

NATIONAL PHYSICIAN DATABASE



AVERAGE PAYMENT  
PER PHYSICIAN REPORT, CANADA  
2001-2002



Canadian Institute  
for Health Information  
Institut canadien  
d'information sur la santé



**Average Payment Per Physician Report  
Canada, 2001–2002**

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# Average Payment Per Physician Report Canada, 2001–2002

## Table of Contents

Foreword.....	i
Preface .....	iii
Introduction .....	1
Methodological Notes.....	2
Background.....	2
Data Sources and Collection .....	2
Data Quality.....	6
Data Definitions.....	7
Computations.....	9
Data Limitations .....	10
Privacy and Confidentiality.....	11
Products and Services .....	12

## Data Tables

Table 1. Average Payment per Fee-for-service Physician Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002 .....	15
Table 2. Average Payment per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002.....	16
Table 3–1. Average Payment per Fee-for-service Physician Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002 .....	17
Table 3–2. Percent Change in Average Payment per Fee-for-service Physician Who Received Payments at Least \$60,000 in Payments by Type of Practice, 2001–2002.....	17
Table 3–3. Average Payment per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002.....	18
Table 3–4. Percent Change in Average Payment per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002 .....	18

## Average Payment Per Physician Report Canada, 2001–2002

### Data Tables (cont'd)

#### Average Payment per Physician by Category of Payment, 2001–2002

Table 4–1.	Family Medicine .....	19
Table 4–2.	Medical Specialties .....	19
Table 4–3.	Internal Medicine .....	19
Table 4–4.	Neurology .....	20
Table 4–5.	Psychiatry .....	20
Table 4–6.	Pediatrics .....	20
Table 4–7.	Dermatology .....	21
Table 4–8.	Physical Medicine .....	21
Table 4–9.	Anesthesia .....	21
Table 4–10.	Surgical Specialties .....	22
Table 4–11.	General Surgery .....	22
Table 4–12.	Thoracic/Cardiovascular Surgery .....	22
Table 4–13.	Urology .....	23
Table 4–14.	Orthopedic Surgery .....	23
Table 4–15.	Plastic Surgery .....	23
Table 4–16.	Neurosurgery .....	24
Table 4–17.	Ophthalmology .....	24
Table 4–18.	Otolaryngology .....	24
Table 4–19.	Obstetrics/Gynecology .....	25
Table 4–20.	Total Specialties .....	25
Table 4–21.	Total Physicians .....	25

#### Physician Counts, 2001–2002

Table 5–1.	Fee-for-service Physician Counts of Physicians Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002 .....	26
Table 5–2.	Full-time Equivalent Fee-for-service Physician Counts by Type of Practice, 2001–2001 .....	27

#### Population Per Physician, 2001–2002

Table 6–1.	Population per Fee-for-service Physician Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002 .....	28
Table 6–2.	Population per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002 .....	29

#### Population Per 100,000 Population, 2001–2002

Table 7–1.	Fee-for-service Physicians Who Received at Least \$60,000 in Payments per 100,000 Population by Type of Practice, 2001–2002 .....	30
Table 7–2.	Full-time Fee-for-service Equivalent Physicians per 100,000 Population by Type of Practice, 2001–2002 .....	31

# Average Payment Per Physician Report Canada, 2001–2002

## Appendices

Appendix A—Impact of Excluding Ontario’s Payments for J, X and Y Fee Codes With Suffix B .....	A-1
Appendix B—Net Population Estimates .....	B-1
Appendix C—NPDB Authorization Officers .....	C-1
Appendix D—Full-time Equivalent Methodology: History and Calculations.....	D-1
Appendix E—NPDB Specialty Categories.....	E-1
Appendix F—Fee-for-service Radiology and Laboratory Coverage in NPDB.....	F-1





## **Foreword**

The Canadian Institute for Health Information (CIHI) is a national organization mandated to coordinate the development and maintenance of a comprehensive and integrated health information system for Canada. One way it fulfills this role is by forging alliances with leaders in the health and health information fields.

CIHI's mission is based upon collaborative planning with all provincial, territorial and federal governments, as well as all other major partners in national health care services. The Institute is responsible for providing accurate and timely information necessary to establish sound health policies, manage the Canadian health system effectively, and create public awareness of factors affecting good health.

The *Average Payment Per Physician Report, Canada, 2001–2002* is produced by Health Human Resources at CIHI to support health human resource planning and utilization analysis. CIHI wishes to acknowledge the support of the Provincial/Territorial Health Ministries and the CIHI Expert Group on Physician Databases in the development and publication of this report.



## **Preface**

Previously published reports in the Average Payment Per Physician series include:

- Average Payment Per Physician Report, Canada, 1999/2000 and 2000/2001 (2003)
- Average Payment Per Physician Report, Canada, 1998/1999 and 1999/2000 (2002)
- Average Payment Per Physician Report, Canada, 1996/97 to 1998/99 (2001)
- Average Payment Per Physician Report, Canada, 1993/94 to 1995/96 (1999)
- Average Payment Per Physician Report, Canada, 1989/90 to 1993/94 (1997)
- Average Fee Payments for Full-time Physicians by Specialty, Canada by Province, 1985/86–1988/89 (1991)
- Average Fee Payment Per Physician and Physician/Population Ratios, Canada by Province and Territory, 1981/82 to 1985/86 and 1986/87 Where Available (1988)

Prior to 1995, Average Payment Per Physician reports were produced by the Health Information Division at Health Canada. These publications were produced using the Medical Care Database (MCDB), the predecessor of the National Physician Database (NPDB). In August 1995, both databases were transferred to CIHI.

The MCDB was developed following the implementation of the Medical Care Act in 1967 and was used to monitor the services provided and payments made by the provincial/territorial medical insurance plans. The NPDB expanded on the MCDB by including information on physician demographic and practice characteristics, and the age and gender of patients.



## Introduction

The National Physician Database (NPDB) has been used by the federal and provincial/territorial governments, medical stakeholder groups and various private organizations and researchers as a data source for the average payment patterns of Canadian fee-for-service physicians. This information is used by federal and provincial/territorial governments for program administration, evaluation and policy development.

This publication provides information on average payments for fee-for-service physicians. Average payment results are presented in two series:

- per fee-for-service physician who received at least \$60,000 in payments; and
- per full-time equivalent fee-for-service physician.

Figures on the number of physicians, population per physician and physician per population ratios for each of the three categories are also included.

Average payment results represent gross payments made to fee-for-service physicians only. Payment figures do not represent net physician income (e.g. personal income, after making overhead payments). Also, non fee-for-service payments made to physicians are excluded from the figures.

It should be noted that in 2000–2001, Saskatchewan changed its policy allowing those physicians granted a locum license by the College of Physicians and Surgeons of Saskatchewan for more than eleven months to obtain their own billing number. The policy amendment also applied to locums for shorter periods of time where the College indicated the physicians' intent to establish a practice for a period of more than eleven months. This policy was further revised April 2001 extending to all locums with the intent to practise for a period of more than three months. In previous years, these locum physicians would have billed through a sponsoring physician who had a billing number. This policy change has the effect of increasing the number of Saskatchewan physicians and full-time equivalent physicians, while at the same time reducing their average payment results.

Also, starting in 2001–2002, Saskatchewan Health codes foreign-certified specialist physicians, previously coded as family physicians or general practitioners, as medical or surgical specialists. As a result, some family medicine physicians are now grouped with specialist physicians, thus increasing the specialist physicians count and reducing the family medicine physicians count.

Any questions regarding the publications or the NPDB should be directed to:

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## Methodological Notes

### Background

The National Physician Database (NPDB) provides information on the demographic characteristics of physicians and their level of activity within the Canadian medical care system and is used by governments, professional associations, consulting firms, pharmaceutical companies, researchers and the media for medical human resource planning and utilization analysis. The establishment of the database was approved in 1987 by the Conference of Deputy Ministers of Health upon the recommendation of the Advisory Committee on Health Human Resources (ACHHR).

On August 1, 1995, the NPDB was transferred to the Canadian Institute for Health Information (CIHI). CIHI assumed the responsibilities of Health Canada in maintaining the database. Previously, the NPDB was under the direction of the Working Group on Medical Care Statistics (WGMCS), which was disbanded when the database was transferred to CIHI. An Expert Group on Physician Databases was convened in April, 1996 and advises CIHI on data quality, methodology and product development matters relating to the NPDB and the Southam Medical Database (SMDB).

The NPDB is a multi-year, multi-phase initiative. Phase 1, which is operational, contains data on the demographic characteristics and activity levels of fee-for-service physicians. Information on activity levels includes total payments, total services, average payment per physician and full-time equivalent physician counts. Phase 2 is adding data on clinical activities remunerated under alternative reimbursement plans (such as salaries, contracts and sessional fees), and Phase 3 will contain data on non-clinical care activities of physicians (such as teaching, research and administration).

### Data Sources and Collection

#### NPDB Data

Data are derived from physician fee-for-service claims submitted by the provincial/territorial medical insurance programs to CIHI. The claims data and associated physician and patient demographic data are submitted in seven files, three of which are submitted annually and four quarterly. Quarterly files are submitted usually within six months of the end of a quarter and annual files within six months of the end of the fiscal year.

#### Files submitted include:

Title	Description
05 File	Utilization by Age/Sex of Patient File
25 File	Dental Services and Other Non-physician Services File (file not submitted by all jurisdictions)
30 File	Reciprocal Billing File (Quebec does not submit this file)
35 File	Physician Characteristics File
40 File	Utilization by Fee Code and UPI File
45 File	Utilization by UPI, Sex and Age Group of Patient File
55 File	Changes to UPI File

Any files that do not meet appropriate layouts, as defined in the NPDB Functional Specifications Manual, are returned to the provinces/territories for correction and subsequent re-submission.

For a complete description of the record layouts of these files please see the NPDB Functional Specifications Manual, available from the Senior Analyst, NPDB, CIHI.

### Average Payment Figures

Two utilization files are used to create average payment indicators, Utilization by Fee Code and UPI File (40 File) and the Reciprocal Billing File (30 File). The Utilization by Fee Code and UPI File contains all direct payments for fee-for-service claims by physicians, laboratories and diagnostic facilities as well as services received by medical care plan beneficiaries out-of-province/territory but not processed through the reciprocal billing system (i.e. essentially services received out-of-Canada and in Quebec as well as services excluded from the reciprocal billing agreement). The Reciprocal Billing File contains data on out-of-province/territory services processed by the Reciprocal Billing System. This means each province/territory sends data on services their physicians provided to out-of-province/territory patients. Quebec does not participate in reciprocal billing arrangements.

### Type of Data: Date of Service vs. Date of Payment

Generally, utilization data files are submitted on a date of payment basis for Newfoundland, Prince Edward Island, New Brunswick, Manitoba and Saskatchewan and on a date of service basis for Nova Scotia, Quebec, Ontario, Alberta, British Columbia, and Yukon. Jurisdictions submitting on a date of service basis wait six months or until 98 percent of services are captured before submitting data files for processing. Please see Table 1 for a yearly breakdown by province/territory of the type of data file submission.

