

Hiding in Plain Sight:

The impact of non-clinical
administrative demand on Canada's
physicians

Dr.Bill®

Contents

Executive summary	3
Background	4
Methodology	5
The cost and challenge of non-clinical administrative burden in Canada today.....	8
Billing	9
Managing personal & professional finances.....	10
Professional and personal insurance	12
Compliance.....	13
Office management	15
Department or hospital committees.....	16
Managing medical students and resident education	17
Human resources	18
Measuring the impact	19
Impact on health and well-being	19
Impact on patient care	20
Impact on job satisfaction.....	21
Hidden no more: our call for action.....	22
Recommendations	23
Conclusion	24

Executive summary

In July 2025, Dr. Bill conducted a survey of nearly **500 physicians** to better understand the scale, nature, and impact of non-clinical administrative burden in Canada. **This survey is the first of its kind** in addressing non-clinical administrative burden as a separate and unique challenge facing physicians in Canada.

What is “non-clinical” administrative burden?

While **clinical administration** includes responsibilities such as patient charting and prescription refills, **non-clinical administration** includes tasks that are separate to delivering “clinical” (i.e., patient) care – such as:

- Business activities (e.g., office management)
- Operational activities (e.g., administrative tasks required for billing)
- Supervisory activities (e.g., managing medical students and non-clinical staff)
- Regulatory activities (e.g., renewing licenses)

What we found

The results were clear: the too-often hidden scale of **non-clinical administrative burden is substantial** and having a **detrimental impact** on physicians, their patients, and Canada’s health systems as a whole.

Result highlights

#1 challenge

physicians report across all non-clinical categories is **billing** – both overall and in terms of time spent outside of working/paid hours.

7.5 hours

on average are spent by physicians **per week** on non-clinical administrative tasks – the equivalent of one whole working day.

67%

of physicians are **not being paid** for any of the time spent on these tasks.

72%

of physicians say non-clinical administrative burden is significantly contributing to their own **burnout and workplace exhaustion**.

77%

of physicians say non-clinical administrative burden is **reducing time for patient care**.

78%

say non-clinical administrative burden is **reducing their job satisfaction**.

Background

Canada's health systems are facing unprecedented demand, driven by continued and projected [population growth](#) and [a rising population aged 65 and over](#). Patient volumes are increasing across the country alongside the higher complexity needs associated with aging.

Canada's physicians are often the frontline when it comes to responding to the brunt of these pressures. However, their capacity to meet growing needs continues to be challenged by other demands – including significant volumes of non-clinical administrative tasks.

Despite non-clinical administrative tasks being essential to running a practice, they are typically being completed outside of compensated hours. In addition to financial cost, the time spent on and quantity of these tasks are causing Canada's physicians, who are already at a [heightened risk](#), to experience burnout, reduced job satisfaction, and increased health and well-being challenges.

Beyond the impact on physicians personally, these are tasks that can reduce the direct time that physicians are able to spend with their patients – something that we already know to be an issue, with physicians in Canada now seeing [fewer patients on average](#) than in the past.

While there is a growing [body](#) of useful research that [measures](#) the scale and impact of administrative burden on physicians in Canada overall, this research has typically focused on both clinical and non-clinical administrative tasks in a way that rarely distinguishes between the two categories.



Recognizing this gap, Dr. Bill conducted a survey of its customers in July 2025 to quantify and more deeply explore the scale and nature of non-clinical administrative burden and its impacts on physicians today.

This survey was the first of its kind in Canada to isolate non-clinical administrative burden as a distinct challenge to our country's physicians, patients, and health systems as a whole.

Hiding in Plain Sight summarizes key findings from the survey results – demonstrating that the scale, nature, and impact of non-clinical administrative burden is one that can no longer be ignored.

Methodology

In July 2025, Dr.Bill distributed an email-based survey on the topic of non-clinical administrative demand to its customers in Ontario, British Columbia, and Alberta. The survey remained open for 2 weeks and received a total of 485 complete responses.

