**Consumption/Income**

**Node: Payment mode, practice model, and/or practice setting selected based on earning potential**

[<Files\\Remuneration considerations\_Raw Data>](file:///Users/drudoler/Library/Containers/com.apple.mail/Data/Library/Mail%20Downloads/D2598651-CF49-4DDE-A3EE-122D622360C2/f8a244aa-cf43-40df-80db-e8e774c642ab) - § 27 references coded [6.53% Coverage]

Reference 1 - 0.24% Coverage

I: What about financial considerations, do you feel those have influenced your career?

R: Absolutely. Absolutely. So I’ve noticed, you know, if I work as a locum in a place and I don’t feel like I’m being compensated well, I don’t go back to that place. And part of why I’ve been working up north is also because it’s compensated a bit better than Victoria, BC was. But it’s not the only factor for sure because there's lots of places I’ve worked where I could make more money but I didn’t like the work set-up or the environment or what day-to-day involved. So I didn’t do that work.

Reference 2 - 0.45% Coverage

I: Okay, got it. And what about financial considerations, have those influenced your career?

R: Yes. It’s something I think of when I’m investigating a job. I’m thinking of what is a lucrative job. I have lots of debt. And it would be great to pay that down. And that attracts me to some positions, and it also pushes me along through fee-for-service. It changes the style in which I practice as well a bit.

I: And are you comfortable with the fee-for-service model? Or if all things were equal, would you prefer another compensation model?

R: I’d prefer another compensation model.

I: And what would that model be?

R: I have locumed under contract. And that’s very nice. Contract is great. I like contract. Yeah, I would rather a contract.

I: And what was it that the contract offered that fee-for-service doesn’t?

R: It takes out a lot of the pressure of moving on from a patient, and allows you to spend more time with them and do fewer patches. It can give you the time to open up the patient’s story and kind of find out what they actually need with more long term goals in mind.

Reference 3 - 0.12% Coverage

And frankly, looking at the numbers, it sounds like fee-for-service works out for an equivalent amount of work. So I mean I think the preferred method would be some sort of a salary or capitation. But not when the rates are far different from what the average fee-for-service compensation models are.

Reference 4 - 0.07% Coverage

And then thirdly is the remuneration. So whether one type of work compensates disproportionately more than another would probably affect my choice of what I do during the week.

Reference 5 - 0.16% Coverage

R: I had considered these contracts, having reviewed them. But when I look at the fee-for-service compensation numbers of peers, I think that outweighs what the contracts are able to provide. And the contract has very well defined parameters of which the physician would need to work. Whereas fee-for-service is a bit more flexible and yet seems to provide similar if not greater compensation.

Reference 6 - 0.31% Coverage

And then one of the rotations I did before I finished residency, my rural family medicine actually, I did a bit of work in the prison system, the federal prison. And I remember the doc told me about the compensation, and it was through the roof. And I had also done an elective in prison medicine in the federal system. And then a couple of months after I graduated, I got an email from somebody that I had met during that elective who said that there's no jobs in the federal system but there are jobs in the provincial system. And he asked me if I was interested. And I said sure. So about 3 months after I graduated, I started working in the provincial prison system. And so that’s a fee-for-service job but there's no overhead and then there’s also a daily stipend.

Reference 7 - 0.36% Coverage

So I joined a couple of addictions medicine practices in the community. And that’s when I started making some real money. Very low overhead. You know, when I first started, I was only paying 15%. Whereas at all my family practice locums, I was paying 30%. And I also knew that even though I was paying 30%, I had realistically probably could have been paying 15% because I kind of heard repeatedly from every clinic where I worked that I’m very efficient and that I work much faster than other people, that I bill a lot more. So basically I’d still be paying the same as somebody who saw, you know, two-thirds of the same patient volume. So I was kind of subsidizing all the clinics where I worked basically with my work ethic. Yeah, so when I started doing addictions in the community, my overhead was a lot less. And then the compensation was much better than family practice.

Reference 8 - 0.16% Coverage

You know, whether or not I keep going with hospitalist, I don't know right now. Honestly, the money is good. And so for me, it’s definitely worth it to keep going. But I don't know that I want to do call on a Saturday night or a Friday night when I’m 40 or 50 or what have you. That would probably be the biggest change, would be stopping hospitalist. But for now it works well for me for my lifestyle

Reference 9 - 0.31% Coverage

I: How have financial considerations influenced your career?

R: Oh, initially it was huge obviously… Not obviously but most of us come out with a large amount of debt. And I think most new grads… And I talk to new grads about this. Like really we have to do what pays well because otherwise the debt seems insurmountable. So I was seeking out things that paid well. Like my northern locums and the hospitalist pays better than family med clinic. To be honest, everything pays better than clinic. So I am not surprised people don’t choose it initially often. And so I did, I still do, I seek things out that pay better – as I think we should. Pay better for the work that you have to put into them. Yeah. And so that’s a big consideration for me.

