

Recent Graduate Employment Study

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Canadian Association of
General Surgeons
Association canadienne
des chirurgiens généraux

EXECUTIVE SUMMARY

1.1 Study Goals and Response Rates

The primary purpose of this study was to describe the demographics, current practice models, employment choices, and job satisfaction of recent graduates of Canadian General Surgery residencies. A secondary goal of this study was to understand the current perceptions about the demand for current and future General Surgery trainees in Canada. Of 460 surgeons contacted, 50.6% completed the online survey.

1.2 Demographics

The mean age of respondents was 37 years of age, 51.1% of respondents were male. 91.3% of our respondents currently reside in Canada and 88.4% practice primarily in English. General surgeons from every province and territory except Nunavut are represented.

1.3 Education and Training & 1.4 Current General Surgery Practice

The mean total duration of post-graduate training of the General Surgeons who responded was 7.3 years and the majority of our respondents completed all post-graduate training within the past decade. Surgeons from all Canadian training programs are represented.

56.9% of our respondents either currently hold and/or are currently completing an advanced education degree. 70.5% of our respondents have completed a fellowship. The most represented fellowships were MIS and Bariatric Surgery, Surgical Oncology and Trauma and Acute Care Surgery.

2% of physicians who trained in General Surgery are not currently practicing. Stated reasons for no longer practicing include being unable to obtain a permanent job offer.

1.5 Work Hours and Time Off

The mean hours worked per week is 62, and the mean number of weeks of vacation per year is 3.6. More recent grads work an average of 5 less hours per week and take an average of 4 fewer days of vacation. The mean number of reported days on call per month was 6.9 days, with 70.4% of respondents reporting call coverage groups of 4-8 surgeons.

1.6 Income

Over 70% of respondents who had completed all post-graduate training at least one year prior (in 2013 or earlier) earned a minimum of \$250,000 in 2014. Of the



surgeons who completed training in 2014, 70% earned less than \$250,000. 66.8% of all surgeons who responded report satisfaction with their current income.

1.7 Structure of Current General Surgery Practice

66% of respondents work in a single clinical setting. Over sixty percent of both single practice and multiple practice settings had primary affiliations with academic or large community hospitals.

Over 90% of the respondent surgeons in both single and multiple practice settings report some time per week allotted to clinic (mean = 1.5 days) and elective ORs (mean = 1.1 days). Less than 80% of surgeons both in single and multiple practice settings report weekly endoscopy time. Less than 30% of surgeons both in single and multiple practice settings report dedicated surgical assist time.

More single practice setting surgeons (63.2%) than multiple practice setting surgeons (52.8%) report protected non-clinical time. Single practice setting surgeons also report more protected non-clinical time (0.9 vs 0.5 days/week).

Of the one third of respondent General Surgeons who currently provide care in more than one unaffiliated centre, sixty-eight percent (68.5%) are currently working as locums, working in private endoscopy clinics, and/or covering call at hospitals without having regular operating OR time.

1.8 Clinical Resource Allocation

The majority of surgeons working in both a single practice setting (57.9%) and multiple practice settings (60.7%) are unsatisfied with the clinical resources available to them. The most sought after additional resource amongst both single practice and multiple practice General Surgeons is additional OR time (64.9% of multiple practice setting surgeons, 66.7% of single practice setting surgeons)

1.9 Job Satisfaction and Ease of Employment

65.2% of General Surgeons who responded are currently working in the job they most desired and 75.3% of surgeons report that they are currently “satisfied” or “very satisfied”. 3.9% report extreme dissatisfaction. 21.9% of respondent General Surgeons feel underemployed. The most common reason for which respondents were not currently in their ideal job was because the job they most wanted was not available.

The most important factors for General Surgeons in choosing their current position were: Congenial colleagues, Family or personal considerations, Stability, and The opportunity to live in a specific city or province.

59.1% of recent graduate General Surgeons have applied to 1-2 General Surgery jobs. 67.9% of respondent General Surgeons have received 1-2 job offers since



completion of post-graduate training and 16.0% of General Surgeons have not yet received any job offers.

While 84.8% of respondents reported some degree of anxiety about the process of securing a job when they were in training, only 51.1% reported any degree of difficulty in securing a staff position.

The most important reported factors for General Surgeons in achieving employment successfully were: Individual efforts, Fellowship training, and Need in the community. Other factors cited frequently included Luck and Timing, and Contacts.

54.5% of jobs currently held by respondent General Surgeons were not publicly advertised. 38.6% of General Surgeons were recruited to their current positions, 23.9% found out about their position by word of mouth. Multiple respondents also highlighted OAGS and CAGS posts as the mechanism by which they found jobs.

1.10 Locums

35.7% of respondent surgeons who do locums, are doing so because they are awaiting jobs to open up at the location of the locum. Over two thirds of locum arrangements of respondent General Surgeons include regular access to non-emergency OR time (67.7%), non-emergency endoscopy (67.7%), and follow-up clinics (71.0%).

1.11 Perceived Demand and Training for General Surgeons.

60.2% of respondent General Surgeons believe that the number of surgeons currently practicing General Surgery in their geographic area is appropriate. 71.6% of General Surgeons who responded believe that there are too many residents being trained for the number of jobs currently available. 55.1% of General Surgeons who responded believe that there are too many residents being trained for the number of jobs that will be available in the next decade.

Comparisons

2.1 Year of Graduation vs. Number of Job Offers

There was no significant difference ($p=0.28$) in the year of graduation amongst General Surgeons who have not reported any job offers vs those who have reported at least one offer.

2.2 Practice Setting vs. Number of Job Offers

There was no significant difference ($p=0.36$) in the practice setting of General Surgeons who have not reported any job offers vs those who have reported at least one offer.



2.3 Satisfaction with Current Employment Arrangement vs. Number of Job Offers

General Surgeons who have not reported any job offers are statistically ($p<0.05$) less satisfied with their current employment arrangement.

2.4 Attitudes on Demand for General Surgeons vs. Number of Job Offers

General Surgeons who have not reported any job offers are significantly more likely to believe that there are too many surgeons being trained for the number of jobs that will exist in 5-10 years ($p<0.05$). They are no more likely than surgeons with reported job offers to believe that there are too many surgeons being trained for the number of jobs currently available ($p=0.60$).



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INTRODUCTION AND METHODS

In recent years, numerous groups have raised concerns about Canadian General Surgery graduates having difficulty finding jobs. It has been suggested that many of the graduates who do find work are doing so by adopting non-traditional practice models. The primary purpose of this study was to describe the demographics, current practice models, employment choices, and job satisfaction of recent graduates of Canadian General Surgery residencies. A secondary goal of this study was to understand the current perceptions about the demand for current and future General Surgery trainees in Canada.

The survey was modeled on a previous questionnaire developed by Dr. Sean Grondin's team in Calgary to assess demographics, training and practice characteristics of physicians performing and training for Thoracic Surgery. Our study population included General Surgeons who had passed their RCPSC certification exams two to seven years before the date of survey administration (2009-2013). Our comprehensive list was generated with assistance from the Royal College, and contact information was generated from the CAGS database, General Surgery Program Directors, and current hospital and university databases when available. The survey was created in both French and English.

Ethics approval was obtained from the REB at Sunnybrook Health Sciences Centre. The questionnaire was administered via SurveyMonkey to all surgeons with email addresses available (476 email invitations sent). The survey included a cover letter of support from the president of the Canadian Association of General Surgeons, Dr. Debrah Wirtzfeld. General reminder emails were sent to the study cohort, along with personalized reminder emails from study staff and from members of the CAGS Residents Committee, representing programs across the country. The survey was available online for 3 months.



DATA ANALYSIS

The primary analysis was a descriptive summary including calculation of means and standard deviations where appropriate. Comparisons were tested for statistically significant differences using two-tailed independent t-tests for two group comparisons and chi-squared tests for categorical data. Statistical significance was set at $p < 0.05$.



SURVEY RESULTS

1.1. Response Rates

We contacted four hundred and sixty (460) surgeons, of those, two hundred and thirty-three (233) surgeons completed the online survey for a 50.6% response rate. 92.2% responded to the English survey, 7.7% responded to the French survey.

Figures

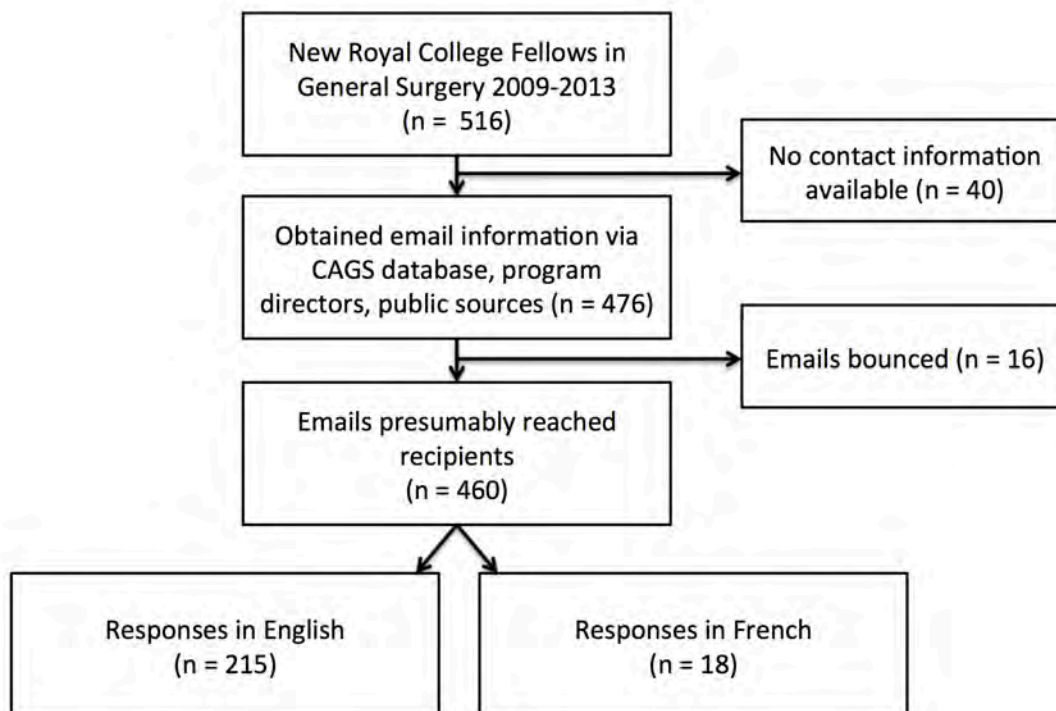


Figure 1.1.1 Response rate flow diagram

1.2 Demographics

Questions 1-5

The mean age of respondents was 37 years of age (SD 4 years, n=227). Fifty-one percent (51.1%) of respondents were male (48.0% female, 0.8% preferred not to answer, n=229).



The majority (91.3%) of our respondents currently reside in Canada. Of the remainder, 5.7% reside in the United States and 3.0% are living in other countries (n=230, other countries include Bahrain, Qatar, Saudi Arabia, and Tanzania).

Eighty-eight percent (88.4%) of our respondents practice primarily in English (10.8% French, 0.9% other languages including Arabic and Kiswahili, n=232)

Figures

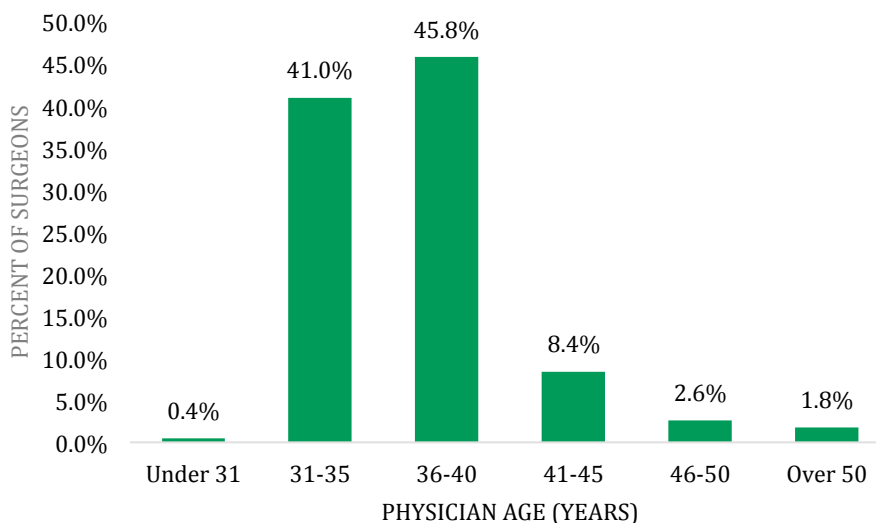


Figure 1.2.1 Respondents' composition by age

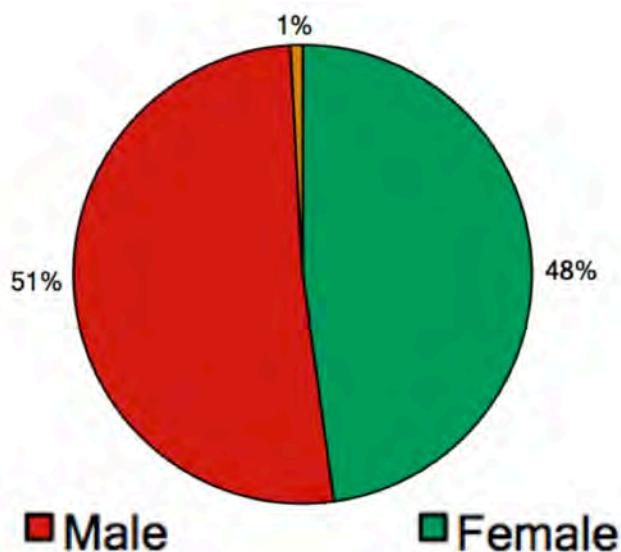


Figure 1.2.2 Respondents' composition by gender



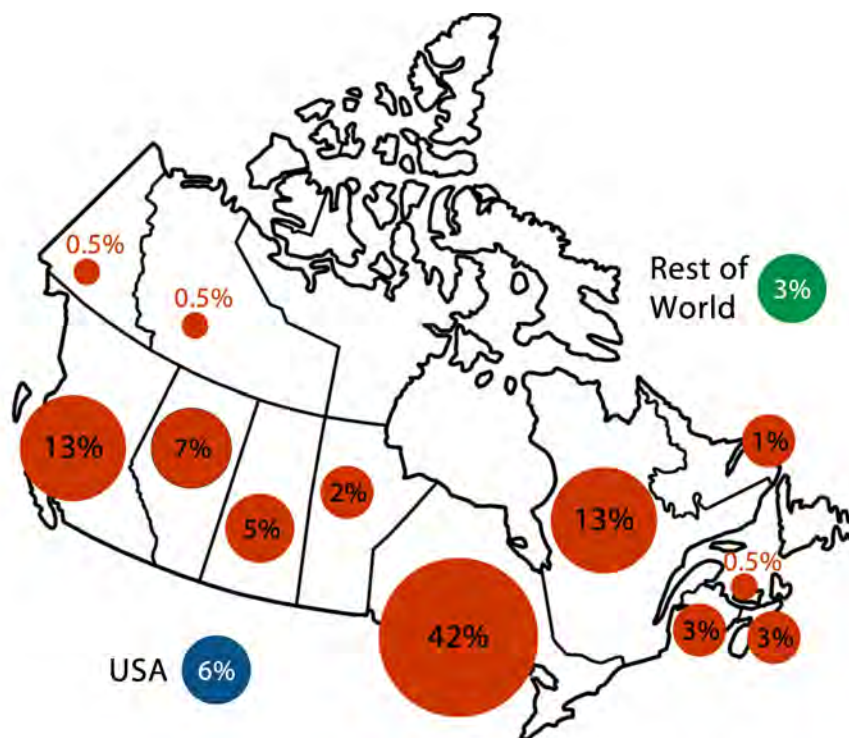


Figure 1.2.3 Current area of residence of respondents



Figure 1.2.4 Principal language of practice

1.3 Education and Training

Questions 6-11

The mean total duration of post-graduate training of the General Surgeons who responded was 7.3 years (SD 2.2) with a range of 5-17 years. The majority of our respondents completed all post-graduate training within the past decade, with certain outliers who completed their training much earlier and who later came to Canada and recertified.