Figure 1: Responses received by practice setting

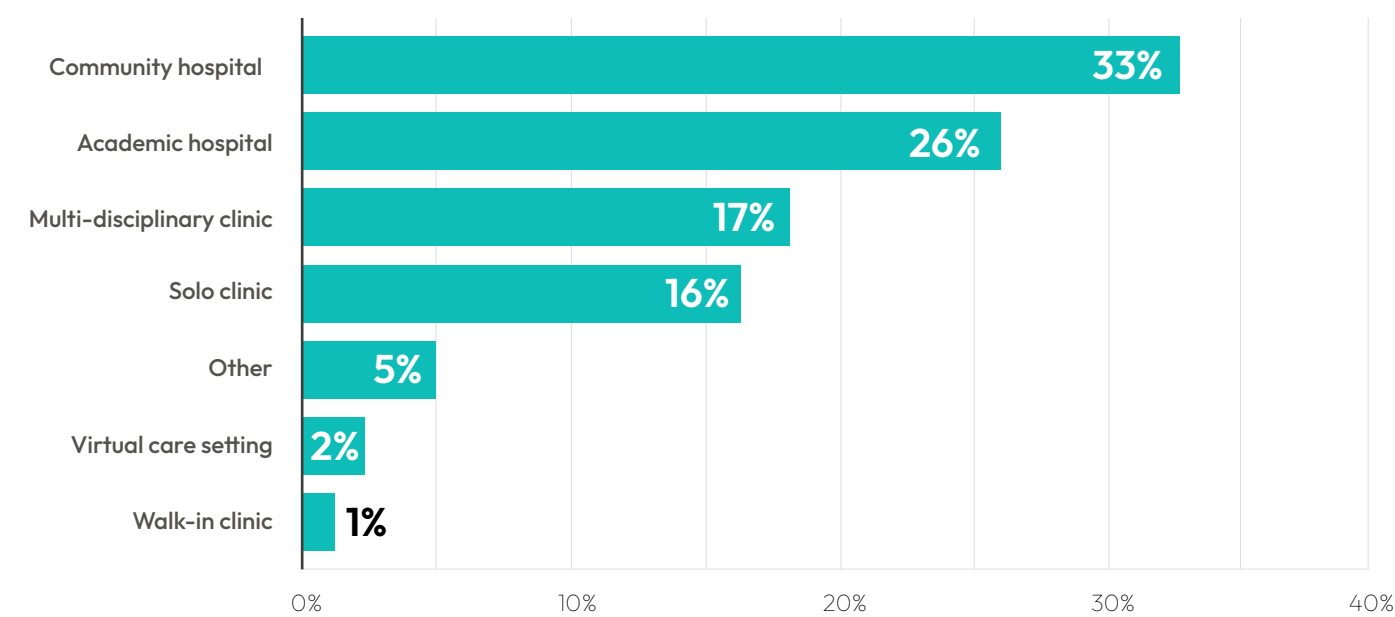


Figure 2: Responses received by clinical specialty (top 5)

