**Consumption/Income Target income setting based on comparison**

[<Files\\Remuneration considerations\_Raw Data>](file:///Users/drudoler/Library/Containers/com.apple.mail/Data/Library/Mail%20Downloads/3F33A758-A519-4B52-8FD6-02A28CC90498/f8a244aa-cf43-40df-80db-e8e774c642ab) - § 28 references coded [7.32% Coverage]

Reference 1 - 0.09% Coverage

And compensation in BC is pretty bad compared to other parts of Canada. So working in other provinces allows me to continue to spend some time in BC because I really do like BC, I like being here, I grew up here.

Reference 2 - 0.15% Coverage

R: I wish it would. I know a lot of doctors complain about the ophthalmologists for cataract surgery. I think they get paid a lot, and they can make tens of thousands of dollars in a day. Or that’s the gossip that I’ve heard about it. And that hasn’t changed for them, you know. So I don't know how they’ll change the way that GPs are billing. But it’s annoying. It’s so annoying.

Reference 3 - 0.17% Coverage

So yeah, I think you have to look at what are people getting…people with family medicine training getting paid to work non sort of traditional family medicine jobs. And I think you have to match that. I think you have to match what… Not Emerg because they need extra training. But you have to match what the hospitalists are getting. Or at least come close so that it’s not such a huge financial sacrifice to do the office.

Reference 4 - 0.24% Coverage

Part of it is you have to look at okay, we’re also expected to be available after hours for free. That is the college’s expectation and the government’s expectation. And we’re the only people who are expected to do it in family medicine. All the specialists get compensation for being on call. But family docs don’t. We’re just expected to do it. So that’s part of it. Either loosening that requirement or providing compensation for it, or doing something to look at the after-hours availability issue. Because I don't think that’s fair that we’re expected to do that and nobody else is.

Reference 5 - 0.27% Coverage

And then I would say there would probably need to be at least a 30% increase in the overall compensation for me to consider doing family practice. And honestly, I feel like that’s probably the difference between us and a lot of other provinces anyway. Like I’m pretty sure in Alberta they’re getting paid 30 to 60% more than we are.

I: That much? Okay.

R: Yeah. So it would honestly just really be bringing us up to par with a lot of other places. So the biggest problem is in BC, we have the second lowest compensation in the country but we have the highest cost of living and cost of running a business obviously because commercial rents are crazy.

Reference 6 - 0.30% Coverage

I: Okay. And you mentioned that BC, I think you said that we were the second lowest in terms of compensation…

R: Yeah.

I: Would you ever consider moving to another province because of the compensation?

R: Yeah, I have thought about it because actually I lived in Alberta for 7 years. That’s where I did my med school as well. And they get paid really well. But first of all, they have a bit of a glut of physicians there because of that now. And second, I’m also just tired of the climate. You know, I’m from Russia. I just want to be able to like not freeze my face off every winter. You know, I’m willing to take somewhat of a pay cut to stay here in BC. But it’s just, yeah, I wouldn’t be moving just for the money.

Reference 7 - 0.45% Coverage

I: And have you talked to any other family physicians, whether in BC or in another province, who are working in a different model where that time pressure that’s associated with fee-for-service and that admin component is either taken care of or lessened in any way?

R: Yeah, I have colleagues in Alberta that I’ve spoken to where they have time modifiers for some of their charting and extra…not so much their staff admin time but their admin for patients. You know, calling specialists, making more complex care plans, where that time is remunerated. So I’ve certainly talked to them about how other provinces are delivering that service better for patients and for physicians. I’ve talked with some people in Ontario about their different organizations. But they’re going through a lot of overhaul and change right now too. I think the nice thing about having people that train from across the country at one residency spot is that people return to their home provinces and you can keep those conversations and dialogues going of how it works in other places. So yeah, I’ve talked to many people about it.

Reference 8 - 0.26% Coverage

And so when you were saying the base rate, is the base rate higher in Alberta or BC?

R: It’s higher in Alberta. So for a standard visit, the pay is higher in Alberta. And the other thing I think that’s really important for a lot of us is in Alberta there’s what’s called time modifiers. So if you spend longer with the patient, so if you spend half an hour, 45 minutes, an hour, you can bill for that extra time. Where that’s not possible in BC. So in BC if the visit is one hour, it’s the same as a 5 minute visit. And in Alberta you can bill for time spent charting, doing referral letters – all of those extra things that add up and are unpaid.

Reference 9 - 0.24% Coverage

R: I think it depends on what type of setting. So if you go by the standard sessional rate, I think it’s still $144. Which I feel is on the lower end compared… Compared to the average non-physician, it is a good amount of money to make. But compared to like other provinces, it’s on the low side. But there are some other sessional positions through the health authority that pay above that. Like $150, $160. And I think that would be more fair. But just for a comparison, in Alberta the sessional rate is $200, $213, $215 – something like that.

I: Wow, that’s quite a difference.

R: Yes.