Surgeons trained in all residency programs across Canada were represented in our respondent pool and we also had representation of a small number of internationally trained surgeons.

Fifty-seven percent (56.9%) of our respondents either currently hold (47.8%) and/or are current completing (15.1%) an advanced education degree. The majority (66.4%) of our respondents have completed a fellowship. Of the completed fellowships, Minimally Invasive and Bariatric Surgery (20.6%), General Surgical Oncology (13.9%), and Trauma and Acute Care Surgery (12.7%) are the most popular.

Figures and Tables

	Mean	SD	Range	N
Year of graduation from medical school	2004.8	3.8	1980-2008	217
Year of completion of General Surgery residency	2010.6	3.4	1986-2013	217
Year of completion of all post-graduate training	2012.2	3.4	1986-2015	188
Total duration of post-graduate training (years)	7.3	2.2	5-17	217

Table 1.3.1. Completion of the stages of medical training of the respondent surgeons

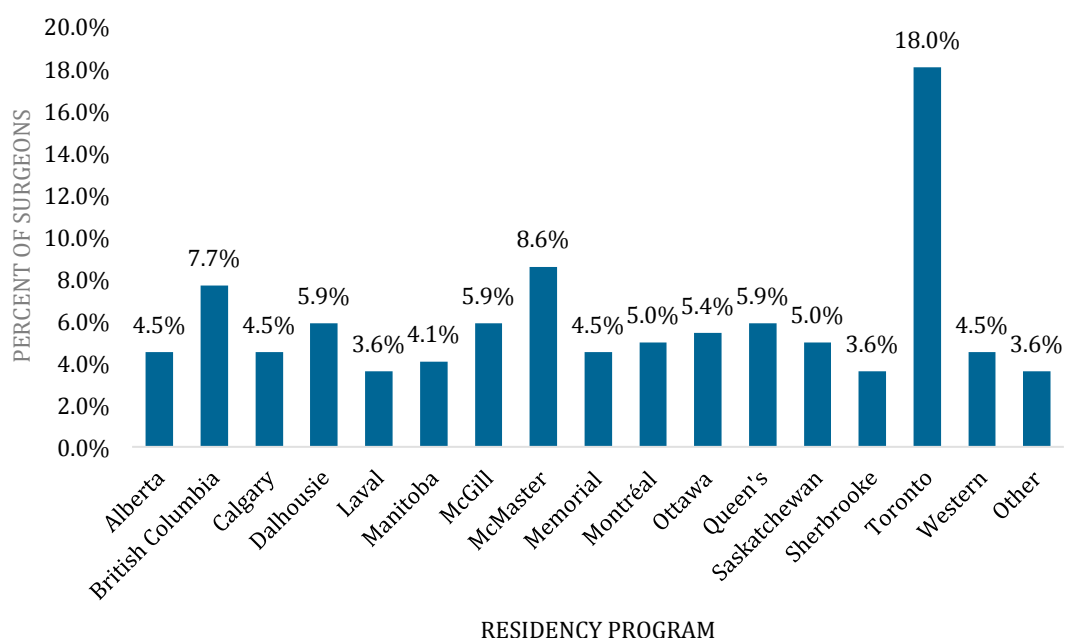


Figure 1.3.2. Program of General Surgery residency of the respondent surgeons. Other programs included University of Cape Town, University of Louisville, Oregon Health Sciences, University of Florence, Nelson R Mandela School of Medicine, and Javeriana University. (n=222)



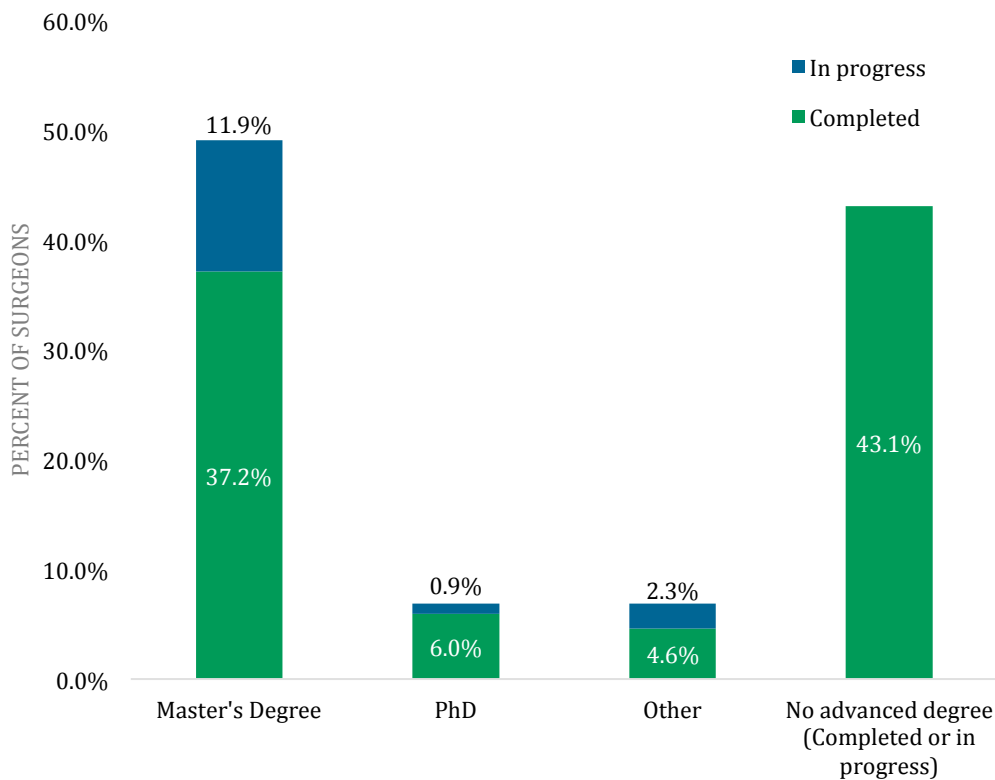


Figure 1.3.2. Advanced education degrees currently held by respondents or currently in progress. (n=218)

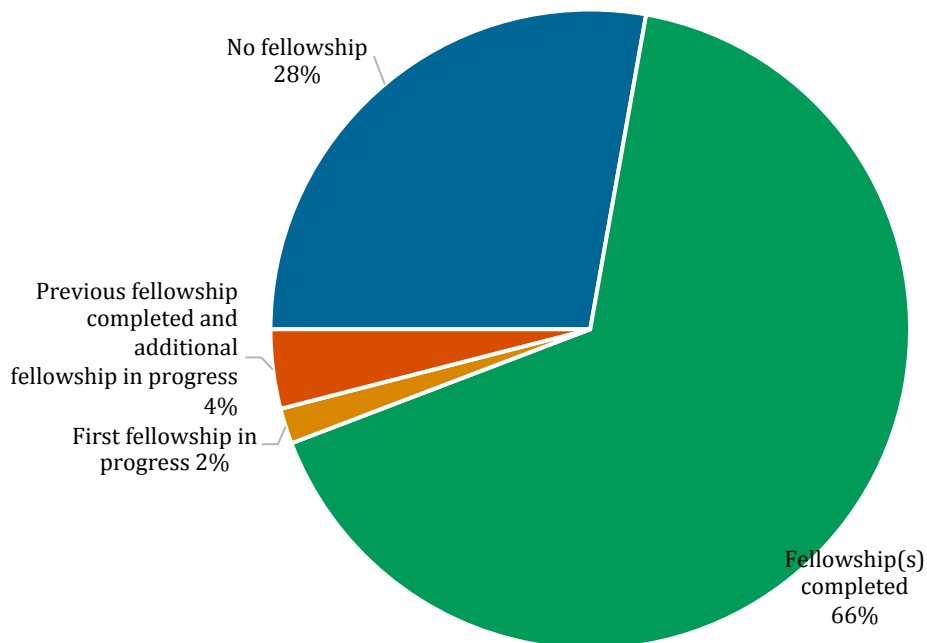


Figure 1.3.3. Fellowship training status, including any accredited or non-accredited clinical or research training beyond General Surgery residency, of the respondents. (n=223)



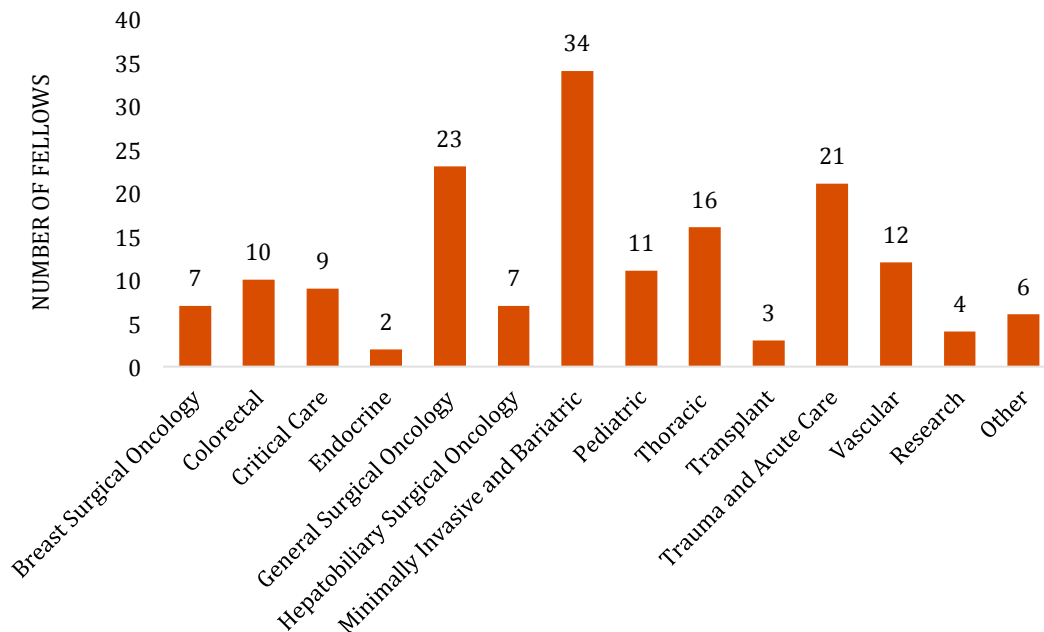


Figure 1.3.4. Fellowship training programs completed by respondents. Other fellowship programs included Community, Pediatric Surgical Oncology, Clinical Education, Medical Simulation, Gynaecologic, Pediatric Trauma, and Plastic and Reconstructive Surgery. (n=148)

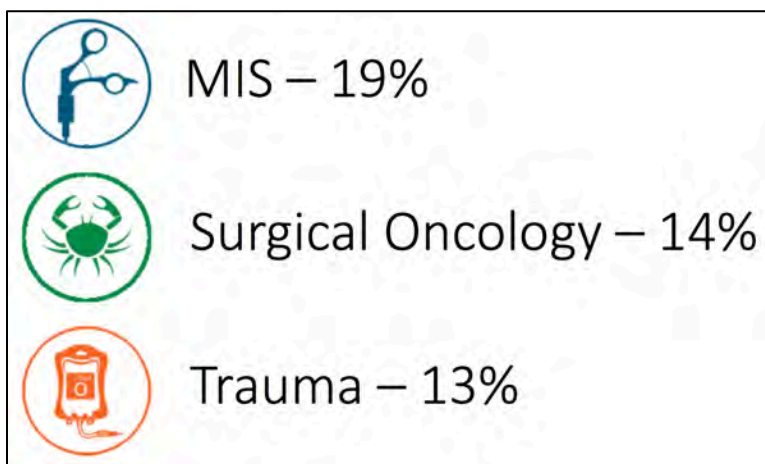


Figure 1.3.5. Top three most common fellowships



1.4 Current General Surgery Practice

Question 12: Are you currently practicing General Surgery or one of its subspecialties?

Ninety-eight (98.0%, n=203) of the surgeons who responded to the survey, who were not completing fellowship at the time, are currently practicing General Surgery or one of its subspecialties. Of the surgeons who are not currently practicing General Surgery, one (1) is currently practicing another specialty.

Questions 23-25: How many years did you practice General Surgery before stopping? Why did you stop practicing? Do you plan on resuming practice?

Of the four (4) surgeons not currently in practice they stopped practice 0-1 years after completion of post-graduate training. Reasons cited included “no offer,” inability “to secure full time work,” and “difference in philosophy of care from colleagues.” Three (3) of the four (4) surgeons expressed interest in resuming practice at some point in the future.



1.5 Work Hours and Time Off

Question 14: On average, what is the number of hours per week that you work? (Please include all hours related to administrative duties, research, clinical practice, teaching, and on call hours?)

Over three quarters (77.1%) of surgeons who responded self-report working between 41 and 80-hour weeks on average.

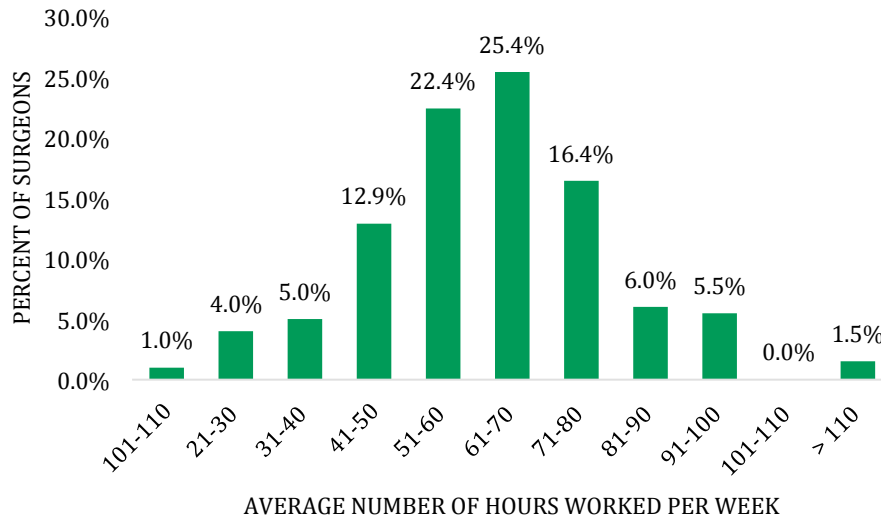


Figure 1.5.1. Self-reported average number of hours worked per week including all hours related to administrative duties, research, clinical practice, teaching, and on call hours. (n=201)



Figure 1.5.2. Summary statistics for mean hours worked per week and mean weeks of vacation/year. Data for sub-cohorts 2009-2011 and 2012-2013 also shown.



