

Adam: OHIP pays family doctors just \$37.95 a visit. No wonder so many are quitting

THE DOCTOR DRAIN: Family practice is really a small business — but with government-imposed price controls. In Ontario, it's getting harder and harder for burned out physicians to make things work.

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Ten months into her new job at a Peterborough hospital, former family doctor Natalie Leahy is having the time of her life as a physician. She doesn't have to worry about overheads or the stress of running a family practice. She can totally focus on patient care.

"I have less stress and I haven't felt burnout," she says. "I am happier, and I am finding more joy in my career."

Leahy was at the breaking point when she left her Oshawa family practice last September to become a general practitioner in oncology. Her earnings, she says, weren't enough to cover expenses. At one time, she had to take a second job as an overnight on-call physician at a local hospital.

Overstressed and burned out, she quit, and took her current hospital job. There is no going back, she says.

Leahy is one of a growing number of family doctors who are fleeing private practice. From Ottawa to Kingston to Wawa, Ontario's family doctors are walking away, complaining about poor pay, unbearable workload and burnout.

Similar reports abound. For instance, "burnt-out" Ottawa doctor Ramsey Hijazi left his Carp practice to work in a local hospital because he said his family practice was not sustainable. In a poignant first-person account in Toronto Life, Dr. Fan-Wah Mang, a Mississauga family doctor, said rising costs, increasing workload and stress combined to force her to close her practice.

Last month, 10,000 patients were orphaned in Sault Ste. Marie after their family doctors at the Group Health Centre resigned or retired. (The Ontario government is setting up a nurse practitioner team to help take care of the patients.)

Dr. Nasimeh Rakhshani, a family physician in Toronto's Liberty Village, says that this year, four members of an 11-member clinic are quitting because of the stress. "It is

getting more and more expensive for us to work as small business owners,” she says. “It’s a scary situation to be in because you see your colleagues jumping ship.”

Rakhshani says doctors don’t just snap in a moment and leave. Their departure is the culmination of years of frustration and stress that reach a tipping point. “It is distressing.”

By now, everyone is familiar with the damning statistics: Some 2.5 million Ontarians don’t have a family doctor, and in two years, the number is expected to hit four million. Across Canada, 6.5 million are without a family doctor or primary care provider. An Ontario College of Family Physicians’ survey found that 65 per cent of family doctors plan to leave or change their practice in the next five years.

Dr. Alykhan Abdulla, an Ottawa family doctor, may be one of them after more than 30 years in practice. “I am further along in my career and see retirement in the next five years,” he says.

Another statistic to ponder: Doctors over 50 years of age have patient rosters of 1,370 on average, while the under-40s have an average roster of 986. This means that as older physicians retire, they leave behind a higher proportion of patients compared to doctors still working. More worrying still, 1.7 million Ontarians have a family doctor who is 65 or older, meaning the physician is close to retirement.

Even worse, the proportion of “family doctors” who actually practise family medicine has been decreasing over the years. In 2008, 77 per cent of family physicians practised family medicine. By 2022, the figure was down to 65 per cent. Many carry the badge of a family doctor, but actually work in other fields such as sports medicine, chronic pain, cosmetics and hospitals because it is less stressful.

The exodus of family doctors practising family medicine, combined with fewer and fewer medical students choosing family practice, is creating a perfect storm that threatens the future of health care in Ontario, perhaps Canada.

There can no longer be any debate over the doctor shortage even if the Ontario government has maintained that the supply of doctors is outpacing population growth. In instances such as the long lineups in Kingston for a chance to snare a family doctor, people can see that the physician shortage is real and abiding.

But many people also see doctors as part of the well-heeled and well-paid, so the idea that family physicians are struggling financially comes as a surprise. What really is happening?

To understand, we must first examine how family practice works. When people go to see their family doctor, they think of it the way they do when they go to a hospital: it’s publicly funded, you go in, show your OHIP card, get treatment you need and walk away. The government takes care of everything.

