



November 2020 National Resident Survey Summary of Findings



INTRODUCTION

About Resident Doctors of Canada (RDoC)

RDoC represents over 10,000 resident doctors across Canada. RDoC is the national resident voice and the catalyst for solutions to create the best possible resident training experience.

RDoC works closely with the seven Provincial Housestaff Organizations (PHOs) in fulfilling its mandate:

- Maritime Resident Doctors
- Professional Association of Resident Physicians of Alberta
- Professional Association of Residents and Interns of Manitoba
- Professional Association of Residents of Newfoundland and Labrador
- Professional Association of Residents of Ontario
- Resident Doctors of BC
- Resident Doctors of Saskatchewan

About the National Resident Survey (NRS)

The NRS has been in existence since 2012. Its current form is an online, bilingual, census-style survey of the RDoC membership. Since residency training in Canada can last from two to seven years, depending on the specialty, the NRS is administered on a biennial basis, giving every resident the opportunity to participate at least once. Participation is voluntary and anonymous. Results are reported only in aggregate form.

The results of the NRS inform RDoC's advocacy efforts on behalf of its members on a range of issues important to post-graduate medical education.

The NRS Team

National Resident Surveys are developed and administered by a team of resident doctors, RDoC staff, and contracted survey professionals:

- National Resident Survey Team Lead: Dr. Ramona Neferu
- National Resident Survey Team Board Liaison: Dr. Tehmina Ahmad
- Team members: Dr. Michael Arget, Dr. Colin Boyd, Dr. Kat Butler, Dr. Ishrat Gill
- RDoC Interim Executive Director: Dr. Robert Conn
- RDoC Support Staff: Beth Sneyd, Vincent Tremblay, Dr. Yannick Fortin

Dr. Arno Kumagai, Vice-Chair, Education, Department of Medicine, University of Toronto, served as the academic supervisor for the submission to the University of Toronto Human Research Ethics Program. This submission was reviewed and approved in June 2020.

About the November 2020 NRS

In November 2020, members of Resident Doctors of Canada (RDoC) were asked to share their personal experience and opinions on residency training by completing an online questionnaire. The RDoC membership includes all residents completing postgraduate medical training at Canadian faculties of medicine located outside the province of Quebec. The survey was available in French and English. The questions covered seven broad themes:

- Diversity in PGME;
- Bullying in the training environment;
- Mental health (burnout, mental illness and substance use);
- The COVID-19 pandemic and its effects on residency training;
- Physician mobility;
- The residency transfer process;
- Transition to practice and health human resources.

Survey Design

For the November 2020 NRS, the survey team identified a shortlist of timely and relevant themes in postgraduate medical education. Survey questions were then drafted and refined through an iterative process. To better understand change over time, a subset of questions in the 2020 iteration of the survey replicate questions that were asked in 2018 and previous iterations of the survey.

A preliminary version of the questionnaire was qualitatively tested by the survey team, RDoC staff, and other RDoC volunteers prior to the official launch. The 60-question survey was professionally translated, and respondents had the ability to toggle between the two official languages while completing the survey.

Certain questions in the survey asked about potentially sensitive topics. These included prior experiences of depression, bullying in the training environment, as well as suicidal ideation. All sections that included questions on potentially sensitive topics were supplemented with a disclaimer, a reminder of the voluntary nature of the survey (ability to cease participation at any time), the ability to skip sections containing sensitive questions, as well as a direct link to the RDoC Crisis Resources webpage (<https://residentdoctors.ca/resources/crisis-resources>).

Survey Distribution and Promotion

The November 2020 NRS was distributed to the RDoC membership via a link emailed directly to them by their PHO. Two reminders were subsequently sent before the NRS closed.

The NRS was also promoted on RDoC's social media and website, though this promotion did not include the survey link, to ensure that only RDoC members received it.

As a token of appreciation for their participation, respondents were provided with an opportunity to win one of 40 \$25 Amazon gift cards or one of 40 \$25 UberEats gift cards following the completion of the survey: a complementary link appeared on the last page of the survey directing respondents to an alternative survey platform where respondents could provide the minimal information required to participate in the contest. Prizewinners were listed by region, first name and last initial on the RDoC website.

Response Rate

The RDoC 2020 National Resident Survey was completed by 1,227 residents for an overall response rate of 12%. In total, 10,186 residents with active email accounts received the survey invitation. This is a significant increase from the 8.3% response rate from the 2018 iteration of the NRS.

Respondents came from all 13 faculties of medicine and from a variety of specialties.