Question 15: How many days/month, on average, are you on call?

The mean number of reported days on call per month was 6.9 days, with seventy percent (70.0%) of respondents reporting an average of 4-9 days on call. The maximum number reported was 20 days on call per month by two percent (2.5%) of respondents.

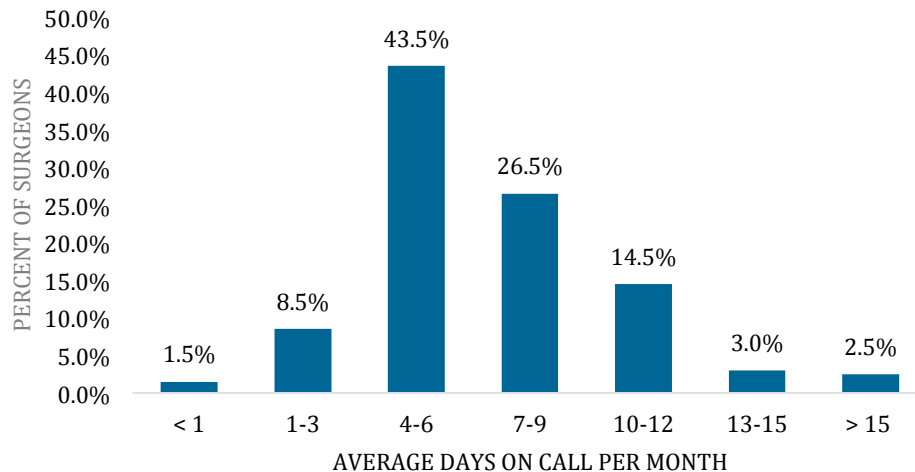


Figure 1.5.3. Self-reported average number of days on call per month. (n=200)

Question 16-17: How many surgeons, including you, are in your current call coverage group? Do you take call for any surgeons outside of your group?

The mean number reported surgeons making up a single call coverage group was 6.4, with seventy percent (70.4%) of respondents reporting call groups of 3-8 surgeons. The maximum number reported was 18 by 0.5% of respondents. Seventeen percent (16.9%) of surgeons take call outside of their group (n=201).

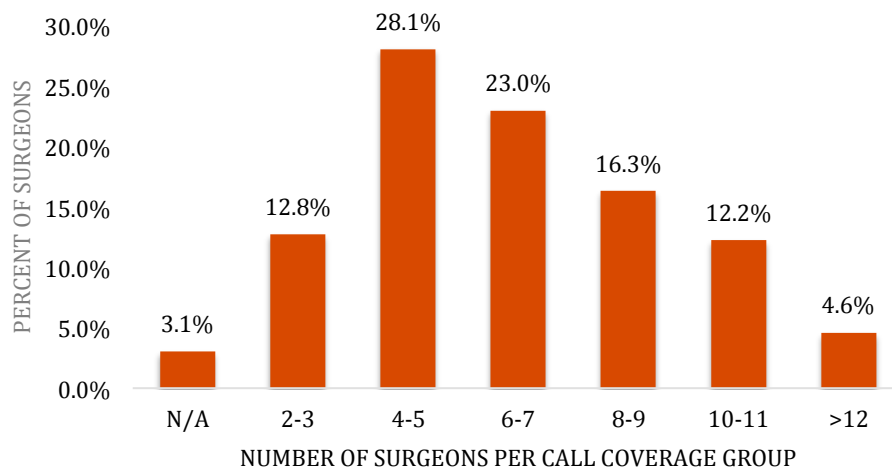


Figure 1.5.4 Reported number of surgeons per call coverage group. (n=196)



Question 18: In 2014, how many weeks of personal vacation did you take? (Do not include time away because of illness, continuing education, or professional conferences)

Two thirds (66.2%) of surgeons who responded took 4 weeks or less of personal vacation in 2014.

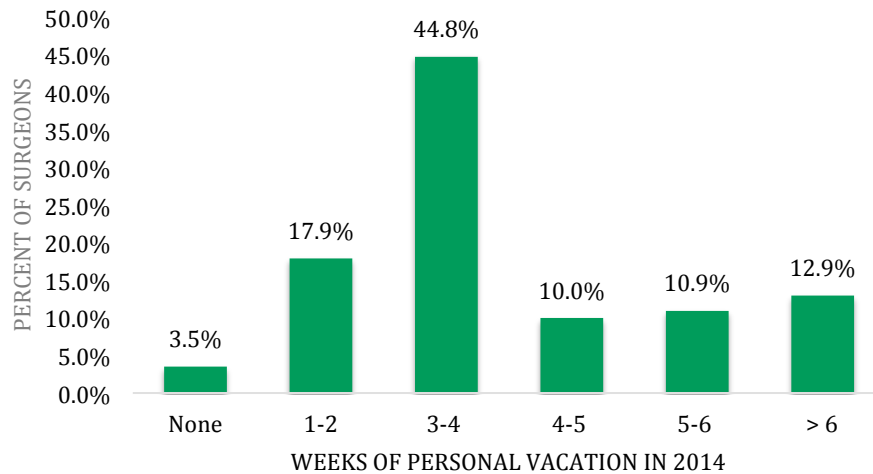


Figure 1.5.5 Weeks of self-reported personal vacation taken in 2014 excluding illness, continuing education, or professional conferences. (n=201)

Question 19: In 2014, how much time did you take off from your practice for continuing medical education (CME) activities such as courses, professional conferences, etc.?

Over three quarters (79.2%) of surgeons who responded took 3-14 days of time off for CME activities.

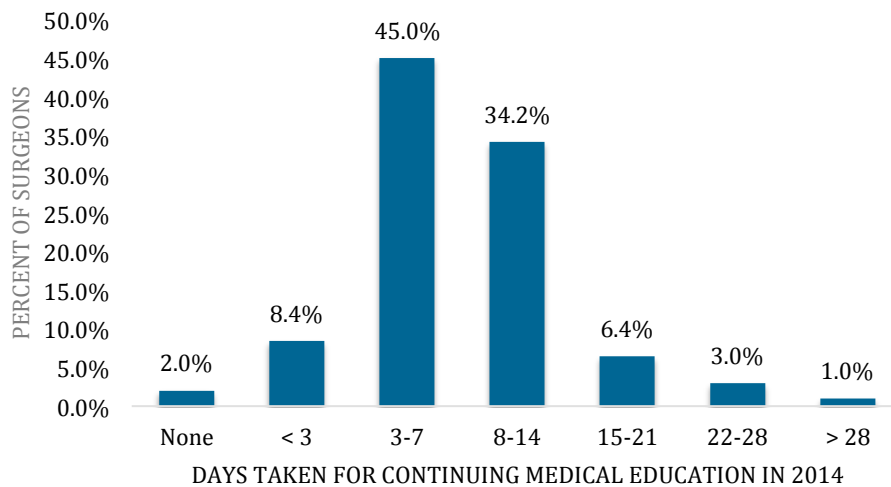


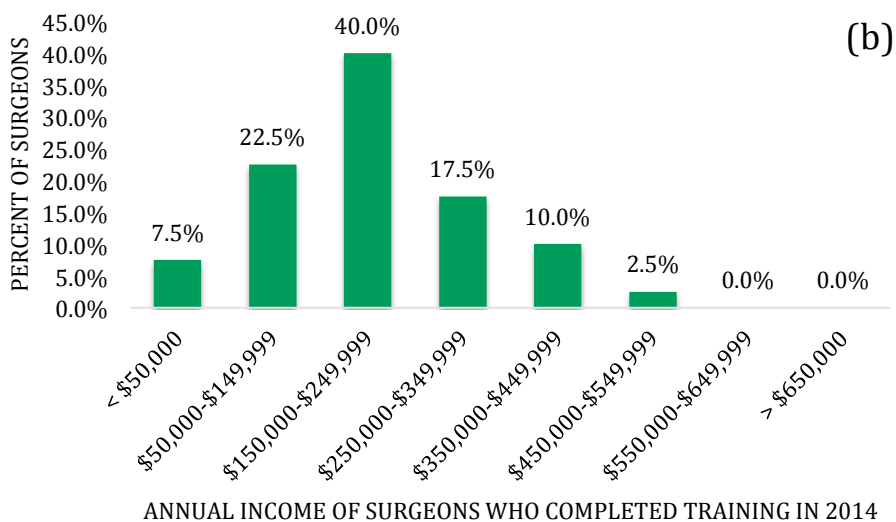
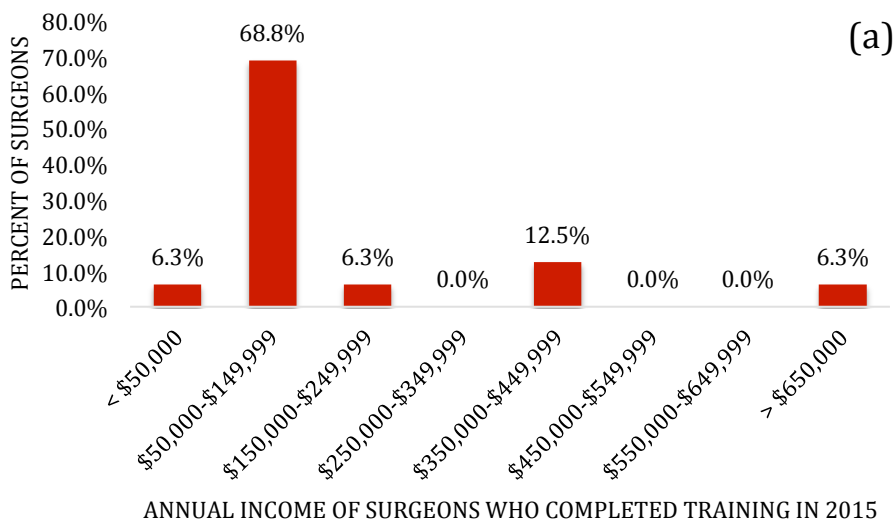
Figure 1.5.6 Self-reported number of days taken for CME activities in 2014. (n=202)



1.6 Income

Question 20: Keeping in mind that your answer is strictly confidential, what was your net income from medical practice after expenses but before taxes in 2014? (Please include all income from fees, salaries, retainers, bonuses, deferred compensation, and other forms of monetary compensation, but not investment from medical-related enterprises independent from your medical practice)

Over seventy percent of respondents who had completed all post-graduate training at least one year prior (in 2013 or earlier) earned a minimum of \$250,000 in 2014. Of the surgeons who completed training in 2014, seventy percent (70%) earned less than \$250,000.



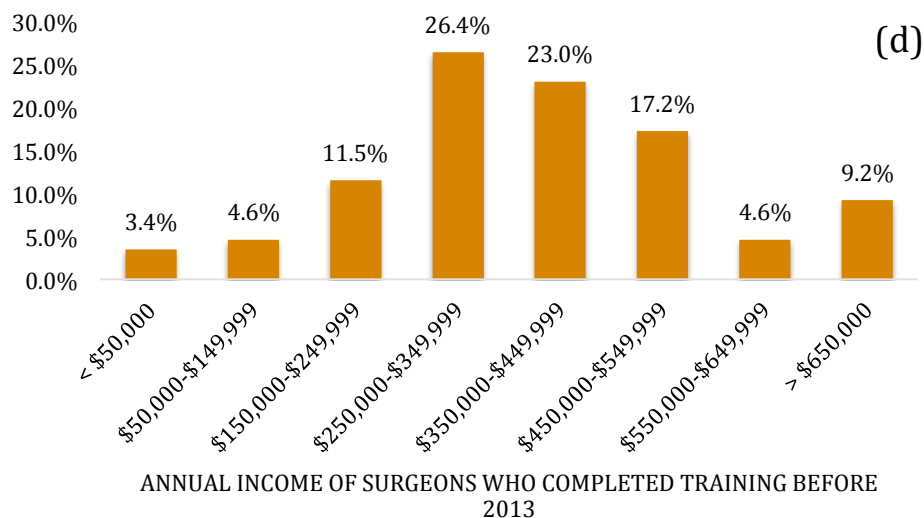
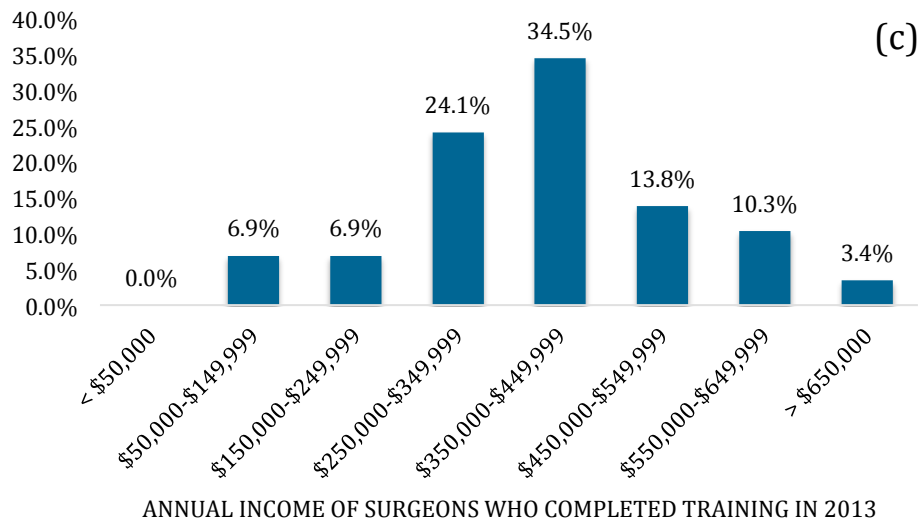


Figure 1.5.1. Self-reported annual income of respondents in 2014. Four groups were compared: (a) surgeons who had yet to complete all post-graduate training in 2014 (n=16), (b) surgeons who completed all post-graduate training in 2014 (n=40), (c) surgeons who completed all post-graduate training in 2013, and (d) surgeons who completed all post-graduate training prior to 2013.

Question 21: How satisfied are you with your current income from your surgical practice?

