



Full-Time Equivalent Physicians Report, Fee-for-Service Physicians in Canada, 2004–2005

N a t i o n a l P h y s i c i a n D a t a b a s e



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Foreword

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

For more information, visit our website (www.cihi.ca).

The *Full-Time Equivalent Physicians Report, Fee-for-Service Physicians in Canada, 2004–2005* 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 and territorial health ministries and the CIHI Advisory Group on Physician Databases in the development and publication of this report.

Preface

Previously published reports in the *Full-Time Equivalent Physicians* series:

- *Full-Time Equivalent Physicians Report, Canada, 2002–2003 and 2003–2004* (2005);
- *Full-Time Equivalent Physicians Report, Canada, 2002–2003* (2004);
- *Full-Time Equivalent Physicians Report, Canada, 2001–2002* (2003);
- *Full-Time Equivalent Physicians Report, Canada, 1999/2000 and 2000/2001* (2003);
- *Full-Time Equivalent Physicians Report, Canada, 1998/1999 to 1999/2000* (2002);
- *Full-Time Equivalent Physicians Report, Canada, 1996/97 to 1998/99* (2001);
- *Full-Time Equivalent Physicians Report, Canada, 1993/94 to 1995/96* (1999); and
- *Full-Time Equivalent Physicians Report, Canada, 1989/90 to 1993/94* (1997).

Full-time Equivalent Physicians, Interprovincial Comparisons, Methodology and Statistics: Supplement 1990/91, produced in 1992 by the Health Information Division at Health Canada, contained figures derived from the Medical Care Database (MCDB), the predecessor of the National Physician Database (NPDB). In 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 and 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, provincial and territorial governments, by medical stakeholder groups and by various private organizations and researchers as an information resource to estimate full-time equivalent fee-for-service physician counts for Canada for program administration, evaluation and policy development.

The full-time equivalent (FTE) methodology was developed to:

- provide a consistent basis for comparing physician supply across and within provinces and territories;
- provide a consistent basis for measuring changes through time in physician supply; and
- recognize workload differences among individual specialties.

The figures should be used cautiously when determining physician supply requirements, as non fee-for-service payments are not included in the Full-Time Equivalent methodology at this time.

The base years for CIHI's FTE benchmarks are updated on a periodic basis. FTE physician reports for data years 1989–1990 to 1995–1996 were based on FTE benchmarks that were set using a 1985–1986 base year. FTE physician reports for data years 1996–1997 to 2001–2002 were based on FTE benchmarks established using 1995–1996 NPDB data. In 2004, CIHI carried out a thorough review of current FTE methodologies as part of an NPDB system re-engineering effort. The review focused on the application of payment source selection criteria at various stages of FTE data processing. Starting with the 2002–2003 data year, FTE physician reports will be produced using a 2000–2001 base year.ⁱ

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

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i. For a detailed discussion of base year changes and the potential impact on FTE results, please see *Full-Time Equivalent Physicians Report, Canada, 2002–2003*, Appendix A (CIHI: Ottawa, 2004).

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 Advisory 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 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. CIHI is working with the provinces, territories and ministries to also include data on clinical activities remunerated under alternative reimbursement plans (such as salaries, contracts and sessional fees).

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 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. 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 resulting 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 practitioner specialties. 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 provincial and territorial fee schedules. As well, comparability will be weak because of differing benefit levels among the provinces and territories.

To try to improve jurisdictional, 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% 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. Jurisdictional comparability is improved, but still there is no indication that the full-time benchmark in one province or territory would reflect the same intensity of production as the full-time benchmark in any other jurisdiction. 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 physician supply comparisons within and across provinces and territories;
- 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.

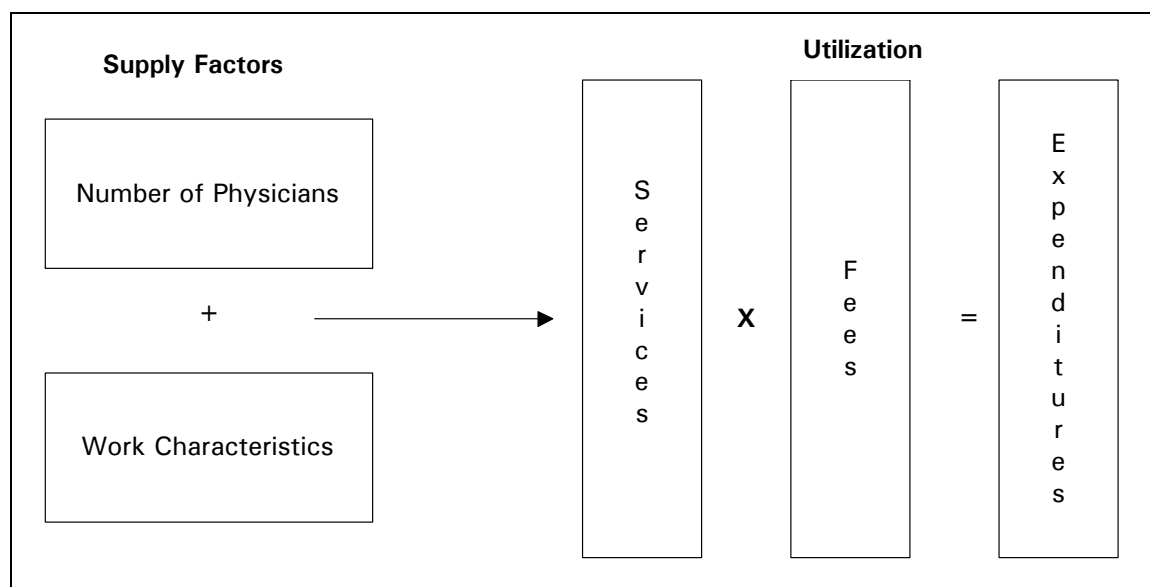


Figure 1. Relationship Between Income and FTE Values

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 30th to 70th percentiles yielded approximately the same total counts as the 40th to 60th percentiles).

Comprehensiveness

CIHI's current FTE methodology is designed to provide a weighted count of 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 reflect 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.

