THE COLLEGE OF FAMILY PHYSICIANS OF CANADA / LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Disability Tax Credit Form:
Family Doctor Experience

The **Disability Tax Credit (DTC)** is a critical support system that must be made available to those who rely on it through a streamlined, citizen-centred process. While family physicians should not act as gatekeepers to this support system, the system itself has great value in supporting people living with disabilities.

The DTC form consumes up to 250,000 hours each year for family physicians, which could amount up to 1,000,000 lost patient visits. The College of Family Physicians of Canada (CFPC) is asking its members to **share their stories** about the DTC form. To date a resounding **86 percent** of respondents have had negative experiences with the form. This is what they had to say …

64%
State that the form is time-consuming, overly complex, and the Canada Revenue Agency often requests additional follow-up information.

37%
Indicate the patient-physician relationship suffers, especially when individuals are encouraged to apply by third parties.

27%
State that the DTC form contributes directly to their experience of burnout, poor work-life balance, and their intention to leave family practice.

"Adds to the emotional drain"

"I do the form for free as many can't pay"

"The DTC forms are a time sink"

"I feel tired and burnt out"

"Removes me from performing actual medical work"

"I feel unsupported"

"Impacts our quality of life"

"I could see 2-3 patients instead"

"The online form doesn't save time"

"Makes me want to leave family medicine"

"I don't want to act as a government agent"

"Acts as a barrier to patient care"

Federal leadership is needed to direct family doctors' time where it is needed most—caring for patients. Read our **Call to Action** for more information on how to resolve this issue.

Write to your federal Member of Parliament and provincial representative to advocate for family doctors.

Member outreach has been conducted since September 2024. This document reflects findings as of October 1, 2024.