Two thirds (66.8%) of the respondents report “satisfied” or “very satisfied” with their current income from their surgical practice



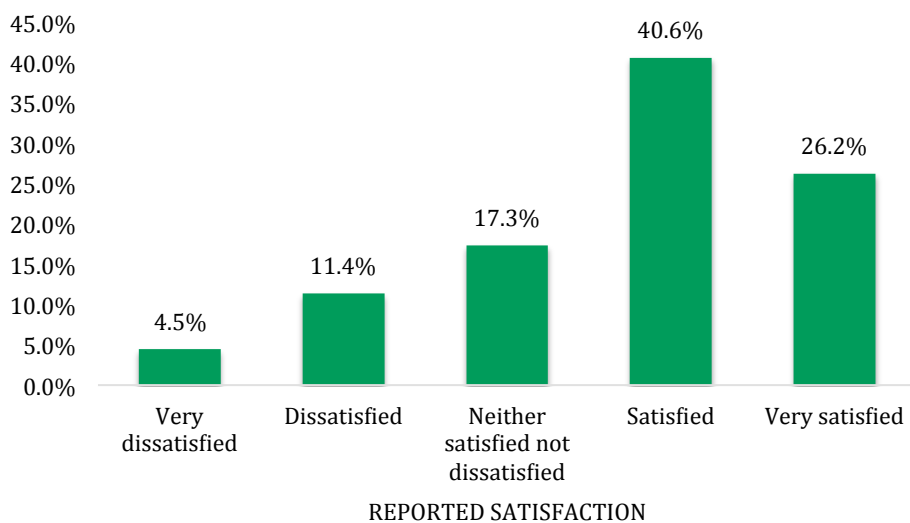


Figure 1.5.2. Reported satisfaction of respondents with current income from their respective surgical practices.



Figure 1.5.2. Reported satisfaction of respondents with current income from their respective surgical practices.



1.7 Structure of Current General Surgery Practice

Question 22: Do you currently provide clinical care in more than one unaffiliated centre (e.g. an academic hospital and a private endoscopy clinic; a community hospital and locums in another centre)?

Two thirds (66%) of respondents practice in a single clinical setting.

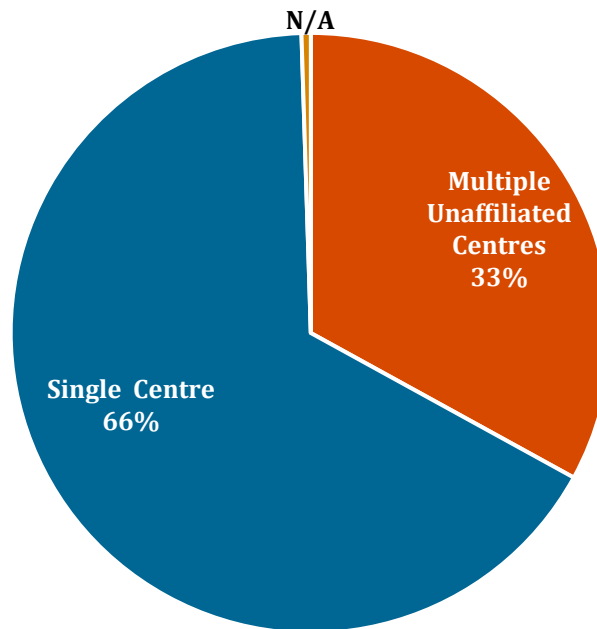


Figure 1.7.1. Single vs multiple practice settings. (n=188)

Questions 26 and 32: Which of the following best describes your current or principal practice setting?

Over sixty percent (60%) of both single practice and multiple practice settings had primary affiliations with academic or large community hospitals. More multiple practice setting surgeons (10.9%) than single practice setting surgeons reported a locum as a primary affiliation.



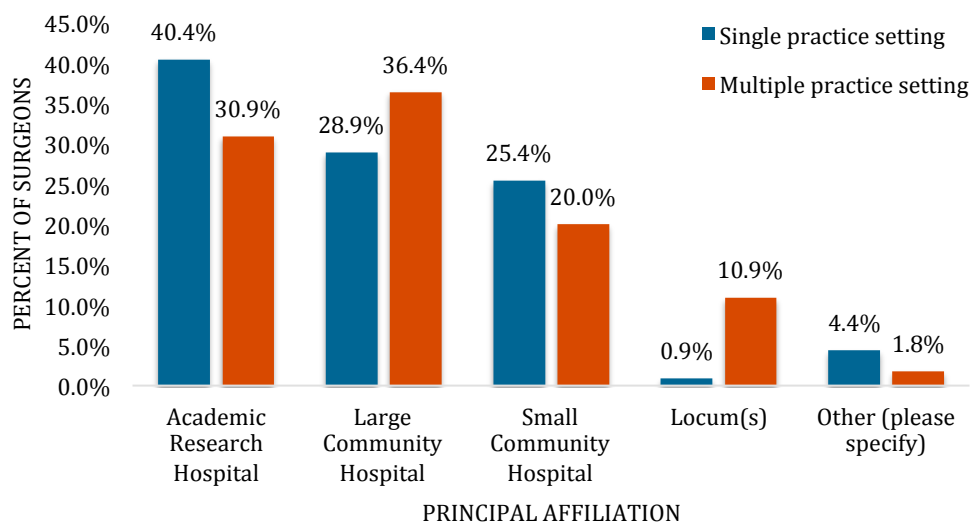


Figure 1.7.2. Principal affiliation of single practice (n=114), and multiple practice setting (n=55) General Surgeons. Other includes medium community hospital, large community hospital with trainees, and mission hospital.

Questions 27 and 33: Please estimate the time allotted to the following clinical features of your current practice

- Urgent/emergent OR time
- Elective OR time
- Clinic time
- Endoscopy time
- Surgical assisting
- Other clinical work

Over 90% of the respondent surgeons report some time per week allotted to clinic (mean = 1.5 days) and elective ORs (mean = 1.1 days). Less than 80% of surgeons both in single and multiple practice settings report weekly endoscopy time. Less than 30% of surgeons both in single and multiple practice settings report dedicated surgical assist time.

	Single Practice Setting				Multiple Practice Settings			
	Mean	SD	Range	N	Mean	SD	Range	N
Urgent OR time (days/week)	0.9	1.0	0-7	118	1.1	0.8	0-3	54
Elective OR time (days/week)	1.1	0.5	0-2	118	1.2	0.6	0-2.5	54
Clinic time (days/week)	1.5	0.7	0-4	118	1.4	0.6	0-3	54
Endoscopy time (days/week)	0.6	0.6	0-2	118	0.7	0.6	0-2	54
Surgical Assisting (days/week)	0.3	0.6	0-4	118	0.3	0.5	0-2	54
Other (days/week)	0.5	0.7	0-3	118	0.6	0.6	0-3	54

Table 1.7.1. Self-reported allotted time to clinical features of practice. Other clinical work includes minor procedures and rounds.



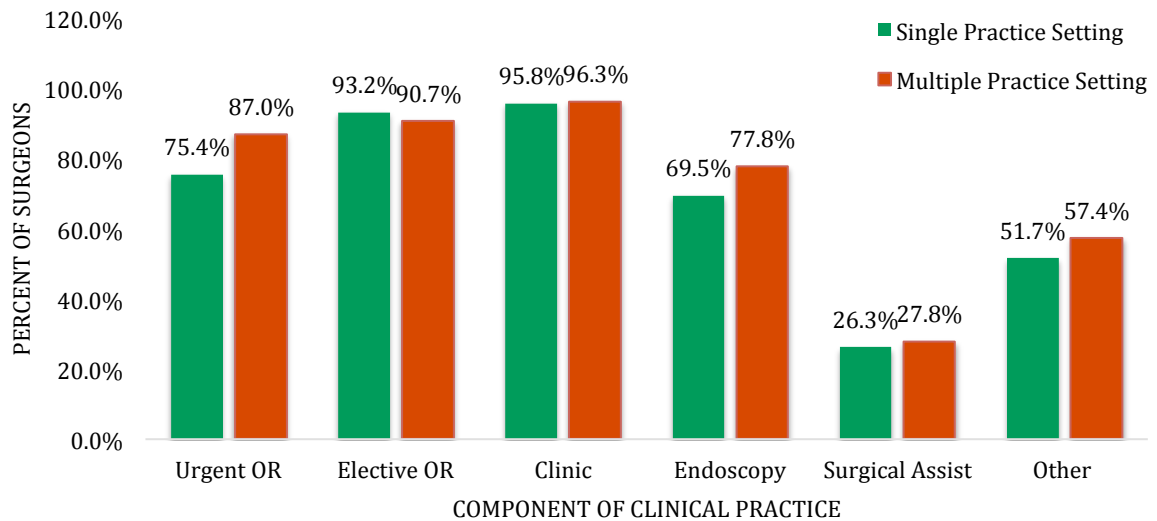


Figure 1.7.3. Percentage of General Surgeons who report any time allotted to the above components of clinical practice. Other clinical work includes minor procedures and rounds.

Questions 28 and 34: Please estimate the time allotted to the following non-clinical features of your current practice

- Protected academic time
- Protected administrative time
- Protected education time
- Other non-clinical work

Over sixty percent (63.2%) of respondent General Surgeons working in a single practice setting report some protected non-clinical time. Over fifty percent (52.8%) of respondent General Surgeons working in multiple practice settings report protected non-clinical time.

	Single Practice Setting				Multiple Practice Settings			
	Mean	SD	Range	N	Mean	SD	Range	N
Protected academic time (days/week)	0.4	0.7	0-4	114	0.1	0.3	0-1	53
Protected administrative time (days/week)	0.2	0.4	0-2	114	0.2	0.3	0-1.5	53
Protected education time (days/week)	0.1	0.2	0-1	114	0.1	0.3	0-2	53
Other (days/week)	0.2	0.4	0-3	114	0.1	0.2	0-1	53

Table 1.7.2. Self-reported allotted time to non-clinical features of practice. Other non-clinical work includes meetings and committee work.



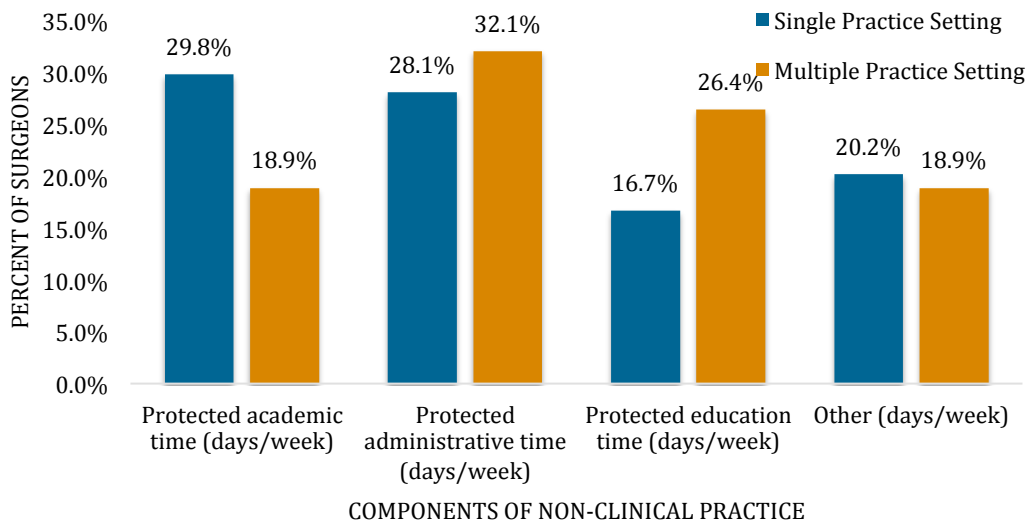


Figure 1.7.4. Percentage of General Surgeons who report any time allotted to the above components of non-clinical practice. Other clinical work includes meetings and committee work.

Questions 35 (Multiple practice : What percent of your working time is spent

- Doing locums
- Working in private endoscopy clinics
- Covering call at a hospital where you do not have regular OR time

Of the one third of respondent General Surgeons who currently provide care in more than one unaffiliated centre, sixty-eight percent (68.5%) are currently doing locums, working in private endoscopy clinics, and/or covering call at hospitals without having regular operating OR time. Thirteen percent (13%) of General Surgeons working in multiple practice settings report that over 80% of their practice is doing locums. Nineteen percent (19%) of General Surgeons working in multiple practice settings report that over 20% of their practice involves covering call for surgeons at hospital where they don't have regular OR time.



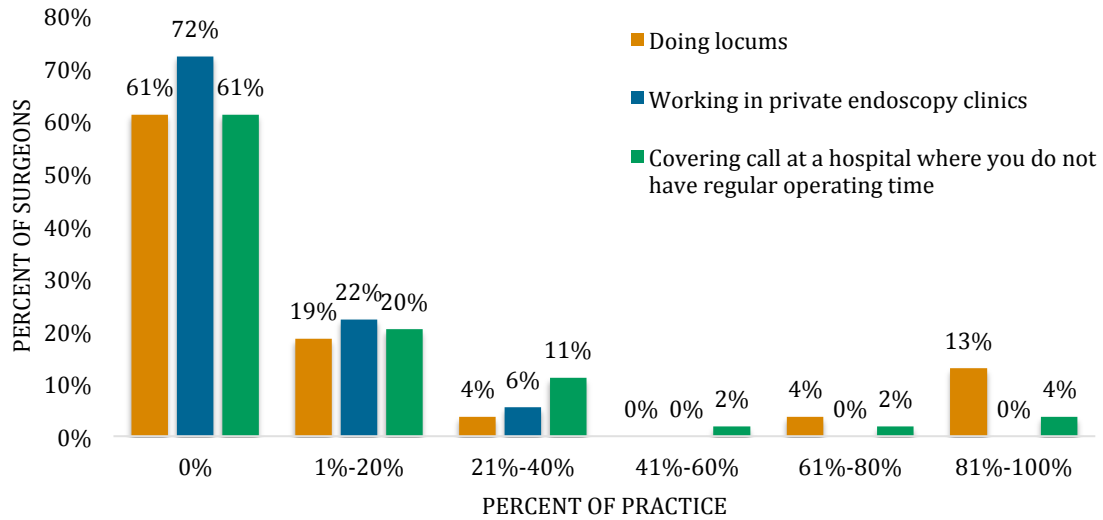


Figure 1.7.5. Percent of practice made up of locums, private endoscopy clinics and call coverage among General Surgeons who report working in multiple practice settings. (n=54)

1.8 Clinical Resource Allocation

Questions 29 and 36: Do you currently feel that you have all of the clinical resources (e.g. OR time, endoscopy time) you want?

The majority of surgeons working in both a single practice setting and multiple practice settings are unsatisfied with the clinical resources available to them.