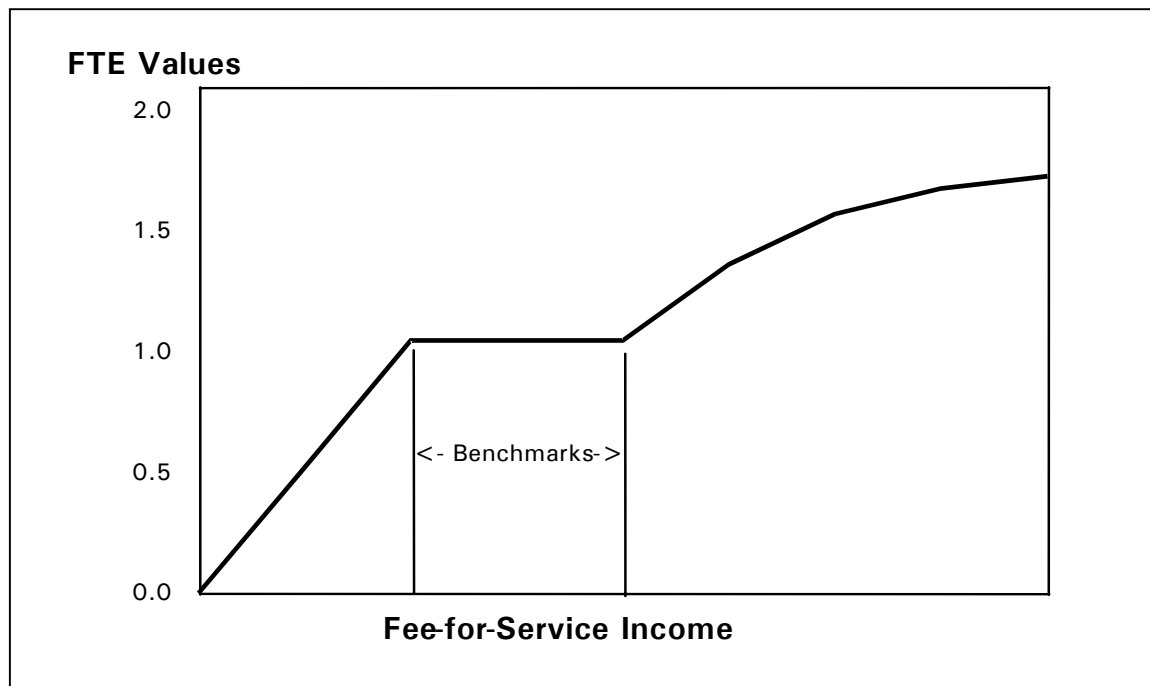


Figure 2. Relationship Between Income and FTE Values

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. FTE physician reports for data years 1989–1990 to 1995–1996 were based on FTE benchmarks that were set using a 1985–1986 base year. FTE Physician reports for data years 1996–1997 to 2001–2002 were based on FTE benchmarks established using 1995–1996 NPDB data. Starting with the 2002–2003 data year, FTE Physician reports will be produced using a 2000–2001 base year.ⁱⁱ

ii. For a detailed discussion of base year changes and the potential impact on FTE results, please see *Full-Time Equivalent Physicians Report, Canada, 2002–2003*, Appendix A (CIHI: Ottawa, 2004).

Data Sources and Collection

NPDB Data

Data are derived from physician fee-for-service claims submitted by provincial and territorial medical insurance programs to CIHI. The claims data and associated physician and patient demographic data are submitted in five files, as listed below. Data files are usually received within six months of the end of the quarter to which the data correspond. Any files that do not meet appropriate layouts, as defined in the NPDB Data Submission Specifications Manual, are returned to the provinces and territories for correction and subsequent re-submission.

Files submitted include:

Title	Description
25 File	Dental services and other non-physician services file (file not submitted by all jurisdictions)
30 File	Reciprocal billing file *
35 File	Physician characteristics file
50 File	Utilization file (by fee-code, UPI, sex and age group of patient)
55 File	Changes to UPI file

* 30 File data is not applicable to the province of Quebec.

In addition to the NPDB data files described above, CIHI gathers annual, aggregate level, alternative payment information through a variety of information sources, including provincial and territorial representatives of CIHI's Advisory Group on Physician Databases. A summary of this information is presented in Table 2 of the Payment Mode: Level of Fee-for-Service Coverage section.

For a complete description of NPDB record layouts please see the NPDB Data Submission Specifications Manual, available at www.cihi.ca. For further information regarding the NPDB, including alternative payments, please contact the Program Lead, NPDB, CIHI.

FTE Figures

Two utilization files are used to create the full-time equivalent figures: Utilization File (50 File) and the Reciprocal Billing File (30 File). The Utilization 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 or territory but not processed through the reciprocal billing system (that is, 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 or territory services processed by the Reciprocal Billing System. This means each province and territory sends data on services their physicians provided to out-of-province or 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 and Labrador, Prince Edward Island, New Brunswick, Manitoba and Saskatchewan and on a date-of-service basis for Nova Scotia, Quebec, Ontario, Alberta and British Columbia and Yukon Territory. Provinces submitting on a date-of-service basis wait six months, or until 98% of services are captured, before submitting data files for processing. Please see Table 1 for a yearly breakdown by province of the type of data file submission.

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

Province or Territory	2004–2005	
	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 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.

Starting with the 2001–2002 data year, payments for Ontario’s J, X and Y fee codes, with suffix B, are excluded in the calculation of full-time equivalent physician counts presented in this report. Appendix A provides background information on this change in methodology and also summarizes how FTE physician count results are affected by the change.

Payment Mode: Level of Fee-for-Service Coverage

FTE physician statistics are based on fee-for-service billing and payment information only. A variety of alternative forms of payment, such as salary and sessional payments, are commonly used across jurisdictions. Alternative forms of reimbursement are currently not submitted comprehensively to the NPDB and are, therefore, not included in the statistics presented in this report. Figure 3 gives current estimates of alternative payments as a percentage of total physician payments across jurisdictions.