**Table 1. NPDB File Submission: Date of Service (DOS) vs. Date of Payment (DOP)**

Prov	2001–2002	
	DOS	DOP
N.L.		✓
P.E.I.		✓
N.S.	✓	
N.B.		✓
Que.	✓	
Ont.	✓	
Man.		✓
Sask.		✓
Alta.	✓	
B.C.	✓	
Y.T.	✓	

## **Type of Data: Billing vs. Payment Data**

All jurisdictions, except Quebec, submit payment data. Billing data reflect the full amount the physician billed the provincial/territorial Medical Services Plan for a particular fee code item. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied due to threshold values being met, income capping or clawbacks.

In Saskatchewan payment data exclude lump sum payments made in lieu of retroactive amendments to the Payment Schedule. These payments totaled approximately \$4.6 million in 2001–2002.

New Brunswick data excludes lump sum payments made to fee-for-service physicians as a result of retroactive amendments to the Payment Schedule. These payments totaled approximately \$20.2 million for 2001–2002.

Starting with the 2001–2002 data year, payments for Ontario’s J, X and Y fee codes, with suffix B, are excluded from average payment results presented in this report. Appendix A provides background information on this change in methodology and also summarizes how average payment results are effected by the change.

Newfoundland data excludes lump sum payments made to fee-for-service physicians as a result of retroactive amendments to the Payment Schedule. These payments totaled approximately \$2.4 million for 2001–2002.

## **Payment Mode: Level of Fee-for-service Coverage**

Average payment per physician data is based on physician payments/billings for fee-for-service physicians only. The extent to which different forms of non fee-for-service payments are used by provinces/territories to remunerate physicians has changed over the past several years (see Table 2). Many alternative forms of payment, such as salaried and sessional, have become more commonplace. The use of alternative payment plans differs by province/territory and by specialty.

Alternative forms of reimbursement are currently not submitted to the NPDB and are not included in the statistics presented in this report.



**Table 2. Payment Mode: Total Physicians and Percent by Payment Mode<sup>1</sup>**

Prov	Year	Total Physicians	Percent by Payment Mode			
			FFS Only	Salary Only	Sessional Only	Other <sup>2</sup>
N.L.	2001–2002	980	67.0	33.0	N/A	N/A
P.E.I.	2001–2002	225	55.0	5.0	9.0	31.0
N.S. <sup>3</sup>	2001–2002	2,003	36.0	1.6	0.0	62.4
N.B.	2001–2002	1,488	55.9	2.0	0.1	42.0
Que. <sup>4</sup>	2000–2001	14,752	82.0	3.0	7.0	8.0
Ont. <sup>5</sup>	2001–2002	20,915	89.0	N/A	N/A	11.0
Man. <sup>6</sup>	2000–2001	2,193	30.0	17.2 Salary/Sessional		52.8
Sask.	2001–2002	1,615	79.9	N/A	N/A	20.1
Alta. <sup>7</sup>	2001–2002	5,076	98.0	N/A	1.0	1.0
B.C.	2001–2002	8,227	71.4	0.3	1.4	27.0
Y.T.	2001–2002	55	94.5	N/A	N/A	5.5

N/A = Not applicable.

#### Notes

1. Some physicians are primarily on one form of alternative reimbursement, but in special cases can bill fee-for-service. For example, In Ontario, physicians under alternative reimbursement plans can bill fee-for-service when treating out-of-province patients and can bill fee-for-service when providing services to in-province patients when the services they are providing are outside the scope of their alternative payment agreement and the services are insured services. In Prince Edward Island, pediatricians on salary can bill fee-for-service when they are on call or if there is a special request from the family for the physician to see their child.
2. "Other" includes physicians who are paid through other single alternative modes (e.g. contract, capitation) as well as those who are paid through any combination of fee-for-service and/or alternative modes.
3. Nova Scotia counts include 34 physicians receiving only radiology/internal medicine/pathology payments and 47 physicians receiving only psychiatric payments.
4. The 2001–2002 information was not available at the time of publication. Payment mode distributions for Quebec are based on the distribution of payments.
5. Figures for Ontario reflect the number of physicians who are eligible to bill on a fee-for-service basis. These counts will differ from those in Tables 5–1 and 5–2, which reflect physicians who have received payments in each fiscal year. Please contact the Consultant, NPDB for further information.
6. The 2001–2002 information was not available at the time of publication.
7. Figures provided are estimates.

## **Population Data**

Canadian population figures used in this publication are compiled by the Demography Division of Statistics Canada. Statistics Canada prepares by special request, estimates of the “covered population” for use with the NPDB data. The covered population reflects people who received medical services paid for by provincial/territorial medical insurance programs. The covered population is the total population less the members of the Canadian Armed Forces, the Royal Canadian Mounted Police and inmates in federal penitentiaries. These groups of people have their medical services covered by a federal medical insurance program. Estimates are for October 1 of the given year and are revised annually. See Appendix B for the net population data.

**Note:** Readers wishing further information on data provided through the cooperation of Statistics Canada may obtain copies of related publications by mail from: Publication Sales, Statistics Canada, Ottawa, Ontario, K1A 0K9, by calling (613) 951-7277 or toll free (800) 267-6677. Readers may also facsimile their order by dialing (613) 951-1584.

## **Data Quality**

### **Error/Validation Routines**

The NPDB files are derived from provincial/territorial administrative systems and edit checks are conducted on the data by the jurisdiction prior to processing the NPDB files. As CIHI has no control over these edit checks, all data files received by CIHI are processed through the NPDB error/validation routines. The error/validation routines are limited in scope because the data cannot be confirmed against the source. Error/validation routines include review of the total record counts, service counts and dollar amounts for each file, checking each value in the fields against acceptable values, checking for invalid fee codes, checking for Unique Physician Identifier (UPI) numbers with illogical formats and logical review of the processed data. Any files that do not pass through the error/validation routines are returned to the jurisdictions for correction and subsequent re-submission.

### **Additional Data Quality Checks**

Service counts, dollar amounts and other economic indicators are validated against previous years data and provincial/territorial annual reports.

Data providers are given the opportunity to review their own data for validity and consistency. This publication was reviewed by the provincial medical insurance plan authorization officers prior to publication. For a complete list of the provincial/territorial authorization officers, please see Appendix C.

## Data Definitions

### Full-time Equivalent Physicians

Full-time equivalent (FTE) physician counts are weighted physician counts. Physicians are weighted based on the total payments they receive. A detailed description of CIHI's full-time equivalent methodology is given in Appendix D.

In summary, a physician's FTE value is calculated using his or her total payments in relation to set amounts that define upper and lower payment benchmarks for a medical specialty group within a jurisdiction. FTE values are calculated as follows:

$FTE_i = \text{Total\_Pay}_i / \text{Lower\_Benchmark}_j$	If physician <i>i</i> earns less than the lower benchmark value
$= 1$	If physician <i>i</i> earns an amount equal to or within the benchmark values
$= 1 + \log (\text{Total\_Pay}_i / \text{Upper\_Benchmark}_j)$	If physician <i>i</i> earns more than the upper benchmark value

where:

- $FTE_i$  is the FTE value assigned to the  $i^{\text{th}}$  physician
- $\text{Total\_Pay}_i$  is the sum of all payments made to the  $i^{\text{th}}$  physician
- $\text{Lower\_Benchmark}_j$  is the lower benchmark value set for the physician specialty group within the home jurisdiction of the  $i^{\text{th}}$  physician
- $\text{Upper\_Benchmark}_j$  is the upper benchmark value set for the physician specialty group within the home jurisdiction of the  $i^{\text{th}}$  physician

Province and specialty specific benchmarks are adjusted to account for variations in provincial fee schedules (see Appendix D). Benchmarks are reduced for provinces with lower than average fees and increased for provinces with higher than average fees. Thus, FTE values are payment based workload measures that can be used to compare activity levels across medical specialty groups and provinces.

### Province/Territory of Practice

Province/territory of practice is the jurisdiction where the physician is registered and receives payments from the provincial/territorial medical care plan. Physicians may practice in more than one jurisdiction in a given fiscal year. For example, the physician may move from one jurisdiction to another during the fiscal year, or may provide services in two jurisdictions on a regular basis, e.g. a physician providing services in provincial/territorial border areas such as Ottawa-Hull. This can result in the double counting of physicians except at the national level where physician counts are not based on province/territory of practice.

## **Specialty**

Physician specialty designations are assigned by the provincial/territorial medical care plans and grouped within the NPDB to a national equivalent. Of the two specialties, latest acquired certified specialty and plan payment specialty, the latter is used for the purposes of this report.

In three provinces, Nova Scotia, Quebec, and British Columbia, data for Public Health Specialists are reported in the General Practice figures. For all provinces/territories, uncertified specialists, Community Medicine and Family Medicine are also grouped with General Practice, except in Ontario where Community Medicine, Public Health, Occupational Medicine and Pediatric Cardiology are received as Internal Medicine Specialists. Internal Medicine includes the sub-specialties such as Cardiology, Gastroenterology, Haematology, Rheumatology and Medical Oncology. Psychiatry includes Neuropsychiatry. Neurology includes EEG specialists, and Physical Medicine includes specialists in Electromyography. Specialists in the double specialty of Ophthalmology/Otolaryngology are included with the Ophthalmologists.

Additionally, the very few Plastic Surgeons and Urologists in Prince Edward Island are grouped into the General Surgery category for privacy and confidentiality reasons.

Physicians in Quebec may have two different status' which include two different specialties, one for in-province billings and one for billings outside Quebec. These two different status' appear on the 35 file (Physician Characteristics File) as two different records with the same Unique Physician Identifier which results in duplicate records on the file as far as individual physician's are concerned. Only the second record is retained on the NPDB system. This results in incorrect specialty assignment for some payments. Approximately 100 physicians per year are affected by this incorrect assignment.

In 2001–2002, Saskatchewan changed how it paid foreign-certified specialists. Prior to April 2001, such physicians were grouped and paid in Family Medicine. Starting in April 2001, Saskatchewan's foreign-certified specialists are grouped with specialists and receive payments at 90% of specialist fee code rates and at 100% for fee codes with identical specialist/family medicine rates.

For a complete listing of the specialty designations and their groupings please see Appendix E.

## **Unique Physician Identifier (UPI)**

A unique identifier is created by the province/territory using components of the physician's first and last names (scrambled using an algorithm), the physician's date of birth, gender and place of graduation.

## Computations

### Counts

Two types of physician counts are presented in this report. They are counts based on FTE values and simple head counts. Physician count results are given in Table 5–1 and Table 5–2. These counts are used to calculate results for the two average payment series presented in this report, average payment per physician who received at least \$60,000 in payments and average payment per full-time equivalent physician.