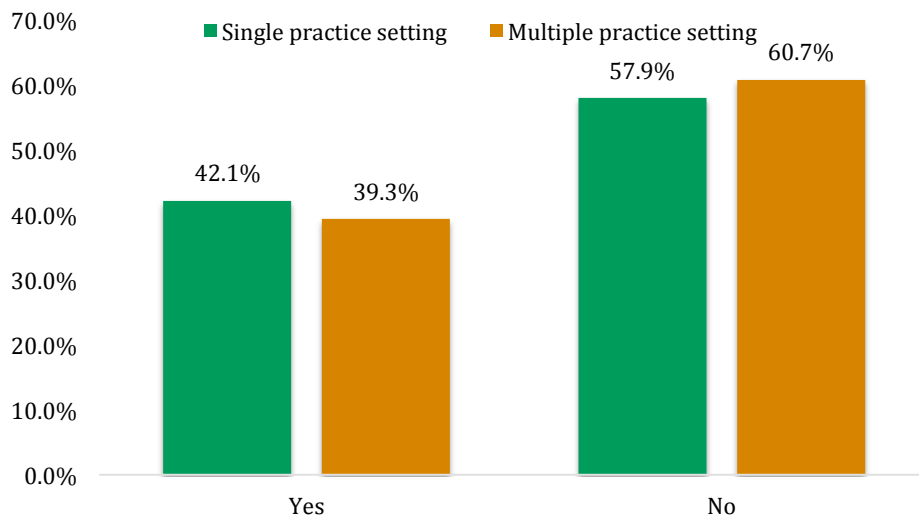


Figure 1.8.1. Current satisfaction of General Surgeons with the clinical resources available to them in single practice and multiple practice settings. (Single practice n=114, multiple practice n=56)



Questions 30 and 37: If no, what additional resources do you wish you had? (select all that apply)

The most sought after additional resource amongst both single practice and multiple practice General Surgeons is additional OR time (64.9% of multiple practice setting surgeons, 66.7% of single practice setting surgeons). Among multiple practice setting surgeons the most valued additional resource is endoscopy time (75.7% of multiple practice setting surgeons)

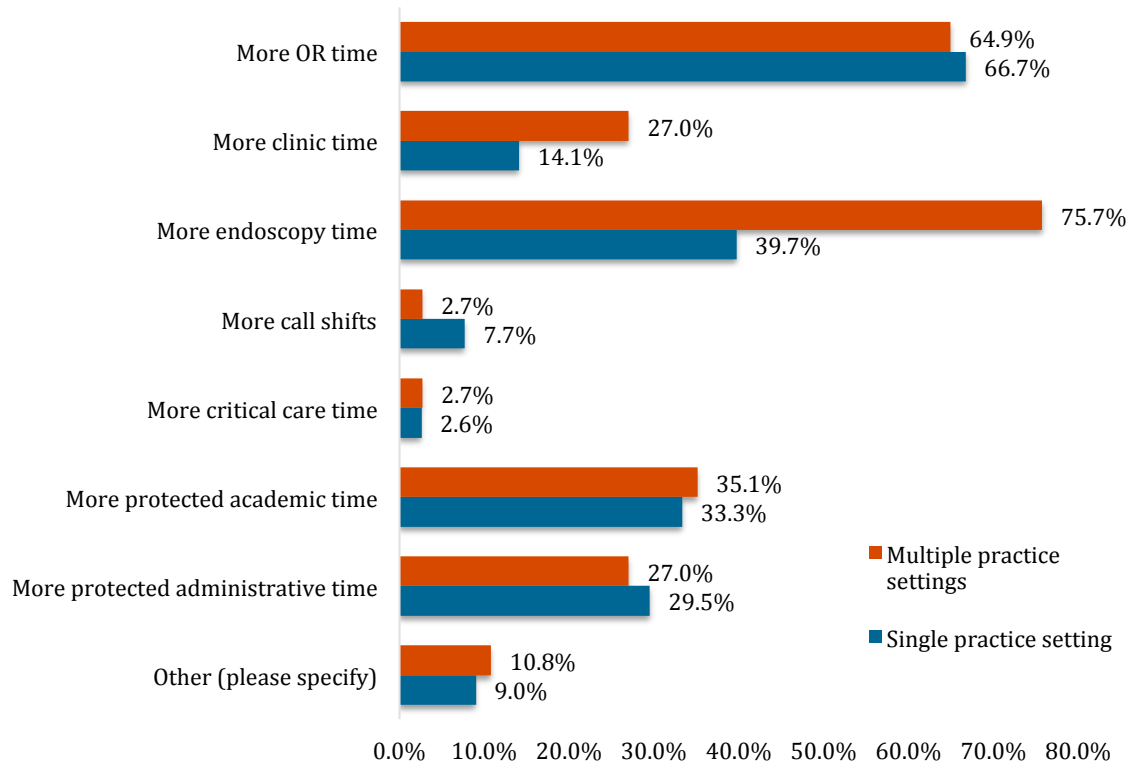


Figure 1.8.2. Additional clinical resources desired by General Surgeons in single practice and multiple practice settings. Other resources included more hospital beds, more nurses, more access to imaging, and more access to specialized centres. (Single practice n=78, multiple practice n=37)

1.9 Job Satisfaction and Ease of Employment

Questions 38: Are you currently working in the job you most desired?

Sixty-five percent (65.2%) of General Surgeons who responded are currently working in the job they most desired.



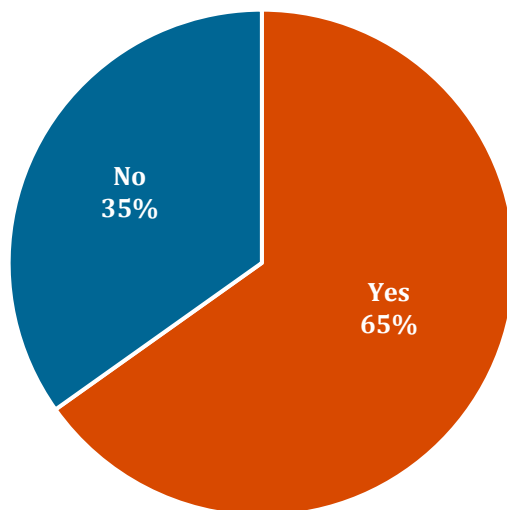


Figure 1.9.1. Percent of General Surgeons who reported currently working in their ideal job. (n=178)

Questions 39: How would you rate your current satisfaction with your employment arrangement?

Over three quarters (75.3%) of surgeons report that they are currently “satisfied” or “very satisfied”. Under four percent (3.9%) report extreme dissatisfaction.

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Percent response	3.9%	10.1%	10.7%	42.7%	32.6%

Table 1.9.1. Reported current job satisfaction of respondent General Surgeons. (n=178)

Questions 40: Do you consider yourself underemployed?

Twenty-two percent (21.9%) of respondent General Surgeons feel underemployed.



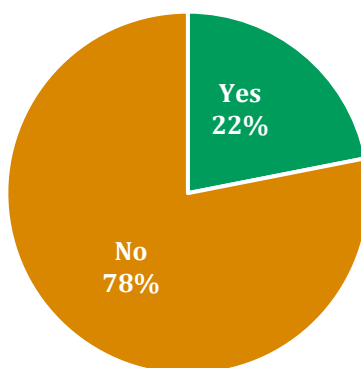


Figure 1.9.2. Percent of General Surgeons who reported feeling underemployed. (n=178)

Questions 41: How important were each of the following factors in leading you to choose to practice in your current location?

The most important factors for General Surgeons in choosing their current position were: Congenial colleagues (mean rating 4.7), Family or personal considerations (mean rating 4.6), Stability (mean rating 4.4), and The opportunity to live in a specific city or province (mean rating 4.2).

Factor	Percent of Respondents					Mean	SD	N
	1	2	3	4	5			
Reputation of the institution or hospital	9.8	12.2	25.0	48.2	12.8	3.6	1.1	164
Reputation of the surgical program at the hospital or institution	9.8	12.8	25.0	40.2	20.1	3.7	1.1	164
Reputation of the surgeons at the institution or hospital	7.9	8.5	16.5	40.2	34.8	4.0	1.1	164
Joining a surgical group with less on call frequency (i.e. more partners to share responsibilities)	15.9	17.7	30.5	32.3	11.6	3.3	1.2	164
Financial remuneration	5.5	7.3	28.0	55.5	11.6	3.8	0.9	164
Opportunity for career advancement	7.3	7.3	7.3	7.3	7.3	3.7	1.1	164
Research support and resources	26.4	26.4	23.3	22.1	9.8	2.8	1.3	163
Congenial work partners and/or colleagues	1.8	6.7	3.0	28.7	67.7	4.7	0.9	164
Family or personal considerations	1.8	4.9	12.3	33.7	55.2	4.6	0.9	163
The opportunity to live in a specific city or province	6.1	6.7	18.4	34.4	42.3	4.2	1.1	163
Balance between work and time off	4.9	8.5	15.2	46.3	32.9	4.1	1.0	164
Stability	3.0	4.9	12.2	45.7	42.1	4.4	0.9	164
Other	20.0	4.0	44.0	12.0	32.0	3.6	1.4	25

Table 1.9.2. Importance of various factors in determining the location of practice of respondent surgeons. Rating of 1 = not at all important, rating of 2 = somewhat unimportant, rating of 3 = neither important nor unimportant, rating of 4 = somewhat important, rating of 5 = very important. The four most important factors are highlighted.



Other factors cited include:

“Doing the type of job for which I was trained”
 “Only job available”
 “Finding a job where you want it is all about timing and luck. Somebody needs to retire at the right time.”
 “Just getting any available job - less jobs than grads!”
 “Southern Ontario”
 “Job available”
 “It was the only GTA job available.”
 “Availability of this position was the most important factor”
 “Finally received an actual job offer after a long period as locum tenens”
 “The only job opening chose me, there were no available options”
 “Just needed a job”
 “I took the only job available that wasn't in a rural center”

Questions 42: If you do not currently have the job you most wanted, why not?

Amongst General Surgeons who are not currently working in the job they most wanted, the most common reason was because their ideal job was not available (60.6%)

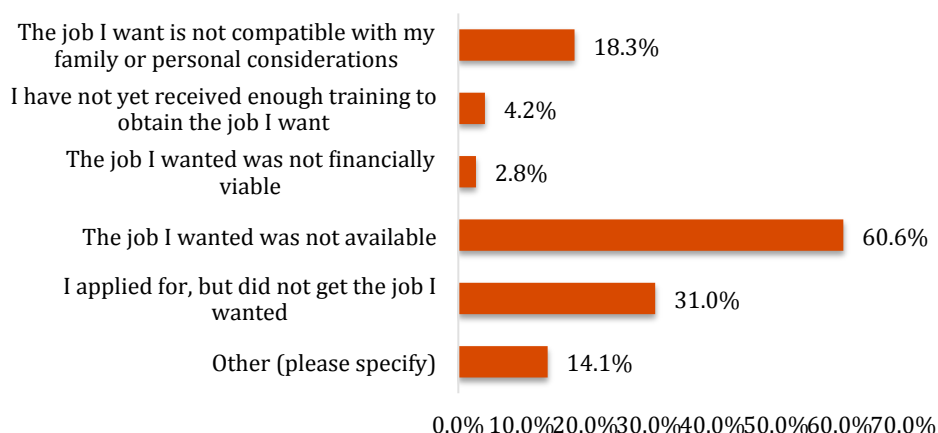


Figure 1.9.3. Reported reasons for which General Surgeons are not currently working in their ideal job. (n=71) Other reasons included: “I am applying for the job I want”, “this is only a locum position”, “foreign medical trainee”, and “no jobs”.



Questions 43: How many General Surgery jobs have you applied to since finishing your post-graduate training?

Sixty percent (59.1%) of recent graduate General Surgeons have applied to 1-2 General Surgery jobs.

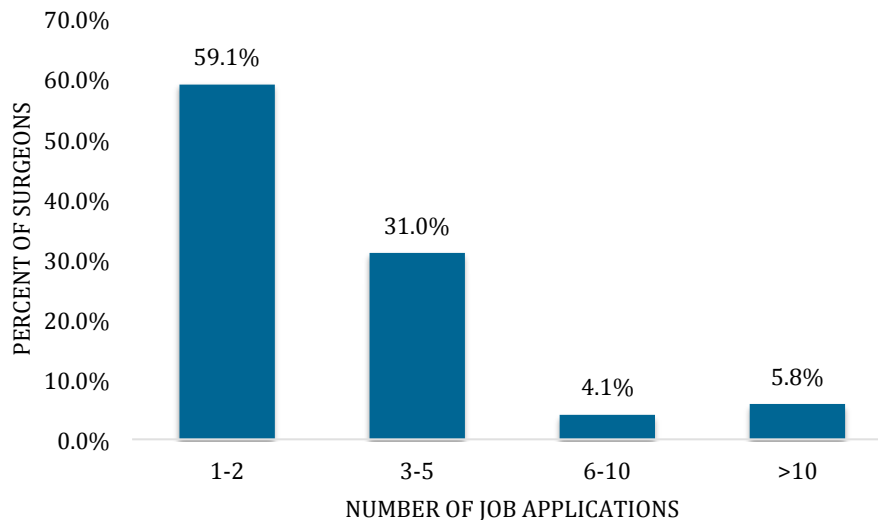


Figure 1.9.4. Reported number of jobs applied to by General Surgeons following completion of post-graduate training. (n=171)

Questions 44: How many job offers have you received since finishing your post-graduate training?

Two thirds (67.9%) of respondent General Surgeons have received 1-2 job offers since completion of post-graduate training. Sixteen percent (16.0%) of General Surgeons have not yet received any job offers.





Figure 1.9.5. Reported number of jobs offers received by General Surgeons following completion of post-graduate training. (n=162)

Questions 45: How difficult was it for you to find a staff position?

Over fifty percent (51.1%) of General Surgeons who responded reported some degree of difficulty finding a staff position.

	Extremely difficult	Somewhat difficult	Not difficult	Easy	N/A
Response (%)	14.0	37.1	26.4	15.2	7.3

Table 1.9.3. Reported difficulty in finding a staff position by General Surgeons. (n=178)

Questions 46: While in training, how anxious were you about having to secure a job?

Only fifteen percent (15.2%) of respondent General Surgeons reported “no anxiety” about the process of securing a job when they were in training.

	Very anxious	Moderately anxious	Mildly anxious	Not anxious
Response (%)	38.2	26.4	20.2	15.2

Table 1.9.4. Reported anxiety about finding a job amongst respondent General Surgeons. (n=178)



Questions 47: Please rate how important you feel the following factors were to your successful employment?

The most important factors for General Surgeons in achieving employment successfully: Individual efforts (mean rating 4.3), Fellowship training (mean rating 3.7), and Need in the community (mean rating 3.7).

Factor	Percent of Respondents					Mean	SD	N
	1	2	3	4	5			
Fellowship training	19.5	5.2	10.3	16.7	48.3	3.7	1.6	174
Extra (non-fellowship) training	29.2	8.2	28.1	17.5	17.0	2.8	1.4	171
Electives done in residency	26.7	7.0	26.2	25.6	14.5	2.9	1.4	172
Work done prior to residency	48.5	11.1	29.2	7.6	3.5	2.1	1.2	171
Individual efforts (personal contacts, networking)	2.3	2.9	7.5	34.5	52.9	4.3	0.9	174
Academic work (publications/grants/research experience)	19.7	14.5	22.0	29.5	14.5	3.0	1.3	173
Need in the community in which I work	8.1	7.5	17.9	36.4	30.1	3.7	1.2	173
Work experience (e.g. call and locums) at the hospital I currently work at	31.0	8.0	19.5	21.8	19.5	2.9	1.5	174

Table 1.9.5. Importance of various factors in achieving successful employment. Rating of 1 = not at all important, rating of 2 = somewhat unimportant, rating of 3 = neither important nor unimportant, rating of 4 = somewhat important, rating of 5 = very important. The four most important factors are highlighted.