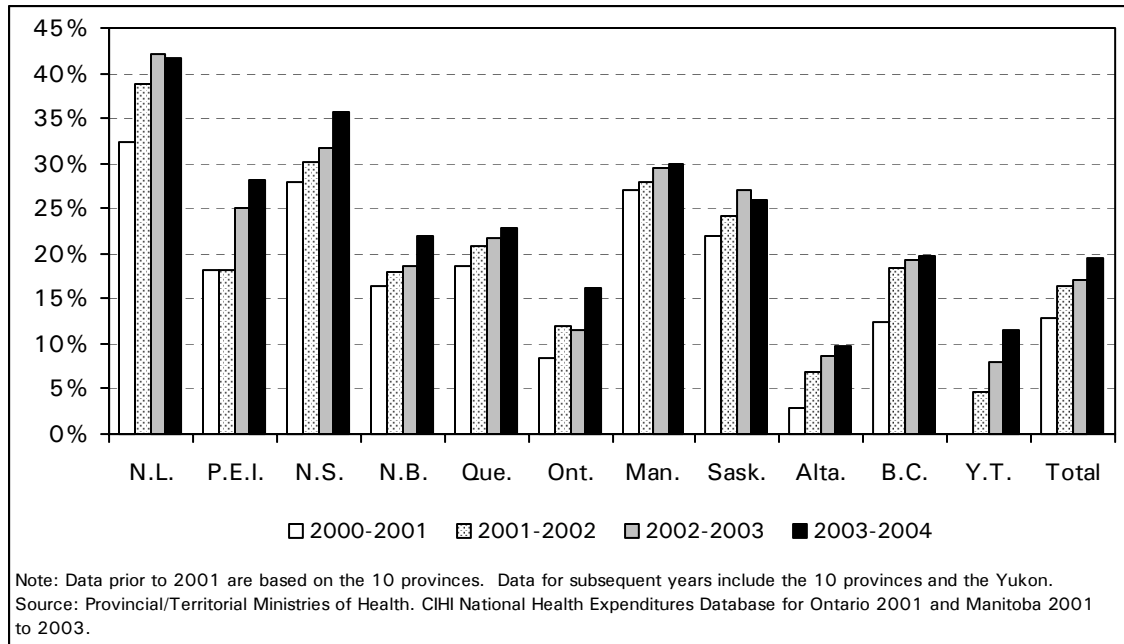


Figure 3. Physicians' Alternative Clinical Payments as a Percentage of Total Clinical Payments, 2000–2001 to 2003–2004

Please note, each jurisdiction defines with its physician group, whether a service should be paid under a fee-for-service plan payment or an alternative plan payment. Thus, one jurisdiction may pay for a service through the fee-for-service plan, whereas, another jurisdiction may pay for the same service within an alternative plan which would not be captured in this report. In addition, jurisdictions may vary with respect to how alternative payments are allocated to physicians. For example, alternative payments may represent a relatively small percentage of income for most physicians in one province, while in another province some physicians might be paid primarily through alternative plans with others paid primarily through fee-for-service arrangements. These variations across jurisdictions can impact average payment and full-time equivalent physician results.

It is important to note that the range of physician payment information submitted to the National Physician Database varies across provinces and territories. Table 2 presents a summary of payment information submitted to the National Physician Database and indicates payment data that is included and excluded from full-time equivalent calculations.

Table 2. Payment Information Submitted to the NPDB and Inclusion/Exclusion Criteria Used to Produce Full-Time Equivalent Results, 2004–2005 (Current Dollars)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
NPDB Payment Information Included in Full-Time Equivalent Calculations											
Medical care plan, fee-for-service payments	156,189,580	32,123,928	244,015,265	225,858,362	2,008,576,431	4,287,737,057	333,429,197	317,315,613	1,178,309,828	1,501,167,383	10,284,722,643
Reciprocal billing payments	1,356,242	318,626	6,505,180	4,449,400	n/a	16,118,560	8,869,519	5,571,652	38,787,554	17,576,774	99,553,507
Subtotal – payments included in full-time equivalent calculations	157,545,822	32,442,553	250,520,445	230,307,762	2,008,576,431	4,303,855,618	342,298,716	322,887,266	1,217,097,382	1,518,744,156	10,384,276,150
NPDB Payment Information Excluded From Full-Time Equivalent Calculations											
Physicians with total payments less than or equal to \$0.00	(159)	0	0	(4,937)	0	0	(2,226)	(691)	0	0	(8,014)
All payments made to out of province, territory or country physicians*	446,453	0	0	6,326,346	9,619,710	67,564,458	0	577,388	0	3,096,642	87,630,997
Salary, sessional, and capitation payments**	0	0	0	58,732,270	0	0	0	0	0	0	58,732,270
Rural retention premiums***	0	0	0	0	0	0	0	0	0	32,919,667	32,919,667
Worker's compensation board payments	0	0	0	0	58,919,606	0	0	0	0	25,035,241	83,954,847
Provincial/Territorial Insurance Corporation	0	0	0	0	0	0	0	0	0	8,196,114	8,196,114
Payments made to facilities and radiology/pathology specialists	20,223,653	2,404,902	3,368,010	30,481,502	247,516,167	1,541,720,103	49,478,202	21,026,729	175,465,346	435,935,262	2,527,619,877
Shadow billing	0	0	0	0	0	0	0	25,787,612	0	0	25,787,612
Subtotal – payments excluded from full-time equivalent calculations	20,669,947	2,404,902	3,368,010	95,535,181	316,055,484	1,609,284,561	49,475,976	47,391,038	175,465,346	505,182,926	2,824,833,371
Total Payment Information Submitted to the NPDB	178,215,769	34,847,456	253,888,455	325,842,942	2,324,631,915	5,913,140,179	391,774,691	370,278,303	1,392,562,728	2,023,927,083	13,209,109,521

* Includes payments made to out of province, territory or country physicians through all remuneration modes and sources of payment.

** Excludes salary and sessional payments made to out of province, territory or country physicians.

*** Includes rural retention premiums made through all sources of payment (e.g., worker's compensation board, insurance corporation).

Note: The figures have been rounded independently to the nearest dollar.

n/a = Not Applicable

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 medical insurance programs. The covered population is the total population less members of the Royal Canadian Mounted Police, Canadian Armed Forces personnel and inmates in federal and provincial 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 to Readers: 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 1-800-267-6677 (toll free). Readers may also fax their order to 613-951-1584.

Data Quality

Error/Validation Routines

The NPDB files are derived from provincial and territorial administrative systems, and edit checks are conducted on the data prior to processing the NPDB files. As CIHI has no control over provincial and territorial 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 in illogical formats and logical review of the processed data. Any files that do not pass through the error/validation routines are returned to data providers 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 and territorial annual reports.

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

Data Definitions

Fee-for-Service Physicians

A fee-for-service physician is defined as a physician who has billed at least one cent in the jurisdiction's fee-for-service payment plan. Only the payments from the fee-for-service payment plan are included in this report. For example, if a physician billed \$1 in the fee-for-service plan and received \$200,000 from an alternative payment plan, only the \$1 appears in this report.

Full-Time Equivalent (FTE)

"FTE" is a measure that is used to estimate whether a physician is working full-time versus part-time.

Province or Territory of Practice

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

Specialty

Physician specialty designations on the NPDB are assigned by the provincial and 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 family medicine figures. For all provinces and territories, uncertified specialists and community medicine are also grouped with family medicine, except in Ontario, where community medicine, public health, occupational medicine and pediatric cardiology are received as internal medicine specialties. Internal medicine includes the sub-specialties such as cardiology, gastroenterology, haematology, rheumatology, genetics 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 statuses that include two different specialties: one for in-province billings and one for billings outside Quebec. These two different statuses 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 physicians 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.

