

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
Bedford, NS

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 issue¹ that offered a perspective on our commentary in the November 2021 issue.² 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"),³ 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"¹ 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.

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Response

It grieves me to learn that several persons have construed my letter¹ responding to a commentary about fee-for-service (FFS) and alternative payment plan remuneration² as containing a racist implication.³

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

pain, especially to those who have experienced, in Canada, marginalization, rejection, racism, or any other form of groundless and mindless negative treatment.

Again, I apologize to anyone who felt my remarks were prejudicial and who suffered as a result. I truly sought not to be divisive, but only to be descriptive.

In future I will pay even closer attention to the exact implications of all my words in print.

—R. Warren Bell MDCM CCFP FCFP
Shuswap Lake, BC

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. Mitra G, Grudniewicz A, Lavergne MR, Fernandez R, Scott I. Response to letter about alternative payment models [Letters]. *Can Fam Physician* 2022;68:403.

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The opinions expressed in letters are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.