I'm a GP, too

I appreciated reading Dr Sandell's Third Rail piece, "I'm a GP," in the September issue of *Canadian Family Physician*.[1] I have had similar thoughts since taking a course from Dr Tom Freeman at (what was then) the University of Western Ontario in London in the late 1990s. He believed that generalism was an honourable way to think about the scope of our profession. Thank you for "swimming against the tide."

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Competing interests
None declared

Reference
1. Sandell A. I'm a GP. *Can Fam Physician* 2021;67:691-2.

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Payment model reform requires a frank exploration of values

I read with interest the commentary on alternative payment plan (APP) models in the September issue of *Canadian Family Physician*,[1] and I was struck by the discordance between my own field observations of attitudes toward APPs and the attitudes of the early-career physicians reviewed in this article.

As a long-time (45 years) family physician in British Columbia in a solo practice (with shared coverage with other solo and paired practices through most of that time), I have been interested in APPs for decades. However, the BC government, while having introduced APPs nearly 2 decades ago, has made them available only to physicians in large group practices. The government has also been relatively uninterested in setting up multidisciplinary primary care units, most of which have been organized by private societies or other community-embedded entities.

Recently this has changed with an initiative to set up structures called Primary Care Networks, in which physicians would work alongside nurse practitioners, registered nurses, dietitians, physiotherapists, psychologists, and other health care practitioners.

I attended a planning meeting a few weeks ago, and the first thing the representative of the local Division of Family Practice stated was that all the physicians in our small town in south-central British Columbia had made it clear they would not surrender their fee-for-service (FFS) payment scheme. In fact, as the evening wore on, it became clear this was the only point on which there was unquestioned agreement.

I believe the reason for this stance, which is sharply different from the attitudes in the commentary, is that the FFS system allows one to earn more; you can structure your practice to make far more money with far less multi-leveled patient engagement under FFS than you can in a system with a salary-based or other fixed-payment scheme. In other words, it's not just that APPs are not available; it's that doctors are drawn to a system that is highly remunerative—even if it brings them less meaningful involvement in their patients' lives.

A remuneration system that is publicly financed but includes, in essence, no meaningful control over where and how physician and other resources are deployed, or whether those resources are even relevant in a given setting, is a dysfunctional system and ultimately unsustainable.

I reviewed the earnings from the BC Medical Services Plan in our community, as recorded in a government document called the Blue Book.[2] Apart from a few outliers, Canadian-born physicians earned between $250 000 and $350 000 per year. Non–Canadian-born physicians, perhaps more utilitarian in their approach to the Canadian health care system, earned an average of $350 000 to $500 000 per year, and 3 family physicians who have specialized in pain management (primarily injection therapy) earned between $500 000 and just under $1 million in the past year, according to the Blue Book.

While a few practitioners in all 3 categories earned less (of whom some were family physician couples with a shared practice) it is quite clear that if a practitioner wishes to do so, they can earn an extraordinarily good living—in strictly financial terms—under FFS.

For doctors graduating from medical school with a massive debt burden, the incentive of using a system that rapidly and securely generates income—especially if practised in a walk-in clinic, where hours are strictly defined and continuity of care (with its added need for attention to detail) is rarely a consideration—is almost