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

Unique Physician Identifier (UPI)

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

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 2000–2001.
2. Create a national base year FTE database.
 - Select from the NPDB all the records for physicians who received at least one fee-for-service payment during each quarter of the base year, within one or more jurisdictions.
 - 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.
 - Create seventeen national-level medical specialty files corresponding to the medical specialty groups reported in the Full-Time Equivalent Physicians Report. Physicians are assigned to the single national medical specialty file that accounts for the majority of their payments. The national medical specialty data files contain each physician's total payments in the base year.

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 the payment amounts and establish the distribution of physicians by payment levels.
 - Label the payment value corresponding to the 40th percentile rank as the national lower benchmark and the 60th percentile 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 using 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 practice to in-province patients.
 - Create for each province and each specialty 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 an FTE equal to the ratio of their payments to the lower benchmark.
 - Count physicians with payments above the upper benchmark using a log-linear relationship, that is, as 1 FTE plus the logarithm of the ratio of his/her payments to the upper benchmark.

Data Limitations

Data Exclusions

Medical services covered by third parties, such as hospital insurance and workers' compensation plans, are not included in this report. The data also exclude certain categories of persons, among them, members of the Armed Forces and of the Royal Canadian Mounted Police and inmates of federal and provincial penitentiaries who are covered under other public programs (these persons account for less than half of one percent of the total population).

Certain payments made directly by patients are also omitted; for example, amounts extra-billed or balance-billed by physicians and the costs of plastic surgery for cosmetic purposes.

Yukon data are currently not included in CIHI Full-Time Equivalent Physician and Average Payment Per Physician Reports. At the present time full-time equivalent (FTE) benchmarks have not been established for medical specialty groups within the Yukon Territory. FTE benchmarks are required to perform calculations for both the average payment and full-time equivalent physician reports. CIHI will work to establish FTE benchmarks for the Yukon, thus permitting the inclusion of Yukon results within future Average Payment Per Physician and Full-Time Equivalent Physician Reports.

Negative Numbers

Negative numbers may appear in the data tables because of adjustments that have been applied by the provinces or territories to the payments. These negative numbers are anomalies in the data and should be treated as such. These negative numbers are excluded from the Average Payment per Physician report as well as the Full-Time Equivalent report.

Specialty Designations

Provinces and 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 Collège des médecins du Québec and 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 his or her services. The payment plan specialty is not provided by all provinces and territories.

For the purpose of this report, the payment plan specialty is used. Provinces and territories may provide latest certified specialty instead of plan payment specialty if they do not have the plan payment specialty 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 physicians who practised under more than one specialty during the fiscal year were assigned the specialty under which they received the majority of their payments.

CIHI full-time equivalent physician statistics may vary from provincial and territorial 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 subspecialties that constitute CIHI's internal medicine specialty are reported individually in Quebec reports. Please see Appendix D for CIHI specialty groupings.

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 other jurisdictions. Omitting such payments in all

provinces improves interprovincial comparability. See Appendix E 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

CIHI employs a variety of safeguards to protect the privacy and confidentiality of physician data. These include:

Unique Physician Identifier (UPI)

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

Data Suppression

In preparing the Full-Time Equivalent Physicians Report for publication, CIHI suppresses data for medical specialty groups consisting of one to four physicians within a jurisdiction. Suppressed data are excluded from all counts, both FTE and head counts. Suppressed data are excluded from results reported within jurisdictions as well as for results reported in the "Total" column.

NPDB Data Access/Release Policy

The Privacy Secretariat at CIHI has developed a set of guidelines to safeguard the privacy and confidentiality of data received by CIHI. The document *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Health Information* may be obtained from the CIHI Web site (www.cihi.ca). These policies govern the release of data for all provinces except Quebec and Newfoundland and Labrador in publications, media releases, the CIHI Web site and through ad hoc requests and special studies. In compliance with these guidelines, CIHI prevents residual disclosure by implementing cell suppression for cells with counts from 1 to 4. For further information on data suppression, please see section Data Suppression above. These policies ensure the privacy and confidentiality of all health care providers and recipients.

The release of data from the NPDB for the provinces of Quebec and Newfoundland and Labrador is governed by the NPDB Data Access/Release Policy, which was established by the provincial and territorial ministries of health and is administered by CIHI. Depending on the type of client, the level of data aggregation, the province or territory and indicator of interest, CIHI may not be able to release data to the client without prior approval from the province or territory.

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. Service counts and dollar amounts by specific fee codes or procedures are the most common forms of an ad hoc request. Most ad hoc requests can be handled through standard reports that are generated annually. The following series of publications, among others, are currently available:

- *Average Payment per Physician Report, Canada;*
- *Full-Time Equivalent Physicians Report, Canada;*
- *National Grouping System Categories Report, Canada;* and
- *Reciprocal Billing Report, Canada.*

For details on publication years and reporting periods covered by these reports, please refer to the CIHI website (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 1–1. Full-Time Equivalent Fee-for-Service Physicians by Type of Practice, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	374.39	96.18	637.72	462.50	5,389.44	9,373.10	729.65	753.99	2,528.55	3,387.06	23,732.58
Medical Specialties	177.81	27.12	188.12	208.87	3,682.87	6,159.86	527.22	290.02	1,114.94	1,647.86	14,024.69
Surgical Specialties	104.20	25.28	187.77	174.29	1,611.33	2,805.17	220.59	211.27	573.10	767.89	6,680.89
Total Specialists	282.01	52.40	375.89	383.16	5,294.20	8,965.03	747.81	501.29	1,688.04	2,415.75	20,705.58
Total Physicians	656.40	148.58	1,013.61	845.66	10,683.64	18,338.13	1,477.46	1,255.28	4,216.59	5,802.81	44,438.16

Source: NPDB, CIHI.

Table 1–2. Percent Change in Full-Time Equivalent Fee-for-Service Physicians From 2003–2004 to 2004–2005 by Type of Practice

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	8.55	0.15	1.67	-1.95	0.02	0.08	3.09	1.29	8.93	0.67	0.64
Medical Specialties	8.05	0.93	-11.38	0.14	-1.05	3.01	4.44	3.03	6.20	3.00	1.54
Surgical Specialties	6.75	-1.60	-12.51	0.44	-1.83	2.36	1.07	4.01	9.29	1.64	0.86
Total Specialists	7.57	-0.30	-11.95	0.28	-1.29	2.81	3.42	3.44	7.23	2.56	1.32
Total Physicians	8.12	-0.01	-3.85	-0.95	-0.63	1.40	3.26	2.14	8.25	1.45	0.96

Source: NPDB, CIHI.