For analysis, survey responses were weighted to reflect the training faculty of medicine and broad training specialty of the RDoC membership. "Broad training specialties" refer to the four branches of medical specialties: family medicine, medicine, laboratory medicine, and surgical.

Unless specified otherwise, references to increases or decreases in proportion between the 2018 and 2020 imply that such differences are statistically significant.

Impact of COVID-19 on the NRS Results

In 2020, the COVID-19 pandemic affected all Canadians, including medical residents. By the time the current cycle of the RDoC membership survey entered collection in November 2020, the majority of residents had already spent seven months working as front-line workers. While it would be difficult to conclusively attribute observed differences in findings between the 2018 and 2020 cycles of the RDoC membership surveys directly to the COVID-19 pandemic, it can be reasonably expected that the pandemic had an effect on multiple aspects of residency life and training, including but not limited to mental health, resilience, hours worked, and the ability to transfer program. This is the context that underlies the survey results summarized below.

At the same time, it is important to be mindful that despite these commonalities not all residents have experienced COVID-19 in the same way. The provinces and cities they live in, the faculties and facilities where they train, the specialty they train in, their year of training, whether they have been redeployed to work with COVID patients, and how they have been able to treat their patients have all shaped their individual experiences.

FINDINGS

Diversity in Postgraduate Medical Education

Survey respondents were asked a series of sociodemographic questions, including a new series of questions aimed at assessing diversity amongst the resident population. The majority of residents reported their designated sex at birth as female (62.6%) and identified with the female gender (62.5%). Small percentages of residents reported their designated sex at birth as intersex or undetermined, and some identified as being of Indigenous (e.g., Two Spirit) or another gender/cultural gender identity (e.g., non-binary or gender fluid).

Each of the survey answer choices was chosen by at least one respondent. The majority of residents were heterosexual (85.3%), identified as white/European (59.0%), and were either atheist, agnostic, or had no religious or spiritual affiliation (55.6%). A small proportion (8.0%) of residents reported living with disabilities and in most of those cases, the disabilities reported were invisible.

Bullying and Support in the Training Environment

Bullying is prevalent in the residency training environment and comes from multiple sources. Nearly two-thirds (64.1%) of residents had experienced bullying in the previous 12 months. Nurses were the most frequent source of bullying, reported by 47.7% of respondents. Similar to the 2018 results, inappropriate verbal comments were reported by 92.0% of residents who had experienced bullying. The most frequent basis of the bullying was “other” forms and the 47.1% of residents who cited this category pointed to factors surrounding real or perceived age, training year or rank, and seniority level and hierarchy. Sex ranked second (38.1%) by residents who had experienced bullying.

Of the residents who had experienced bullying, 24.6% had used their program or university’s resources to address such situations. The majority of this subgroup of residents (59.8%) reported these resources as inadequate, with the top reason for that assessment being their program or university’s poor track record for addressing bullying (72.5%).

Duty & Sleep Hours

The average number of clinical duty hours, per week, reported by residents was lower in 2020 than in 2018. In 2020, the proportion of residents working between 60 and 69 hours per week, on average, was 28.9%, down from 34.0% in 2018. Similarly, 29.7% of residents worked 70 or more hours per week in 2020, down from 37.6 % in 2018. The survey also revealed that 1 in 5 residents (21.0%) spend the equivalent of a part-time job, that is 15 hours or more hours per week, on activities that fall outside of their clinical duties.

In 2020, 80.2% of residents reported sleeping six or more hours per night when not on call, a number similar to what was reported in 2018 (80.2%). Interestingly, the percentage of residents sleeping 8 or more hours per night, when not on call, nearly doubled between 2018 and 2020, increasing from 4.9% to 8.8%, respectively.

Work-Life Balance

In 2020, the proportion of residents who reported that their work schedule leaves them enough time for their personal and/or family life remained low (35.6%) and had not changed since 2018 (34.2%).

Emotional Exhaustion & Resiliency

In 2020, a majority of residents (51.6%) reported definitive symptoms of burnout ranging from physical and emotional exhaustion to feeling completely burned out and in need of help or change, a figure similar to the proportion reported in 2018 (51.9%). Additionally, a significant reduction in self-reported resilience was observed between 2020 and 2018. In 2020, the majority of residents (78.4%) reported that they were often or nearly always able to adapt when changes occurred. A majority (80.4%) also reported often or nearly always being able to bounce back after an illness, injury, or other hardship. In 2018, those numbers were significantly higher at 87.6% and 86.5%, respectively.

