

Executive Summary

- A survey of all orthopaedic surgeons in Ontario was carried out to examine workload and practice patterns of orthopaedic surgeons, geographic availability of orthopaedic services, surgeons' perceived impact of the Ontario Wait Time Strategy on non-hip/knee replacement surgery and sufficiency of resources.
- Three hundred ninety-six practicing orthopaedic surgeons were identified in Ontario in 2006: 359 responded to a two part survey relating to location and nature of practice (91% response rate), and characteristics of their practice including the impact of the Ontario Wait Time Strategy (68% response rate). Most (93.3%) practicing surgeons operated. Orthopaedic surgeons were predominantly male with a mean age of 49 years and were in practice an average of 14 years with a mean expected year of retirement of 2020.
- In Ontario there were 2.86 orthopaedic surgeons per 100,000 population. This number varied by Local Health Integration Network (LHIN) from 1.57 per 100,000 in Waterloo Wellington to 5 per 100,000 in Toronto Central. There was a higher per capita provision of surgeons within the teaching LHINs (LHINs that have a university that offers medical training).
- Across Ontario 112 hours per week of direct clinical time per 100,000 population were provided by orthopaedic surgeons. This was comprised of 56 hours of office time per week, 33 hours of surgery time per week, and 22 hours per week working on call per 100,000 population. This report is the first to quantify the substantial contribution made by working on call.
- The amount of orthopaedic surgeon provision across Ontario per 100,000 population in 2006 was similar to that in 2000 and 1997. The mean age of surgeons and median number of years in practice also remained similar. The availability of orthopaedic surgeons to respond to the anticipated growth in the demand for arthritis-related surgery with the aging of the baby boomer population continues to be of grave concern.
- On average orthopaedic surgeons in Ontario each provided 39 hours of direct clinical care per week: 50% of this time was spent in seeing patients in the office, 30% in the operating room (OR), and 20% working on call. This does not take into account the baseline amount of time worked (e.g. full or part-time practice) nor the amount of time spent on other duties such as administration, teaching or research. Orthopaedic surgeons are already working at full capacity.
- More detailed questions on practice patterns showed that 78%, 65%, and 47% of surgeons reported time spent on administration, teaching and research, respectively. The average time spent on these activities was higher in LHINs with teaching hospitals.
- Ninety percent of surgeons reported seeing mainly adult patients; 6% had a predominantly paediatric practice, and 4% had a mixed practice. A minority spent more than a quarter of their time seeing workers' compensation or medico-legal patients.

- The two most frequently reported types of surgery were 'other hip and knee' (reported by 70% of surgeons – representing a median of 20% of their surgeries time) and hip and knee replacement surgery (reported by 65% - representing a median of 50% of their surgeries time). Spine (neck, back) surgery was only reported by 17% of surgeons.
- Responses to the impact of the Ontario Wait Time Strategy were mixed. More than half of surgeons stated that the amount of OR time available for orthopaedic surgery other than hip or knee replacement was unchanged (52%) or increased (6%), while 42% reported a decrease.
- Overall 98% of surgeons reported a mean of 3.5 barriers to timely orthopaedic surgery. The most frequently reported barriers were lack of resources, particularly OR time, anaesthesia, nursing, and bed capacity.
- Overall orthopaedic surgeons provide a large amount of care for musculoskeletal disorders for the province, the majority of which is ambulatory care. In order to address the critical shortage in the number of orthopaedic surgeons new multidisciplinary models of care need to be established to enhance the ability of surgeons to deliver surgical care, as well as to ensure the availability of necessary resources for surgery.