Reference 10 - 0.55% Coverage

R: I find emerg so much less exhausting than clinic. It’s so funny, people don’t often think that. And especially emerg shifts are long. Again, so emerg, people come in with one issue usually. Unless they don't have a family doctor, which is another issue. But they usually come in with one acute thing that either you fix or you start the work up for. And they go home better. And when I’m done my emerg shift, I’m done. I pack up, I leave, I don't think about… Well, sometimes I think about my cases. But I’m not… I don't have to check anything. I’ve handed it over to the next emerg doc. I have nothing to follow up on for the most part. Sometimes I do. And then I leave. And then I have no real further responsibility to those patients I saw for the most part. And it pays really well. Whereas clinic, it pays significantly less. People have many issues per visit. My time is often more strained. People want to fit a lot into a 15 minute appointment. And then after they leave, I’m responsible for their ongoing care. I have to do their forms and their labs and all their consults and all the rest of their paperwork. And it’s just this never-ending to-do list that hangs over my head essentially with clinic. That doesn’t happen in other…in the hospitalist or emerg or other things. It’s much more… It’s much, much more work for much less pay.

Reference 11 - 0.16% Coverage

I: Have financial considerations influenced your career at all?

R: Yeah, it’s a factor. You know, the pay is… Like I don’t really have any financial needs or concerns, really. But you know, if I can work somewhere that I get paid more, all things being equal, I’m more likely to go there than somewhere I get paid less. I think I’m very well compensated wherever I go though.

Reference 12 - 0.24% Coverage

I feel like a family practice, it can be very difficult. That you’re sort of tied to the one area. And it’s difficult to find coverage for your patients if you go away. And there's a huge amount of like difficult, uncompensated work – filling out forms, following up on lab results, specialists, stuff like that. Plus, it pays worse than emergency, even though the work is very similar a lot of the time. So in that sense, I’ve kind of been pushed away from setting up like a traditional family practice. Because there’s a lot of downsides to it that don’t exist with me doing what I do.

Reference 13 - 0.26% Coverage

I: Okay. If you were mentoring a new family medicine resident, what advice would you give them about planning their career in family medicine?

R: I may encourage them more to do their emergency plus one so that they could do emergency care. Because in my training, it wasn’t emphasized as necessary. But I can see now that I’m out there that really to work in even a lot of the bigger rural centres, you should really have that extra training. And it can bring in quite a bit of extra flexibility and compensation into your schedule. It’s probably one of the easier ways in the area where I live right now that you could do that.

Reference 14 - 0.06% Coverage

R: Yeah, no, I don't think so. Just financial security is like my main reason for like being on an APP. Yeah, I don't think that there's anything else.

Reference 15 - 0.56% Coverage

R: Minimally. If I was income-driven, I would be doing different… Well, that’s not true. I mean it’s not nothing, right. It's not like… I definitely would not enter into… I’ve never experienced it personally but I sometimes talk to colleagues who get in… Whatever arrangement they have, whether it's because they’re fee-for-service and they’re not turning their volume around, or they have too much overhead… I’ve spoken to family doctor peers who work a lot, and don’t actually make a lot of money. That hasn’t been my experience. Like as a salaried physician and the things that I’ve done outside of my salaried job have always been reasonably well… I guess they’ve been more defined. They’ve either been sessional or they’ve been salary. So for me I have a certain amount of money that I know I need to make to live the kind of life I want to live. And above and beyond that amount of money, I could largely care less. And that’s why I'm prepared to work less than full-time. I mean I guess though in the sense that I wouldn't… I can choose which pieces of work I want to pick up. And certainly there's been more than one occasion where the deciding factor between which piece of work I pick up is I pick up the better compensated piece of work. Like hospitalist sessions pay way more than office-based family medicine sessions. I guess that’s what I would say.

Reference 16 - 0.49% Coverage

I: Would you still be wanting to do hospitalist work even if it didn’t compensate better than the clinic work?

R: If it compensated it the same, I would still do it. If it compensated less… Well, you know what, I think maybe just my ratios would change. Like ideally for me I would do like… Like of my work mix, it would probably be like 75% hospitalist work, 25% in an office, doing family medicine in an office. Hospitalist work I find a little more interesting. It’s convenient that it also pays quite a bit better. If it didn’t pay as well, would I… If it didn’t pay as well, I would probably do more… I don't know, it’s hard. Like there's a combination of things. Why do you pick up work? Part of it’s how much you enjoy the work, part of it’s how well compensated you are for the work. And you don’t always… You can't always parse it out precisely as to how much each of those factor in. But they both play a role. You know, if the work is really satisfying and enjoyable then you’re willing to do it for a bit less. If the work kind of sucks but pays really well then you’re like, okay, I’ll do some of that. And those things balance out. That’s probably about as precise as I can be.