The first series, average payment per physician who received at least \$60,000 in payments, uses simple head counts. In this case, all physicians who receive payments of at least \$60,000 are counted as one physician, regardless of their clinical activity level.

The second series, average payment per full-time equivalent physician, uses physicians' FTE values. FTE counts are the summation of physicians' FTE values. FTE totals can be less than, equal to or greater than simple head count values. FTE counts provide an estimate of physician numbers, adjusting for variations in clinical workload. Physicians earning less than the lower benchmark payment values are counted as less than one physician, while physicians earning more than the upper benchmark payment values are counted as more than one physician. Physicians with earnings within or equal to the payment benchmarks are counted as exactly one physician (see Appendix D).

All counts are based on physicians receiving payments from provincial plans on a fee-for-service basis. Totals represent distinct UPIs, regardless of province, as physicians may be registered and receiving payments in more than one province. Concurrently registered physicians will appear as separate physicians in each province, for both average payment series. In the average payment per physician who received at least \$60,000 in payments series, physicians are only counted once in the totals. Therefore, totals will not necessarily equal the sum of the ten provinces for this series.

Physicians that receive payments under more than one specialty designation, possibly in multiple provinces, are assigned exclusively to the specialty in which most of their payments have been made.

### Average Payment

All average payment figures are created based on a fiscal year, April 1–March 31. Figures released in annual provincial reports may differ if they use the calendar year rather than the fiscal year.

Average payment amounts are calculated as follows for the two data series:

#### Average payment per physician who received at least \$60,000 in payments

Average payment amounts are reported for each medical specialty group for each province. Average payment amounts are calculated as the sum of all payments made to physicians who receive at least \$60,000 in payments divided by the number of physicians who receive at least \$60,000 in payments.

### Average payment per full-time equivalent fee-for-service physician

Average payment amounts are reported for each medical specialty group for each province. Average payment amounts are calculated as the sum of all payments made to physicians divided by the sum of all physician FTE values.

## **Data Limitations**

### **Gross and Net Payments**

This report does not contain payments made to physicians through alternative payment programs since the alternative payment information collected to date is not at the physician level but rather at a more aggregated level. Also, average payment figures shown in this report are not adjusted to account for overhead expenses incurred by physicians. Thus, average payments may not represent gross income (i.e. income from all sources) or net income (i.e. personal income).

Provinces/territories vary with respect to overhead expenses incurred by physicians as well as payments made to physicians through alternative reimbursement programs. Provincial/territorial medical associations gather information on physicians' overhead expenses and may be able to provide estimates that would allow adjustments to be made to gross payment amounts. With respect to alternative payments, as shown in Table 2, the Atlantic provinces and Manitoba have proportionately more physicians receiving payments through non fee-for-service arrangements.

### **Specialty Designations**

Provinces/territories are requested to provide two types of specialty information on the NPDB files—latest acquired certified specialty and payment plan specialty. The latest acquired certified specialty is the most recently acquired specialty designation from the Royal College of Physicians and Surgeons of Canada, the Corporation professionnelle des médecins du Québec or the College of Family Physicians of Canada. The payment plan specialty may or may not be different from the latest certified specialty and should reflect the specialty area in which the physician provides the majority of their services. The payment plan specialty is not provided by all provinces/territories.

For the purpose of this report, the payment plan specialty is used. Provinces may provide latest certified specialty instead of plan payment specialty if they do not have that information available. The latest certified specialty may or may not coincide with specialty orientation of the work actually carried out by a physician.

Additionally, any physician who practised under more than one specialty during the fiscal year was assigned the specialty under which he/she received the majority of his/her payments.

In 1997–1998, Newfoundland changed how it paid uncertified specialists. Prior to October 1997, such physicians were coded as uncertified specialists and grouped with Family Medicine for the purposes of the NPDB. Starting in October 1997, Newfoundland's uncertified specialists were allowed to bill as specialists and are now reported as specialists within Average Payment Per Physician reports.

CIHI average payment per physician statistics may vary from provincial “Annual Statistics” because of differences in the way specialties are grouped. For example, CIHI groups Neuropsychiatry in with Psychiatry whereas Quebec groups it with Neurology. CIHI includes Electromyography with Physical Medicine whereas Quebec does not. The sub-specialties which constitute CIHI’s Internal Medicine Specialty are reported on individually in the Régie de l’assurance maladie du Québec annual statistics report. Please refer to Appendix E for the CIHI Specialty groupings.

Finally, base year FTE benchmark calculations for Quebec include payments made through the provincial workers’ compensation board. Similar payments are not reported by other provinces/territories, except British Columbia where such payments are reported after the base year (1995–1996). As such, this report includes workers’ compensation payments for Quebec and excludes them for British Columbia. In order to improve interprovincial comparability, future NPDB reports will exclude workers’ compensation payments from base year benchmark calculations as well as other NPDB indicators.

### **Radiology and Pathology (Laboratory) Physicians**

Radiologists, pathologists and laboratory directors are excluded from this report. Payments for radiology and laboratory services performed by a physician, who is neither a radiologist, pathologist nor laboratory director, are included. Medical care plan fee payments to radiologists or pathologists are nil or very small in the four Atlantic provinces, relatively small in Quebec, but substantial in the other jurisdictions. Omitting such payments in all jurisdictions improves comparability. See Appendix F for information on the extent of fee-for-service payments for radiology and laboratory services that are included in the NPDB data files, but excluded from this report.

### **Privacy and Confidentiality**

There are three safeguards utilized by CIHI to protect the privacy and confidentiality of the physician data.

#### **Unique Physician Identifier (UPI)**

Physician names are not used on the provincial/territorial files. Instead, a Unique Physician Identifier (UPI) is generated by the province/territory using components of the physician’s name, their date of birth, gender and place of M.D. graduation. The name portion of the UPI is scrambled using an algorithm known only to the provinces/territories. The UPI helps protect the privacy and confidentiality of the physician and allows for the tracking of the physician throughout their career in Canada.

#### **NPDB Data Access/Release Policy**

The release of data from the NPDB is governed by the NPDB Data Access/Release Policy which was established by the provincial/territorial ministries of health and is administered by CIHI. Depending on the type of client, the level of data aggregation, the province/territory and indicator of interest, CIHI may not be able to release data to the client without prior approval from the province(s)/territory(ies). Additionally, any cell counts of less than five are suppressed and are aggregated to the next level.

## **CIHI Privacy and Confidentiality Policy**

The release of any data from NPDB, whether as a regular product or as a custom request, is governed by CIHI's *Principles and Policies for the Protection of Personal Health Information and Policies for Institution-identifiable Information*. Refer to CIHI's Web site ([www.cihi.ca](http://www.cihi.ca)) for further information including a copy of the policies and procedures document.

## **Products and Services**

There are three types of products that are generated from the NPDB—ad hoc requests, publications and special projects. Ad hoc requests are generally short queries that do not require major programming resources. Services counts and dollars amounts by specific fee codes or procedures are the most common forms of ad hoc request. Most ad hoc requests can be handled through standard reports that are generated annually. Publications currently available include:

- Average Payment Per Physician Report, Canada
- Full-time Equivalent Physicians Report, Canada
- National Grouping System Categories Report, Canada
- Reciprocal Billing Report, Canada

For details on publication years and reporting periods covered by these reports, please refer to the CIHI Web site ([www.cihi.ca](http://www.cihi.ca)).

Special projects require project planning and the commitment of extra resources. Please contact Health Human Resources at CIHI for costs associated with these products and services.



## **Data Tables**



**Table 1. Average Payment per Fee-for-service Physician Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Family Medicine</b>	170,464	204,307	168,358	183,907	157,593	203,633	188,913	197,037	205,334	185,360	190,928
<b>Medical Specialties</b>	243,371	222,251	205,150	245,325	183,223	254,533	198,972	238,180	227,138	226,771	229,795
Internal Medicine	269,161	257,069	217,291	298,495	198,521	319,406	220,454	285,118	248,781	295,260	271,311
Neurology	**	n/a	240,457	235,552	191,734	248,253	188,836	229,646	180,155	245,775	222,404
Psychiatry	211,192	**	143,328	189,418	118,935	177,077	149,546	207,621	196,466	162,901	168,065
Pediatrics	183,434	**	172,956	223,837	167,280	232,551	177,157	156,691	187,712	197,167	202,738
Dermatology	**	**	351,976	261,645	232,424	296,986	211,596	**	424,259	298,833	289,830
Physical Medicine	n/a	n/a	**	**	203,823	187,813	162,330	**	130,198	155,354	181,879
Anesthesia	246,302	177,126	213,791	206,746	188,274	242,172	235,112	218,018	243,831	212,616	228,338
<b>Surgical Specialties</b>	303,315	297,042	334,829	311,425	238,836	333,555	306,439	328,800	369,959	309,161	312,215
General Surgery	242,966	345,028	313,099	302,598	215,702	314,217	281,302	295,695	329,250	278,011	286,333
Thoracic/Cardiovascular Surgery	**	n/a	390,970	385,624	302,190	440,082	335,710	461,158	584,928	346,841	387,215
Urology	350,099	**	299,305	304,265	254,527	344,764	271,995	294,570	348,342	358,961	325,568
Orthopedic Surgery	256,648	**	326,497	283,734	234,657	312,467	296,786	304,146	296,681	252,939	284,642
Plastic Surgery	**	†	331,264	275,227	200,155	262,742	438,969	292,653	333,936	231,181	260,289
Neurosurgery	**	n/a	**	**	144,736	330,696	**	**	259,163	318,671	271,356
Ophthalmology	327,183	213,804	411,313	380,271	274,116	407,277	410,830	450,842	520,303	429,225	397,210
Otolaryngology	408,685	**	326,838	323,786	253,946	342,343	235,079	346,938	484,599	275,058	322,659
Obstetrics/Gynecology	276,157	286,024	291,927	284,642	241,742	325,678	289,939	276,749	333,112	273,486	295,866
<b>Total Specialties</b>	267,672	262,523	268,213	277,917	203,363	280,703	234,166	276,595	273,506	256,613	258,838
<b>Total Physicians</b>	213,453	227,068	209,503	224,894	179,803	240,096	212,415	229,027	233,506	214,102	221,901

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

† Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable—There were no physicians for this specialty for this province.

**Notes**

Based on gross payments.

Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 2. Average Payment per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Family Medicine</b>	140,445	160,474	180,378	193,173	150,304	181,781	156,343	173,336	202,743	208,301	178,649
<b>Medical Specialties</b>	190,183	207,059	219,047	223,957	165,151	221,753	196,682	219,312	227,916	245,082	208,336
Internal Medicine	207,878	242,864	237,926	244,888	188,318	271,363	214,595	254,726	243,729	298,023	243,871
Neurology	**	**	220,705	180,492	162,532	213,890	175,342	172,628	198,608	259,552	196,611
Psychiatry	147,057	**	150,372	188,301	98,719	160,262	149,507	172,725	177,180	189,714	151,408
Pediatrics	132,295	**	195,350	211,088	142,022	187,405	154,950	165,437	193,819	234,297	177,196
Dermatology	**	**	485,484	**	238,011	300,746	263,795	**	377,488	365,433	293,726
Physical Medicine	n/a	n/a	**	**	140,501	157,566	137,625	**	201,733	223,880	159,047
Anesthesia	215,887	172,235	220,354	214,589	191,370	223,437	264,942	219,798	280,558	216,364	221,312
<b>Surgical Specialties</b>	277,174	303,021	335,462	324,108	238,084	303,486	306,013	291,267	375,025	371,164	300,425
General Surgery	211,880	275,777	296,065	298,499	223,334	280,555	273,069	274,426	332,700	324,492	273,165
Thoracic/Cardiovascular Surgery	**	n/a	365,010	473,282	263,366	486,265	394,017	361,627	554,588	475,156	394,439
Urology	317,040	**	339,957	346,480	256,212	315,416	320,089	301,736	364,767	377,070	312,886
Orthopedic Surgery	258,757	**	325,629	300,785	225,816	301,702	287,708	271,656	348,389	324,347	285,080
Plastic Surgery	**	**	308,684	300,521	202,719	255,003	307,503	256,679	348,219	275,351	259,077
Neurosurgery	**	n/a	**	**	162,663	290,143	**	249,548	295,169	354,989	262,676
Ophthalmology	372,755	**	391,125	359,193	250,463	351,045	410,329	339,329	461,395	445,488	351,252
Otolaryngology	340,385	**	384,462	329,492	266,553	337,079	311,571	292,587	422,444	373,183	324,130
Obstetrics/Gynecology	248,308	**	311,220	307,092	248,927	288,817	272,185	277,465	342,459	373,691	289,982
<b>Total Specialties</b>	222,002	255,179	276,612	269,562	189,076	247,836	231,447	250,181	274,688	287,444	239,035
<b>Total Physicians</b>	175,855	192,714	220,595	227,706	169,352	213,026	191,772	203,371	232,064	240,016	206,260

Source: NPDB, CIHI

\*\* \* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

† Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable—There were no physicians for this specialty for this province.

**Notes**

Based on gross payments.

Alternative forms of reimbursement, such as salary and sessional, are not included.

**Table 3–1. Average Payment per Fee-for-service Physician Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
Family Medicine	170,464	204,307	168,358	183,907	157,593	203,633	188,913	197,037	205,334	185,360	190,928
Medical Specialties	243,371	222,251	205,150	245,325	183,223	254,533	198,972	238,180	227,138	226,771	229,795
Surgical Specialties	303,315	297,042	334,829	311,425	238,836	333,555	306,439	328,800	369,959	309,161	312,215
Total Specialties	267,672	262,523	268,213	277,917	203,363	280,703	234,166	276,595	273,506	256,613	258,838
Total Physicians	213,453	227,068	209,503	224,894	179,803	240,096	212,415	229,027	233,506	214,102	221,901

Source: NPDB, CIHI

**Table 3–2. Percent Change in Average Payment per Fee-for-service Physician Who Received Payments at Least \$60,000 in Payments by Type of Practice, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2000–2001 to 2001–2002</b>											
Family Medicine	-0.30	8.78	-1.97	10.68	2.12	-0.10	3.00	-0.07	7.03	0.60	1.52
Medical Specialties	11.71	8.06	1.53	6.41	3.11	-1.25	1.46	2.99	3.22	0.95	0.84
Surgical Specialties	3.13	-1.73	1.05	8.44	5.87	2.10	5.53	-1.18	7.31	1.65	3.66
Total Specialties	7.72	3.37	1.84	7.59	4.28	-0.03	2.15	0.92	4.32	1.07	1.91
Total Physicians	3.79	6.16	-0.44	9.03	3.26	-0.01	2.72	1.15	5.82	0.98	1.79

Source: NPDB, CIHI

**Notes**

Please refer to tables 1 and 2 for detailed notes by province and series.

Based on gross payments.

Alternative forms of reimbursement, such as salary and sessional, are not included.

**Table 3–3. Average Payment per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
Family Medicine	140,445	160,474	180,378	193,173	150,304	181,781	156,343	173,336	202,743	208,301	178,649
Medical Specialties	190,183	207,059	219,047	223,957	165,151	221,753	196,682	219,312	227,916	245,082	208,336
Surgical Specialties	277,174	303,021	335,462	324,108	238,084	303,486	306,013	291,267	375,025	371,164	300,425
Total Specialties	222,002	255,179	276,612	269,562	189,076	247,836	231,447	250,181	274,688	287,444	239,035
Total Physicians	175,855	192,714	220,595	227,706	169,352	213,026	191,772	203,371	232,064	240,016	206,260

Source: NPDB, CIHI

**Table 3–4. Percent Change in Average Payment per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2000–2001 to 2001–2002</b>											
Family Medicine	4.33	2.44	1.83	21.01	4.33	1.56	4.12	5.66	9.57	6.06	4.20
Medical Specialties	6.25	5.42	1.26	14.74	2.17	-0.08	3.70	5.94	6.97	7.95	2.34
Surgical Specialties	2.96	3.66	1.49	13.15	3.72	2.29	3.71	3.59	7.50	8.11	3.89
Total Specialties	4.45	5.45	1.76	14.27	2.92	0.83	3.19	4.63	6.97	7.81	2.97
Total Physicians	5.02	2.63	1.83	17.71	3.74	1.18	3.85	6.29	8.42	6.95	3.68

Source: NPDB, CIHI

**Notes**

Please refer to tables 1 and 2 for detailed notes by province and series.

Based on gross payments.

Alternative forms of reimbursement, such as salary and sessional, are not included.

**Table 4–1. Average Payment per Physician by Category of Payment, 2001–2002**

Family Medicine	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	170,464	204,307	168,358	183,907	157,593	203,633	188,913	197,037	205,334	185,360	190,928
Full-time Equivalent Fee-for-service Physicians	140,445	160,474	180,378	193,173	150,304	181,781	156,343	173,336	202,743	208,301	178,649

Source: NPDB, CIHI

**Table 4–2. Average Payment per Physician by Category of Payment, 2001–2002**

Medical Specialties	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	243,371	222,251	205,150	245,325	183,223	254,533	198,972	238,180	227,138	226,771	229,795
Full-time Equivalent Fee-for-service Physicians	190,183	207,059	219,047	223,957	165,151	221,753	196,682	219,312	227,916	245,082	208,336

Source: NPDB, CIHI

**Table 4–3. Average Payment per Physician by Category of Payment, 2001–2002**

Internal Medicine	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	269,161	257,069	217,291	298,495	198,521	319,406	220,454	285,118	248,781	295,260	271,311
Full-time Equivalent Fee-for-service Physicians	207,878	242,864	237,926	244,888	188,318	271,363	214,595	254,726	243,729	298,023	243,871

Source: NPDB, CIHI

**Notes**

Please refer to tables 1 and 2 for detailed notes by province and series. Based on gross payments. Alternative forms of reimbursement, such as salary and sessional, are not included.

**Table 4–4. Average Payment per Physician by Category of Payment, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	**	n/a	240,457	235,552	191,734	248,253	188,836	229,646	180,155	245,775	222,404
Full-time Equivalent Fee-for-service Physicians	**	**	220,705	180,492	162,532	213,890	175,342	172,628	198,608	259,552	196,611

Source: NPDB, CIHI

**Table 4–5. Average Payment per Physician by Category of Payment, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	211,192	**	143,328	189,418	118,935	177,077	149,546	207,621	196,466	162,901	168,065
Full-time Equivalent Fee-for-service Physicians	147,057	**	150,372	188,301	98,719	160,262	149,507	172,725	177,180	189,714	151,408

Source: NPDB, CIHI

**Table 4–6. Average Payment per Physician by Category of Payment, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	183,434	**	172,956	223,837	167,280	232,551	177,157	156,691	187,712	197,167	202,738
Full-time Equivalent Fee-for-service Physicians	132,295	**	195,350	211,088	142,022	187,405	154,950	165,437	193,819	234,297	177,196

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.  
n/a = Not Applicable—There were no physicians for this specialty for this province.

**Notes**

Please refer to tables 1 and 2 for detailed notes by province and series.  
Based on gross payments.  
Alternative forms of reimbursement, such as salary and sessional, are not included.



Table 4–7. Average Payment per Physician by Category of Payment, 2001–2002

Dermatology		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	**	**	**	351,976	261,645	232,424	296,986	211,596	**	424,259	298,833	289,830
Full-time Equivalent Fee-for-service Physicians	**	**	**	485,484	**	238,011	300,746	263,795	**	377,488	365,433	293,726

Source: NPDB, CIHI

Table 4–8. Average Payment per Physician by Category of Payment, 2001–2002

Physical Medicine		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	n/a	n/a	n/a	**	**	203,823	187,813	162,330	**	130,198	155,354	181,879
Full-time Equivalent Fee-for-service Physicians	n/a	n/a	n/a	**	**	140,501	157,566	137,625	**	201,733	223,880	159,047

Source: NPDB, CIHI

Table 4–9. Average Payment per Physician by Category of Payment, 2001–2002

Anesthesia		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	246,302	177,126	213,791	206,746	188,274	242,172	235,112	218,018	243,831	212,616	228,338	
Full-time Equivalent Fee-for-service Physicians	215,887	172,235	220,354	214,589	191,370	223,437	264,942	219,798	280,558	216,364	221,312	

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.  
n/a = Not Applicable - There were no physicians for this specialty for this province.

#### Notes

Please refer to tables 1 and 2 for detailed notes by year, province and series.  
Based on gross payments.

Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 4–10. Average Payment per Physician by Category of Payment, 2001–2002

Surgical Specialties	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	303,315	297,042	334,829	311,425	238,836	333,555	306,439	328,800	369,959	309,161	312,215
Full-time Equivalent Fee-for-service Physicians	277,174	303,021	335,462	324,108	238,084	303,486	306,013	291,267	375,025	371,164	300,425

Source: NPDB, CIHI

Table 4–11. Average Payment per Physician by Category of Payment, 2001–2002

General Surgery	N.L.	P.E.I. <sup>†</sup>	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	242,966	345,028	313,099	302,598	215,702	314,217	281,302	295,695	329,250	278,011	286,333
Full-time Equivalent Fee-for-service Physicians	211,880	275,777	296,065	298,499	223,334	280,555	273,069	274,426	332,700	324,492	273,165

Source: NPDB, CIHI

Table 4–12. Average Payment per Physician by Category of Payment, 2001–2002

Thoracic/Cardiovascular Surgery	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	**	n/a	390,970	385,624	302,190	440,082	335,710	461,158	584,928	346,841	387,215
Full-time Equivalent Fee-for-service Physicians	**	n/a	365,010	473,282	263,366	486,265	394,017	361,627	554,588	475,156	394,439

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

<sup>†</sup> Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable—There were no physicians for this specialty for this province.

