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Title	Family physician perspectives on primary care reform priorities: a cross-sectional survey
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Reviewer 1	Diane Aubin
Institution	School of Public Health, University of Alberta, Edmonton, Alta.
General comments (author response in bold)	1. This strikes me as a study that could be valuable (i.e. finding out what physicians think of the reforms, what their preferences are, what can be done to address FP shortages), but I am wondering about the timing for it - are the BC reforms already implemented (this study was done 2 years ago)? If so, what influence will this study have? If not, how will they convey this information to the BC government? For example....The key interesting finding seems to be that FPs would prefer to work as an employee of a clinic rather than a business owner, while the reforms being implemented centre on practices remaining FP owned and operated, and fee-for-service remuneration will continue to be the primary payment scheme....how do the authors propose to influence change based on their study? Essentially, I would like to see a better rationale for why the study is important at this point in time, after the reforms have been implemented. **Thank you for these comments. We have made some changes, noted in response to Editors' comment #4 that clarify that while the reforms were launched in 2017, in fact, limited implementation has occurred and specifics of what the "spirit" of the reforms may have intended are still very much evolving.** **Additionally, we have added the following to the second paragraph of the introduction: "There is a need to assess whether the current plans for structural reforms are aligned with physician perspectives on what specific strategies they say they need in order to improve access to primary care. Assessing this alignment could facilitate creation of a pragmatic policy shift to address the FP shortage. The objective of this study is therefore to identify new to practice and established FPs' specific priorities for structural health system reform and provide commentary on the alignment of those priorities with BC's slated suite of evolving primary care reforms."** 2. How was it decided to divide FPs between 1-12 years practice vs over 12 years? (arbitrary?) **Please see response to Editor comment #6c** 3. How do you account for the high number of international medical graduates (1/5th of participants), and how much did their input have an effect on the overall effect of the results? **The proportion of respondents in our sample who were trained internationally was not statistically different from percentage in the broader sample the broader sample of physicians who practice within Vancouver Coastal Health (21.5% vs 25.7% respectively, as reported in public data from the College of Physicians and Surgeons of BC); however they are actually under-represented relative to the Province more broadly. Public data from the College of Physicians and Surgeons of BC suggests that approximately 30% of family physicians in the province are trained internationally. Our results suggest that internationally trained physicians had stronger**

	preferences for practicing within a team (and direct funding for team roles), and time-limited commitment to a patient panel. it's likely that the preferences for specific reforms are underestimates. We have added an expanded section on external validity to the Limitations subsection of the Interpretation Section (Interpretation/Limitations/Paragraph 1). 4. I found the results section very difficult to read, as they were not presented in a logical or organized manner. I advise that the authors work on presenting the results in a way that enables the reader to focus on what is important about the results. **We have structured our results section according to what we have read in other CMAJ Open publications, beginning with a description of our sample, followed by the presentation of bivariate (unadjusted) and then adjusted (modeling) results. We are, however, open to reorganizing this section if Editors request a different order they feel would better emphasize the more important findings.**
Reviewer 2	Joanna Oda
Institution	Halton Region Health Department, Oakville, Ont.
General comments (author response in bold)	1. Methods: Clearly identify in which reforms included in the survey are part of the Ministry's policy direction. It is clear that payment model reform is not part of the suite, but of the other eight are which part of the Ministry's plan and which are drawn from the literature. **In the Data Sources section, we have added in the following clarification: "Guided by the content of the Ministry of Health's policy direction for primary and community care (4), participants were also asked to consider what would be needed for them to provide longitudinal community-based care to more people, by rating a series of specific potential reforms. These reforms covered payment structure, work structure, and job benefits. Response options were "not important," "somewhat important," or "very important." In addition to the reform options identified in the Ministry of Health's policy directions (1–4), three additional options were added based on an existing survey of practice preferences for newly practicing FPs in BC: committing for a fixed number of years, option to work part time, and ability to take vacation and parental leaves (22)." (Methods/Data Sources/Paragraph 2)** 2. Methods: In Section 2.1, clarify whether demographics of the individual physician or their patient population are being collected. This is clarified later in the document, but is best done at first mention. **In Methods/Settings and Participants we have now stated: "Data for this project were drawn from an annual credentialing survey of physicians seeking to renew privileges to provide services at VCH facilities."** 3. Methods: What proportion of FPs were sent this survey, i.e. what proportion of FPs practicing within VCH, who would be affected by reforms, seek privileges with VCH? This should also be addressed further in the Limitations section **Using the publicly available information via the College of Physicians and Surgeons of BC, we have added the following to Setting and Participants: "In 2018, approximately 1900 family physicians had publicly-posted work**