Notes

Based on gross payments.

Base year 2000–2001.

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

Please refer to Tables 4-1 to 4-21 for detailed footnotes by specialty.

Table 2. Full-Time Equivalent Fee-for-Service Physicians by Specialty, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	374.39	96.18	637.72	462.50	5,389.44	9,373.10	729.65	753.99	2,528.55	3,387.06	23,732.58
Medical Specialties	177.81	27.12	188.12	208.87	3,682.87	6,159.86	527.22	290.02	1,114.94	1,647.86	14,024.69
Internal Medicine	81.26	12.52	66.95	94.83	1,506.84	2,348.53	174.86	122.15	323.56	564.53	5,296.03
Neurology	5.84	*	7.77	8.87	191.57	214.29	19.70	18.91	44.35	68.11	579.41
Psychiatry	24.62	5.00	42.44	22.88	820.76	1,682.88	120.73	40.47	349.88	438.11	3,547.77
Pediatrics	26.55	6.45	16.01	25.46	454.18	706.63	89.00	25.87	148.94	164.74	1,663.83
Dermatology	5.52	*	8.89	5.86	161.85	167.86	10.87	4.82	44.96	49.52	460.15
Physical Medicine	n/a	n/a	4.70	3.39	84.81	136.35	11.58	3.11	16.50	22.44	282.88
Anesthesia	34.02	3.15	41.36	47.58	462.86	903.32	100.48	74.69	186.75	340.41	2,194.62
Surgical Specialties	104.20	25.28	187.77	174.29	1,611.33	2,805.17	220.59	211.27	573.10	767.89	6,680.89
General Surgery	27.53	11.35	42.28	33.74	359.39	598.58	59.59	52.82	122.17	145.61	1,453.06
Thoracic/Cardiovascular Surgery	3.02	n/a	6.36	8.05	45.86	94.99	13.49	10.00	21.98	46.46	250.21
Urology	7.46	*	17.69	15.50	131.06	215.52	11.22	11.05	36.37	59.24	505.11
Orthopedic Surgery	14.85	4.57	19.79	29.89	225.54	412.28	34.39	30.32	94.34	117.83	983.80
Plastic Surgery	4.84	†	8.31	12.07	71.69	168.19	14.39	14.16	39.84	48.50	381.99
Neurosurgery	*	n/a	*	0.99	35.42	62.16	*	6.34	1.24	30.81	136.96
Ophthalmology	12.42	3.76	46.67	29.38	254.94	418.91	26.17	35.79	89.57	147.36	1,064.97
Otolaryngology	14.12	*	8.68	15.24	151.15	204.69	12.53	14.38	41.22	54.45	516.46
Obstetrics/Gynecology	19.96	5.60	37.99	29.43	336.28	629.85	48.81	36.41	126.37	117.63	1,388.33
Total Specialties	282.01	52.40	375.89	383.16	5,294.20	8,965.03	747.81	501.29	1,688.04	2,415.75	20,705.58
Total Physicians	656.40	148.58	1,013.61	845.66	10,683.64	18,338.13	1,477.46	1,255.28	4,216.59	5,802.81	44,438.16

Source: NPDB, CIHI.

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

n/a = Not Applicable—There were no full-time equivalent fee-for-service physicians for this specialty for this province.

* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Based on gross payments.

Base year 2000–2001.

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

Please refer to Tables 4-1 to 4-21 for detailed footnotes by specialty.

Table 3–1. Full-Time Equivalent Fee-for-Service Physicians by Gender, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Males	515.00	124.10	719.05	639.35	7,329.56	13,903.08	1,146.15	995.02	3,206.34	4,498.46	33,076.11
Females	141.40	24.48	294.56	206.31	3,354.08	4,435.05	331.31	260.26	1,010.25	1,300.76	11,358.46
Unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3.59	3.59
Total	656.40	148.58	1,013.61	845.66	10,683.64	18,338.13	1,477.46	1,255.28	4,216.59	5,802.81	44,438.16

Source: NPDB, CIHI.

Table 3–2. Fee-for-Service Physician Counts by Gender, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Males	744	158	1,050	902	8,582	14,912	1,331	1,156	3,775	5,673	38,283
Females	275	39	511	377	5,055	6,201	522	408	1,641	2,263	17,292
Unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5	5
Total	1,019	197	1,561	1,279	13,637	21,113	1,853	1,564	5,416	7,941	55,580

Source: NPDB, CIHI.

n/a = Not Applicable — There were no full-time equivalent fee-for-service physicians for this category for this province.

Notes

Based on gross payments.

Base year 2000–2001.

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

Please refer to Tables 4-1 to 4-21 for detailed footnotes by specialty.

Table 3–3. Full-Time Equivalent Fee-for-Service Physicians by Age Group, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
20–29	7.08		7.33	14.08	251.02	89.24	18.73	20.43	57.55	38.66	504.12
30–39	143.45	32.28	170.77	201.58	2,298.00	3,440.75	274.02	253.64	1,014.09	1,078.42	8,907.00
40–49	220.10	42.27	353.54	288.79	3,668.56	5,696.46	477.40	390.59	1,387.98	1,954.81	14,480.50
50–59	180.55	47.32	317.13	190.22	2,915.82	5,511.21	433.97	329.36	1,229.57	1,821.86	12,977.01
60–69	86.45	24.08	129.45	131.68	1,262.82	2,779.35	205.94	196.14	418.66	738.01	5,972.58
70+	17.57	2.51	30.41	18.28	282.00	807.08	67.33	64.12	85.98	155.60	1,530.88
Unknown	1.20	0.12	4.98	1.03	5.42	14.04	0.07	1.00	22.76	15.45	66.07
Total	656.40	148.58	1,013.61	845.66	10,683.64	18,338.13	1,477.46	1,255.28	4,216.59	5,802.81	44,438.16

Source: NPDB, CIHI.

Table 3–4. Fee-for-Service Physician Counts by Age Group, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
20–29	27	*	25	44	386	197	33	47	106	92	957
30–39	291	49	348	360	3,054	4,519	422	369	1,436	1,649	12,497
40–49	339	53	511	399	4,470	6,201	573	463	1,728	2,524	17,261
50–59	218	52	414	251	3,545	5,571	478	362	1,396	2,256	14,543
60–69	107	32	194	177	1,666	3,064	235	225	528	1,043	7,271
70+	35	5	62	46	510	1,412	111	97	191	354	2,823
Unknown	2	6	7	2	6	149	1	1	31	23	228
Total	1,019	197	1,561	1,279	13,637	21,113	1,853	1,564	5,416	7,941	55,580

Source: NPDB, CIHI.

* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Based on gross payments.

Base year 2000–2001.

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

Please refer to Tables 4-1 to 4-21 for detailed footnotes by specialty.

Table 3–5. Full-Time Equivalent Fee-for-Service Physicians by Place of MD Graduation, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Canada	413.57	127.13	748.03	704.26	9,428.79	13,545.12	956.01	524.92	2,881.76	4,004.30	33,333.89
USA	5.10	*	6.85	4.29	61.30	115.90	4.87	4.27	25.31	50.32	278.21
Other	231.52	15.27	245.77	126.07	*	4,572.81	515.14	724.03	1,268.50	1,603.26	9,302.37
Unknown	6.21	6.18	12.96	11.04	1,193.55	104.30	1.44	2.06	41.02	144.93	1,523.69
Total	656.40	148.58	1,013.61	845.66	10,683.64	18,338.13	1,477.46	1,255.28	4,216.59	5,802.81	44,438.16

Source: NPDB, CIHI

Table 3–6. Fee-for-Service Physician Counts by Place of MD Graduation, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Canada	557	159	1,136	1,000	12,066	16,139	1,229	681	3,834	5,650	42,451
USA	10	*	17	11	82	162	10	8	36	82	418
Other	441	29	386	236	*	4,695	613	872	1,490	2,021	10,783
Unknown	11	9	22	32	1,489	117	1	3	56	188	1,928
Total	1,019	197	1,561	1,279	13,637	21,113	1,853	1,564	5,416	7,941	55,580

Source: NPDB, CIHI

* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Based on gross payments.

Base year 2000–2001.

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

Please refer to Tables 4-1 to 4-21 for detailed footnotes by specialty.

Table 4-1. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Family Medicine

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	350	64	630	460	3,773	5,443	514	497	1,726	3,075	16,532
# of FTE's	88.98	13.23	264.57	167.08	1,697.25	2,300.54	194.87	161.05	892.97	1,482.10	7,262.64
Within the Benchmarks											
# Physicians and FTE's	65	11	191	126	1,555	1,556	112	117	615	940	5,288
Above the Higher Benchmark											
# Physicians	168	53	149	136	1,778	4,074	321	356	799	795	8,629
# of FTE's	220.41	71.95	182.15	169.42	2,137.19	5,516.56	422.78	475.94	1,020.58	964.96	11,181.94
Total Physicians											
# Physicians	583	128	970	722	7,106	11,073	947	970	3,140	4,810	30,449
# of FTE's	374.39	96.18	637.72	462.50	5,389.44	9,373.10	729.65	753.99	2,528.55	3,387.06	23,732.58

Source: NFPDB, CIHI.

Table 4-2. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Medical Specialists

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	175	27	224	212	2,468	3,092	343	199	1,024	1,114	8,878
# of FTE's	30.22	8.22	89.76	62.34	1,263.07	1,225.31	161.91	88.73	397.98	537.89	3,865.43
Within the Benchmarks											
# Physicians and FTE's	34	2	61	40	869	1,161	111	51	202	451	2,982
Above the Higher Benchmark											
# Physicians	80	12	29	77	1,177	2,670	190	105	374	513	5,227
# of FTE's	113.59	16.90	37.36	106.53	1,550.80	3,773.55	254.31	150.29	514.96	658.97	7,177.26
Total Physicians											
# Physicians	289	41	314	329	4,514	6,923	644	355	1,600	2,078	17,087
# of FTE's	177.81	27.12	188.12	208.87	3,682.87	6,159.86	527.22	290.02	1,114.94	1,647.86	14,024.69

Source: NFPDB, CIHI.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-3. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Internal Medicine

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	49	10	75	58	935	1,267	163	80	369	305	3,311
# of FTE's	7.71	1.18	29.14	14.26	444.85	479.66	72.05	33.64	98.93	138.56	1,319.98
Within the Benchmarks											
# Physicians and FTE's	12	2	26	12	390	392	36	13	54	139	1,076
Above the Higher Benchmark											
# Physicians	43	7	9	49	529	980	47	50	116	206	2,036
# of FTE's	61.55	9.34	11.81	68.57	671.99	1,476.87	66.81	75.51	170.63	286.97	2,900.05
Total Physicians											
# Physicians	104	19	110	119	1,854	2,639	246	143	539	650	6,423
# of FTE's	81.26	12.52	66.95	94.83	1,506.84	2,348.53	174.86	122.15	323.56	564.53	5,296.03

Source: NFPDB, CIHI.

Table 4-4. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Neurology

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	12	*	2	5	90	140	13	5	50	53	370
# of FTE's	2.30	*	0.28	0.33	41.62	57.64	6.19	3.51	16.09	24.32	152.28
Within the Benchmarks											
# Physicians and FTE's	2	*	4	1	42	36	3	2	18	19	127
Above the Higher Benchmark											
# Physicians	1	*	2	5	79	86	8	9	8	20	218
# of FTE's	1.54	*	3.49	7.54	107.95	120.65	10.51	13.40	10.26	24.79	300.13
Total Physicians											
# Physicians	15	*	8	11	211	262	24	16	76	92	715
# of FTE's	5.84	*	7.77	8.87	191.57	214.29	19.70	18.91	44.35	68.11	579.41

Source: NFPDB, CIHI.

* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-5. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Psychiatry											
Below the Lower Benchmark											
# Physicians	37	3	46	53	623	721	72	21	106	348	2,030
# of FTE's	4.99	0.85	19.87	9.37	328.20	324.35	34.14	9.50	60.15	185.20	976.62
Within the Benchmarks											
# Physicians and FTE's	2	0	14	5	202	382	27	7	68	148	855
Above the Higher Benchmark											
# Physicians	12	3	7	6	208	704	46	16	167	89	1,258
# of FTE's	17.63	4.15	8.57	8.51	290.56	976.53	59.59	23.97	221.73	104.91	1,716.15
Total Physicians											
# Physicians	51	6	67	64	1,033	1,807	145	44	341	585	4,143
# of FTE's	24.62	5.00	42.44	22.88	820.76	1,682.88	120.73	40.47	349.88	438.11	3,547.77

Source: NFPDB, CIHI.