Reference 17 - 0.37% Coverage

So finances are huge. Like I definitely couldn't have gone… And like I mentioned earlier, like down the road if family practice kind of doesn’t…if the changes to family medicine or family practice in how we’re compensated don’t change over time, I could definitely see myself moving into like a just emerg or hospitalist type of situation, or doing some kind of roving locum or something like that to minimize cost. Because, you know, I’d like to retire… I’m not going to work until I’m 80 like our predecessors did. And I’ll definitely scale back probably at a much younger age than again a lot of our…like a lot of more senior physicians did. So I think we’re definitely focused on making sure we get our debt paid off and getting good investments during this period of time. And so how we’re remunerated, what bonuses are available, what overhead costs are, those are huge drivers in what we do.

Reference 18 - 0.26% Coverage

And that’s the other thing about being a family doc, is that ER, ob, hospitalist, they pay significantly more than they do for a just family med clinic. And I think that’s why we’re losing people – because it costs a lot to run a clinic. A lot of overhead. It’s the most time-consuming aspect, and it’s the least paid of everything that we do. But it’s so valuable. The problem is I don't think you truly can measure the outcomes from a government perspective. And I think that’s why it’s so horribly paid – because they only view it as an expense. Whereas for hospitalists, ob, they can actually pay for something and see what the outcome is.

Reference 19 - 0.21% Coverage

R: For most of my time in practice, which is not very long actually, but for most of that I was doing I would say probably two-thirds of my emerg shifts over in Shelburne and maybe a third of them in Yarmouth at the regional. Just recently we’ve lost a bunch of our emergency physicians at the regional. So that’s starting to switch the other way around. So I’m starting to do quite a bit more in Yarmouth. Which is more convenient because I live here and it pays better. So all in all it’s kind of a better deal.

Reference 20 - 0.09% Coverage

R: Financial is probably one of the bigger ones. Just, you know, what pays better. If something pays better… If I put the same amount of hours into two things, I want to do the ones that pays better. So that’s a big one.

Reference 21 - 0.23% Coverage

They can incentivize to a degree. I don't think they have really 100% guided the decisions I’ve made. Certainly the remuneration has sometimes turned me off from areas when I know that the intensity and the workload and the quality of life and the level of support and all the other adjunct factors that influence whether I would like to try a locum contract or consider working there more regularly. You know, if the financial part is a pittance and the environmental is not as welcoming then it certainly has discouraged me, I’ll put it that way, from considering it.

Reference 22 - 0.06% Coverage

I mean the cosmetic work is certainly more financially lucrative than the OHIP stuff. So I think that definitely has swayed things in another direction.

Reference 23 - 0.09% Coverage

And so you know, unfortunately part of the reason why I decided to go into primarily a private practice was the ability to control how much revenue that you make. You know, if you work more, you can make more.

Reference 24 - 0.10% Coverage

And so it certainly has been a significant debt for medical school. And I’m trying to claw my way out of it as fast as possible. Which is challenging. I think it might be part of the motivation to continue to do like the rural locum work.

Reference 25 - 0.20% Coverage

I want to be an area where I’m compensated appropriately financially for what I’m doing because financial freedom is so important to living with reduced stress on your life and setting yourself up moving forward – both for yourself and your future family. So when I looked at other compensation models both in Ontario and outside of Ontario, in different provinces and territories, I realized that Ontario is a very good place to work. Specifically rural Ontario is a very good place to work.

Reference 26 - 0.25% Coverage

And the current system is terrible. It's incredibly fractured. And I don't think it does a service to anybody. I mean if you’re working in a family health organization, you get paid 30% more for the same work on average. And entrance into those is restricted more or less arbitrarily depending on how the government of the day feels. Does that influence where I go? Yes, I would be… It would be unwise of me to do anything other than a family health organization. You can do family health group which pays about 10% more than fee-for-service. But unless you're doing very high volume things, it’s really not financially wise.

Reference 27 - 0.18% Coverage

I: And you mentioned that financial considerations are not influencing your career because it’s not why you’re doing this.

R: Right. I mean there's obviously part of that does. I mean in terms of choosing what work I do. And that’s probably what’s kind of steered me away from doing general family practice. Because it’s generally lower paid but also much higher responsibility in terms of that you can’t get away, you’ve got to find a locum.