#### Notes

Please refer to tables 1 and 2 for detailed notes by province and series.

Based on gross payments.

Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 4–13. Average Payment per Physician by Category of Payment, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	350,099	**	299,305	304,265	254,527	344,764	271,995	294,570	348,342	358,961	325,568
Full-time Equivalent Fee-for-service Physicians	317,040	**	339,957	346,480	256,212	315,416	320,089	301,736	364,767	377,070	312,886

Source: NPDB, CIHI

Table 4–14. Average Payment per Physician by Category of Payment, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	256,648	**	326,497	283,734	234,657	312,467	296,786	304,146	296,681	252,939	284,642
Full-time Equivalent Fee-for-service Physicians	258,757	**	325,629	300,785	225,816	301,702	287,708	271,656	348,389	324,347	285,080

Source: NPDB, CIHI

Table 4–15. Average Payment per Physician by Category of Payment, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	**	†	331,264	275,227	200,155	262,742	438,969	292,653	333,936	231,181	260,289
Full-time Equivalent Fee-for-service Physicians	**	†	308,684	300,521	202,719	255,003	307,503	256,679	348,219	275,351	259,077

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

† Prince Edward Island plastic surgeons are included with general surgeons.

#### Notes

Please refer to tables 1 and 2 for detailed notes by province and series.

Based on gross payments.

Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 4–16. Average Payment per Physician by Category of Payment, 2001–2002

Neurosurgery		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	**	n/a	**	**	**	144,736	330,696	**	**	259,163	318,671	271,356
Full-time Equivalent Fee-for-service Physicians	**	n/a	**	**	**	162,663	290,143	**	249,548	295,169	354,989	262,676

Source: NPDB, CIHI

Table 4–17. Average Payment per Physician by Category of Payment, 2001–2002

Ophthalmology		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments		327,183	213,804	411,313	380,271	274,116	407,277	410,830	450,842	520,303	429,225	397,210
Full-time Equivalent Fee-for-service Physicians		372,755	**	391,125	359,193	250,463	351,045	410,329	339,329	461,395	445,488	351,252

Source: NPDB, CIHI

Table 4–18. Average Payment per Physician by Category of Payment, 2001–2002

Otolaryngology		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments		408,685	**	326,838	323,786	253,946	342,343	235,079	346,938	484,599	275,058	322,659
Full-time Equivalent Fee-for-service Physicians		340,385	**	384,462	329,492	266,553	337,079	311,571	292,587	422,444	373,183	324,130

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.  
n/a = Not Applicable - There were no physicians for this specialty for this province.

**Notes:**

Please refer to tables 1 and 2 for detailed notes by province and series.  
Based on gross payments.  
Alternative forms of reimbursement, such as salary and sessional, are not included.

**Table 4–19. Average Payment per Physician by Category of Payment, 2001–2002**  
Obstetrics/Gynecology

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	276,157	286,024	291,927	284,642	241,742	325,678	289,939	276,749	333,112	273,486	295,866
Full-time Equivalent Fee-for-service Physicians	248,308	**	311,220	307,092	248,927	288,817	272,185	277,465	342,459	373,691	289,982

Source: NPDB, CIHI

**Table 4–20. Average Payment per Physician by Category of Payment, 2001–2002**  
Total Specialties

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	267,672	262,523	268,213	277,917	203,363	280,703	234,166	276,595	273,506	256,613	258,838
Full-time Equivalent Fee-for-service Physicians	222,002	255,179	276,612	269,562	189,076	247,836	231,447	250,181	274,688	287,444	239,035

Source: NPDB, CIHI

**Table 4–21. Average Payment per Physician by Category of Payment, 2001–2002**  
Total Physicians

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Fee-for-service Physicians who received at least \$60,000 in payments	213,453	227,068	209,503	224,894	179,803	240,096	212,415	229,027	233,506	214,102	221,901
Full-time Equivalent Fee-for-service Physicians	175,855	192,714	220,595	227,706	169,352	213,026	191,772	203,371	232,064	240,016	206,260

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

**Notes**

Please refer to tables 1 and 2 for detailed notes by province and series.  
Based on gross payments.  
Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 5–1. Fee-for-service Physician Counts of Physicians Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Family Medicine</b>	280	81	625	467	5,091	8,427	633	684	2,401	3,569	22,300
<b>Medical Specialties</b>	132	24	225	183	3,061	5,061	460	265	1,142	1,539	12,110
Internal Medicine	59	12	70	71	1,388	1,965	156	109	382	484	4,710
Neurology	**	n/a	7	11	151	155	16	13	46	69	473
Psychiatry	17	**	44	21	1,333	1,333	102	34	256	424	2,685
Pediatrics	16	**	18	20	360	567	67	35	178	164	1,433
Dermatology	**	**	12	6	170	149	11	**	34	54	444
Physical Medicine	n/a	n/a	**	**	54	112	10	**	18	27	231
Anesthesia	31	8	69	52	491	780	98	67	228	317	2,134
<b>Surgical Specialties</b>	90	28	213	178	1,738	2,506	224	195	549	874	6,589
General Surgery	21	9	48	35	415	626	54	51	119	161	1,543
Thoracic/Cardiovascular Surgery	**	n/a	13	10	59	27	17	7	20	55	213
Urology	7	**	21	17	125	192	16	16	34	63	490
Orthopedic Surgery	13	**	24	28	259	347	32	28	95	134	964
Plastic Surgery	**	†	10	12	84	133	9	10	35	53	349
Neurosurgery	**	n/a	**	**	44	52	**	**	20	29	156
Ophthalmology	13	6	46	26	254	362	28	30	82	158	1,002
Otolaryngology	8	**	10	15	161	199	17	12	31	70	520
Obstetrics/Gynecology	17	6	39	32	337	568	49	38	113	151	1,352
<b>Total Specialties</b>	222	52	438	361	4,799	7,567	684	460	1,691	2,413	18,699
<b>Total Physicians</b>	502	133	1,063	828	9,890	15,994	1,317	1,144	4,092	5,982	40,999

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

† Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable—There were no physicians for this specialty for this province.

**Notes**

Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 5–2. Full-time Equivalent Fee-for-service Physician Counts by Type of Practice, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	356.89	107.14	607.68	462.24	5,571.46	9,717.37	800.44	806.84	2,492.74	3,284.21	24,207.01
Medical Specialties	173.69	27.57	220.55	207.71	3,615.59	5,938.75	487.48	295.60	1,169.52	1,458.25	13,594.71
Internal Medicine	77.10	12.89	66.98	89.23	1,515.23	2,350.62	171.33	124.35	401.33	486.93	5,295.99
Neurology	**	**	7.79	14.56	187.23	184.41	17.62	17.37	45.24	66.59	546.73
Psychiatry	25.66	**	47.05	23.26	708.06	1,537.57	108.56	42.93	291.13	380.40	3,167.84
Pediatrics	25.61	**	16.84	22.48	461.55	729.16	81.15	34.86	181.12	144.25	1,698.88
Dermatology	**	**	8.70	**	167.30	148.93	8.93	**	38.35	44.50	430.92
Physical Medicine	n/a	n/a	**	**	82.55	136.66	12.59	**	12.55	20.86	275.85
Anesthesia	35.64	8.41	68.74	51.05	493.67	851.40	87.30	67.77	199.80	314.72	2,178.50
<b>Surgical Specialties</b>	<b>100.17</b>	<b>27.73</b>	<b>215.73</b>	<b>173.66</b>	<b>1,765.13</b>	<b>2,783.42</b>	<b>227.28</b>	<b>222.09</b>	<b>545.17</b>	<b>737.87</b>	<b>6,798.25</b>
General Surgery	25.08	11.26	51.31	36.40	407.00	710.49	56.55	55.70	119.76	141.17	1,614.72
Thoracic/Cardiovascular Surgery	**	n/a	13.96	8.20	67.88	24.73	14.78	9.09	21.14	40.24	205.41
Urology	7.73	**	18.61	14.96	125.41	211.09	13.73	15.62	32.58	60.33	502.29
Orthopedic Surgery	13.23	**	25.03	26.75	272.65	363.39	33.44	31.49	81.23	106.13	957.31
Plastic Surgery	**	**	10.89	10.99	84.48	137.92	12.89	11.87	33.69	45.45	352.08
Neurosurgery	**	n/a	**	**	41.20	60.10	**	6.09	17.70	26.28	162.00
Ophthalmology	11.59	**	48.53	27.73	280.16	422.11	28.04	39.99	92.66	153.46	1,107.76
Otolaryngology	9.67	**	8.76	14.76	153.89	203.83	13.04	14.30	35.66	51.98	506.92
Obstetrics/Gynecology	19.12	**	37.57	30.43	332.46	649.76	53.15	37.94	110.75	112.83	1,389.76
<b>Total Specialties</b>	<b>273.86</b>	<b>55.30</b>	<b>436.28</b>	<b>381.37</b>	<b>5,380.72</b>	<b>8,722.17</b>	<b>714.76</b>	<b>517.69</b>	<b>1,714.69</b>	<b>2,196.12</b>	<b>20,392.96</b>
<b>Total Physicians</b>	<b>630.75</b>	<b>162.44</b>	<b>1,043.96</b>	<b>843.61</b>	<b>10,952.18</b>	<b>18,439.54</b>	<b>1,515.20</b>	<b>1,324.53</b>	<b>4,207.43</b>	<b>5,480.33</b>	<b>44,599.97</b>

Source: NPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

† Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable — There were no physicians for this specialty for this province.

**Notes**

Alternative forms of reimbursement, such as salary and sessional, are not included.