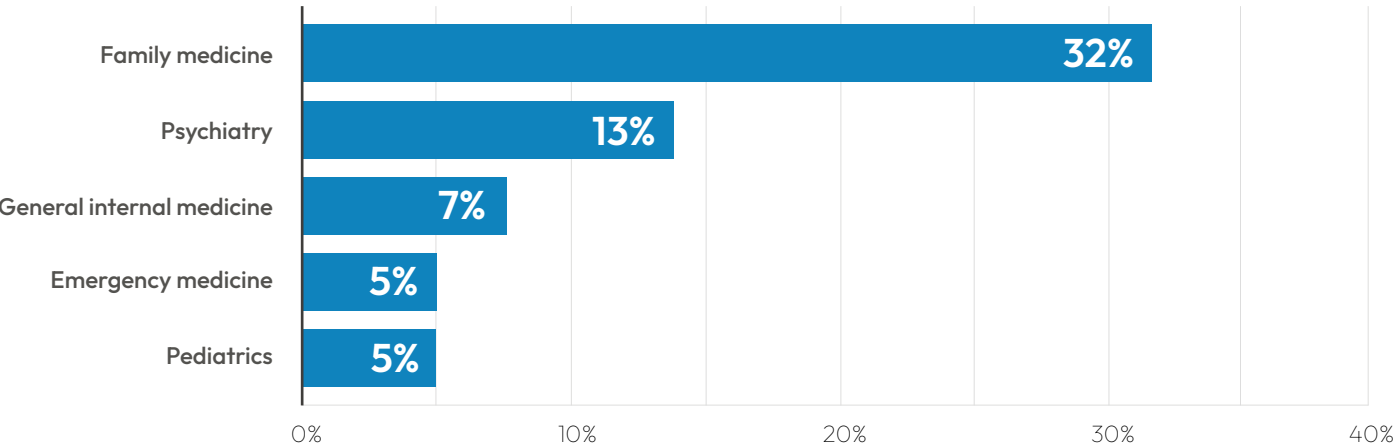


Figure 3: Length of time practicing

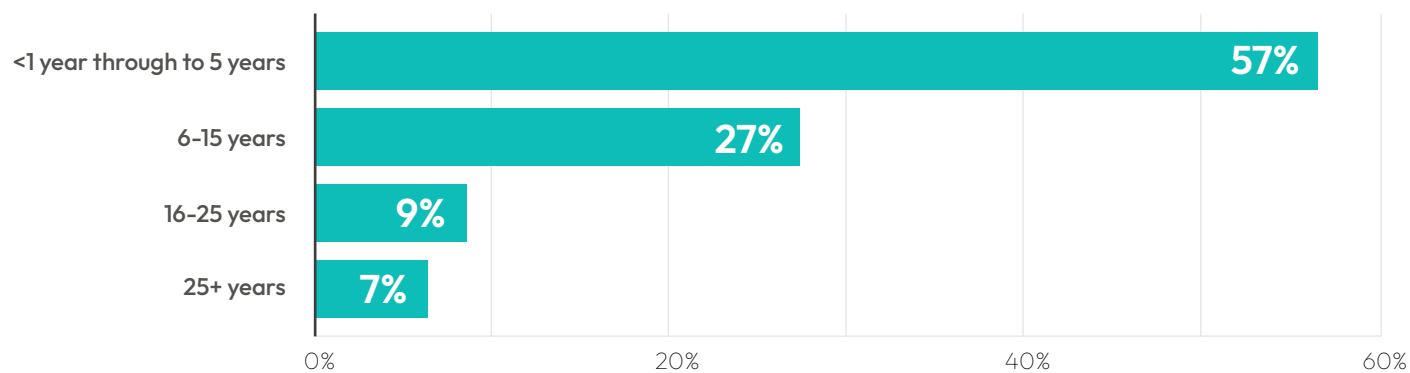


Figure 4: Location

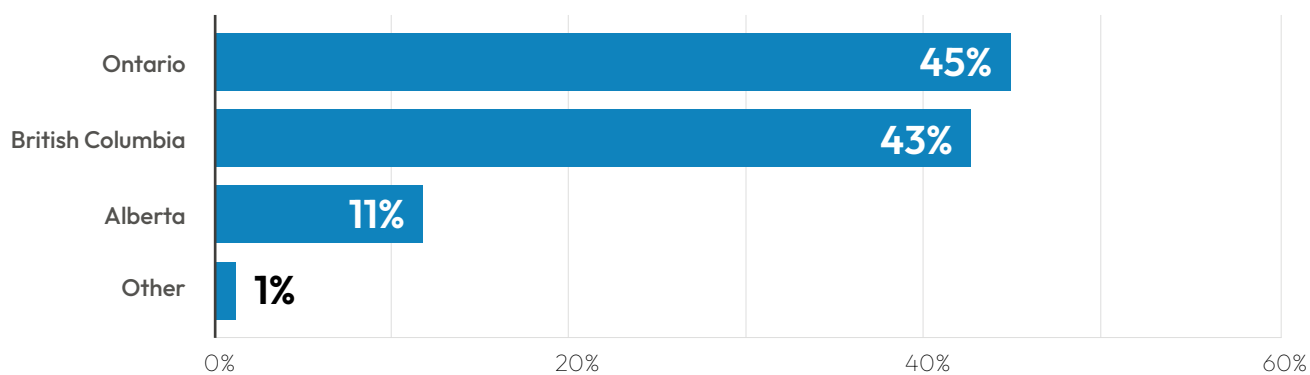


Figure 5: Gender

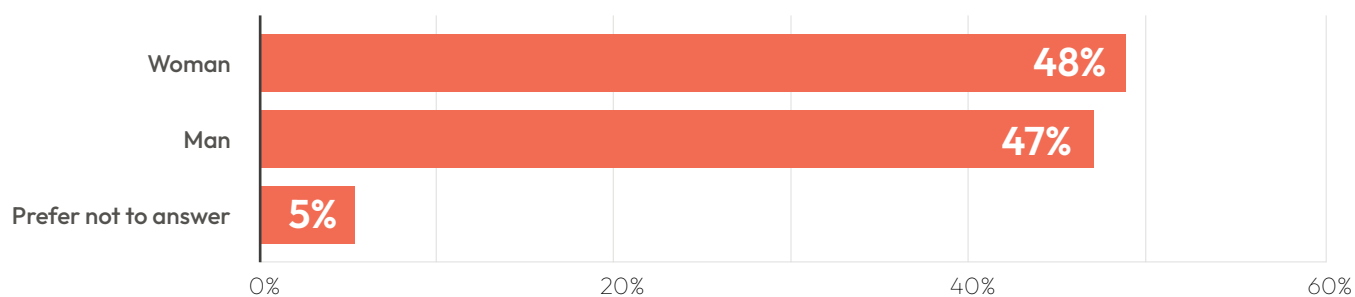


Figure 6: Population centre of area of practice

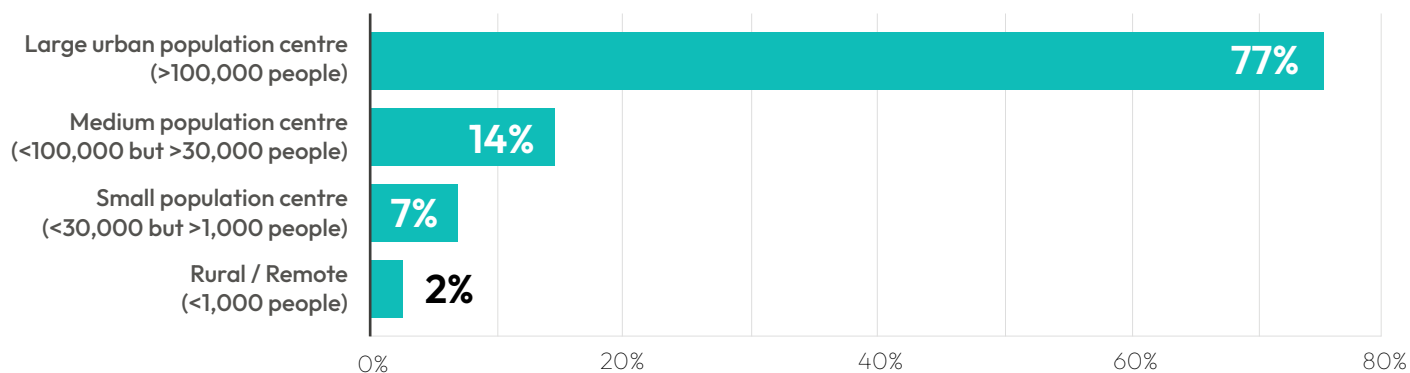
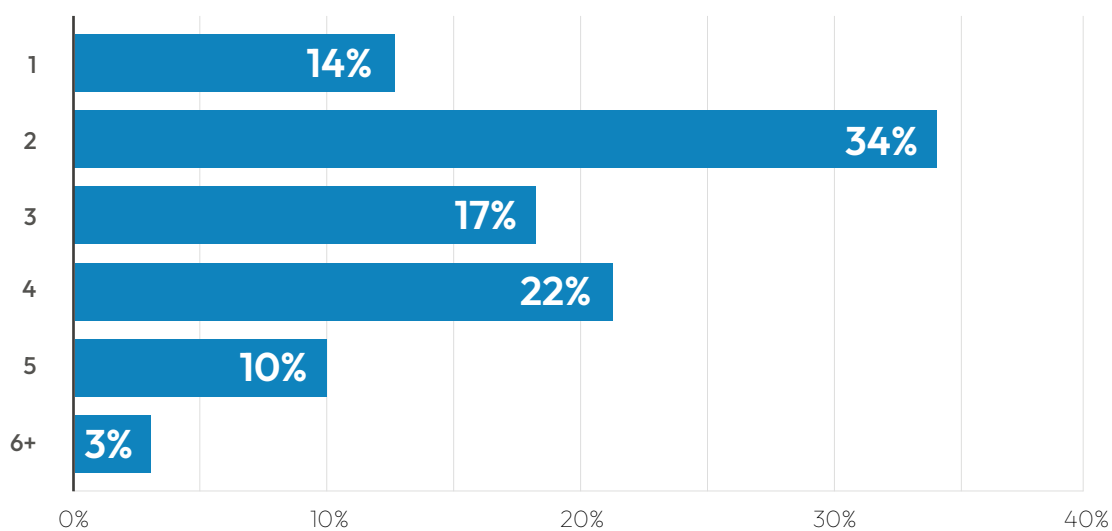


Figure 7: Household size



The cost and challenge of non-clinical administrative burden in Canada today



For Canada's physicians, non-clinical administrative work is a time-consuming job that is largely uncompensated:

- One third of survey respondents reported spending over 10 hours per week on these tasks, while over 60% spend more than 5 hours per week on them.
- This is time that largely takes place outside of a physicians' regular working hours, with 85% of respondents saying they completed non-clinical administrative work outside of their normal working hours. This is more common for women (91%) than men (83%).
- In addition to the substantial time commitment, these are hours that are mostly unpaid: while the average time spent on non-clinical administrative work per week was 7.5 hours, only 1.6 hours of these hours were compensated for.
- Strikingly, nearly 70% reported that they were not being paid for any time spent on non-clinical administrative work.
- Across all subcategories of non-clinical administrative work, tasks related to billing were ranked as the most time-consuming – both overall and in terms of time spent outside of working/paid hours.
- Across all tasks and physicians, individual billing tasks also emerged as the most challenging for physicians to complete.

Billing