Table 4-6. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Pediatrics											
Below the Lower Benchmark											
# Physicians	46	6	16	37	277	460	46	38	215	135	1,276
# of FTE's	8.96	3.04	5.72	9.01	124.99	112.29	21.19	9.41	58.80	52.65	406.06
Within the Benchmarks											
# Physicians and FTE's	4	0	8	4	130	128	24	8	31	61	398
Above the Higher Benchmark											
# Physicians	8	2	2	9	148	327	29	6	45	41	617
# of FTE's	13.59	3.41	2.29	12.45	199.19	466.34	43.81	8.46	59.14	51.09	859.77
Total Physicians											
# Physicians	58	8	26	50	555	915	99	52	291	237	2,291
# of FTE's	26.55	6.45	16.01	25.46	454.18	706.63	89.00	25.87	148.94	164.74	1,663.83

Source: NFPDB, CIHI.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-7. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	2	*	14	7	91	84	8	2	13	40	261
# of FTE's	1.12	*	7.42	4.86	55.64	38.17	5.04	0.57	3.72	21.18	137.72
Within the Benchmarks											
# Physicians and FTE's	2	*	0	1	35	32	2	2	6	12	92
Above the Higher Benchmark											
# Physicians	2	*	1	0	58	76	3	2	23	12	177
# of FTE's	2.40	*	1.47	0.00	71.21	97.69	3.83	2.25	35.24	16.34	230.43
Total Physicians											
# Physicians	6	*	15	8	184	192	13	6	42	64	530
# of FTE's	5.52	*	8.89	5.86	161.85	167.86	10.87	4.82	44.96	49.52	460.15

Source: NFPDB, CIHI.

Table 4-8. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	n/a	n/a	3	8	24	62	5	4	27	40	173
# of FTE's	n/a	n/a	1.68	1.06	13.07	29.03	1.93	0.80	13.41	15.08	76.06
Within the Benchmarks											
# Physicians and FTE's	n/a	n/a	2	1	12	30	3	0	2	6	56
Above the Higher Benchmark											
# Physicians	n/a	n/a	1	1	37	55	5	2	1	1	103
# of FTE's	n/a	n/a	1.02	1.33	59.74	77.32	6.65	2.31	1.09	1.36	150.82
Total Physicians											
# Physicians	n/a	n/a	6	10	73	147	13	6	30	47	332
# of FTE's	n/a	n/a	4.70	3.39	84.81	136.35	11.58	3.11	16.50	22.44	282.88

Source: NFPDB, CIHI.

n/a = Not Applicable—There were no full-time equivalent fee-for-service physicians for this specialty for this province.
 * Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-9. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Anesthesia											
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	29	8	68	44	428	358	36	49	244	193	1,457
# of FTE's	5.14	3.15	25.65	23.45	254.70	184.17	21.37	31.30	146.88	100.90	796.71
Within the Benchmarks											
# Physicians and FTE's	12	0	7	16	58	161	16	19	23	66	378
Above the Higher Benchmark											
# Physicians	14	0	7	7	118	442	52	20	14	144	818
# of FTE's	16.88	0.00	8.71	8.13	150.16	558.15	63.11	24.39	16.87	173.51	1,019.91
Total Physicians											
# Physicians	55	8	82	67	604	961	104	88	281	403	2,653
# of FTE's	34.02	3.15	41.36	47.58	462.86	903.32	100.48	74.69	186.75	340.41	2,194.62

Source: NFPDB, CIHI.

Table 4-10. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Surgical Specialties											
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	78	11	174	129	1,142	1,332	128	118	344	684	4,140
# of FTE's	21.87	4.20	67.66	61.74	630.43	570.77	63.23	48.86	175.25	351.72	1,995.73
Within the Benchmarks											
# Physicians and FTE's	19	4	43	38	384	382	48	24	117	176	1,235
Above the Higher Benchmark											
# Physicians	50	13	60	61	491	1,403	86	97	215	193	2,669
# of FTE's	63.33	17.08	77.11	74.55	596.90	1,852.40	109.36	138.41	280.85	240.17	3,450.16
Total Physicians											
# Physicians	147	28	277	228	2,017	3,117	262	239	676	1,053	8,044
# of FTE's	104.20	25.28	187.77	174.29	1,611.33	2,805.17	220.59	211.27	573.10	767.89	6,680.89

Source: NFPDB, CIHI.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-11. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

General Surgery

	N.L.	P.E.I.†	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	20	2	34	30	327	324	30	40	77	105	989
# of FTE's	5.20	1.17	12.50	13.18	172.49	133.55	14.99	16.67	39.43	55.84	465.02
Within the Benchmarks											
# Physicians and FTE's	3	2	12	8	66	77	13	8	30	43	262
Above the Higher Benchmark											
# Physicians	15	6	14	11	100	296	24	23	43	40	572
# of FTE's	19.33	8.18	17.78	12.56	120.90	388.03	31.60	28.15	52.74	46.77	726.04
Total Physicians											
# Physicians	38	10	60	49	493	697	67	71	150	188	1,823
# of FTE's	27.53	11.35	42.28	33.74	359.39	598.58	59.59	52.82	122.17	145.61	1,453.06

Source: NFPDB, CIHI.

Table 4-12. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Thoracic/Cardiovascular Surgery

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	5	n/a	13	7	34	67	7	3	10	45	191
# of FTE's	3.02	n/a	5.00	3.88	17.77	34.56	4.13	1.60	5.87	21.44	97.27
Within the Benchmarks											
# Physicians and FTE's	0	n/a	0	1	4	10	3	0	1	9	28
Above the Higher Benchmark											
# Physicians	0	n/a	1	3	22	39	5	6	11	14	101
# of FTE's	0.00	n/a	1.36	3.17	24.09	50.43	6.36	8.40	15.11	16.02	124.94
Total Physicians											
# Physicians	5	n/a	14	11	60	116	15	9	22	68	320
# of FTE's	3.02	n/a	6.36	8.05	45.86	94.99	13.49	10.00	21.98	46.46	250.21

Source: NFPDB, CIHI.