Questions 48: Are there other factors not listed above that you feel were important factors in obtaining successful employment? Please describe.

Additional Factors	Comments from Respondents
Luck and Timing	<p>“Luck. Being in right place at right time”</p> <p>“Luck! There happened to be a job opening when I finished training”</p> <p>“Timing. I was one of the last few people to get a job out of residency.”</p> <p>“Timing of a retirement”</p> <p>“Being at the right place at the right time with the experience and specialization they needed. Also having enormous support from mentors who made numerous phone calls on my behalf to get the job. Without this I do not think it would have been possible.”</p>



References	<p>“References from people I had previously worked with to the people I work with now”</p> <p>“I was told that references were very important in my obtaining the position.”</p> <p>“Recommendation by other surgeons”</p>
Contacts	<p>“You get the job depending who you know, it's a kind of ‘Canadian’ mafia”</p> <p>“Strong contacts and Internal selection- not fair”</p> <p>“Nepotism is the most important factor”</p> <p>“knowing the right people”</p> <p>“My programs director’s connections”</p> <p>“Timing, networking, trying to make yourself too valuable for them not to hire, or too valuable to lose to a competing institution”</p> <p>“My assessment program (APIMG)”</p>
Reputation	<p>“Reputation, awards in residency/fellowship, clinical acumen”</p> <p>“reputation as a trainee”</p>
Residency	<p>“I spent time here as a resident .”</p> <p>“Strong mentorship and advocacy from training programs”</p> <p>“Residency is a 5 year job interview...probably biggest determinant on whether you get recruited back to that center.”</p> <p>“distributed training program to community hospitals”</p>
Other	<p>“Too many "support" staff in NP's, physician assistants etc allowing established surgeons to pick up more OR instead of pick up more new surgeons”</p> <p>“Lack of job availability. We should all leave Ontario if it were possible”</p> <p>“Willingness to work for non-temporal benefits”</p> <p>“Transparency of job advertisement”</p>

Table 1.9.6. Other factors reported by General Surgeons to be important in obtaining successful employment.

Questions 49: Was the primary job you currently hold publicly advertised?

Over fifty percent (54.5%) of jobs currently held by respondent General Surgeons were not publicly advertised.



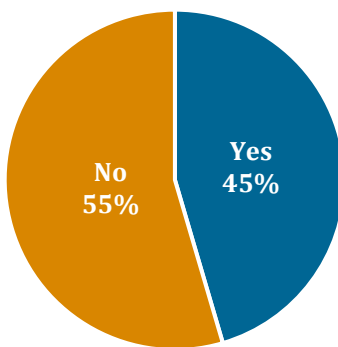


Figure 1.9.6. Percent of jobs currently held by General Surgeons that were publicly advertised. (n=176)

Questions 50: How did you find out about your current job?

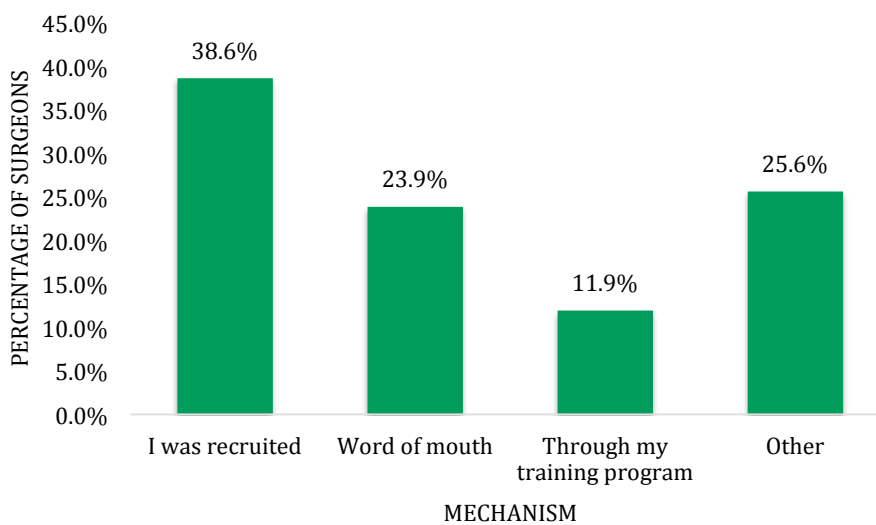


Figure 1.9.7. Mechanism by which General Surgeons found out about current jobs. (n=176)



Other responses included:

"Application"
 "One of the surgeons sent me an email"
 "Online add"
 "hfo.org"
 "Elective during training"
 "Slipped into the role"
 "Job posting"
 "Through locums"
 "Own effort, contacted division heads"
 "Job website (HealthMatchBC.org)"
 "I approached them with plan for services I can provide"
 "Letter of interest I sent"
 "OAGS, CAGS posts"
 "Posting at the hospital where I trained"
 "I previously took call here"

1.10 Locums

Questions 51: If applicable, why do you do locums?

Over a third (35.7%) of respondent surgeons who do locums, are doing so because they are awaiting jobs to open up at the location of the locum.

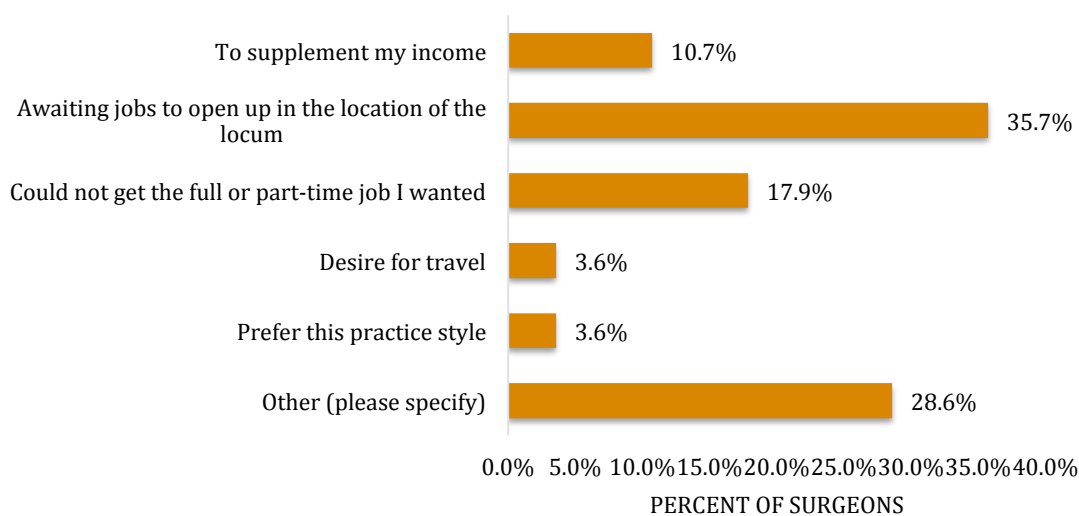


Figure 1.10.1. Reasons for which respondent General Surgeons do locums. (n=56)



Other reasons included:

“To do ICU”
 “Keep up my ICU skills until I get a permanent ICU position at my home hospital”
 “I did locums prior to employment for income and to gain experience”
 “I did not have a job right out of residency and locuming was a good way to work and get experience. Since obtaining a full time position, I have not done locums.”
 “To support under services areas”
 “I did locum to try different areas and pick one as full time”
 “When I come back to Canada, I like to see what's new, and earn some actual money.”
 “Keep up clinical skills”
 “Did locums while waiting to start my job in US (waiting for visa)”
 “I did 50+ locums during my fellowship (2013- June 2015) to keep up my surgical skill set and make connections”

Questions 52: If applicable, does your locum arrangement include access to (check all that apply):

Over two thirds of locum arrangements of respondent General Surgeons include regular access to non-emergency OR time (67.7%), non-emergency endoscopy (67.7%), and follow-up clinics (71.0%).

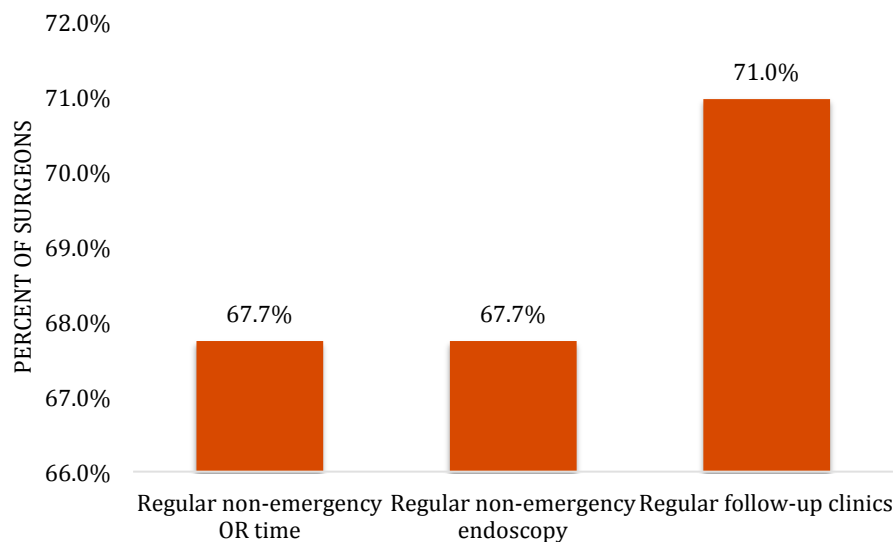


Figure 1.10.2. Percentage of General Surgeons who report regular access to health care resources as part of their locums. (n=31)



1.11 Demand and Training for General Surgeons

Questions 53: In your opinion, the number of surgeons currently practicing General Surgery in your geographic region is:

Sixty percent (60.2%) of respondent General Surgeons believe that the number of surgeons currently practicing General Surgery in their geographic area is appropriate.

	Too few	Appropriate	Too many	Not sure
Response (%)	18.2	60.2	15.3	6.3

Table 1.11.1. Opinions of respondent General Surgeons regarding the appropriateness of the number of surgeons currently practicing General Surgery in their geographic area. (n=176)

Questions 54a: Do you think that the General Surgery training programs in Canada are currently training too many general surgery residents for the number of positions that are available.

Seventy percent (71.6%) of General Surgeons who responded believe that there are too many residents being trained for the number of jobs currently available.

	Strongly Disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (4)	Mean	SD
Response (%)	0.0	5.7	22.7	40.9	30.7	4.0	0.9

Table 1.11.2. Opinions of respondent General Surgeons regarding the appropriateness of the number of surgeons currently being trained with respect to current number of positions. (n=176)

Questions 54b: Do you think that the General Surgery training programs in Canada are currently training too many general surgery residents for the number of positions that will be available in the next 5-10 years.

Fifty-five percent (55.1%) of General Surgeons who responded believe that there are too many residents being trained for the number of jobs that will be available in the next decade.



	Strongly Disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (4)	Mean	SD
Response (%)	2.3	11.4	31.3	27.8	27.3	3.7	1.1

Table 1.11.3. Opinions of respondent General Surgeons regarding the appropriateness of the number of surgeons currently being trained with respect to the number of positions that will be available in the next 5-10 years. (n=176)

1.12 Miscellaneous Feedback and Comments

Questions 55: We welcome your feedback or additional comments on any topic covered in this survey.

Theme	Comments from Respondents
Training	<p>“The number of residents trained is not based on jobs that will be available but on the service they provide to the academic hospitals . I also believe that 2 surgeons should operate together without the need for family physicians or other under qualified assistance. This is better for patient safety!”</p> <p>“The residency programs should determine residency size based on available jobs rather than need for service in academic centres. It is not fair to train residents for five years in a very demanding training program with no realistic options for jobs. Young trainees are being taken advantage of to provide call coverage and undeseriable work. Unethical practises are occuring. Trainees have large debt loads and have no choice often but to accept suboptimal positions and not utilizing their training.”</p> <p>“The increased number of medical students does NOT mean we should train more surgeons for jobs that dont exist. train family docs. thats what public wants! start enforcing standards and getting rid of foreign trained docs (surgeons) who still havent passed exams! many existng surgeons, preventing young surgeons from working, are foreign trained!! Keep Royal College POS, and Fellowship exams MANDATORY for ALL foreign grads.”</p> <p>“Fiscal constraints (resource for elective OR and endoscopy time) is the MOST significant factor limiting job opportunities, too many residency positions in major cities second, and too few training programs in smaller centres third. If residents were trained in the community (eg: not in the GTA), they would likely distribute outside the major metros, ie: develop a training program in thunder Bay if you want surgeons to practice there!”</p> <p>“Need coaching, direction, job negotiation skill training during residency. Securing a job is very different to matching to med school or CaRMS. I received several verbal offers while I was a senior resident but these fell through as I was naive enough to take people at their word. This led to a long period working as a locum in various places and I almost gave up and left the profession altogether. (...) I have colleagues years out of residency who still locum. Each year away from a busy elective practice as a locum who does call only etc, will weaken you and make you even less competitive compared to newly graduating residents or fellows. Current residents and fellows need to be warned against these scenarios. They need to see what will make them</p>



desirable in today's cutthroat job market: fellowship training, likeable personality, works well with others/nurses; at my hospital the nurses have a huge say into which surgeons get hired and which don't based on their competence and ability to work well with team. An otherwise great candidate who gets on wrong side of nurses will be blacklisted from that place altogether."

Job opportunities

"I feel that I'm very lucky to have been able to get a good job where i wanted it. I know a lot of other people that are underemployed. Searching for a job was a stress on my family life."

"I think unfortunately finding a job today is much harder than it was 10 years ago. I had to do almost 4 years of fellowship training beyond my residency to have a CV that would measure up to an academic position and even then I think I was extremely lucky getting the job I got. It is about happening to be finishing right on time when a hospital needed a certain expertise was pure coincidence and then luckily knew people who knew people. Networking is essential. I understand why a group would not want to hire someone they do not know at all given that person will likely stay for many years to come. I think we should get advice as residents, how to network, how to sell ourselves for potential employment."

"I am biased in terms of responding to this survey because I got the job I really wanted and am pleased about it. The more likely thing is that people who are mad about their jobs will respond. You probably miss the middle of the road people but I still think this is a great survey idea and very well timed and appropriate."

"Getting my job was extremely competitive. The only reason I obtained the job I got was because of significant effort as a locum surgeon. We have recently posted an opening and received 50 applicants all fellowship trained. This demonstrates a lack of job availability to general surgeons. Some had multiple fellowships"

"The last job I applied to had 55 applicants, most of whom are fellowship trained. Too many well-trained surgeons and not enough need (including outside the GTA/in the community/around Canada)."

"I was looking for a very specific sub-specialized academic job for which not many people could have qualified. Academic jobs are different than community jobs. The issue is this very different and perhaps more difficult for those (majority) seeking community jobs. In my area clinical associate positions are multiplying, without employment perspective attached to them. Lots of gen Surg services seem to be taking advantage of the situation."

