



The buck stops here

C. Ruth Wilson MD CCFP FCFP

One of the questions that makes me squirm when I'm being interviewed by the media is "Dr Wilson, how much do family doctors earn?" I think I am uncomfortable for 2 reasons. The first is that I would much prefer to talk about the reasons why family doctors chose their profession, which generally include the desire to be of service to others in their communities. The second is that although medicine in general is correctly perceived by the public to be a well-remunerated occupation, family medicine is less so than other medical specialties. But how do I talk about that difference when overall the public thinks of doctors as being wealthy?

The College of Family Physicians of Canada (CFPC) is on record calling for a closing of the income gap between family physicians and other specialists of medicine. What is that gap? Canadian Institute for Health Information data¹ show that the average fee-for-service billings by family physicians was \$212368 from 2005 to 2006 compared with \$293450 for other specialists. (These figures only include physicians who each billed a minimum of \$60000 in the previous year.) More important, these are gross billings that do not take overhead costs into account. Typical overhead in family physicians' offices can run up to 40% of yearly gross billings and is generally higher than that of many other specialists, especially those who work entirely out of hospitals. Moreover, overhead costs are rising in many centres in Canada; increase in rent, for one, is cited as a reason some family doctors in Calgary have left their practices.²

Although for all physicians, nationally, total clinical payments are 80% fee-for-service,¹ the 2007 National Physician Survey results show that just over half of us are primarily remunerated by some other method. The survey also shows that only a small minority of family physicians, given a choice, would prefer to be paid by fee-for-service only; the most popular choice, preferred by 52% of family physicians, was blended funding.³

The College has long advocated a blended funding system for family physicians, and this is available in several provinces; however, others are not as lucky. In Prince Edward Island, for example, the only payment options are fee-for-service or salary. Blended funding models, such as the ones available in Ontario through primary care renewal, typically have a capitation component. This

allows a predictable income stream based on the number of registered patients in a practice. It provides an incentive to increase roster size and serve more patients rather than seeing a smaller number of patients frequently. It also provides compensation for the many tasks of family medicine that are not easily remunerated by fee-for-service—telephone calls, paperwork, travel time, or simply taking more time with those patients with greater needs. Blended funding models also usually include a fee-for-service component, which rewards volume of service provided. In addition, a series of bonus and incentive payments can encourage less popular work, such as being on call, doing obstetrics, providing inpatient care, taking on orphan patients, reaching preventive targets, and so on.

The public thinks of doctors as being wealthy

The CFPC and its provincial chapters recognize that it is the mandate of provincial medical associations and societies to be the bodies negotiating fees and remuneration with the government on behalf of the medical profession. As the voice of family medicine, however, the CFPC has a responsibility to its members to inform both the medical associations and the government about the particular concerns of family physicians. We can advocate choice in remuneration methods, including blended payment methods. We can also advocate the importance of closing the gap between family physicians and other specialists, which is part of one of our most important overall goals (to increase the desirability of family medicine as a career choice).

The next time I'm asked the question about family doctors and how much they earn, I'm going to say this: "Doctors are valued in our society and are therefore well-paid. Family doctors earn less than other specialists; paying them more and in some cases differently will increase the attractiveness of family medicine, and that has benefits for Canadian society as a whole." 🌻

References

1. Canadian Institute for Health Information. *Physicians in Canada: average gross fee-for-service payments, 2005–2006*. Ottawa, ON: Canadian Institute for Health Information; 2007. Available from: http://secure.cihi.ca/cihiweb/products/FTE_APP_2005_Eng_final.pdf. Accessed 2008 Jun 20.
2. Jirsch DW, editor. *Alberta doctor's digest: March–April 2007*. Edmonton, AB: Alberta Medical Association; 2007. p. 17. Available from: [www.albertadoctors.org/bcm/ama/ama-website.nsf/AllDoc/B4170CDD848853D6872572A7007769B6/\\$File/ADD_marapr_07.pdf](http://www.albertadoctors.org/bcm/ama/ama-website.nsf/AllDoc/B4170CDD848853D6872572A7007769B6/$File/ADD_marapr_07.pdf). Accessed 2008 Jul 9.
3. College of Family Physicians of Canada, Canadian Medical Association, Royal College of Physicians and Surgeons of Canada. *National Physician Survey 2007*. Mississauga, ON: College of Family Physicians of Canada; 2008. Available from: www.nationalphysiciansurvey.ca/nps. Accessed 2008 Jun 20.

Cet article se trouve aussi en français à la page 1198.