

practitioners have limited authority to prescribe, and nurses in 11 states can prescribe controlled drugs. They report that their involvement reduces physicians' workload and saves them time. Meanwhile, England is imple-

menting prescribing rights for all district nurses, health visitors and practice nurses by mid-2001. Other countries, including Iceland and New Zealand, are in the process of developing legislation.

"The health care system has to change," says MacDonald-Rencz. "The bottom line is that health care workers must work in a way that is responsive and in the best interest of the public."

— *Barbara Sibbald, CMAJ*

## CMA survey shows fee-for-service not dead yet

The declining popularity of fee-for-service (FFS) payments in Canada may have levelled off, the CMA's 2000 Physician Resource Questionnaire (PRQ) indicates. In 2000, 62% of respondents reported receiving 90% or more of their professional earnings from fee-for-service payments, the same level as in 1999. This follows steady declines in the popularity of FFS payments since 1990, when the level stood at 68%.

There has also been a change in terms of *preferred* modes of remuneration. Between 1995 and 1999 there was a large decrease in the proportion of physicians who preferred fee-for-service remuneration (50% compared with 33%), but that proportion increased this year, to 37%. Only 49% of physicians are paid via the method they would prefer. "I would actually prefer salary," one physician noted, "but no plan exists that adequately compensates for the stress and volume that we are expected to cope with."

Almost one-third (32%) of physicians reported a decrease in net income in the 2000 PRQ, while only 18% reported an increase; for 81% of those whose income decreased in the past year, workload stayed about the same or increased.

Thirty-eight percent of surgical specialists reported decreased net income, compared with 27% of medical specialists and 34% of GP/FPs. Urban physicians were more likely to have faced a decrease than their rural counterparts (33% v. 25%).

More than half (55%) of respondents saw their workload increase in the past year. Among those who reported a heavier workload, only 24% saw an accompanying increase in net income, while 31% witnessed a decrease. Overhead expenses increased for 61% of respondents.

The number of hours worked, excluding call, remained virtually unchanged in the last year: 53 hours per week, compared with 54 hours in 1999. Female physicians continue to work fewer hours than males (48 hours per week v. 56 hours). Surgeons work more hours (58) than both medical specialists (54 hours) and GP/FPs (51 hours).

Seventy-six percent of respondents take or share call, with surgeons (88%) most likely to take call, compared with medical specialists (77%) and GP/FPs (71%). Only 12% of doctors who provide on-call services away from the hospital are compensated for being available.

Rural physicians appear to be better off in this regard than their urban colleagues: 37% are paid for carrying a phone or pager, compared with 10% of urban physicians; 60% are paid for being on site, compared with only 31% of urban physicians.

This year, the PRQ queried physicians about factors that impede attempts to provide health promotion counselling. Lack of time was cited as always or often a barrier by 48% of physicians, with 59% of GP/FPs saying that they always or often face time shortages, compared with 32% of medical specialists and 42% of surgical specialists. Thirty-four percent of respondents noted that a lack of services and support in the community is always or often a barrier to counselling; this is always or often a problem for 43% of rural physicians, compared with 33% of urban doctors.

The 2000 PRQ was mailed to a random sample of 8000 Canadian physicians, and the response rate was 36.3%. Results are considered accurate to within  $\pm 1.9\%$ , 19 times out of 20. More than 20 tables from the 2000 PRQ results are available online at [www.cma.ca/cmaj/vol-163/issue-5/prq](http://www.cma.ca/cmaj/vol-163/issue-5/prq). — *Shelley Martin, CMA*

### "My office has become my prison"

The following random verbatim comments were made by respondents to the 2000 PRQ.

- "I have given up trying to find locums, and I yearn to escape the office that has become my prison."
- "Thank goodness for the feminization of medicine, which is waking up a lot of us old workaholics."
- "After Mar. 17, I will never do call again. I have been on the end of a beeper for a quarter to a third of my life."
- "All physicians should be required to take call. I am appalled that some physicians close at 4 pm and leave a message directing patients to the ER."
- "The demands of providing hospital care to orphaned patients are growing and are going to keep growing as we lose physicians and others give up their hospital privileges."
- "There are no young doctors out there looking to set up shop. Where are they?"