	addresses registered with the College of Physicians and Surgeons of British Columbia falling within the geographical boundaries of VCH." **Unfortunately, there is no repository that collects information about whether a family physician provides community-based primary care and would therefore be affected by the proposed reforms. Indeed, this information gap was one that VCH's Department of Family and Community Medicine was addressing in the survey. Their willingness to have the aggregate data published provides a level of knowledge about MD self-described work patterns that has not been previously available in BC.** **We acknowledge that not being able to accurately describe the practice patterns of the population not invited to the survey is a limitation (indeed, it was one of the issues that spurred us to do this work) and have added the following to the Limitations section:** **"While our survey had a high response rate relative to other similar surveys (38), it is important to note that the perspectives of our respondents may be different from physicians who elected not to participate or who were not eligible (i.e. who did not have privileges in a VCH facility). In particular, comparison of public data available through the College of Physicians and Surgeons of BC suggests that our sample likely had statistically more when compared with the broader VCH physician population."** 4. Methods: Table 2 and 4, use the acronym "APP", which is not used in the text of the Methods to describe non-fee-for service remuneration models, nor is the term defined elsewhere in the text. **Please see our response to the editor's comment 18b above. We have removed this acronym throughout the manuscript.** 5. Methods: Consider making the survey tool available as supplementary material or on a public website. **We have included the survey tool as an additional supplement to the paper.** 6. Methods: Provide clear rationale for the choice of independent variables. Several other variables such as gender, location of training or practice would also be reasonable choices. **This paper is the second in a suite of papers focusing on differences in models of practice, practice activities and perspective between new to practice and established physicians. The initial paper has been accepted to Human Resources for Health but has not yet been published. The rationale for focusing on newness to practice and practice models is driven by a growing body of evidence suggesting that newer physicians may structure their practices in different ways from established physicians (see for example1-4), and that these decisions may have an impact on accessibility. Given shifting workforce demographics, newness to practice has frequently been conflated with gender.** **1. Schultz SE, Glazier RH. Identification of physicians providing comprehensive primary care in Ontario: a retrospective analysis using linked administrative data. CMAJ Open. 2017 Dec 19;5(4):E856–63.** **2. McGrail K, Lavergne R, Lewis S, Peterson S, Barer M, Garrison S. Classifying Physician Practice Style: A New Approach Using Administrative Data in British Columbia. Medical Care. 2015 Mar;53(3):276–82.**

	3. Hedden L, Strydom N, McCracken R. Models of primary care practice and priorities for reform: A survey-based analysis. Canadian Association for Health Services and Policy Research Conference. Halifax, NS; 2019. **4. Brcic V, McGregor MJ, Kaczorowski J, Dharamsi S, Verma S. Practice and payment preferences of newly practising family physicians in British Columbia. Can Fam Physician. 2012 May;58(5):e275–81.** 7. Methods: Describe how "rural" and "urban" location of practice was defined. Were participants asked to self-report or a list of areas pre-defined as "rural" or "urban" provided to participants to select from. **Respondents provided the name and location for each clinic/facility where they practice. Our data analyst assigned each location as rural or urban based on the classification used by the BC Ministry of Health and Doctors of BC. We have added an explanation to the methods section (Data Sources subsection, paragraph 3: "Locations were defined as rural or urban based on the existing classification used by the BC Ministry of Health and Doctors of BC."** 8. Interpretation: The Abstract inaccurately states, "Priorities for reform were consistent across practice models", where the text and table 4 suggest several differences between practice models (e.g. "Individuals working in blended models of practice … also had higher odds of preferring non fee-for-service remuneration…") **We have edited the results section of the abstract as follows: "Priorities for reform varied based on model and location of practice as well as whether or not the respondent was in within their first 10 years of practice."** 9. Interpretation: The phrase below is used to describe the results (on page 11 and the abstract) and is ambiguously worded. This could be read to mean New to Practice Physicians have lower odds or similar odds of reporting these priorities as important. Suggest rephrasing. "New to practice physicians had higher odds of reporting all priorities as being very important compared to established physicians, with the exception of vacation and parental leave, transparent evaluation of transformation initiatives, and option to practice in a team." **We have adopted this phrasing as requested.** 10. Interpretation: Page 13 incorrectly states, "…with the exception of vacation and parental leave, and evaluation of reforms, where level of agreement was higher among newer to practice physicians." Reported findings suggest similar levels of support for these two priorities. **We thank the reviewer for pointing out this mistake. It has been corrected: "The level of agreement was higher among newer to practice physicians for all priorities, with the exception of vacation and parental leave, and evaluation of reforms." (Interpretation/Paragraph 1)** 11. Interpretation: The lower support for any reform among physicians practicing rurally is surprising and deserves further discussion. Though VCH is largely urban, a fifth of the sample reported rural practice. **Thank you for this comment. Table 4 (and b) shows that the only statistically significant finding was that there was a lower odds (0.57 (0.35, 0.94)) of a rural survey respondent indicating that "primary care reform is needed".**