In reality, it is not that simple. Family practice is really a small business, no different from a lawyer or dentist's office — or indeed your neighbourhood mom-and-pop shop. The doctors are independent contractors but they are paid a certain sum through OHIP billings to provide medical care for patients. They get \$37.95 for every appointment, plus a few add-ons. Under the Family Health Organization (FHO) model, doctors get a lump sum a year for each patient: \$312.77 for women and \$262.08 for men.

From the global amount OHIP pays them, family doctors lease or rent office space, buy medical supplies and equipment, pay staff, taxes and insurance, and fund other ancillary services required to run a clinic. Unlike government or many private-sector employees, family doctors don't get benefits such as vacation pay, pension, sick leave, short or long-term disability, medical or dental benefits.

Doctors on maternity leave get \$17,000 for 17 weeks from the Ontario government, after which they must go back to work. Family doctors pay for their benefits from their own pockets, including saving for retirement. Their overheads run between 30 and 40 per cent of gross income, depending on the size and location of the practice.

Family doctors have many complaints, but perhaps the biggest is that while business costs increase year after year, income from OHIP billings has, time and again, failed to keep up with inflation and other price increases. While a lawyer or grocer can hike fees or prices to account for these factors, family doctors point out that they cannot increase fees, which are cast in stone by the government.

According to the Ontario College of Family Physicians, 33 per cent of doctor funding, on average, goes to paying business expenses. Over the last 10 years, the college says, costs have gone up 25 per cent, while funding increases from the Ontario government went up six per cent. Staff costs have risen 15 per cent since 2017, while office rentals went up 18 per cent over the same period. In the last year alone, the cost of equipment, medical supplies and new technology went up seven to eight per cent.

Add to this increased workloads and administrative chores and a mountain of paperwork, including forms that no one else has to fill out at the volume doctors face. They must complete applications for disability, insurance, OC Transpo applications, disabled parking, functional ability forms, photo identity cards, passport forms, forms to say when an employee can work from home or not, sick notes and many more. Some employers don't want only sick notes; they have their own forms that have to be filled out.

And some of the forms are inordinately long. A CRA disability credit form that used to be a few pages has grown to 16. In Ottawa, the form for Para Transpo, the city's disabled transit service, is 17 pages long. It never ends, doctors say. "We are conscripted by the insurance companies and the government to be the gatekeepers on a zillion things," says Ottawa family doctor Michael Yachnin, a partner at the Greenboro Family Health Centre.

“People need notes because they are sick. Why does the employer not hire a company doctor to make those decisions? What do I have to do with that?”

Doctors spend 19 hours a week, the equivalent of more than two working days, on administrative chores, and this not only takes time away from patient care, but eats into time that should be spent with family at home. “There is no time to do anything. I don’t know how I would manage if I didn’t have an understanding wife because, at home, she does it all,” says Yachnin. It all builds up the stress, and helps explain why some family doctors are leaving, and others are questioning whether the practice is the right choice.

“For your typical family doctor, family medicine isn’t the pathway to luxury people imagine it is,” Mang says. “Family doctors are not trying to get rich. We just want to earn enough money to keep the lights on and allow us to protect our patients.”

Some may say \$140,000 gross (before taxes), which is about what Mang made in 2022, is good money. But doctors say people should ask themselves if they can do the exacting work of family doctors and put up with the disorder it causes in many families. They should ask themselves if they could take care of large numbers of patients and carry the heavy burden of life and death decisions.

Hard as it is, Rakhshani is determined to keep going. She is only able to do so because she does extra work at a private clinic and a hospital to “subsidize” her income. Without the extra income, she’d struggle. “I work Monday to Thursday at my clinic, and every Friday, I do the walk-in at a clinic called Medcan,” she says. “And every three months I do three weeks at Toronto Western. I do this so I have extra income so I can afford my life in downtown Toronto.”

Rakhshani has three children and the extra work she does comes at a price. Her husband helps and her parents chip in twice a week, but she misses quality time with her children. “I do often find my children say that they wish I was able to be home more, or that they wish I could join them on field trips like their peers’ parents,” she says. “I often wish I could somehow clone myself because I’m getting pulled in so many directions.”

How much do family doctors make, and why is it not enough? Tomorrow, we delve further into the figures.

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