**Table 6–1. Population per Fee-for-service Physician Who Received at Least \$60,000 in Payments by Type of Practice, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Family Medicine</b>	1,901	1,717	1,496	1,607	1,457	1,415	1,808	1,481	1,277	1,150	1,391
<b>Medical Specialties</b>	4,033	5,796	4,155	4,102	2,423	2,356	2,488	3,822	2,684	2,666	2,562
Internal Medicine	9,024	11,592	13,354	10,573	5,344	6,068	7,336	9,291	8,025	8,477	6,587
Neurology	**	n/a	133,543	68,245	49,118	76,933	71,525	77,900	66,641	59,461	65,589
Psychiatry	31,318	**	21,245	35,748	16,592	8,946	11,220	29,785	11,975	9,676	11,554
Pediatrics	33,275	**	51,933	37,535	20,602	21,031	17,081	28,934	17,222	25,017	21,650
Dermatology	**	**	77,900	125,117	43,628	80,031	104,036	**	90,162	75,978	69,873
Physical Medicine	n/a	n/a	**	**	137,348	106,470	114,440	**	170,306	151,956	134,302
Anesthesia	17,174	17,388	13,548	14,437	15,105	15,288	11,678	15,115	13,445	12,943	14,538
<b>Surgical Specialties</b>	5,916	4,968	4,389	4,217	4,267	4,758	5,109	5,193	5,584	4,694	4,708
General Surgery	25,352	15,456	19,475	21,449	17,872	19,049	21,193	19,857	25,761	25,483	20,106
Thoracic/Cardiovascular Surgery	**	n/a	71,908	75,070	125,708	441,652	67,318	144,671	153,275	74,596	145,652
Urology	76,057	**	44,514	44,159	59,334	62,107	71,525	63,294	90,162	65,124	63,314
Orthopedic Surgery	40,954	**	38,950	26,811	28,636	34,365	35,763	36,168	32,268	30,618	32,182
Plastic Surgery	**	†	93,480	62,558	88,295	89,659	127,156	101,270	87,586	77,411	88,893
Neurosurgery	**	n/a	**	**	168,564	229,319	**	**	153,275	141,476	198,871
Ophthalmology	40,954	23,183	20,322	28,873	29,200	32,941	40,871	33,757	37,384	25,967	30,962
Otolaryngology	66,550	**	93,480	50,047	46,067	59,923	67,318	84,392	98,887	58,611	59,661
Obstetrics/Gynecology	31,318	23,183	23,969	23,459	22,008	20,994	23,355	26,650	27,128	27,171	22,947
<b>Total Specialties</b>	2,398	2,675	2,134	2,080	1,545	1,576	1,673	2,202	1,813	1,700	1,659
<b>Total Physicians</b>	1,061	1,046	879	907	750	746	869	885	749	686	757

Source: NPDB, CIHI

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n/a = Not Applicable—There were no physicians for this specialty for this province.

**Notes**

Net population figures are used to calculate these figures.

Alternative forms of reimbursement, such as salary and sessional, are not included.



Table 6–2. Population per Full-time Equivalent Fee-for-service Physician by Type of Practice, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	1,492	1,298	1,538	1,624	1,331	1,227	1,430	1,255	1,230	1,249	1,282
Medical Specialties	3,065	5,045	4,238	3,614	2,051	2,008	2,348	3,426	2,621	2,814	2,282
Internal Medicine	6,905	10,791	13,956	8,413	4,895	5,073	6,680	8,144	7,638	8,426	5,858
Neurology	**	**	120,000	51,559	39,613	64,664	64,949	58,302	67,761	61,613	56,744
Psychiatry	20,748	**	19,868	32,274	10,475	7,755	10,542	23,590	10,530	10,785	9,793
Pediatrics	20,789	**	55,511	33,394	16,069	16,354	14,102	29,050	16,925	28,442	18,261
Dermatology	**	**	107,448	**	44,332	80,068	128,152	**	79,935	92,198	71,994
Physical Medicine	n/a	n/a	**	**	89,846	87,257	90,898	**	244,263	196,683	112,466
Anesthesia	14,938	16,540	13,599	14,705	15,024	14,006	13,109	14,943	15,343	13,036	14,241
<b>Surgical Specialties</b>	<b>5,315</b>	<b>5,016</b>	<b>4,333</b>	<b>4,323</b>	<b>4,202</b>	<b>4,284</b>	<b>5,035</b>	<b>4,560</b>	<b>5,623</b>	<b>5,560</b>	<b>4,563</b>
General Surgery	21,228	12,353	18,219	20,624	18,223	16,784	20,237	18,181	25,597	29,063	19,213
Thoracic/Cardiovascular Surgery	**	n/a	66,963	91,549	109,263	482,192	77,429	111,408	145,009	101,958	151,034
Urology	68,875	**	50,231	50,180	59,140	56,491	83,350	64,834	94,091	68,006	61,765
Orthopedic Surgery	40,242	**	37,347	28,064	27,203	32,815	34,222	32,159	37,739	38,658	32,407
Plastic Surgery	**	**	85,840	68,308	87,794	86,460	88,782	85,316	90,991	90,271	88,116
Neurosurgery	**	n/a	**	**	180,019	198,413	**	166,289	173,192	156,119	191,505
Ophthalmology	45,936	**	19,262	27,072	26,473	28,250	40,813	25,324	33,083	26,735	28,006
Otolaryngology	55,057	**	106,712	50,860	48,195	58,503	87,761	70,818	85,965	78,930	61,201
Obstetrics/Gynecology	27,845	**	24,882	24,670	22,309	18,352	21,532	26,692	27,679	36,363	22,323
<b>Total Specialties</b>	<b>1,944</b>	<b>2,515</b>	<b>2,143</b>	<b>1,968</b>	<b>1,378</b>	<b>1,367</b>	<b>1,601</b>	<b>1,956</b>	<b>1,788</b>	<b>1,868</b>	<b>1,521</b>
<b>Total Physicians</b>	<b>844</b>	<b>856</b>	<b>895</b>	<b>890</b>	<b>677</b>	<b>647</b>	<b>755</b>	<b>765</b>	<b>729</b>	<b>749</b>	<b>696</b>

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† Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable – There were no physicians for this specialty for this province.

#### Notes

Net population figures are used to calculate these figures.

Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 7–1. Fee-for-service Physicians Who Received at Least \$60,000 in Payments per 100,000 Population by Type of Practice, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	53	58	67	62	69	71	55	68	78	87	72
Medical Specialties	25	17	24	24	41	42	40	26	37	38	39
Internal Medicine	11	9	7	9	19	16	14	11	12	12	15
Neurology	**	n/a	1	1	2	1	1	1	2	2	2
Psychiatry	3	**	5	3	6	11	9	3	8	10	9
Pediatrics	3	**	2	3	5	5	6	3	6	4	5
Dermatology	**	**	1	1	2	1	1	**	1	1	1
Physical Medicine	n/a	n/a	**	**	1	1	1	**	1	1	1
Anesthesia	6	6	7	7	7	7	9	7	7	8	7
<b>Surgical Specialties</b>	<b>17</b>	<b>20</b>	<b>23</b>	<b>24</b>	<b>23</b>	<b>21</b>	<b>20</b>	<b>19</b>	<b>18</b>	<b>21</b>	<b>21</b>
General Surgery	4	6	5	5	6	5	5	5	4	4	5
Thoracic/Cardiovascular Surgery	**	n/a	1	1	1	0	1	1	1	1	1
Urology	1	**	2	2	2	2	1	2	1	2	2
Orthopedic Surgery	2	**	3	4	3	3	3	3	3	3	3
Plastic Surgery	**	†	1	2	1	1	1	1	1	1	1
Neurosurgery	**	n/a	**	**	1	0	**	**	1	1	1
Ophthalmology	2	4	5	3	3	3	2	3	3	4	3
Otolaryngology	2	**	1	2	2	2	1	1	1	2	2
Obstetrics/Gynecology	3	4	4	4	5	5	4	4	4	4	4
<b>Total Specialties</b>	<b>42</b>	<b>37</b>	<b>47</b>	<b>48</b>	<b>65</b>	<b>63</b>	<b>60</b>	<b>45</b>	<b>55</b>	<b>59</b>	<b>60</b>
<b>Total Physicians</b>	<b>94</b>	<b>96</b>	<b>114</b>	<b>110</b>	<b>133</b>	<b>134</b>	<b>115</b>	<b>113</b>	<b>133</b>	<b>146</b>	<b>132</b>

Source: NPD, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

† Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable— There were no physicians for this specialty for this province.

**Notes**

Net population figures are used to calculate these figures.

Alternative forms of reimbursement, such as salary and sessional, are not included.

Table 7–2. Full-time Fee-for-service Equivalent Physicians per 100,000 Population by Type of Practice, 2001–2002

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	67	77	65	62	75	81	70	80	81	80	78
Medical Specialties	33	20	24	28	49	50	43	29	38	36	44
Internal Medicine	14	9	7	12	20	20	15	12	13	12	17
Neurology	**	**	1	2	3	2	2	2	1	2	2
Psychiatry	5	**	5	3	10	13	9	4	9	9	10
Pediatrics	5	**	2	3	6	6	7	3	6	4	5
Dermatology	**	**	1	**	2	1	1	**	1	1	1
Physical Medicine	n/a	n/a	**	**	1	1	1	**	0	1	1
Anesthesia	7	6	7	7	7	7	8	7	7	8	7
<b>Surgical Specialties</b>	<b>19</b>	<b>20</b>	<b>23</b>	<b>23</b>	<b>24</b>	<b>23</b>	<b>20</b>	<b>22</b>	<b>18</b>	<b>18</b>	<b>22</b>
General Surgery	5	8	5	5	5	6	5	6	4	3	5
Thoracic/Cardiovascular Surgery	**	n/a	1	1	1	0	1	1	1	1	1
Urology	1	**	2	2	2	2	1	2	1	1	2
Orthopedic Surgery	2	**	3	4	4	3	3	3	3	3	3
Plastic Surgery	**	†	1	1	1	1	1	1	1	1	1
Neurosurgery	**	n/a	**	**	1	1	**	1	1	1	1
Ophthalmology	2	**	5	4	4	4	2	4	3	4	4
Otolaryngology	2	**	1	2	2	2	1	1	1	1	2
Obstetrics/Gynecology	4	**	4	4	4	5	5	4	4	3	4
<b>Total Specialties</b>	<b>51</b>	<b>40</b>	<b>47</b>	<b>51</b>	<b>73</b>	<b>73</b>	<b>62</b>	<b>51</b>	<b>56</b>	<b>54</b>	<b>66</b>
<b>Total Physicians</b>	<b>118</b>	<b>117</b>	<b>112</b>	<b>112</b>	<b>148</b>	<b>155</b>	<b>132</b>	<b>131</b>	<b>137</b>	<b>134</b>	<b>144</b>

Source: NFPDB, CIHI

\*\* Data for this specialty have been rolled up to the medical specialties or surgical specialties broad specialty to protect confidentiality.

† Prince Edward Island plastic surgeons are included with general surgeons.

n/a = Not Applicable—There were no physicians for this specialty for this province.

**Notes**

Net population figures are used to calculate these figures.

Alternative forms of reimbursement, such as salary and sessional, are not included.



## **Appendix A**

### **Impact of Excluding Ontario's Payments For J, X and Y Fee Codes With Suffix B**



## Impact of Excluding Ontario's Payments For J, X and Y Fee Codes With Suffix B

In 2001, 94% of physicians payment claims for Ontario's J, X and Y fee codes, with suffix B, were paid directly to Independent Health Facilities or hospital departments. While claims for these fee codes include an associated physician identifier, payments for the claims are not typically paid directly to physicians.

Starting with the 2001–2002 data year, the methodology used to calculate average payment results in Ontario was updated to exclude payments related to fee codes J, X and Y, with suffix B. In 2001–2002 these fee codes accounted for approximately \$95 million (2.3%) of Ontario's total publishable fee for service payments. The Table A summarizes the impact of excluding these payments from average payment results for the year 2001–2002.

