



Section of Family Medicine

# Bulletin



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April 24, 2024

Dear Members,

Last week Dr. Paul Parks, AMA President, stood with the Minister of Health and announced a “commitment to a new compensation model for family physicians,” with implementation planned for the fall of 2024. As Dr. Parks stated in the subsequent [President’s Letter](#), this announcement was the outcome of six months of hard work and discussions. Unfortunately, and to the frustration of many, the announcement was not able to provide much in the way of details – especially with respect to rates, panel sizes and overall changes in compensation for physicians. I wanted to reach out to members to elaborate on what is known.

Most comprehensive family physicians who are supported by the current fee-for-service (FFS) model (and in Alberta that is over 90%) are aware of its shortfalls. Historically, FFS has failed to compensate many physicians fully for their time and effort in community practice and has resulted in family medicine being the most poorly compensated specialty in Alberta. Beyond compensation, FFS often does little to empower physicians in providing fully comprehensive care and addressing patient needs in an appropriate way; it primarily incents volume and is not able to provide the flexibility needed to manage many of today’s complex patients. As community practice has changed over the last couple of decades, our capacity to care for patients, make an acceptable living, and operate in a flexible, independent way has faltered.

Over the last two years, we have seen other provinces address family physician compensation, and we have seen various approaches in correcting the inadequacies of FFS. All western provinces, except Alberta, have implemented new compensation model options for primary care. The net result is that we estimate Alberta family physicians are now the poorest paid in Western Canada – this is a big fall from our previous position as the best paid and has negated whatever Alberta advantage we once had.

All these factors have combined into a force for change in family physician compensation in Alberta. To be clear, there is no “perfect model.” We know this from looking not only at other provinces, but internationally as well. However, we have examined the models to both the east and west, and we have advocated for a model that we think will address the unmet needs of many Alberta family doctors.

As many will be aware, the [Physician Comprehensive Care Model](#) provides payments for family physicians in a new way, combining the following:

1. Payment for patient encounters.
2. Time-based payments for direct and indirect care and for practice management.
3. Panel payments based on patient complexity.

[Last week's announcement from the Minister of Health](#) committed to the ongoing development of this structure. Unfortunately, it did not include the rates associated with each component and the minimal panel size required for participation. This is due to the fact that these are areas of ongoing discussion. During the announcement, the Minister did commit that this model would make us "national leaders and we will actually be compensating at the highest level compared to other provinces." We were happy to hear this, and AMA representatives firmly believe and will advocate so that the cumulative compensation under this model not only meets but exceeds the expected compensation for family physicians in British Columbia and Saskatchewan. Practically, this could mean a 20-25% increase in compensation for many family physicians. We believe that this is the only way Alberta will regain its "advantage" and the only way we will see community family medicine thrive in Alberta.

So, what happens now?

We are continuing to engage with AH at every available opportunity to work towards this goal. It is in the interests of both the AMA and Alberta Health to create a payment model that is appropriate for today's family medicine practice. The work has not been easy. Both sides at the table view the issue through their own lens and, from my perspective, it is challenging to get non-physicians to appreciate the complexity and culture of community family medicine. However, the work is ongoing, and details are being hammered out at various levels.

I would like to emphasize that, although we are doing our best to advocate for Alberta family physicians, there is no "one size fits all" in terms of compensation models. The AMA has promised its members that "choice" of compensation model is essential. There will be physicians for whom it makes sense to stay on the FFS model. There will be clinics that continue to be best served by ARPs or BCMs. That being said, I hope there will be many family physicians who ultimately see the benefit of the new PCCM. However, we will not know any of this until the work on the rates and conditions of participation is completed, likely over the next few months. Only then can members take an objective look at their options and determine which is the best course for them.

I know that many of you are eager to see the final outcome of these PCCM "negotiations" and that some are waiting to learn whether future practice in Alberta is wise. I know that you have families, clinics, leases, employees and patients whose futures also depend on these outcomes. AMA physician leaders and staff are driving to get that information to you as soon as possible. I thank you for your patience.

Finally, thank you to all the members who have helped us do this along the way – to all those who wrote letters to their MLAs and those who stepped out of their comfort zones to post a short video online. I cannot overstate the value of those efforts!

Sincerely,

Dr. Sarah Bates, Acting President  
Section of Family Medicine  
*On behalf of your [SFM Executive](#)*

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## Mission

- Advocate fiercely for Family Medicine.
- Collaborate to drive health system improvement.
- Achieve compensation that reflects the essential role of family physicians in the health of Albertans.

## Vision

Alberta's family doctors are well-supported and financially equipped to provide accessible, quality team-based health care.

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