As noted, billing emerged as a substantial challenge for physicians. It was ranked as the most time-consuming sub-category of non-clinical administrative work, in terms of both overall time spent and time spent outside of working/paid hours.

“Spending time on billing, and then monitoring and fixing rejections and ensuring that I am paid appropriately, is one of the least enjoyable parts of my job.”

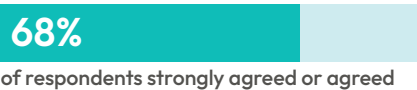


Top 5 Billing Challenges Reported by Physicians in Community and Academic Hospitals and Other Settings

Compensation that doesn't reflect the complexity of care



Unclear rejections or refusals



Billing for non-provincial insured services



Staying up to date with changing billing codes/rules

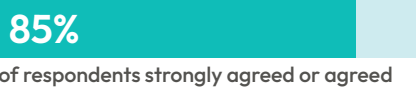


Submitting supporting documentation

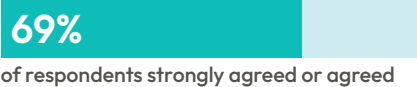


Top 5 Billing Challenges Reported by Physicians in Solo, Multidisciplinary and Walk-In Clinics and Virtual Care Settings

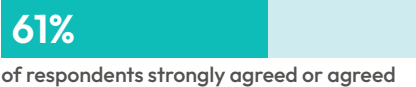
Compensation that doesn't reflect the complexity of care



Unclear rejections or refusals



Billing for non-provincial insured services



Staying up to date with changing billing codes/rules



Submitting supporting documentation



Managing personal & professional finances

Across physicians in all practice settings, managing finances ranked within the top three most time-consuming tasks overall and second, behind billing, in time spent outside of compensated hours. Beyond time spent, finance-related tasks ranked in the top three non-clinical categories with the highest financial cost.



Bills are paid, but then other ones are due; forms are completed, but then new ones arrive.



