

## Encourager le contenu en français au FMF

L'éditorial du Dr Roger Ladouceur dans le numéro de février du *Médecin de famille canadien*<sup>1</sup> concernant la rareté de contenu éducatif en français au Forum en médecine familiale (FMF) a mis en évidence les difficultés rencontrées par le Comité du FMF depuis un certain temps, notamment le faible nombre de soumissions de résumés en français reçues chaque année. Ce fut particulièrement le cas au cours des 2 dernières années, alors que le FMF s'est déroulé virtuellement.

L'équipe responsable de l'organisation et le Comité du FMF continuent d'encourager chaque année les membres francophones à présenter des résumés aux fins de sélection. Les soumissions de résumés sont acceptées en français ou en anglais. Les propositions en français sont examinées et notées par des évaluateurs francophones. La plupart des années, en raison du nombre limité de soumissions reçues en français, le comité choisit d'accepter la majorité, si ce n'est la totalité, des présentations en français pour veiller à ce que nos participants francophones aient accès à du contenu éducatif dans leur langue.

Cette année, nous avons rencontré certains de nos partenaires, sections et enseignants francophones pour élaborer des stratégies visant à mobiliser nos membres francophones pour qu'ils participent davantage au processus de soumission de résumés, de même qu'au FMF. Nous travaillons aussi à d'autres stratégies pour éliminer les obstacles susceptibles de dissuader les participants anglophones d'assister à de futures présentations en français, comme l'utilisation élargie de services d'interprétation durant les événements en direct. Nous offrirons la traduction simultanée du français à l'anglais lors du prochain FMF virtuel en 2022.

Nous avons le plaisir d'annoncer que le FMF reviendra à sa forme originale en personne en 2022, en plus d'être offert en mode virtuel. Nous avons déjà un certain nombre de séances prévues en français et nous espérons continuer à voir une forte présence francophone durant les années à venir, alors que nous nous efforçons de faire du FMF une expérience riche et satisfaisante pour tous nos membres.

J'encourage tous les membres intéressés et passionnés à l'égard de la présentation de leurs travaux à leurs pairs à soumettre leurs propositions de séances aux fins de sélection. Comme toujours, j'ai hâte de tous vous voir au FMF cette année, en personne à Toronto (Ontario) et durant notre événement virtuel.

—Leslie Griffin MD CCFP  
Bedford (N.-É.)

### Remerciements

Dr Leslie Griffin est coprésident du Comité du Forum en médecine familiale.

### Intérêts concurrents

Aucun déclaré

### Référence

1. Ladouceur R. Le silence des médecins de famille francophones [éditorial]. *Can Fam Physician* 2022;68:87 (ang), 88 (fr).

*Can Fam Physician* 2022;68:402. DOI: 10.46747/cfp.6806402

Les opinions exprimées dans les lettres sont celles des auteurs. Leur publication ne signifie pas qu'elles soient sanctionnées par le Collège des médecins de famille du Canada.

## Encouraging French FMF content

Dr Roger Ladouceur's editorial in the February issue of *Canadian Family Physician*<sup>1</sup> regarding the lack of French educational content at Family Medicine Forum (FMF) has brought to light a challenge the FMF Committee has been facing for some time, namely the low number of French abstract submissions received each year. This has especially been the case over the past 2 years when FMF was held virtually.

The FMF organizing team and the FMF Committee continue to encourage Francophone members to submit abstracts for consideration each year. Abstract submissions are accepted in either French or English. French submissions are reviewed and scored by Francophone reviewers. Most years, owing to the limited number of French submissions received, the committee will opt to include most, if not all, French submissions to ensure our Francophone participants have access to educational content in their language.

This year we have met with some of our Francophone partners, Chapters, and educators to develop some strategies to better engage our Francophone members in the abstract submission process and FMF itself. We are also developing additional strategies to remove barriers that may dissuade Anglophone attendees from participating in future French presentations, such as expanding the

use of translation services during live events. We will be offering simultaneous translation from French to English during our upcoming 2022 virtual FMF event.

