

# THE FUTURE OF PRIMARY CARE

Feedback from New-to-Practice  
Family Physicians and Family  
Practice R2 Residents - Virtual  
Engagement Session,  
July 20, 2022

## WHAT WE HEARD

### What was the goal of this engagement?

In July 2022, new-to-practice family physicians and recent family practice graduates were invited to participate in a Doctors of BC's virtual consultation session on the Future of Primary Care.

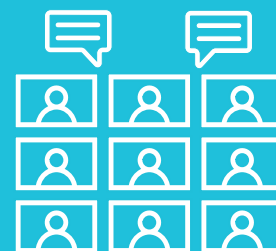
We wanted to hear about the challenges and barriers they are facing when considering a career in longitudinal family practice, and resources and supports they need before committing to a practice or providing locum services.

### How did we seek input?

Eighty-five new-to-practice family physicians (NTP FPs) and Family Practice R2 Residents joined a virtual discussion session held on July 20, 2022, co-organized by Doctors of BC and Resident Doctors of BC. This report summarizes general themes heard from participants at that session.

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New-to-  
Practice Family  
Physicians and  
Family Practice  
R2 Residents



Their input will help to inform tangible, concrete actions that Doctors of BC will take forward to government.

An in-depth analysis of their input, [along with member feedback gathered from nine additional consultation sessions held in June and July 2022](#) and our online "Have Your Say" platform, will help determine priority actions for our organization and to move forward to government.

These doctors *are* the future of primary care. It is important for us to hear their voices to understand what they need to succeed in family practice in BC, and to enjoy a fulfilling career in a revived primary care system. — Doctors of BC

# DISCUSSIONS AND THEMES

## Challenges and barriers in longitudinal family practice

- ▶ What do you feel are the key challenges and barriers to working in longitudinal family practice?

**Themes heard** (not in priority order):

**Workload and work-life balance—**

Increasingly unmanageable workloads and poor work-life balance do not make longitudinal family practice an attractive or positive choice. Many new graduates are avoiding it.

- Participants also felt the lack of recognition of the value of the family physician is a disincentive.
- They also worry about lack of locum coverage for parental leaves and vacations/time off.

**Commitment to a practice—**

Concerns about committing too soon to a full-time longitudinal practice after the two-year residency. Physicians want more real-world experience before setting up practice.

**Compensation—** Inadequate compensation for the work done in longitudinal family practice and the time needed for increased patient complexity and investigations, labs, EMRs, administrative tasks, and paperwork.

Inequitable compensation when compared to similarly trained physicians, and other specialties.

**High overhead costs—** A lack of support for expensive operating overhead costs.

- Few reimbursement incentives for working in costly urban centers.
- Working more just to keep up with rising overhead costs is not viable long-term.

**Access to resources—** A lack of adequate supports for patients, including access to psychiatry and team-based care for ongoing mental health supports.

- FPs do not have the proper training or resources to adequately help mental health patients, which also adds to stress and burnout.

**Gaps in communication and coordination of patient care—**

The perception that family practice is a “dumping ground” for issues or tasks that fall through the gaps in the health care system.

## Solutions, resources and supports for longitudinal family practice

- ▶ What big picture solutions, resources, and supports need to be in place for you to consider committing to a community longitudinal family practice in your future career plans?

**Themes heard** (not in priority order):

**Flexibility—** Allow new grads to test out different clinics before determining where to settle. Many NTP FPs would like flexibility to explore options in their first five years of practice.

**Access to mentors—** Provide intentional mentorship from FP colleagues, and a clear connection to Doctors of BC programs and services that support mentorship.

**Practice characteristics—** A number of NTP FPs are interested in joining a team-based multi-disciplinary practice, that is well run with a manager or super MOA, where they are paid well and overhead/clinic management is taken care of, have benefits (health, vacation, family leave), and some level of autonomy.

**Autonomy—** NTP FPs want the ability to determine what their practice will look like, dictate size and characteristics of patient panels, set the schedule, and take leave/vacation when needed.

**Technology—** Streamline patient information through a provincial EMR. A face-sheet for each patient with all relevant information on one page will help to avoid digging through the entire EMR.

## Payment models and supports for locum coverage

Knowing that a model of payment should ideally be simple, easy to access, equitable with other offerings, and allow for clinical and personal autonomy: What other specific features would be important to you in how you are paid for community longitudinal family practice?

**Themes heard** (not in priority order):

### Compensation and payment

**models**— Offer compensation model options for individual physicians to practice in the way that makes the most sense for them.

- A fee for service (FFS) model with time modifiers would be beneficial to provide autonomy and flexibility, and protect autonomy as opposed to other payment models. Consider a blended model.

- Improve fee codes, and time adjusted fee codes updated for 2022.
- Compensate for increased complexity. With current billing codes, FPs can only bill for 1 of the 5 things dealt with per visit.

**Overhead support**— Secure appropriate overhead supports for longitudinal care practice.

**Pay equity**— Provide remuneration/ take-home pay similar to colleagues in hospitalist medicine or UPCCs. Current discrepancies need to be addressed to successfully attract and retain new FPs.

From your perspective, what key elements of personal, practice, or system supports need to be in place to support NTP physicians providing locum coverage to established FPs?

**Themes heard** (not in priority order):

### Value locums in the system—

Provide better support for NTP FPs to explore locum opportunities, and to have access to locums if they enter practice.

**Locum compensation**— Make locum work attractive. Fairly remunerate locums: a minimum daily fee/ guaranteed daily rate, or sessional rate, with built in administration / overhead costs covered separately.

### International Medical Graduates (IMGs) and Return of Service—

Increase flexibility and opportunities for IMGs to do locums instead of fixed longitudinal care. IMGs are equals in the healthcare system.

## IN YOUR WORDS

*“Billing or getting paid for admin time would be great! Maybe this could look like fee for service + annual stipend for how many patients on your roster, to help cover the admin time.”*

*“It would help to have supports available to become acquainted to a new community, for example, a mentor system.”*

*“Seeing family doctors struggle to find locums/replacement to take time off is a worry.”*

*“A big concern for a lot of new grads, especially mothers, is mat /parental leave and ongoing child support.”*

*“I can see myself a year from now thinking about signing a NTP contract but also wanting to locum a couple of days a week to get different exposures. Might be enticing to combine the two options.”*

*“I know it’s a long wish list, but I can dream, right?”*

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