Mental Health

Survey respondents who agreed to answer questions about their mental health were screened for depression using the PHQ-2 Depression Screening tool. In 2020, 17.5% of residents screened positive for depression, a proportion that is significantly higher than in 2018 (14.8%).

In 2020, 64.0% of residents reported that “A lack of control over one’s own schedule” was the most significant barrier to seeking mental health care. This was a significant increase from 59.4% in 2018. Overall, barriers to seeking mental health care were ranked in the same order in 2020 and 2018.

Beyond questions assessing depression symptoms, survey participants were asked if they had thought about suicide in the year leading to the survey. More than one in five residents (20.2%) had thought about suicide in 2020, a proportion that is significantly higher than in 2018 (15.9%). Of those that had thought about suicide, 15.4%, or the equivalent of 3.1% of the resident population, had seriously considered suicide in the preceding 12 months. The prevalence of serious consideration of suicide did not change between 2020 and 2018.

COVID-19 Pandemic and Residency

In 2020, the COVID-19 pandemic affected all Canadians, including medical residents. While 5.4% of residents reported that the COVID-19 pandemic had not really impacted their training, half (50.6%) reported that the pandemic had impacted their ability to practice required clinical skills or procedures and nearly half (48.1%) reported the pandemic had prevented them from taking required exams. Being kept away from loved ones was the most frequently recorded impact of the COVID-19 pandemic by residents (72.1%).

Physician Mobility

The large majority of residents (77.0%) had completed or were planning to complete an elective or rotation outside of their current institution during their residency.

Practice Intentions Following Residency Training

Following their residency training, 76.0% of residents anticipate practicing in Canada, 2.1% in another country, and 21.8% were unsure or had yet to decide. Nearly half of residents (49.2%) plan to practice in their current training province, which is also their home province. When asked about the importance of select factors for selecting a place to practice, three factors were most frequently reported by residents as very important: personal circumstances (76.4%); proximity to family (67.7%); and, the availability of positions (58.6%).

In 2020, support for the implementation of national licensure enabling practice anywhere in Canada was nearly unanimous; 91.6% of residents were in favour while 7.3% did not know if they supported it. To further understand the potential impact of a national licensure that would enable independent practice in all Canadian provinces and territories, respondents were asked to consider how a hypothetical national licensure might alter their practice activities. The results show that 80.6% would be highly or somewhat likely to seek out temporary locum opportunities in provinces and/or territories other than their primary location.

The Residency Transfer Process

A lower proportion of residents had ever considered transferring to another specialty in 2020 (25.7%) when compared to 2018 (34.0%). However, nearly twice as many residents who had considered transferring specialties in 2020 were successful in doing so (17.7%) when compared to 2018 (9.6%). By far the most frequent reason cited by residents to transfer to another training program was experiencing a change in career goals or specialty interest (72.9%). This finding replicates the results of the 2018 survey in which 70.4% had cited the same reason.

Transition to Practice and Health Human Resources

Becoming a practicing physician is a significant personal and financial investment. In 2020, more than a third of final year residents (34.4%) anticipated a debt of \$200,000 or more following the completion of their postgraduate training. At the other end of the spectrum, nearly 1 in 7 or 14.7% of final year residents were anticipating to be debt-free at the end of their residency training. In 2018, the proportion of debt-free residents at the end of their postgraduate training was slightly higher at 1 in 5 or 19.0%.

Knowledge of Practice Management

Nearly half of final year residents (48.9%) were not confident at all that their residency program had or would provide them with the financial literacy training needed to enter practice.

When asked to identify the payment schedule that would be most appealing for their future practice, final year residents most frequently preferred a salaried model that includes formal benefits and a pension fund (44.5%). In second place, the blended model used in Family Health Teams and Family Health Organizations (with blended capitation and fee for service) was preferred by 20.7% of final year residents.

CONCLUSIONS

The 2020 NRS had an improved response rate over 2018. Utilizing some questions from 2018 allowed for longitudinal analysis.

The impact of COVID likely affected survey results from 2020. Comparative analysis with prior and future survey iterations may show the extent of this effect.

The NRS is the first national survey on Canadian resident doctors to gather detailed demographic information of this kind. This will serve as a baseline for future iterations of the survey.

The NRS provides clear, concise data that proves current information for RDoC's advocacy work on behalf of its members. It gives RDOC an opportunity to take its work to the next level to help effect change in post-graduate medical education in Canada.

CONTACT

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