Top 5 Financial Management Challenges Reported by Physicians in Community and Academic Hospitals and Other Settings

Managing bookkeeping and taxes

61%

of respondents strongly agreed or agreed

Planning for retirement

54%

of respondents strongly agreed or agreed

Investing and wealth management

50%

of respondents strongly agreed or agreed

Keeping track of revenue and expenses

49%

of respondents strongly agreed or agreed

Will and estate planning

48%

of respondents strongly agreed or agreed

“

I spend a lot of time at home managing my finances, figuring out how to incorporate, where to invest and plan for retirement...

”



Top 5 Financial Management Challenges Reported by Physicians in Solo, Multidisciplinary and Walk-In Clinics and Virtual Care Settings

Managing professional finances

Managing the rising costs of practice

58%

of respondents strongly agreed or agreed

Keeping track of revenue and expenses (e.g., accounts payable and receivable)

46%

of respondents strongly agreed or agreed

Navigating lease or loan terms, renewals or costs

32%

of respondents strongly agreed or agreed

Balancing cash flow

32%

of respondents strongly agreed or agreed

Paying off debt related to the practice (e.g., equipment, building loan, etc.)

30%

of respondents strongly agreed or agreed

Managing personal finances

Managing taxes

62%

of respondents strongly agreed or agreed

Planning for retirement

61%

of respondents strongly agreed or agreed

Will and estate planning

60%

of respondents strongly agreed or agreed

Investing and wealth management

57%

of respondents strongly agreed or agreed

Paying off debt (e.g., medical school, home mortgage, etc.)

43%

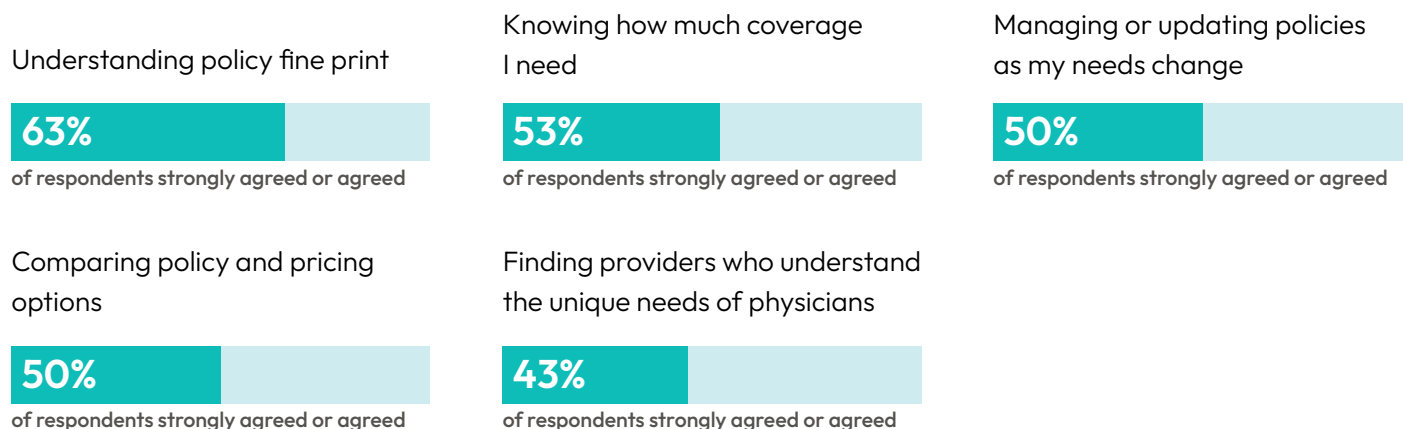
of respondents strongly agreed or agreed

Professional and personal insurance

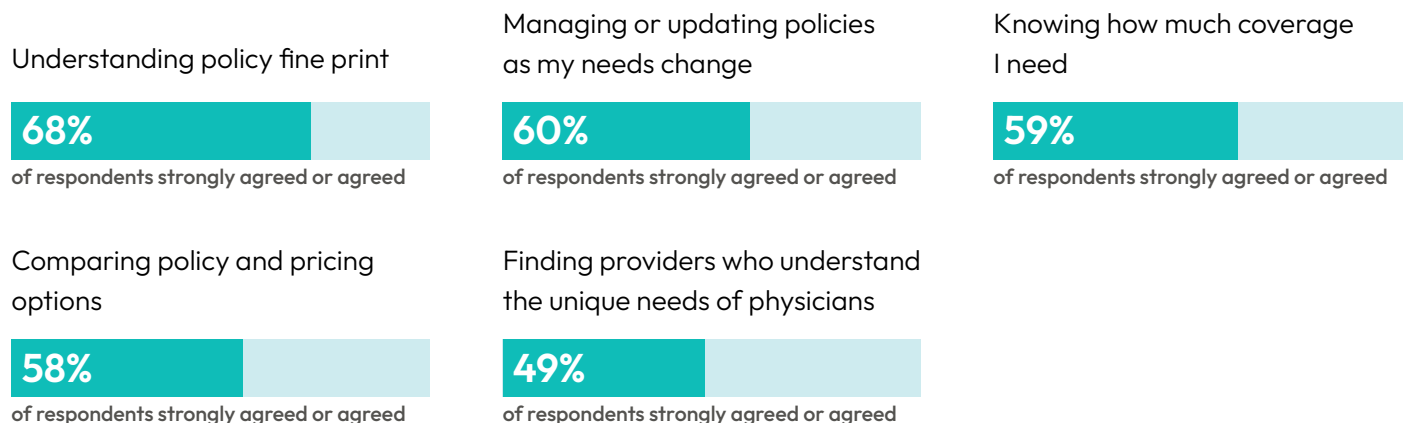
Alongside billing and managing finances, navigating insurance emerged a top challenge across all practice settings. Respondents also ranked managing personal and professional insurance as the subcategory of non-clinical administrative tasks with the highest cost in terms of financial expenditure.



