**Income may not cover costs / overhead is a consideration**

* Persistent costs and precarious income under fee-for-service place financial pressure on practices.
  + That said, you know, my clinic where I do family medicine is like really on the edge of sustainability at this point. We’ve grown a lot because there's a huge need for this kind of work, and because of the quality of the work I think that we’re doing as a group. You know, we have a huge wait list that we actually don't have the capacity to address. And because we’re paid fee for service, it is just basically marginal in terms of like the clinic and its long term view. So unless we are able to like work with the Ministry of Health, which we’re working with now to see if they might be able to consider us within the new primary care reform as one of the alternative models, you know, I don't know that it will be sustainable (ref 1)
  + Because I feel like one thing that the general public doesn’t understand is that, you know, while lawyers and accountants, whatever, they can charge whatever they want. Like we can’t. So very limited in terms of our income potential. But our costs have no limit on them. (ref 4)
  + And then it wasn’t until like maybe 3 years into it that I realized like wait a second, like you're supposed to pay taxes, you’re supposed to do all these things. And financially, like I wasn’t…despite the fact I was working so hard, I really wasn’t where I should have been, you know. And we were behind on things. And then it’s hard to get caught up. So we sort of got caught in this mouse wheel of like keep working hard to get caught up. But you’re never caught up, type of situation. And after a while it made no sense. It's like I’m working so hard, I’m never home, and I’m not on top of things. How is that happening? (ref7)
  + And it really doesn’t… I don't think… It doesn’t often justify the like $30 that you make. And you don’t even make $30 because, you know, between 25 and 35% of that goes to overhead. So a lot of people… Like a lot of general practice medicine is very tiring and it takes a lot of time. And then you don’t get a whole lot of reimbursement for it. (ref 10)
* Alternative payment and practice models are attractive due to lack of overhead
  + R: Sure. And I might just add on to the last question. I’m not sure I mentioned it but there’s no overhead up here. So it’s quite attractive that when I’m not here and even when I am here, the salary is a salary and I’m not having to pay out of pocket for overhead in any way. So that’s quite a different model, and allows a completely different freedom than working in the city in a fee-for-service model (ref 2).
  + 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 (ref 12)
  + 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. (ref 13)

**Income may not cover effort / emotional costs**

* Compensation must match the stress level.
  + But at the end of the day it is I think important to be compensated financially for what we do because we work really hard and it’s, I think, a very stressful job with a lot of responsibility. (ref 1)
  + I do feel now… I feel a little bit more confident in myself to say I think I’m worth more. Before I just used to feel lucky to have what I considered a very good income. But when I think about the stress I take on and the work that I do, I feel like it would be nice to be compensated more. (ref 2)
  + would rather take more time with my family, work some locums, work at a school, and not rush into adding all the stressful aspects of family practice when you’re responsible for 800 people’s wellbeing and screening and, you know, all of that that goes along with the practice, including the office management and hiring and firing of staff. The imbalance is too great. So I at this point have no interest in starting up a new family practice. And I’m only 8 years out from graduation. (ref 3)
* Family practice is more stressful than focused practice
  + So like a lot of the frustrations that we have as family doctors in BC is that, you know, we all want to do family medicine, we want to set up practices, we want to care for a set population, we want to follow them. This is why we went to school, this is why we went into residency for. And I feel like a lot of us don’t do that work because the system in BC is not set up to do that. Like I honestly feel like I could do that but it would be taking a financial cut. As well, it would be taking on an unsustainable amount of work. And I feel like that’s not good for my personal or mental health, and it’s not good overall. Because if I’m quickly burning myself out, I’m not providing good care, especially in the model in BC. (ref 10)
  + 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. (ref 11)
  + 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. (ref 14)