We are pleased to announce that FMF is returning to its original live format in 2022 in addition to offering a virtual FMF. We have a number of French sessions planned already and hope that we will continue to see a strong Francophone presence in future years as we strive to make FMF a rich and rewarding experience for all our members.

I encourage everyone with an interest in and passion for presenting to their peers to submit their session proposals for consideration. As always, I look forward to seeing everyone at FMF this year, both in person in Toronto, Ont, and during our virtual event.

—Leslie Griffin MD CCFP  
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#### Acknowledgment

Dr Leslie Griffin is Co-chair of the Family Medicine Forum Committee.

#### Competing interests

None declared

#### Reference

1. Ladouceur R. Silence of Francophone family physicians [Editorial]. *Can Fam Physician* 2022;68:87 (Eng), 88 (Fr).

*Can Fam Physician* 2022;68:402-3. DOI: 10.46747/cfp.6806402\_1

## Response to letter about alternative payment models

We are responding to the letter from Dr R. Warren Bell published in the January 2022 issue<sup>1</sup> that offered a perspective on our commentary in the November 2021 issue.<sup>2</sup> We agree with Dr Bell that system factors have a considerable impact on the ways in which new-to-practice family physicians are choosing to work. We welcome his call for more robust discussion about the factors that will lead to physicians embracing longitudinal family medicine, which include issues other than payment models. In our interviews with more than 90 early-career family physicians exploring the factors influencing choice of practice, prominent themes included feelings of accountability to address the needs of local communities, a motivation to provide meaningful care for patients, and a desire to work collaboratively. Payment and service delivery models were important to these physicians insofar as they supported care that was consistent with these values. We are preparing manuscripts for publication that report further on these data.

Dr Bell's response unfortunately makes baseless and stigmatizing assertions about physicians born outside of Canada. He describes his review of the BC Medical Services Commission financial statement ("Blue Book"),<sup>3</sup> which reports earnings from the BC Medical Services Plan. Using this review, he draws conclusions about the earnings of "Canadian-born" versus "non-Canadian-born" physicians, concluding that non-Canadian-born

physicians take a more "utilitarian ... approach to the Canadian health care system"<sup>1</sup> because they earn more. However, the Blue Book lists physician names and corresponding payments but provides no information on place of birth. We are concerned about his approach to determining place of birth, including possible assumptions being made about names that may "appear" foreign. This is clearly a methodologically flawed approach. Furthermore, making statements that tie assumed place of birth to values in family medicine fosters racism and harmful stereotypes. There should be no place for this type of analysis within *Canadian Family Physician's* mission to inform current issues in family practice.

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#### Competing interests

None declared

#### References

1. Bell RW. Payment model reform requires a frank exploration of values [Letters]. *Can Fam Physician* 2022;68:9, 11.
2. Mitra G, Grudniewicz A, Lavergne MR, Fernandez R, Scott I. Alternative payment models. A path forward. *Can Fam Physician* 2021;67:805-7 (Eng), 812-5 (Fr).
3. Medical Services Commission. *Financial statement for the fiscal year ended March 31, 2021*. Vancouver, BC: BC Ministry of Health; 2021.

*Can Fam Physician* 2022;68:403. DOI: 10.46747/cfp.6806403

## Response

It grieves me to learn that several persons have construed my letter<sup>1</sup> responding to a commentary about fee-for-service (FFS) and alternative payment plan remuneration<sup>2</sup> as containing a racist implication.<sup>3</sup>

Let me begin by saying that to every person who has felt hurt, maligned, or marginalized by my words, I offer my heartfelt apology.

The specific phrase that caused so much distress referred to family physicians in my community who were not born in Canada and who, on average, tend to bill more under FFS than Canadian-born physicians. I speculated briefly that this might arise out of a more "utilitarian" (a word that I chose to reflect pragmatism, rather than greed or bias) stance toward the system of remuneration available in this part of the world. My point was that FFS allows this to happen, while alternative payment plans make this well-nigh impossible.

My comments were focused on billing patterns in our community and not on race, nationality, gender, sexual orientation, age, religion, language, or political affiliation—or even country of origin. Nevertheless, this phrase clearly sank into the hearts of some physicians or other readers who may have come here from other countries under challenging circumstances and caused added