Top 5 Insurance Challenges Reported by Physicians in Community and Academic Hospitals and Other Settings



Top 5 Insurance Challenges Reported by Physicians in Solo, Multidisciplinary and Walk-In Clinics and Virtual Care Settings



Compliance

Compared to other subcategories, physicians were less likely overall to identify tasks related to compliance as a significant challenge. However, it is notable that almost 60% of physicians practicing in clinic settings said they find navigating complex reporting requirements challenging – 17% higher than those in a hospital settings where there is a higher likelihood of additional centralized support for such tasks.

“

Trying to keep up to date with CPSO and increased hospital administrative reapplication requirements are definitely stressful.

”





Top 5 Compliance Challenges Reported by Physicians in Community and Academic Hospitals and Other Settings

Navigating complex reporting requirements (e.g., MAiD, WSIB/WCB, etc.)

42%

of respondents strongly agreed or agreed

Keeping up with the latest treatment options and standards of care

34%

of respondents strongly agreed or agreed

Keeping up with continuing medical education (CME) requirements

32%

of respondents strongly agreed or agreed

Renewing licenses/memberships/prescribing certifications/hospital privileges

32%

of respondents strongly agreed or agreed

Staying current with infection prevention and control (IPAC) protocols

25%

of respondents strongly agreed or agreed



Top 5 Compliance Challenges Reported by Physicians in Solo, Multidisciplinary and Walk-In Clinics and Virtual Care Settings

Navigating complex reporting requirements (e.g., MAiD, WSIB/WCB, etc.)

59%

of respondents strongly agreed or agreed

Renewing licenses/memberships/prescribing certifications/hospital privileges

40%

of respondents strongly agreed or agreed

Keeping up with the latest treatment options and standards of care

38%

of respondents strongly agreed or agreed

Keeping up with continuing medical education (CME) requirements

33%

of respondents strongly agreed or agreed

Ensuring adherence to privacy and standards (e.g., PIPEDA, E-Health, etc.)

33%

of respondents strongly agreed or agreed

Office management

Given that physicians practicing in a hospital setting may have a significant proportion of office management tasks completed by other, non-clinical resources within the hospital, this category was only applicable to physicians practicing in a solo clinic, multi-disciplinary clinic, walk-in clinic, or in a virtual care setting.

Compared to other subcategories, physicians practicing in these settings were generally less likely to identify tasks related to office management as a challenge for them. However, around a third of these physicians did report finding optimizing patient flow and managing technology to be difficult.



Top 5 Office Management Challenges Reported by Physicians in Solo, Multidisciplinary and Walk-In Clinics and Virtual Care Settings

Optimizing patient flow

34%

of respondents strongly agreed or agreed

Purchasing, implementing and/or troubleshooting technology

32%

of respondents strongly agreed or agreed

Scheduling appointments

21%

of respondents strongly agreed or agreed

Managing facility upkeep, such as cleaning and maintenance

18%

of respondents strongly agreed or agreed

Tracking and ordering supplies

15%

of respondents strongly agreed or agreed



Department or hospital committees

This subcategory was only applicable to respondents practicing in a hospital (community or academic) or “other” setting. While this area was less of a challenge overall, it is notable that the top difficulties were more aligned with “soft skills” (e.g., navigating internal politics and leadership) than with administrative tasks.



Committee membership and meetings are by far the most cumbersome and time-consuming part.



Top 5 Committee-Related Challenges Reported by Physicians in Community and Academic Hospitals and Other Settings

Navigating the political landscape within the administration

40%

of respondents strongly agreed or agreed

Playing a leadership or key role in transformational projects

31%

of respondents strongly agreed or agreed

General responsibilities to committees, including attending meetings

30%

of respondents strongly agreed or agreed

Strategic planning

15%

of respondents strongly agreed or agreed

Managing or reviewing department/committee budget or payroll

14%

of respondents strongly agreed or agreed

Managing medical students and resident education

Physicians practicing in a hospital or other setting were asked to reflect on the top challenges related to managing medical students and resident education. It is notable that nearly 40% of physicians in a hospital setting find it challenging to manage patient volume with time for supervision and guidance – underscoring how non-clinical administrative burden, as it currently exists, is reducing direct clinical time spent with patients.

“

Depends on the nature of it. Much of it is satisfying but unnecessary demands that do not affect patient care, trainee education, or advance our field in other ways are exhausting.

