Competitive compensation for family physicians

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f there is one topic that has remained taboo among physicians, and especially among family physicians, it is compensation. We did not choose medicine for the money, we chose it because we wanted to help and serve others. Our colleagues in other specialties have also chosen to practise medicine for noble reasons. Yet why is it that some specialties have an average compensation 2 to 3 times higher than ours? Consider that, in 2009, the compensation gap between family physicians and other specialties in Quebec was 55.7% while it was 20.5% in 1975.2 According to evidence from the Régie de l'assurance maladie du Québec, the situation has only worsened since.³

The problem is particularly notable in a time when we are experiencing difficulties convincing enough medical students to choose family medicine. Evidently, money is not the single deciding factor in choosing a specialty, but it is certainly not a negligible one. I gave numerous presentations to students this year and some of the students had the courage to ask me: "Why should I choose family medicine given the extent of my debt and the existence of so many other interesting specialties?"

Considering the complexity of our work and the importance of our specialty to a high-performing health care system, I believe that it is reasonable to demand compensation comparable with our colleagues in other specialties.

One of the CFPC's objectives is to promote the value of the care provided by family physicians. This means promoting comprehensive care. It includes the belief that family physicians in these practices should be rewarded with compensation comparable with other specialties. This year, several members expressed their concern that compensation agreements do not promote the recruitment of family physicians and the practice of comprehensive care.

Opportunity cost is often used to justify the compensation gap. It is true that postgraduate education is longer in other specialties and careers are consequently shorter. But to gain some perspective, let us consider graduate studies longer than 3 years and a 35-year career. This still only represents an 8.5% gap. The average 2016 compensation rate for non-family physician specialists in Quebec was \$415250 while that of family physicians was \$243422; cumulative compensation over 32 years is\$13288000 versus\$8973270 over 35 years.1

Opportunity cost explains a portion of the gap, but certainly not its current breadth. Moreover, I do not

understand how the gap could have increased between 1975 and 2009 when the time spent in university by family physicians has also increased with the progressive introduction of mandatory residencies.

Specialization bonuses are used to justify the remainder of the gap. I have a lot difficulty understanding this explanation. Several students have told me that they will not choose family medicine because they would find it too difficult to achieve and maintain all the necessary competencies. Therefore, I would think practising a discipline limited to a single specialization would constitute a privilege.

Other criteria should also be used to compare compensation rates between the specialties in medical settings—for example, the requirement to keep up-to-date on knowledge, the complexity of work, the requirements related to interpersonal relationships, and conditions of practice.

We feel uncomfortable talking about money, but if we believe in family medicine and our specialty's ability to improve the performance of our health care system then we must talk about it. If we do not raise the issue, no one will do it for us. It is also a matter of unity and equity within our profession. In 2017, the Quebec provincial government recognized the importance of this problem and established a committee to study the gap. As a gesture of good faith, they approved a 2.4% compensation increase for family physicians to begin closing the gap (personal communication with the Fédération des médecins omnipracticiens du Québec, 2017). Do you know the compensation gap in your province? If so, how wide is it? That is the first question that you need to ask. If the gap is as wide as in Quebec, I believe that you are well within your rights to demand a plan to correct it. The compensation gap grew slowly over time and will likely take a long while to close. We need to act now. I do not know what constitutes a reasonable gap, but I do not believe that a gap larger than 20% is reasonable.

References

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