in the next year, how likely would you be to take any of the following actions?

Increasing Clinical Workload Impacting Time Available to Teach Effectively



Q34. Do you feel increasing clinical workload under your AP contract is putting pressure on the time you have available to teach effectively?



Likelihood of Taking Action if No Action Taken to Protect Teaching Time

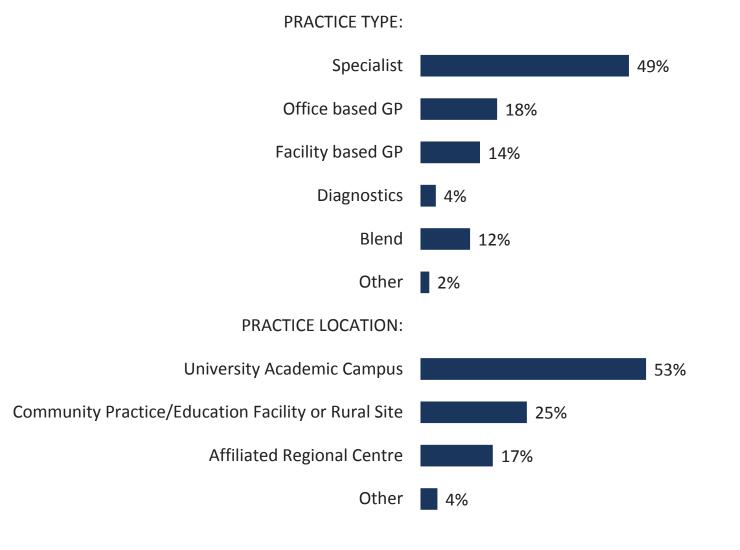
68% of Clinical Faculty are likely to take one of 6 actions (64% of Clinical Faculty are likely to take one of top 5 actions) Spend less time on preparation 13% 34% 31% 22% **Do fewer lectures** 15% 30% 33% 22% Do less bedside teaching 12% 32% 33% 23% **Reduce overall commitment to Faculty of Medicine** 11% 30% 36% 22% 3% 9% **Resign Clinical Faculty appointment** 44% 43% **Recommend Doctors of BC organize job action** 7% 13% 42% 37% Very likley Somewhat likely Not very likely Not at all likely

Q35. If no action is taken to protect teaching time in the next year, how likely would you be to take any of the following actions? © 2017 lpsos BASE: Feel increasing clinical workload is putting pressure on time available to teach effectively (n=331)

SAMPLE PROFILE



Sample Profile



Q2. Which of the following best describes how you currently practice?

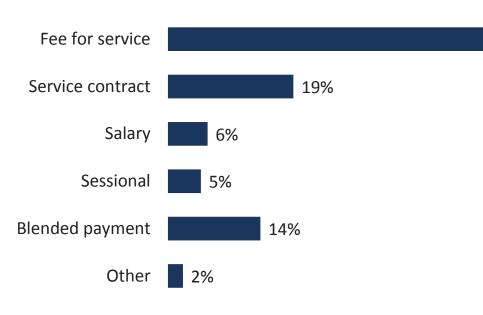
Q3. Which of the following best describes where you provide clinical teaching services?

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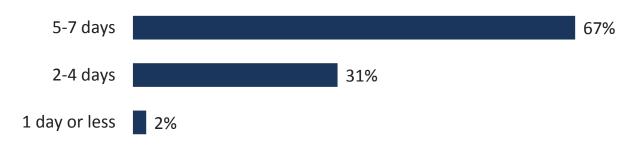


Sample Profile

PAYMENT TYPE:



DAYS WORK PER WEEK:



52%

Q4. Which of the following best describes how you are currently paid for your clinical work?

Q5. How many days do you work as a physician in a typical week?