**Table A. Percent Reduction in Average Payment per Physician Results due to Exclusion of Payments for Ontario Fee Codes J, X and Y (with suffix B), by Specialty, 2001–2002**

	Ontario		Total	
	Physicians who received payments > \$60,000	Average Payment per FTE Physician	Physicians who received payments > \$60,000	Average Payment per FTE Physician
<b>Family Medicine</b>	<b>0.52%</b>	<b>0.28%</b>	<b>0.22%</b>	<b>0.12%</b>
<b>Medical Specialties</b>	<b>4.66%</b>	<b>2.84%</b>	<b>2.26%</b>	<b>1.41%</b>
Internal Medicine	7.96%	4.20%	4.16%	2.38%
Neurology	3.68%	2.31%	1.38%	0.91%
Psychiatry	2.36%	1.68%	1.32%	0.89%
Pediatrics	0.46%	0.30%	0.30%	0.15%
Dermatology	0.00%	0.00%	0.00%	0.00%
Physical Medicine	0.61%	0.20%	0.31%	0.10%
Anesthesia	0.07%	0.03%	0.03%	0.01%
<b>Surgical Specialties</b>	<b>1.99%</b>	<b>0.86%</b>	<b>0.83%</b>	<b>0.37%</b>
General Surgery	2.26%	1.04%	1.02%	0.49%
Thoracic/Cardiovascular Surgery	8.10%	3.47%	1.25%	0.69%
Urology	0.79%	0.23%	0.33%	0.10%
Orthopedic Surgery	0.15%	0.02%	0.06%	0.01%
Plastic Surgery	0.16%	0.08%	0.06%	0.03%
Neurosurgery	0.36%	0.61%	0.29%	0.30%
Ophthalmology	1.71%	0.68%	0.64%	0.26%
Otolaryngology	2.49%	1.10%	1.03%	0.49%
Obstetrics/Gynecology	3.29%	1.39%	1.61%	0.65%
<b>Total Specialties</b>	<b>3.63%</b>	<b>2.03%</b>	<b>1.66%</b>	<b>0.95%</b>
<b>Total Physicians</b>	<b>2.29%</b>	<b>1.38%</b>	<b>1.00%</b>	<b>0.61%</b>

Source: NPDB, CIHI





## **Appendix B**

### **Net Population Estimates**



**Table B. Statistics Canada Net Population Estimates, 2000–2001 to 2001–2002**

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
2000–2001 (PR)	536.2	138.2	934.1	750.5	7,377.4	11,732.3	1,142.9	1,018.4	3,011.5	4,058.7	30,700.2
2001–2002 (PR)	532.4	139.1	934.8	750.7	7,416.8	11,924.6	1,144.4	1,012.7	3,065.5	4,102.8	31,023.8

**Notes**

Net population estimates are produced by excluding from total estimates the members of the Royal Canadian Mounted Police, the Canadian Armed Forces personnel and the number of inmates in Federal and Provincial institutions.

PR = Updated postcensal estimates.

The estimates are based on 1996 census counts, adjusted for net census undercoverage

These figures have been rounded independently to the nearest hundred.



## **Appendix C**

### **NPDB Authorization Officers**



## NPDB Authorization Officers

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## **Appendix D**

### **Full-time Equivalent Methodology: History and Calculations**



## Historical Measurement of a Full-time Equivalent (FTE) Physician

In Canada, physician supply has historically been measured in terms of the number of physicians available. These data are often extended to physician/population ratios for interprovincial comparisons or analyses of changes over time. Traditionally these statistics have been used in planning exercises and for the assessment of policy decisions. In particular they have been used for the following purposes:

- to assess the factors contributing to the increases in medical care costs,
- to provide input to physician manpower requirement studies, and
- to assess trends in physicians' remuneration.

The number of fee-for-service physicians has always been viewed as an important health economic indicator because of the "gatekeeper" role that physicians play in the health care delivery system.

The use of simple counts of physicians for analysis implies that all physicians are equal in terms of their capacity to provide patient care. This is clearly not plausible; some physicians are semi-retired, some work part-time and many are not in active clinical practice. Even considering only fee-for-service physicians, the availability of medical services will vary considerably as a result of trade-offs individual physicians have made between income and leisure time. To try to produce a more meaningful measurement of physician supply, the practice of counting full-time and full-time equivalent physicians was adopted.

It should be noted that the term income used in this report refers to physician's gross payments for fee-for-service claims only. In most provinces a majority of physicians receive fee-for-service payments only (see Table 2). However, these payments do not include payment sources such as salary or sessional payments.

The first and simplest methods of defining full-time physicians involved the use of income thresholds. A dollar amount was specified and any practitioner whose income met or exceeded this amount was counted as one full-time physician. Physicians whose total billing was less than this amount were excluded from the count. The resultant estimates of physician supply depended strongly on what threshold was chosen; furthermore the supply of medical services by part-time physicians was ignored in the count. Depending on the choice of threshold, statistics could be generated with this algorithm that indicated anything from a serious lack of physician resources to a complete oversupply of all specialties of practitioner. An improvement of this early method involved the counting of part-time physicians as a fraction of a full-time physician.

Apart from the problems caused by the arbitrary choice of income threshold, there are other limitations to this methodology. The statistics are not suitable for any time series analysis as the sub-set of physicians earning in excess of any fixed dollar benchmark will be affected over time by increases in the provincial schedule of benefits. As well, interprovincial comparability will be weak because of differing benefit levels among the provinces.

To try to improve interprovincial, inter-specialty and time series comparisons, thresholds were redefined in terms of percentile levels of physician earnings. For example, instead of counting all physicians receiving payments in excess of \$30,000 as full-time, all practitioners billing within the top 70 percent of physicians could be considered full-time. Percentile thresholds have clear advantages over the dollar values. The impact of benefit schedule increases are automatically adjusted. Interprovincial comparability is improved but still there is no indication that the full-time benchmark in one province would reflect the same intensity of production as the full-time benchmark in any other province. Additionally, percentile thresholds implicitly adjust for changes over time, the service price and the changes in service utilization/volume per physician. Full-time equivalent methods based on the average or median earnings are variations on this methodology.

### Development of an Improved Measure of Full-time Equivalence (FTE)

The development of a new measure for FTE was undertaken in 1984 by a working group comprised of representatives from National Health and Welfare, provincial medicare agencies, and academic consultants. The working group identified the following objectives of a FTE measure:

- provide a consistent basis for interprovincial and intraprovincial comparisons of physician supply;
- provide a consistent basis for measuring changes through time in physician supply; and
- recognize workload differences among individual specialties.

#### Conceptual Model

All measures of full-time equivalence are to some degree arbitrary, in the sense that there is no “best” measure to be derived through statistical techniques. The choice of a measure was therefore determined by the objectives, and by data availability. The measure developed by the Working Group was based on the following conceptual model.

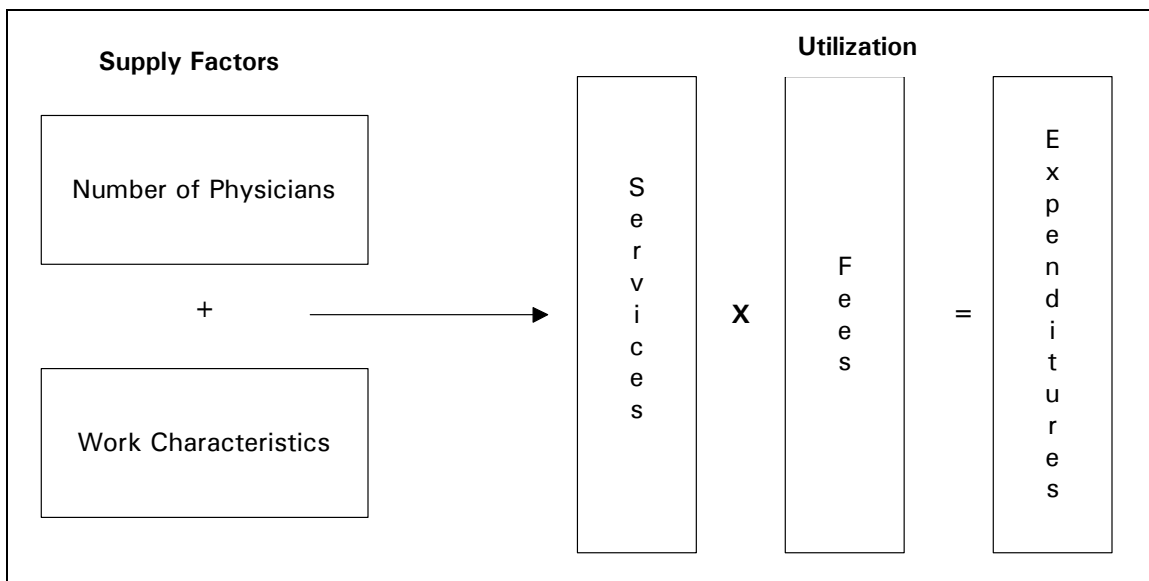


Figure 1. Relationship between income and FTE values

In an economic context, physicians and hours of work are seen as measures of supply. Services produced by physicians are the most basic measure of utilization, while expenditure is the product of services and fees. The relationship between these three variables is illustrated in Figure 1. The realistic choices for estimation of full-time equivalence were (1) hours of work, (2) services provided, and (3) payments.

An internal study indicated a high degree of variability in income per hour worked by fee-for-service physicians, after standardizing for specialty. Consequently, a FTE measure based on hours of work would not provide accurate estimates of the *potential output* (in terms of clinical services) of the physician population. As FTE measures are used most often in a context where output or expenditure is an important consideration, it was decided that a measure of output would be preferable to hours of work, which is essentially an input measure.

Although services are measures of output, they are not weighted for intensity or value. Expenditure measures services weighted by fees. Payments to physicians were therefore chosen as the most appropriate measure of output with which to determine full-time equivalence.

### *Rationale*

In the model adopted, gross income per physician is used to measure output or workload. As there is a wide range of output among physicians within the same specialty, a single cut-off to measure full-time equivalence status did not seem appropriate. It was therefore decided to use a range of output that would be realistic for a typical full-time physician.

It was essential that this range could be defined statistically, and after some experimentation the 40th to 60th percentiles of fee adjusted, nationally defined payment distributions were chosen as the benchmarks within which to measure full-time equivalence.

Simulations of alternative percentiles indicated that the FTE counts were relatively insensitive to different benchmark ranges, as long as those ranges were symmetric (e.g. the 30<sup>th</sup> to 70<sup>th</sup> percentiles yielded approximately the same total counts as the 40<sup>th</sup> to 60<sup>th</sup> percentiles).