Reference 10 - 0.40% Coverage

The PCN salary constructs. So these are salaried constructs where they’re offering a salary to care for a set population. There was a lot of promise when those first were announced. But after the details came out, the salary is comparatively low to other provinces. And if you compare the work that you’re doing versus fee-for-service, you are actually getting paid less because the panel size was quite high. And then they did not give any supplement for overhead. So even though they paid you a salary - $250,000 – you have to pay your own overhead in terms of hiring staff and everything. So after you factor that in, I think it worked out to be like between $150,000, $180,000 salary. Which is… I understand that it’s higher than most people in society. But if you compare it to other provinces where a similar salary is in the $200,000, sometimes $300,000 range, then I don’t understand that disparity. And I feel like because of that, family medicine is being undervalued in BC.

Reference 11 - 0.26% Coverage

I: Right. How have financial considerations influenced your career?

R: They haven’t so much. I’ve been very lucky with finances. I don't have… My parents paid for me to go to med school and stuff. So they haven’t influenced me whatsoever. Other than it provides me with food on the table and it allows me to live. So I think if they did… You know, I think that’s one of the things with NS, is that we financially as doctors, we don’t get paid as well as some of the other provinces. Not having that financial stress has been good for me because it’s allowed me to be okay with staying in NS and not worrying too much about it.

Reference 12 - 0.46% Coverage

I: And I know that you said that you didn’t see any reason why it wouldn't work. Are you aware of any sort of maybe structural or institutional barriers or restrictions that might prevent you from achieving what you’d like to achieve?

R: I think the only barrier I would say is that the provincial compensation for physician services is very province-dependent. And if someone wants to build a life in let’s say NS then I think, you know, being less compensated here than in other provinces might be a potential barrier to having the kind of practice that you want to have. Because you’re really motivated in this province, for example, to see as many patients as you can just to pay the bills and to have some level of quality of life. Versus other provinces where you don't have to see as many patients and so you can take more time with each patient and give the kind of care that you want to give, that you trained to give, and that the patients deserve. So that would be the only institutional barrier that I would say, is that the public system here has poor compensation for family medicine in the public system.

Reference 13 - 0.44% Coverage

I: Can I ask you, did you have different experiences in Alberta and/or Quebec?

R: Yeah. Family physicians are paid a lot more in those two provinces. Which was a surprise to me. I didn’t think that would be the case, especially with Quebec. But yeah. And they also seem to have more resources dedicated towards public health and healthcare in general than NS.

I: Okay. And I’m interested, so because you’re working with the military, which is obviously sort of overseen federally, did you find…were you compensated based on a sort of provincial fee schedule while you were serving with DND? Or was it sort of a federal jurisdiction? How did that work?

R: Yeah, it’s a federal jurisdiction. And so you’re compensated… I think they choose their compensation packages that are kind of like an average of the across provinces, with a slight edge to more compensation than less compensation. So yeah, it's a federal jurisdiction. And they get their compensation based on sort of an average across Canada so that it doesn’t become like too competitive with the local provincial system.

Reference 14 - 0.15% Coverage

R: That’s a good question. Not much apparently because I’m a family physician in NS. No, yeah, sure, we are the low… I think it’s true anyway, we’re one of the lowest paid family docs in the country. I’m a New Brunswicker. I could go to NB and work the same amount of hours and make an extra $20,000 or $30,000 or $40,000 a year because their billing codes pay more.

Reference 15 - 0.09% Coverage

And I’m sure there’s a lot of things that are hard about psych too. But I think that…. They’re allowed to spend more time with their patients, for one thing, which I think is nice. And then I think they’re reimbursed better.

Reference 16 - 0.11% Coverage

A source of frustration for I’m sure many physicians right now in NS is also being paid in a system where you’re felt that your work is recognized and equally valued to other provinces. So that would be a nice sentiment. I’m early in my career, and I hope that things will change.

Reference 17 - 0.02% Coverage

But I just think the base rate in NS is appalling.

Reference 18 - 0.29% Coverage

I: Right. From what you were saying earlier, it sounds as though despite the fact that your hours are technically 8 to 4, that there seems to be quite a bit of administrative work that happens outside of that. Do you feel that…

R: Absolutely. And that I imagine is the same for everybody.

I: And do you feel that the current payment model and I suppose amounts are sort of capturing that work that happens outside of the clinic hours or not?

R: Oh, not at all. I mean the province-to-province difference is astronomical when you actually look at some of the breakdown and what you hear of a… You know, I have a colleague going to Ontario, working in a very similar town, and it is just…it’s remarkable.

Reference 19 - 0.06% Coverage

You know, financial compensation at the end of the day is important. You know, we should be level so that we don’t lose people to NB or PEI.

Reference 20 - 0.47% Coverage

I: Okay. So my last question about your clinic and your practice there is how are you… Well, I guess actually how are you compensated for both your clinic work and any of the other work you do outside of that?

R: So at my practice, I’m on an APP. Which is pretty much the only reason that I would work in NS currently. It was pretty competitive to get a spot in my clinic at the time. Now in the last year they’ve been giving more APPs. So I'm on an APP. So I mean I’m not coming home making millions of dollars but I at least have a steady income that’s not affected by, you know, storm days and things that can come up. So I’m very happy with my APP. I mean again, we’re paid the lowest in the country. So it could be a lot better. But yeah, so I’m very happy with the way I’m paid at my clinic. I’m paid on fee-for-service at the Sexual Health Centre. Which is fine because it’s easy and I can see a decent volume of people. I mean I have a lot of no-shows. But even with that, I mean it's more straightforward than standard family practice. And I’m paid privately for my travel clinic because it’s not an MSI fundable thing. So paid by Costco.