”

“

I spend a lot of time working with residents, but [I] mostly love that part.

”



Top 5 Mentoring Challenges Reported by Physicians in Community and Academic Hospitals and Other Settings

Managing patient volume with time for supervision and guidance

38%

of respondents strongly agreed or agreed

Providing actionable and timely feedback

23%

of respondents strongly agreed or agreed

Overseeing residents' medical conduct and tracking their patient load

21%

of respondents strongly agreed or agreed

Addressing resident fatigue and burnout

19%

of respondents strongly agreed or agreed

Hiring and/or scheduling residents and medical students

15%

of respondents strongly agreed or agreed

Human resources

Physicians practicing in a solo clinic, multidisciplinary clinic, walk-in clinic, or a virtual care setting were asked about non-clinical administrative tasks around human resources more broadly. It is striking that the top challenges within this category were diverse in scope – covering recruitment and the onboarding of staff, labour regulations, and areas related to retention.



Top 5 HR Challenges Reported by Physicians in Solo, Multidisciplinary and Walk-In Clinics and Virtual Care Settings

Recruiting qualified staff



Training



Keeping up to date with regulations (e.g., CRA, labour standards)



Staff scheduling and coverage



Managing performance or addressing workplace issues



Measuring the impact

Physicians were asked to reflect on the impact that non-clinical administrative burden has on their overall health and well-being, job satisfaction, and their ability to deliver care to patients. The findings were clear: spending 7.5 hours on average per week on these tasks is straining Canada's physicians – both personally and professionally. onboarding of staff, labour regulations, and areas related to retention.

“

Burnout is real and more doctors will leave medicine because of it. Physicians need time with their family and friends and currently, that is never the priority.

”

“

[It] means staying up late into the small hours to 'get things done.'

”

Impact on health and well-being

Deteriorating levels of positive physician health and well-being in Canada have been [well-documented](#) in recent years, with rates of burnout, fatigue, and exhaustion particularly high. Current levels of non-clinical administrative burden are exacerbating these long-standing health and well-being challenges, with 72% of physicians surveyed affirming that these tasks “significantly” contribute to their own burnout and workplace exhaustion.

This percentage was substantially higher in women (78%) than in men (68%). Management of personal and professional finances was ranked as the subcategory with the highest impact on burnout and workplace exhaustion, followed by billing. Participating physicians were provided with an opportunity to submit additional detail on how non-clinical administrative burden impacts them personally and professionally.

We heard that the sheer volume of work adds significant stress to an already demanding job, which can bleed into family and personal life by creating tensions at home. Many physicians are also forced to complete these tasks beyond their working hours, often well into the night. Physicians described how these long hours cause fatigue and exhaustion, and leave less time to spend with family members and loved ones and on leisure activities that promote good health and well-being (such as exercise and self-care).

Impact on patient care

The number of Canadians struggling to access care and who have [unmet health needs](#) continues to [grow](#), while the number of patients seen on average by a family physician in has [decreased](#) by nearly 20% between 2013 and 2022. Unsurprisingly, the current scale of non-clinical administrative burden is directly reducing time spent with their patients – with 77% of survey respondents affirming this to be the case.

Beyond time, physicians also described being forced to see less patients overall (at a time when the [number of Canadians](#) without a regular provider is growing) and that they feel unable to deliver the quality of care that they aspire to.



“

Non-clinical demands [...] significantly impact my well-being by extending work hours and contributing to fatigue. They reduce time for direct patient care, delay follow-ups, and can compromise the quality of care. Overall, they add stress and detract from both physician and patient experience.

”

“

Our job should be to primarily focus on patient care.

”

“

My current solution has been to cut down on the volume of patients seen to maintain the level of care, but this means a growing wait list.

”

Impact on job satisfaction

During a Health Human Resources recruitment and retention crisis, Canada's physicians should be supported to get deep satisfaction from the critical work that they do. This is essential to ensuring that Canada can retain the workforce and skills needed for responding to rising demand.

However, our survey results highlight that the volume of, and time spent on, non-clinical administrative work is pulling physicians away from the work that they trained for and enjoy the most. This burden is impacting overall job satisfaction, with 78% of physicians surveyed affirming that the volume of non-clinical administrative work is reducing their overall job satisfaction. As with health and well-being, this percentage was higher for women (82%) than men (75%).

“

I did not get into medicine to do management.

”

“

[It] is not what I trained for.