### Comprehensiveness

The measure was designed to count all physicians providing fee-for-service care under the Canadian medicare system. Physicians with payments less than the lower benchmark are counted as fractions of a FTE; physicians within or equal to the benchmarks are counted as one; and physicians above the benchmark are counted as more than one FTE. The decision to count physicians above the benchmark as more than one FTE was based on a recognition that many physicians have large workloads and the FTE measure should recognize this.

At the same time, an algorithm incorporating logarithms was used to prevent high-income physicians from having a very large FTE (for example, a physician whose income is three times the upper benchmark will have a FTE of 2.1, while a physician whose income is four times the upper benchmark will have a FTE of 2.4). The relationship between income and FTE count is illustrated in Figure 2.

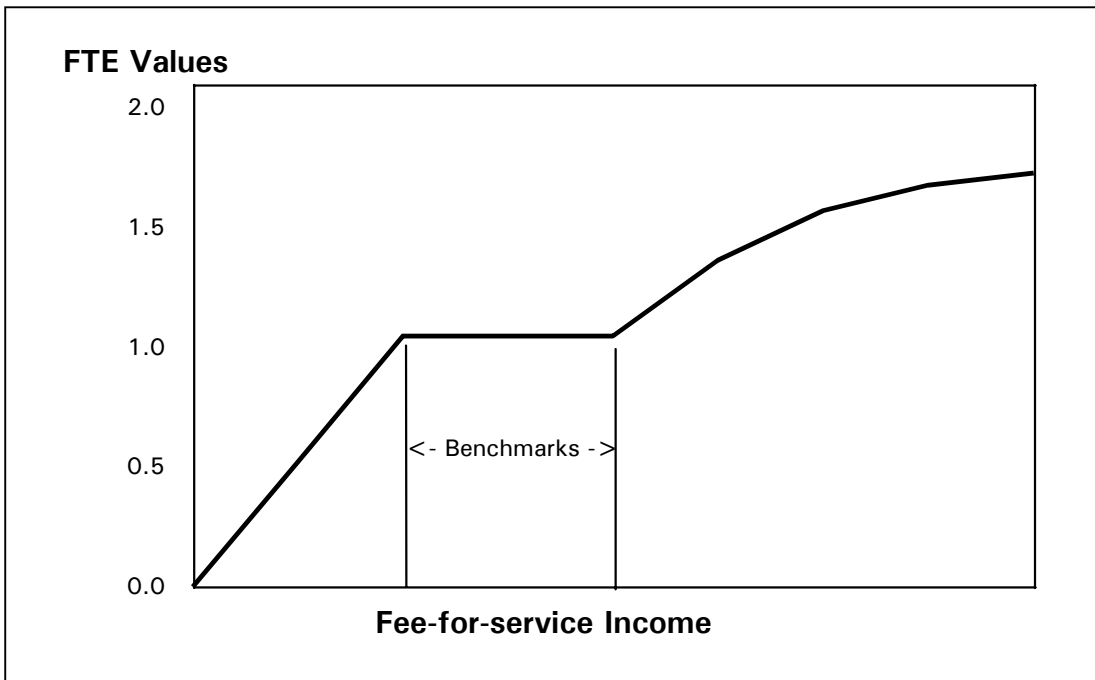


Figure 2. Relationship between income and FTE values.

### *Consistency*

In order to provide consistency across provinces and through time it was necessary to remove the effects of different fee levels on physician income. The methodology adopted allowed payments to each physician to be standardized for interprovincial fee differences in order to compute national benchmarks for a base year. The national benchmarks were then converted to provincial values. Each year, the provincial benchmarks are indexed by specialty specific fee increases or decreases.

Benchmark values and FTE physician counts vary depending on the base year used for analysis. As of 2001, CIHI's full-time equivalent physician reports, as well as the current report use 1995–1996 utilization data to establish a base year for implementing the FTE methodology. Earlier reports used 1985–1986 utilization data. A complete description of how base year changes can affect benchmarks and FTE counts is given in Appendix G of the *Full-time Equivalent Physicians Report, Canada, 1996/97 to 1998/99*, published in 2001.

### *Computations*

#### **Counts**

All counts are based on the number of physicians receiving payments from each provincial plan on a fee-for-service basis. Canada totals represent the sum of the provincial numbers. Concurrently registered physicians will appear as separate physicians in each province, and will be double counted at the national level.

#### **FTE Measure**

1. Select a base year for estimation. The current base year is 1995–1996.
2. Create a national base year FTE database.
  - Select from the NPDB all the records for physicians who received at least one fee payment during each quarter of the base year for services provided within the physician's province of residence to in-province patients.
  - Create for each province and each specialty of physician, a data set that includes each physician's total payments in this fiscal year.
  - To eliminate the interprovincial differences in payments that are due to differences in fee levels, adjust the gross income of each physician by the relevant Physician Services Benefit Rates (PSBR) index.

**Note:** FTE statistics are not calculated for physicians in the specialties of radiology or laboratory medicine. Physicians who received payments under more than one specialty during the year are assigned to the specialty under which they received the majority of their payments.

3. Calculate base year lower and upper benchmarks.
  - Within each specialty, rank order the payment amounts and establish the distribution of physicians by payment levels.
  - Label the payment value corresponding to the 40<sup>th</sup> percentile rank as the national lower benchmark and that of the 60<sup>th</sup> as the national upper benchmark.
  - To calculate the provincial lower and upper benchmarks, adjust the national benchmarks by the PSBR index.
4. Calculate the benchmarks for years other than the base year.
  - Inflate (or deflate for years prior to the base year) the provincial benchmarks for each specialty by the specialty specific annual fee increase percentages.
5. Create FTE database for estimation.
  - Select from the NPDB, all the records for physicians who received at least one fee payment during a fiscal year for services provided within the physician's province of residence to in-province patients.
  - Create for each province and each specialty of physicians, a data set that includes each physician's total billing in the fiscal year.
6. Calculate the FTE statistics.
  - Count physicians with payments within or equal to the benchmarks as 1 FTE.
  - Count physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.
  - Count physicians with payments above the upper benchmark using a log-linear relationship, i.e. as 1 FTE plus the logarithm of the ratio of his/her payments to the upper benchmark.



## **Appendix E**

### **NPDB Specialty Categories**



## NPDB Physician Specialty Categories

- 01 ***Family Medicine***
  - 010 Residency
  - 011 General Practice
  - 012 Family Practice
  - 013 Community Medicine/Public Health
  - 014 Emergency Medicine

### Medical Specialists

- 02 ***Internal Medicine***
  - 020 General Internal Medicine
  - 021 Cardiology
  - 022 Gastroenterology
  - 023 Respiratory Medicine
  - 024 Endocrinology
  - 025 Nephrology
  - 026 Hematology
  - 027 Rheumatology
  - 028 Clinical Immunology and Allergy
  - 030 Oncology
  - 031 Geriatrics
  - 032 Tropical Medicine
  - 035 Genetics 1
- 04 ***Neurology***
  - 040 Neurology & EEG
  - 041 Neurology
  - 042 EEG
- 05 ***Psychiatry***
  - 050 Psychiatry & Neuropsychiatry
  - 051 Psychiatry
  - 052 Neuropsychiatry
- 06 ***Pediatrics***
  - 060 Pediatrics
- 07 ***Dermatology***
  - 065 Dermatology
- 08 ***Physical Medicine/Rehabilitation***
  - 070 Physical Medicine & Rehabilitation
  - 071 Electromyography
- 09 ***Anesthesia***
  - 075 Anesthesia

## **Surgical Specialists**

- 10    **General Surgery**  
080    General Surgery
  
- 11    **Thoracic/Cardiovascular Surgery**  
086    Thoracic Surgery  
087    Cardiovascular Surgery  
088    Cardiovascular/Thoracic Surgery
  
- 12    **Urology**  
090    Urology
  
- 13    **Orthopedic Surgery**  
095    Orthopedic Surgery
  
- 14    **Plastic Surgery**  
100    Plastic Surgery
  
- 15    **Neurosurgery**  
110    Neurosurgery
  
- 16    **Ophthalmology**  
115    Ophthalmology  
116    Ophthalmology/Otolaryngology
  
- 17    **Otolaryngology**  
120    Otolaryngology
  
- 18    **Obstetrics/Gynecology**  
126    Obstetrics  
127    Gynecology  
128    Obstetrics/Gynecology

**Note:** Although Genetics is no longer a sub-specialty of Internal Medicine it is included in the Internal Medicine category because the number of physician records assigned this specialty is relatively small. The previous version of this publication reported the figures as a separate specialty within the Medical Specialists broad specialty category.

## **Appendix F**

### **Fee-for-service Radiology and Laboratory Coverage in NPDB**



## **Fee-for-service Radiology and Laboratory Coverage in NPDB**

Radiology and laboratory services supplied to CIHI for use in NPDB are not uniform or complete. For this reason the data are not routinely used in the NPDB publications. The following notes were provided by the provincial medical insurance plans regarding the radiology and laboratory services included on the NPDB file submissions.

### **Newfoundland and Labrador**

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- Physicians can be paid on a fee-for-service basis for interpretation services on certain diagnostic services such as EEG, ECGs, etc. These services would be included in the NPDB file submissions.

### **Prince Edward Island**

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- Radiologists interpretation fees are included in the NPDB file submissions.

### **Nova Scotia**

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- The majority of radiology billings are not included in NPDB file submissions. For Nova Scotia, the majority of radiology billings are not included in fee-for-service earnings.

### **New Brunswick**

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- All radiology services are excluded in the NPDB file submissions.

### **Quebec**

- No laboratory services are included.
- Radiology services provided by physicians in private practice are included in the NPDB file submissions.

### **Ontario**

- Approximately 50 percent of all laboratory services are funded through OHIP and therefore are included in the NPDB file submissions. The remaining 50 percent are funded via Public Health (1 percent) and Hospital global budgets (49 percent).
- Information on Radiology services was not available.

## **Manitoba**

- Laboratory services provided in the NPDB file submissions are those provided by privately owned fee-for-service laboratories. Laboratory services provided in urban/rural facilities are not included in the NPDB file submissions.
- Radiology services submitted include all private radiology services and all urban facility radiology services. Rural facility radiology services, approximately 11 percent of the total dollar value for radiology services, are not included in NPDB file submissions.

## **Saskatchewan**

- Since 1993/1994, the only laboratory services included in the NPDB file submissions are common in-office laboratory services provided by physicians other than pathologists. Responsibility for private laboratory services provided by specialists in pathology was transferred to District Health Boards in October 1993 and no longer funded on a fee-for-service basis.
- Facility-based radiology services which are funded through District Health Boards are excluded from the NPDB file submissions, as well as radiology services provided through the Screening Program for Breast Cancer.

## **Alberta**

- Up to July 1, 1995 only non-hospital based laboratory services were included.
- Only non-facility based radiology services are included in NPDB file submissions.

## **British Columbia**

- Laboratory and radiology services when performed on a fee-for-service outpatient basis are included in NPDB File Submissions, but inpatient services are not included.



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