Reference 21 - 0.42% Coverage

R: So basically the only thing I would change is how we’re paid. Because like you know, we’re paid the lowest in the country – 30% lower. And our administrators are paid 30% higher than the average. So yeah, my only… Like if you ask any family doctor, like I just think we should be paid on par with NB. If I was a family doctor in NB, I’d make $60,000 more a year. And there really shouldn’t be that much difference between us and NB. So I certainly don’t expect to get paid the same as family doctors do in Alberta because, you know, other professions wouldn't get paid as much as Alberta. But I think being compensated equal to the other Atlantic provinces or Maritime provinces. Yeah, I mean I’m pretty lucky because I work in a collaborative practice. I already have good collaborator support with like nursing and social work. I’m on an APP, which I feel really lucky about. So probably the only thing I would change would be to get paid more because then I could probably even work a little bit less and not work 70 hours a week.

Reference 22 - 0.15% Coverage

But all it is is now create, you know, 11 things that I’m trying to follow up for this patient that really I'm not even getting like paid for to do, to be honest. You know, this person’s getting paid a thousand times more than me to give a recommendation, and then they don’t actually do it. They just punt it back to me. So we’re getting that a lot in family practice.

Reference 23 - 0.42% Coverage

I: And I want to follow up on what you said about the compensation model and how bad it is. Is it that you don’t like fee-for-service, do you feel the value associated with the fee codes aren’t appropriate? Can you expand on what it is that you think is not great about the compensation model?

R: Well, the fee-for-service in NS, they recently did increase some of the codes. So if you’re doing like family medicine care, not walk-in clinic care, you have adequate follow-up and things like that and you’re acting as their family physician, they did increase it. It’s still pretty miserable compared to other places across the country. There's lots of things that take extra time, that are known to take extra time, like an 18-month well baby visit or other more complex care, or mental health that you do more extensive counselling, there's no real good compensation for that. So you know, you take the extra time because you want to do your job right. But you don’t get paid more for the extra time you spend with people.

Reference 24 - 0.24% Coverage

But if I were to work the same amount of hours that I’m working here in Edmonton, I would also make significantly more. So that financial incentive is big. It’s not the biggest determining factor for us. Right now it’s a temporary thing. We need to be able to pay off our debts so that we can get that peace of mind. So yeah, it is a huge influence, I think. And I don't know, as a family doc when you compare what other family doctors are making across Canada, it’s a little disheartening and you’re just like I just feel like my work is not as valued as another doctor doing the same thing.

Reference 25 - 0.68% Coverage

R: And I think monetary as well. Like I’m not going to starve to death but like the traditional family medicine model generally pays less for doing much more complex care with little resources. Whereas working in the emergency department… Not to say that it's easy by any stretch of the imagination but there’s not that expectation of a long term relationship with a patient or long term follow up, and incurs no expense. So if I were to quit my job and only work in our emergency department, I would be paid more--which is kind of crazy—because I wouldn't have any office expenses. I would just be paid like a locum. And that’s crazy that that happens. Or to go and do like a hospitalist job, which maybe you’ve heard before but that’s a big point of contention with family doctors now. Like the hospitalist jobs are paying really well and with no overhead. So financially like you can kind of see like why would I work full-time family practice when there's all of these opportunities for me to do something that’s a little more like discrete. You know, you go and you work a certain amount of days or a certain amount of hours, and you don't have that long term obligation as much. It’s not to say you don't have it. You do. Like you’re obligated to follow up on those things that you order and stuff like that. But it’s not the same. So you know, you kind of look at that and… It makes traditional family practice I think look a little bit less attractive. I mean it’s not that money is everything. But I mean everybody who starts practice now has tremendous amounts of debt. I’ve been practicing 7 years, and I still have loads of debt. So finances are important.

Reference 26 - 0.08% Coverage

And then you’re always making comparisons to the money that people make here versus BC, for instance. So we’ve lost 3 docs recently to BC. Yeah, it’s multifaceted. It really is multifaceted.

Reference 27 - 0.20% Coverage

Because my family is from NB and my parents still live there, there's one call group that I participate there that pays significantly more than what it is in NS. So I guess that would influence how many I take in each place. Because although I want to participate locally, if the one in NB pays 3 times as much as it does locally then obviously if I’m offered shifts there then I would preferentially take those. I think that would be the only way that finances would impact my practice.

Reference 28 - 0.22% Coverage

R: Early on, I think a few years ago, there was a lot of talk about compensation in Ontario versus other provinces. And even, you know, internationally. There were a lot of fee cuts. And they’ve been kind of changed a little bit with the binding arbitration. But with the politics and how much physicians are valued in Ontario was really disheartening. So initially and even I think a couple of years ago, I was considering going to a different province to work where physicians were more adequately compensated as well as more respected.