"I chose not to do a fellowship after residency and decided to work and was lucky to find locums the first 2 years, in 3-4 hospitals. This led to full time employment/position at the current hospital."

"I feel that there are many current job opportunities available to general surgeons currently but they require applicants to be flexible in the type of work and location in which they practice."

"I am one of the lucky ones who found a job directly out of residency, in a large centre without fellowship training. I am a dying breed which is unfortunate as



	<p>we are very well trained in our country for general surgery practice. The academic institutions drive our residents to subspecialize when most choose general surgery for its variety of cases.”</p> <p>“Your survey can't really capture my situation well, and I can't be the only one, so beware. I have a position in one hospital which is okay, but I also work in another hospital in a position that is ideal. Said second hospital doesn't have a position open, however, which is why i must keep my original job as well, so I work a whole lot more than I'd like to.”</p> <p>“I'm working in the USA because I was not able to find a good job in Canada. Not my ideal job, but I knew it was a reality when I trained.”</p>
Location of practice	<p>“We should be training more surgeons in locations that are in need (eg north bay) and less surgeons in areas which are over populated with surgeons (eg Toronto). Expecting trainees to set roots for 5-7 years and then expect them to find work elsewhere is not realistic and not fair to them. Creating training programs where there is need increases the likelihood trainees will 1) stay in that location and 2) be trained more appropriately for the need in that area”</p> <p>“There remains a need for rural surgeons... More resident exposure to rural surgery will facilitate recruitment”</p>
Covering call	<p>“I am the reason why I'm not fully employed. I cover older surgeon's call to make a living, while they get older and keep elective practice</p>
Retirement	<p>“The problem is not the number of general surgeons we are training, the problem is the number of general surgeons that should retire and do not retire.”</p> <p>“I think the larger issue with the current job market is that older surgeons are NOT retiring and there is no incentive for them to retire because new grads are making their job easier by taking their call. In essence, the older surgeons are taking advantage of the fact that there are unemployed young grads who are will to take call. I strongly believe that elective OR time should be coupled with call and if one is unable to take call then they should not have elective OR time either.”</p> <p>“Just as surveying recent grads would shed light on the employment crisis facing general surgery, it would be very helpful to survey surgeons who should be nearing retirement (ie 60+) re their decisions and plans for retirement”</p>
Human resource planning	<p>“Bottom line, our health care system and it's human resource planning need a major overhaul. Hiring practices are not objective, consistent or in the best interest of patients. Too many qualified but underemployed specialists while wait times for specialist services is the worst it has been in over a decade. This, in my opinion reflects directly on the monopoly that exists in the hiring practice of specialist, where conflict of interest is rife.”</p> <p>“When I came out it seemed like the only work available was Locum and this was very stressful. Now we are finding it hard to find locums even though we will be offering a position. I think invariably there will be up and downs in the job market as we have no standardized retirement age and predicting need will always be a guess.”</p>



“I don't think we know what kind of general surgery graduates we need. there is no assessment who is retiring and how that position will be filled eg. general surgeon with broad community practice replaced by new graduate with colorectal fellowship? how will this change the landscape and job market and how we train future surgeons?”

“Health care budgets and therefore hospital budgets cannot increase at a rate that matches population need (because budgets are already stretched). As a consequence there will not be the necessary increase in OR time/Endo time to facilitate the appropriate increase in general surgery positions. The job situation is going to continue to deteriorate before it gets better...”

Table 1.12.1. Additional comments and opinions.



COMPARISONS

2.1. Year of Graduation vs. Number of Job Offers

There was no significant difference ($p=0.28$) in the year of graduation amongst General Surgeons who have not reported any job offers vs those who have reported at least one offer.

Group	Year of graduation (Mean \pm SD)	N
No offers	2011.1 \pm 2.72	24
At least one offer	2010.2 \pm 3.74	152

Table 2.1.1. Comparison of the year of graduation of surgeons who reported no offers vs those who reported at least one offer. Unpaired t test, $p = 0.28$

2.2. Practice Setting vs. Number of Job Offers

There was no significant difference ($p=0.36$) in the practice setting of General Surgeons who have not reported any job offers vs those who have reported at least one offer.

	Single practice setting	Multiple practice setting	Row totals
No offers	14 (15.95)	101 (99.05)	115
At least one offer	10 (8.05)	48 (49.95)	58
Column totals	24	149	

Table 2.1.2. Comparison of the practice setting of surgeons who reported no offers vs those who reported at least one offer. Observed values are presented with expected cell values in parentheses. $p = 0.36$, chi-square statistic is 0.8286

2.3. Satisfaction with Current Employment Arrangement vs. Number of Job Offers

General Surgeons who have not reported any job offers are statistically ($p<0.05$) less satisfied with their current employment arrangement.

	(Very) Satisfied	Neutral	(Very) Dissatisfied	Row totals
No offers	10 (18.40)	2 (3.23)	13 (3.37)	25
At least one offer	121 (112.60)	21 (19.77)	11 (20.63)	153
Column Totals	131	23	24	

Table 2.1.3. Comparison of the employment satisfaction of surgeons who reported no offers vs those who reported at least one offer. Observed values are presented with expected cell values in parentheses. $p < 0.00001$, chi-square statistic is 37.0078



2.4. Attitudes on Demand for General Surgeons vs. Number of Job Offers

General Surgeons who have not reported any job offers are significantly more likely to believe that there are too many surgeons being trained for the number of jobs that will exist in 5-10 years ($p < 0.05$). They are no more likely than surgeons with reported job offers to believe that there are too many surgeons being trained for the number of jobs currently available ($p = 0.60$).

	Too many surgeons for jobs available now	Neutral	Not too many surgeons for jobs available now	Row totals
No offers	20 (17.88)	4 (5.67)	1 (1.45)	25
At least one offer	103 (105.12)	35 (33.33)	9 (8.55)	147
Column Totals	123	39	10	

Table 2.1.4. Comparison of the attitudes on surgeon demand of surgeons who reported no offers vs those who reported at least one offer. Observed values are presented with expected cell values in parentheses. $p = 0.60$, chi-square statistic is 1.035

	Too many surgeons for jobs available in 5-10y	Neutral	Not too many surgeons for jobs available in 5-10y	Row totals
No offers	14 (13.81)	1 (7.70)	10 (3.49)	25
At least one offer	81 (81.19)	52 (45.30)	14 (20.51)	147
Column Totals	95	53	24	

Table 2.1.5. Comparison of the attitudes on future surgeon demand of surgeons who reported no offers vs those who reported at least one offer. Observed values are presented with expected cell values in parentheses. $p = 0.000027$, chi-square statistic is 21.0507



APPENDIX A1: PROJECTED BUDGET

SOURCES		Budget
External Funding		
CAGS Research Grant		\$6,000.00
OAGS Research Grant		\$6,000.00
Total External Funding		\$12,000.00
Internal Funding/Other		\$0.00
Total SOURCES		\$12,000.00
EXPENSES		Budget
Personnel		
Summer Research Student (Base)		\$5,500.00
Summer Research Student (Bonus)		\$500.00
Subtotal		\$6,000.00
Survey Administration		
Subscription to survey software		\$200.00
Draw prize		\$600.00
Telephone Expenses		\$150.00
Subtotal		\$950.00
Publication & Presentation		
Printing		\$400.00
Conference fees		\$600.00
Publication		\$1,500.00
Travel		\$2,550.00
Subtotal		\$5,050.00
Total EXPENSES		\$12,000.00
NET (Sources - Expenses)		\$0.00



APPENDIX A2: ACTUAL SOURCES AND EXPENSES

SOURCES		Budget
External Funding		
CAGS Research Grant		\$6,000.00
OAGS Research Grant (<i>pending</i>)		\$6,000.00
Total External Funding		\$12,000.00
Internal Funding/Other		\$0.00
Total SOURCES		\$12,000.00
EXPENSES		Budget
Personnel		
Summer Research Student Salary		\$5,500.00
	Subtotal	\$5,500.00
Survey Administration		
Subscription to survey software		\$180.00
Draw prize (<i>pending purchase</i>)		\$600.00
	Subtotal	\$780.00
Publication & Presentation		
Printing		\$0.00
Conference fees		\$0.00
Publication		\$0.00
Travel		\$0.00
	Subtotal	\$0.00
Total EXPENSES		\$6,280.00
NET (Sources - Expenses)		\$5,720.00



APPENDIX B: COVER LETTER

Dear Colleagues,

In recent years, several groups within the Canadian General Surgery community have raised concerns about unemployment, underemployment, and changing practice patterns among recent residency program graduates. The Royal College of Physicians and Surgeons, in their 2013 report *What's really behind Canada's unemployed specialists?*, noted that a significant gap exists in medical workforce planning in Canada.

The goal of this study is to assess the current employment pressures on recent Canadian General Surgery graduates and the effects this pressure is having on their career choices.

To collect data for this study, early career Canadian General Surgeons who are between 2-7 years of finishing residency will be surveyed. These questions will provide basic information about surgeon demographics, scope of practice, patient population, factors affecting career choice, and the process of obtaining a job.

These surveys are confidential, all responses will be pooled prior to analysis, and no individual data will be disseminated. Results from this study will be reported to CAGS and the regional General Surgery societies as well as presented at an upcoming Canadian Surgery Forum.

The survey should take about 15 minutes to complete. Your support in completing this survey in a timely manner is greatly appreciated.

Debrah Wirtzfeld
President, CAGS

CAGS Recent Grads Employment Survey Advisory Committee:

Frances Wright

Sean Grondin

Neel Datta

Kelly Vogt



APPENDIX C: ENGLISH SURVEY

Section 1: Demographics

1. In what year were you born? (enter 4-digit birth year; for example, 1976)

2. What is your gender?

- Female
- Male
- Prefer not to answer

3. In what province do you currently live?

4. Is the country you are currently living in the country you consider to be your home country?

- Yes
- No
- I don't know

5. In what language do you primarily practice medicine?

- English
- French
- Other (please specify)



Section 2: Education and Training

6. Please indicate the year in which you:

Graduated from medical school

Completed your General Surgery residency

Completed all of your post-graduate surgical training

7. From which residency program did you graduate?

8. Please indicate which advanced education degrees you:

Currently hold	<input type="text"/>
Are currently completing	<input type="text"/>

9. Did you complete fellowship training (including any accredited or non-accredited clinical or research training beyond your General Surgery residency)?

- Yes
 No

* 10. Are you currently undertaking fellowship training?

- Yes
 No

11. If you completed or are currently undertaking fellowship training, what type of fellowship training was/is it? If multiple, please list them in order of start date (from least recent to most recent).

Surgeons currently completely fellowship training (question 10) were excluded from subsequent questions



Section 3: Current Practice

* 12. Are you currently practicing General Surgery or one of its subspecialties?

- Yes
 No

13. Are you currently in an arrangement that you would consider "job sharing"? (*Job sharing is an arrangement where, typically, two people are retained on a reduced time basis to perform a job usually performed by one person.*)

- Yes
 No
 I am not sure

14. On average, what is the number of hours per week that you work? (Please include all hours related to administrative duties, research, clinical practice, teaching, and on call hours)

15. How many days/month, on average, are you on call?

16. How many surgeons, including you, are in your current call coverage group?

17. Do you take call for any surgeons outside of your group?

- Yes
 No

18. In 2014, how many weeks of personal vacation did you take? (Do not include time away because of illness, continuing education, or professional conferences)

19. In 2014, how much time did you take off from your practice for continuing medical education (CME) activities such as courses, professional conferences, etc.?

Surgeons currently not practicing General Surgery of one of its subspecialties (question 12) were directed to section 3.1 and then excluded from subsequent questions.



Section 3.2: Single Practice Setting

26. Which of the following best describes your current practice setting?

- Academic Research Hospital
- Large Community Hospital
- Small Community Hospital
- Non-hospital based practice (e.g. endoscopy)
- Locums at a single site
- Other (please specify)

27. Please estimate the time allotted to the following clinical features of your current practice:

Urgent/emergent OR time
(average **days**/week)

Elective OR time (average
days/week)

Clinic time (average
days/week)

Endoscopy time (average
days/week)

Surgical assisting
(average **days**/week)

Other clinical work
(average **days**/week)

Describe other (if
applicable)



28. Please describe the following non-clinical features of your current practice:

Protected academic time
(average **days**/week)

Protected administrative
time (average **days**/week)

Protected
education/teaching time
(average **days**/week)

Other non-clinical work
(average **days**/week)

Describe other (if
applicable)

* 29. Do you currently feel that you have all of the clinical resources (e.g. OR time, endoscopy time) you want?

Yes

No

30. If no, what additional resources do you wish you had? (select all that apply)

More OR time

More clinic time

More endoscopy time

More call shifts

More critical care time

More protected academic time

More protected administrative time

Other (please specify)



Section 3.3: Multiple Practice Settings

31. In the past year, how many unaffiliated hospitals, clinics, or endoscopy centres have you worked in?

32. Which of the following best describes your current principal affiliation?

- Academic Research Hospital
- Large Community Hospital
- Small Community Hospital
- Non-hospital based practice (i.e. endoscopy)
- Locums
- No principal affiliation
- Other (please specify)

33. Please estimate the time allotted to the following clinical features of your current practice:

Urgent/emergent OR time
(average days/week)

Elective OR time (average
days/week)

Clinic time (average
days/week)

Endoscopy time (average
days/week)

Surgical assisting
(average days/week)

Other clinical work
(average days/week)

Describe other (if
applicable)



34. Please estimate the time allotted to the following non-clinical features of your current practice:

Protected academic time
(average **days**/week)

Protected administrative
time (average **days**/week)

Protected
education/teaching time
(average **days**/week)

Other non-clinical work
(average **days**/week)

Describe other (if
applicable)

35. What **percent** of your working time is spent: (0-100%)

Doing locums

Working in private
endoscopy clinics

Covering call at a hospital
where you do not have
regular operating time

36. Do you currently feel that you have all of the clinical resources (e.g. OR time, endoscopy time) you want?

Yes

No

37. If no, what additional resources do you wish you had? (select all that apply)

More OR time

More clinic time

More endoscopy time

More call shifts

More critical care time

More protected academic time

More protected administrative time

Other (please specify)



Section 4: Understanding Employment Choices

38. Are you currently working in the job you most desired?

- Yes
 No

39. How would you rate your current satisfaction with your employment arrangement?

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Do you consider yourself underemployed?