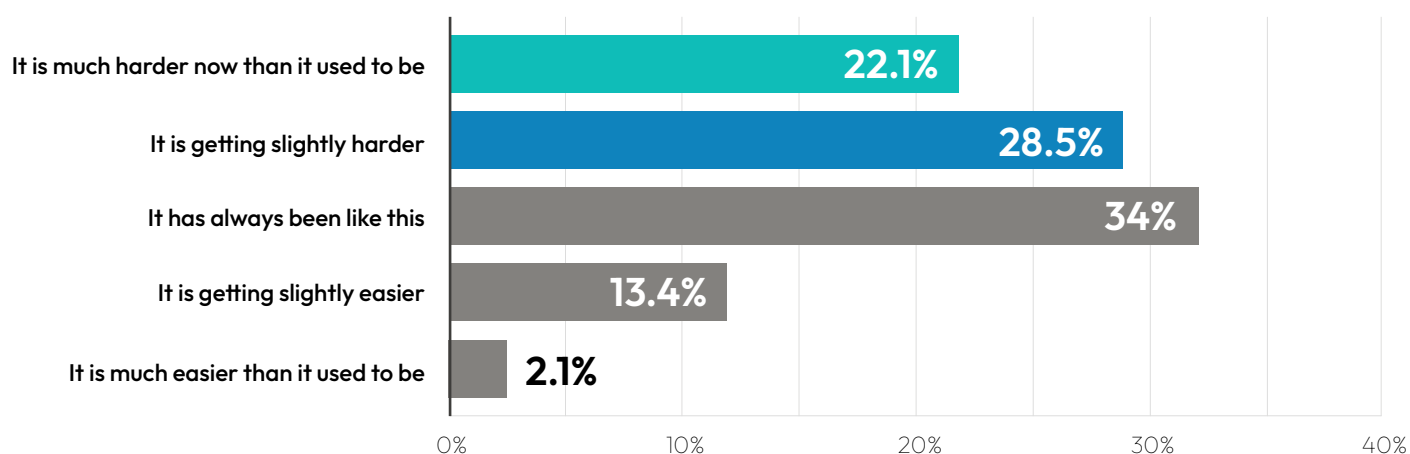
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Hidden no more: our call for action

Our survey results highlighted another critical point: Canada's physicians see this work as a growing burden on their time and energy. Over half of respondents agreed that non-clinical administrative work is now slightly or much harder to manage.

Figure 8: Percentage of responses from physicians surveyed



Physicians surveyed see administrative burden as increasingly difficult to manage – with 22% finding it “much harder now than it used to be” and 29% seeing it as getting “slightly harder”

Coupled with the scale and impact of non-clinical administrative tasks on physicians today, this is a burden that can no longer afford to remain hidden and one that requires immediate and meaningful action. While there has been some progress to address administrative burden more generally in recent years, non-clinical administrative tasks are not always included within the scope of this work.

If Canada is to meaningfully address non-clinical administrative burden, we will need a multifaceted strategy – beginning with reducing the volume of, and time spent on, these tasks. Beyond that, solutions must prioritize making it easier for physicians to perform those essential tasks that cannot be eliminated from their role and responsibilities.

Recommendations

Better technology

Technology like Dr.Bill's – is already being used to address some billing-related challenges, but further collaboration will be required if we are to harness the full potential of technology to alleviate non-clinical administrative burden. No one company, organization, or clinician can solve their challenges alone. Collectively, we need to work towards:

- Reducing current barriers to fully leveraging emerging technologies, such as artificial intelligence (AI), that can support with tasks such as taking notes, automated suggested billing codes, and seamlessly integrating billing software with clinical software.
- Improving data standards and sharing across our health systems to enable strengthened data integration and interoperability.

Systemic change

We heard that tasks related to billing are challenging and time-consuming for Canada's physicians, who told us they are looking for billing tools and solutions that are simple, enable them to complete tasks in a timely manner, and can act as a "one-stop-shop" for all billing needs. To alleviate the burden of tasks related to billing specifically, solutions could include:

- Modernizing provincial billing systems to be more user-friendly and responsive to the needs of clinicians – such as revising current descriptions of the most commonly rejected fee codes in the Schedule of Benefits to support with more accurate billing.
- Enhancing the supports available to physicians to more accurately bill, such as a concierge service.



More support

Canada's physicians need on-going support and education to sustainably manage this burden, especially given the extent of its impact on their well-being and job satisfaction. To this end, we recommend:

- Expanding and enhancing current educational supports available to physicians around setting up and managing a practice to encompass the non-clinical administrative tasks that physicians should expect to complete with.
- Introducing centralized supports for physicians in managing non-clinical administrative burden.
- Supporting the creation of mutual support groups for physicians navigating non-clinical administrative burden – enabling the exchange of tips, solutions, and supports.

Conclusion

This first-of-its-kind survey showcases what Canada's physicians have already known for years: **non-clinical administrative burden is a critical and growing challenge that is negatively impacting patients, health systems, and providers alike.**

At a time of unprecedented demand coupled by needs that are growing in complexity, urgent action is imperative. The number of hours spent on these tasks – which already equals the equivalent of one working day per week – cannot be allowed to continue to grow.

If it does, we risk placing more strain on already under-pressure physicians and exacerbating a national recruitment and retention crisis. This is time that we know can be better spent on delivering direct care to patients, who are growing in number across the country.

These findings are the first to comprehensively quantify the issue and examine its impact. However, they will remain as a first step if they are not used as a catalyst for change to find solutions that will meaningfully alleviate the current burden on physicians.





About Dr.Bill

Dr.Bill makes it easy for physicians to submit claims, increase billing accuracy, reduce administrative tasks and optimize earnings.

To find out how Dr.Bill can save your individual or group practice time and money, contact us today.

 dr-bill.ca

 hello@dr-bill.ca