	Interestingly, this may be explained by the fact that rural primary care already has incorporated some of the current proposed reforms. Since 2001, there has been a Joint Standing Committee to address rural health care issues (https://rccbc.ca/rccbc/about-the-jsc/). This committee has access to funding and leadership to make timely changes to care delivery models and physician remuneration. Its work is supported by the Rural Care Coordination of BC organization that actively surveys and supports rural communities, with input from rural physician consultants (https://rccbc.ca/rccbc/about-rccbc/mission/). Many rural communities have already begun offering physician payment alternatives to fee for service and provide clinic and team funding separate from physician remuneration (reference: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs). The following changes have been made to the manuscript to reflect this: "Rural physicians were less likely to state a desire for reform to primary care. Alternative payment models and direct clinic and team funding have been more available in rural areas as a result of the Joint Standing Committee on Rural Issues, a partnership of Doctors of BC and the provincial government that began to address primary care reform needs for rural BC in 2001 (34,35). It is possible that the desired reforms have already occurred in those regions." (Discussion/Paragraph 5) 12. Table 1: Several concerning typos in Table 1, which need to be corrected and the data reviewed a. There is something up with the IMG row: The number of New to Practice physicians who are IMGs is given as 85 out of 176, which represents 48.3%, significantly more than the reported 24.4%. For Established Physicians who are IMGs: 27 out of 349 represents 7.7%, not 15.3%. b. The Weekly Work Hours section for New to Practice Physicians totals more than the stated N, and appears to be copied from the Totals column. **Thank you for pointing out these errors. We swapped numbers in the IMG row and have now corrected that and have checked all other numbers in the table for accuracy. The Weekly Work Hours row is correct as written. New to practice physicians worked an average of 46.3 hours per week and established physicians worked 43.0 hours work. The average for the full sample was 44.1 hours per week. The numbers in brackets are standard deviations, not percentages.** 13. Table 1: In Table 1, specify that "Work Hours" row represents weekly hours. Final footnote in Table 1 repeats this row's information unnecessarily. **We have added "weekly" to work hours, and have removed the footnote as requested.** 14. Suggest moving "High level of burnout" row from Table 2 to Table 1. This row uses the same N as Table 1 and is not necessary to understand Table 2. **We elected to include "high level of burnout" in Table 2 as we viewed this as outcome, rather than descriptive, independent variable. We model it in Table 3. It is our preference that it remain in Table 2.** 15. Table 2 references Dolan et al. (31), while the text references West et al.

	(30). **We have now referenced Dolan and West in both locations. Dolan et al conducted a psychometric evaluation of the single-item burnout measure, while West et al examined its concurrent validity.** 16. Table 2 and 4: "APP" needs to be defined. **Please see our response to the editor's comment 18b above.** 17. Further discussion of how FPs seeking privileges with VCH may differ from FPs who do not would be valuable, particularly if the survey was not sent to a large number. **As we have noted in our response to Editor comment #15 and Reviewer 1 comment #3, we were able to conduct some comparisons between our sample and the overall of population of family physicians practicing within VCH using public data available through the College of Physicians Surgeons of BC. We have added some discussion about these comparisons and the external validity of our results in the Interpretation section (Limitations subsection, paragraph 1):** **"While our survey had a high response rate relative to other similar surveys (36), it is important to note that the perspectives of our respondents may differ from perspectives of physicians who elected not to participate or who were not eligible because they did not have privileges in a VCH facility. In particular, comparison of public data available through the College of Physicians and Surgeons of BC suggests that our sample likely had a higher percentage of women than the broader VCH physician population. Compared to men, women had higher odds of stating that direct clinic funding was very important. Thus, assessments about the relative importance of this particular priority to the broader VCH physician population should be made with caution. In addition, physicians working within VCH may structure their practices in ways that are fundamentally different from those working in regional health authorities with more rural and remote areas. Consequently, the priorities for reform of physicians in other regional health authorities may be different from what we report for physicians in VCH. In particular, international medical graduates are underrepresented in our sample compared to the population of all physicians in the province, suggesting that the importance of a time-limited commitment to a patient panel and direct clinic funding may be overestimated in our data."** 18. Several typos need correcting: a. Abstract, Methods section: "characteristsc" b. Page 6: "howver, it's fair to…" c. Page 7: "PFs'" should be "FPs'" d. Page 9: "CPSC" should be "CBPC" e. Page 12: "We conducted sensitivity analysis…" f. Page 14: "…because it is a model that not being supported within the Ministry…" g. Page 14: "…Home, model and as well as in networks…" o h. Suggest keeping language consistent, e.g.: "non-fee-for-service" vs "APP" and "newer to practice" vs "new grad" vs "new to practice" **We have corrected these typos and also hired an independent copy editor to**

	read and edit the article. We have now consistently used “new to practice” and “alternative remuneration” throughout.