- Yes
 No

41. How important were each of the following factors in leading you to choose to practice in your current location?

	Not at all important	Somewhat unimportant	Neither important nor unimportant	Somewhat important	Very important
Reputation of the institution or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reputation of the surgical program at the hospital or institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reputation of the surgeons at the institution or hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joining a surgical group with less on call frequency (i.e. more partners to share responsibilities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial remuneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research support and resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congenial work partners and/or colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or personal considerations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The opportunity to live in a specific city or province	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance between work and time off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)



42. If you do not currently have the job you most wanted, why not?

- I applied for, but did not get the job I wanted
- The job I wanted was not available
- The job I wanted was not financially viable
- I have not yet received enough training to obtain the job I want
- The job I want is not compatible with my family or personal considerations
- Other (please specify)

43. How many General Surgery jobs have you applied to since finishing your post graduate training?

- 1-2
- 3-5
- 6-10
- >10

44. How many job offers have you received since finishing your post-graduate training?

45. How difficult was it for you to find a staff position

- Extremely difficult
- Somewhat difficult
- Not difficult
- Easy
- N/A

46. While in training, how anxious were you about having to secure a job?

- Very anxious
- Moderately anxious
- Mildly anxious
- Not anxious



47. Please rate how important you feel the following factors were to your successful employment?

	Not at all important	Somewhat unimportant	Neither important nor unimportant	Somewhat important	Very important
Fellowship training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extra (non-fellowship) training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electives done in residency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work done prior to residency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual efforts (personal contacts, networking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic work (publications/grants/research experience)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need in the community in which I work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work experience (e.g. call and locums) at the hospital I currently work at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Are there other factors not listed above that you feel were important factors in obtaining successful employment? Please describe.

49. Was the primary job you currently hold publicly advertised?

- Yes
- No

50. How did you find out about your current job?

- I was recruited
- Word of mouth
- Through my training program
- Other (please specify)



51. If applicable, why do you do locums?

- Prefer this practice style
- Desire for travel
- Could not get the full or part-time job I wanted
- Awaiting jobs to open up in the location of the locum
- To supplement my income
- N/A (I don't do locums)
- Other (please specify)

52. If applicable, does your locum arrangement include access to (check all that apply):

- Regular non-emergency OR time
- Regular non-emergency endoscopy
- Regular follow-up clinics
- N/A (I don't do locums)

Section 5: Perceptions on Supply of General Surgeons

53. In your opinion, the number of surgeons currently practicing General Surgery in your geographic region is:

- Too few
- Appropriate
- Too many
- Not sure (please specify why)

54. Do you think that:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The general surgery training programs in Canada are currently training too many general surgery residents for the number of positions that <u>are</u> available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The general surgery training programs in Canada are currently training too many general surgery residents for the number of positions that <u>will be</u> available in the next 5-10 years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Section 6: Additional Comments

55. We welcome your feedback or additional comments on any topic covered in this survey.



APPENDIX D: SONDAGE EN FRANÇAIS

Partie 1: Données démographiques

1. Quelle est votre année de naissance (ex. : 1976)?

2. Vous êtes:

- Femme
- Homme
- Je préfère ne pas répondre

3. Dans quelle province habitez-vous présentement?

4. Le pays dans lequel vous habitez présentement est-il votre pays d'origine?

- Oui
- Non
- Je ne sais pas

5. En quelle langue exercez-vous habituellement la médecine?

- Anglais
- Français
- Autre (veuillez préciser)



Partie 2: Formation

6. En quelle année avez-vous:

Obtenu votre diplôme de médecine

Complété votre résidence en chirurgie générale

Complété une formation complémentaire « fellowship » en chirurgie

7. De quel programme de résidence avez-vous gradué?

8. S'il vous plaît indiquez quels diplôme du 2e ou 3e cycle vous

Avez obtenu

Suivez présentement

9. Avez-vous complété une formation de fellowship après votre résidence en chirurgie générale, incluant de la formation clinique accréditée ou non, ou de la formation en recherche en plus de votre résidence en chirurgie générale?

- Oui
 Non

* 10. Êtes-vous présentement inscrit dans un fellowship?

- Oui
 Non

11. Si vous avez complété un fellowship ou êtes inscrit dans un fellowship, s'il vous plaît identifiez le type de formation complémentaire. S'il y en a plusieurs, listez-les en ordre en fonction de la date de début de la formation (de la moins récente à la plus récent).

Les chirurgiens en train de compléter leur fellowship (question 10) ont été exclue des suivants questions.



Partie 3: Pratique courante

* 12. À présent, pratiquez-vous la chirurgie générale ou une de ses spécialités?

- Oui
 Non

13. Êtes-vous présentement dans un «partage d'emploi» («job sharing»)?

(Un partage d'emploi est un aménagement des horaires de travail de deux personnes à temps partiel qui exécutent le travail normalement effectué pour une seule personne.)

- Oui
 Non
 Je ne sais pas

14. En moyenne, combien d'heures par semaine travaillez-vous? S'il vous plaît inclure toutes les heures liées à l'enseignement, à la pratique, à l'administration, à la recherche et aux heures de garde.

15. En moyenne, combien de jours par mois êtes-vous de garde?

16. Combien de chirurgiens, vous inclus, participent dans votre groupe de garde?

17. Couvrez-vous des gardes pour des chirurgiens hors de votre groupe ou de votre pratique?

- Oui
 Non

18. En 2014, combien de semaines de vacances avez-vous pris? (Ne comptez pas les prestations de maladies, les congrès, ni la formation)

19. En 2014, combien de temps hors de votre pratique avez-vous pris pour votre formation médicale continue (FMC)? (cours, congrès, etc.)

Les chirurgiens qui ne pratique pas la chirurgie générale ou une de ses spécialités (question 12) ont été dirigé a partie 3.1 et exclue des suivants questions.



20. Gardant à l'esprit que toute information est confidentielle, quel était votre montant de salaire net généré par votre pratique médicale après les dépenses, mais avant les impôts en 2014? (Veuillez inclure tous les revenus d'honoraires, salaire, avance sur salaire, bonus, compensation différée et autres formes de compensations monétaires, mais sans inclure les investissements dans des entreprises reliées à la médecine indépendantes de votre pratique médicale.)

21. Quel est votre niveau de satisfaction vis-à-vis votre salaire de chirurgien?

Très insatisfait Insatisfait Ni satisfait ni insatisfait Satisfait Très satisfait

* 22. Est-ce que votre domaine de pratique est dans plus d'un centre (ex. : centre hospitalier universitaire et clinique privée d'endoscopie; hôpital communautaire et médecin suppléant/dépanneur)?

- Oui
 Non
 s. o.

Partie 3.1: Ne pratique pas la chirurgie générale

23. Pendant combien d'années avez-vous pratiqué la chirurgie générale?

24. Pour quelle(s) raison(s) avez-vous cessé de pratiquer la chirurgie générale?

* 25. Prévoyez-vous reprendre la pratique de chirurgie générale dans le futur?

- Oui
 Non
 Peut-être



Partie 3.2: Pratique unique

26. Laquelle des catégories suivantes décrit le mieux votre pratique?

- Centre hospitalier universitaire
- Grand hôpital communautaire
- Petit hôpital communautaire
- Pratique extrahospitalière (ex. : endoscopie)
- Médecin suppléant/dépanneur
- Autre (veuillez préciser)

27. S'il vous plaît estimez le temps accordé à chaque composante clinique de votre pratique:

Chirurgie en soins
d'urgence (moyenne de
jours/semaine)

Chirurgie élective
(moyenne de
jours/semaine)

Clinique (moyenne de
jours/semaine)

Endoscopie (moyenne de
jours/semaine)

Assistance chirurgicale
(moyenne de
jours/semaine)

Autre travail de clinique
(moyenne de
jours/semaine)

Autre (veuillez préciser)



28. S'il vous plaît estimez le temps accordé à chaque composante non-clinique de votre pratique:

Recherche (moyenne de jours /semaine)	<input type="text"/>
Administration (moyenne de jours /semaine)	<input type="text"/>
Enseignement (moyenne de jours /semaine)	<input type="text"/>
Autre responsabilité non-clinique (moyenne de jours /semaine)	<input type="text"/>
Autre (veuillez préciser)	<input type="text"/>

* 29. Selon vous, avez-vous toutes les ressources cliniques que vous désirez? (ex. : temps opératoire, temps d'endoscopie, etc.)

- Oui
 Non

30. Si non, quelles ressources supplémentaires désirez-vous? (Sélectionnez toutes celles désirées)

- Plus de temps opératoire
 Plus de temps de clinique
 Plus de temps pour l'endoscopie
 Plus de jours de gardes
 Plus de temps aux services de soins intensifs
 Plus de temps pour la recherche / l'enseignement
 Plus de temps réservé pour les tâches administratives
 Autre (veuillez préciser)



Partie 3.3: Pratique dans plusieurs centres non affiliés

31. Au cours de la dernière année, pour combien de centres hospitaliers, cliniques, ou centre d'endoscopie non-affiliés avez-vous travaillé?

32. Lequel parmi les suivants constitue votre milieu de travail principal?

- Centre hospitalier universitaire
- Grand hôpital communautaire
- Petit hôpital communautaire
- Pratique extra-hospitalière (ex. : endoscopie)
- Médecin remplaçant (« locum »)
- Aucun milieu de travail principal
- Autre (veuillez préciser)

33. S'il vous plaît estimez le temps accordé à chaque composante clinique de votre pratique:

Chirurgie en soins
d'urgence (moyenne de
jours/semaine)

Chirurgie élective
(moyenne de
jours/semaine)

Clinique (moyenne de
jours/semaine)

Endoscopie (moyenne de
jours/semaine)

Assistance chirurgicale
(moyenne de
jours/semaine)

Autre travail de clinique
(moyenne de
jours/semaine)

Autre (décrivez)



34. S'il-vous-plaît estimez le temps alloué à chaque composante non-clinique de votre pratique:

Recherche (moyenne de jours /semaine)	<input type="text"/>
Administration (moyenne de jours /semaine)	<input type="text"/>
Enseignement (moyenne de jours /semaine)	<input type="text"/>
Autre responsabilité non-clinique (moyenne de jours /semaine)	<input type="text"/>
Autre (décrivez)	<input type="text"/>

35. Quel pourcentage de votre temps est dédié à: (0 à 100%)

Médecin remplaçant (« locum »)	<input type="text"/>
Clinique privée d'endoscopie	<input type="text"/>
Service de garde dans un hôpital où vous n'avez pas de temps opératoire électif	<input type="text"/>

36. Selon vous, avez-vous toutes les ressources cliniques que vous désirez s? (ex. : temps opératoire, temps d'endoscopie, etc.)

- Oui
 Non

37. Si non, quelles ressources supplémentaires désirez-vous?

- Plus de temps opératoire
 Plus de temps de clinique
 Plus de temps pour l'endoscopie
 Plus de jours de gardes de temps aux services de soins intensifs
 Plus de temps pour la recherche / l'enseignement
 Plus de temps réservé pour les tâches administratives
 Autre (veuillez préciser)



Partie 4: Comprendre les choix d'emplois

38. À présent, travaillez-vous dans le poste que vous désirez le plus?

- Oui
 Non

39. Quel est votre niveau de satisfaction vis-à-vis votre emploi?

Très insatisfait	Insatisfait	Ni satisfait ni insatisfait	Satisfait	Très satisfait
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Vous considérez-vous sous-employé?

- Oui
 Non

41. Quel était le niveau d'importance des facteurs suivants dans votre décision de pratiquer où vous êtes aujourd'hui?

	Sans importance	Peu important	Ni important ni sans importance	Assez important	Très important
Réputation de l'institution ou de l'hôpital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Réputation du programme de chirurgie à l'hôpital/l'institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Réputation des chirurgiens à l'hôpital/l'institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joindre un groupe de chirurgiens avec moins de garde (c'est-à-dire plus de partenaires pour partager les responsabilités)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rémunération financière	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occasion d'avancement de carrière	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appui et ressources pour la recherche	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collègues sympathiques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considérations familiales/personnelles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L'occasion de vivre dans une ville ou province particulière	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Équilibre entre le travail et vie personnelle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stabilité	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Autre (veuillez préciser)



42. Si vous ne détenez pas le poste que vous désirez le plus, pourquoi? (cochez tous les éléments qui s'appliquent)

- J'ai appliqué sans succès
- Le poste n'était pas disponible
- La rémunération n'était pas suffisante
- Je n'avais pas la formation nécessaire
- Le poste n'était pas approprié pour ma vie personnelle/familiale
- Autre (veuillez préciser)

43. À combien de postes de chirurgie générale avez-vous appliqué depuis que vous avez terminé votre formation post-graduée?

- 1-2
- 3-5
- 6-10
- >10

44. Combien d'offres d'emplois avez-vous reçues depuis que vous avez complété votre formation?

45. À quel point était-il difficile de trouver un poste de patron?

- Très difficile
- Un peu difficile
- Pas difficile
- Facile
- Pas applicable

46. Durant votre formation, quel était votre niveau d'anxiété à propos de la nécessité de trouver un emploi?

- Très inquiet
- Modérément inquiet
- Légèrement inquiet
- Pas inquiet



47. Selon vous, quel était le niveau d'importance des facteurs suivants pour obtenir votre emploi?

	Sans importance	Peu important	Ni important ni sans importance	Assez important	Très important
Fellowship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formation supplémentaire (non-fellowship)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Électifs lors de ma résidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Électifs avant ma résidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efforts individuels (contacts personnels, réseautage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travail académique (publications, bourses, expérience de recherche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un besoin de la communauté où je travaille	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expérience de travail (ex. : gardes et remplacements) à l'hôpital où je travaille	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Y-a-t-il d'autres facteurs que vous trouvez importants pour obtenir un emploi? S'il vous plaît décrivez.

49. Est-ce que le poste détenu était annoncé publiquement?

- Oui
- Non

50. Comment avez-vous trouvé votre poste?

- J'étais recruté
- De bouche à oreille
- À travers mon programme de résidence
- Autre (veuillez préciser)



51. Si applicable, pourquoi faites-vous des dépannages/poste de médecin remplaçant (« locum »)?

- Je préfère ce style de pratique
- Désir de voyager
- Je n'ai pas pu trouver le poste désiré
- J'attends que les postes soient disponibles là où je fais mon poste de médecin remplaçant
- Pour augmenter mon revenu
- Je ne fais pas de dépannage/poste de médecin remplaçant
- Autre (veuillez préciser)

52. Si applicable, est-ce que votre poste de médecin remplaçant inclus (cochez tous les éléments qui s'appliquent) :

- Accès régulier aux salles d'opération
- Temps régulier d'endoscopie
- Temps régulier de clinique
- Je ne fais pas de dépannage/poste de médecin suppléant

Partie 5: Perceptions sur l'offre des chirurgiens généraux

53. Selon vous, le nombre de chirurgiens généraux qui pratiquent dans votre région géographique est :

- Trop bas
- Approprié
- Trop élevé
- Je ne sais pas (veuillez préciser pourquoi)

54. Croyez-vous que:

	Pas du tout d'accord	Pas d'accord	Ni en désaccord ni d'accord	D'accord	Tout à fait d'accord
Les programmes des résidences en chirurgie générale au Canada forment trop de chirurgiens généraux par rapport au nombre de postes disponibles actuellement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Les programmes des résidences en chirurgie générale au Canada forment trop de chirurgiens généraux pour le nombre de postes qui <u>seront</u> disponibles durant les prochaines 5 à 10 années.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Partie 6: Commentaires additionnels

55. Nous encourageons votre rétroaction et vos /commentaires sur tous les sujets abordés dans ce sondage.