† Prince Edward Island plastic surgeons are included with general surgeons.
n/a = Not Applicable – There were no full-time equivalent fee-for-service physicians for this specialty for this province.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-13. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark # Physicians	3	*	12	11	58	90	14	9	26	42	265
# of FTE's	1.00	*	6.13	6.47	35.67	37.65	6.09	6.12	18.46	22.20	139.79
Within the Benchmarks # Physicians and FTE's	1	*	2	2	38	30	4	3	11	11	102
Above the Higher Benchmark # Physicians	5	*	7	6	46	119	1	1	6	20	211
# of FTE's	5.46	*	9.56	7.03	57.39	147.87	1.13	1.93	6.91	26.04	263.32
Total Physicians											
# Physicians	9	*	21	19	142	239	19	13	43	73	578
# of FTE's	7.46	*	17.69	15.50	131.06	215.52	11.22	11.05	36.37	59.24	505.11

Source: NFPDB, CIHL

Table 4-14. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark # Physicians	9	2	27	19	185	172	22	15	64	131	646
# of FTE's	3.21	0.07	8.30	10.82	97.31	70.82	11.92	7.56	37.33	75.31	322.65
Within the Benchmarks # Physicians and FTE's	7	0	4	8	52	50	5	1	24	28	179
Above the Higher Benchmark # Physicians	4	3	6	9	64	220	15	16	29	13	379
# of FTE's	4.64	4.50	7.49	11.07	76.23	291.46	17.47	21.76	33.01	14.52	482.15
Total Physicians											
# Physicians	20	5	37	36	301	442	42	32	117	172	1,204
# of FTE's	14.85	4.57	19.79	29.89	225.54	412.28	34.39	30.32	94.34	117.83	983.80

Source: NFPDB, CIHL

* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-15. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Plastic Surgery

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	2	†	8	7	66	70	3	5	14	43	218
# of FTE's	0.71	†	3.78	4.73	34.11	28.44	0.95	2.75	6.92	22.60	104.99
Within the Benchmarks											
# Physicians and FTE's	0	†	3	4	17	32	2	1	15	13	87
Above the Higher Benchmark											
# Physicians	3	†	1	3	16	82	8	8	15	11	147
# of FTE's	4.13	†	1.53	3.34	20.58	107.75	11.44	10.41	17.92	12.90	190.00
Total Physicians											
# Physicians	5	†	12	14	99	184	13	14	44	67	452
# of FTE's	4.84	†	8.31	12.07	71.69	168.19	14.39	14.16	39.84	48.50	381.99

Source: NFPDB, CIHI.

Table 4-16. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Neurosurgery

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	*	n/a	*	8	55	34	*	7	25	13	142
# of FTE's	*	n/a	*	0.99	26.68	7.49	*	0.64	1.24	6.76	43.80
Within the Benchmarks											
# Physicians and FTE's	*	n/a	*	0	3	3	*	0	0	8	14
Above the Higher Benchmark											
# Physicians	*	n/a	*	0	5	35	*	3	0	13	56
# of FTE's	*	n/a	*	0.00	5.74	51.67	*	5.70	0.00	16.05	79.16
Total Physicians											
# Physicians	*	n/a	*	8	63	72	*	10	25	34	212
# of FTE's	*	n/a	*	0.99	35.42	62.16	*	6.34	1.24	30.81	136.96

Source: NFPDB, CIHI.

† Prince Edward Island surgeons are included with general surgeons.

n/a = Not Applicable—There were no full-time equivalent fee-for-service physicians for this specialty for this province.

* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-17. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Ophthalmology											
Below the Lower Benchmark	11	4	32	10	124	162	14	11	42	102	512
# Physicians	3.12	1.71	12.11	4.71	71.05	73.98	7.55	3.91	24.60	48.61	251.35
# of FTE's											
Within the Benchmarks	6	1	11	3	44	39	4	3	12	20	143
# Physicians and FTE's											
Above the Higher Benchmark	3	1	18	16	109	219	11	17	36	58	488
# Physicians	3.30	1.05	23.56	21.67	139.89	305.93	14.62	28.88	52.97	78.75	670.62
# of FTE's											
Total Physicians											
# Physicians	20	6	61	29	277	420	29	31	90	180	1,143
# of FTE's	12.42	3.76	46.67	29.38	254.94	418.91	26.17	35.79	89.57	147.36	1,064.97

Source: NFPDB, CIHI.

Table 4-18. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Otolaryngology											
Below the Lower Benchmark	5	*	15	7	91	94	15	3	15	53	298
# Physicians	1.62	*	5.52	3.98	54.55	40.26	7.53	1.72	8.40	28.97	152.55
# of FTE's											
Within the Benchmarks	0	*	1	6	48	32	5	3	6	14	115
# Physicians and FTE's											
Above the Higher Benchmark	9	*	2	4	41	106	0	6	19	10	197
# Physicians	12.50	*	2.16	5.26	48.60	132.43	0.00	9.66	26.82	11.48	248.91
# of FTE's											
Total Physicians											
# Physicians	14	*	18	17	180	232	20	12	40	77	610
# of FTE's	14.12	*	8.68	15.24	151.15	204.69	12.53	14.38	41.22	54.45	516.46

Source: NFPDB, CIHI.

* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-19. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Obstetrics/Gynecology	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark # Physicians	23	3	33	30	202	319	23	25	71	150	879
# of FTE's	3.99	1.25	14.32	12.98	120.80	144.02	10.07	7.89	33.00	69.99	418.31
Within the Benchmarks # Physicians and FTE's	2	1	10	6	112	109	12	5	18	30	305
Above the Higher Benchmark # Physicians	11	3	11	9	88	287	22	17	56	14	518
# of FTE's	13.97	3.35	13.67	10.45	103.48	376.83	26.74	23.52	75.37	17.64	665.02
Total Physicians											
# Physicians	36	7	54	45	402	715	57	47	145	194	1,702
# of FTE's	19.96	5.60	37.99	29.43	336.28	629.85	48.81	36.41	126.37	117.63	1,388.33

Source: NFPDB, CIHI.

Table 4-20. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005

Total Specialties	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark # Physicians	253	38	398	341	3,610	4,424	471	317	1,368	1,798	13,018
# of FTE's	52.09	12.42	157.42	124.08	1,893.50	1,796.08	225.14	137.59	573.23	889.61	5,861.16
Within the Benchmarks # Physicians and FTE's	53	6	104	78	1,253	1,543	159	75	319	627	4,217
Above the Higher Benchmark # Physicians	130	25	89	138	1,668	4,073	276	202	589	706	7,896
# of FTE's	176.92	33.98	114.47	181.08	2,147.70	5,625.95	363.67	288.70	795.81	899.14	10,627.42
Total Physicians											
# Physicians	436	69	591	557	6,531	10,040	906	594	2,276	3,131	25,131
# of FTE's	282.01	52.40	375.89	383.16	5,294.20	8,965.03	747.81	501.29	1,688.04	2,415.75	20,705.58

Source: NFPDB, CIHI.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 4-21. Full-Time Equivalent Fee-for-Service Physicians, 2004–2005
Total Physicians

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
# Physicians	603	102	1,028	801	7,383	9,867	985	814	3,094	4,873	29,550
# of FTE's	141.07	25.65	421.99	291.16	3,590.75	4,096.62	420.01	298.64	1,466.20	2,371.71	13,123.80
Within the Benchmarks											
# Physicians and FTE's	118	17	295	204	2,808	3,099	271	192	934	1,567	9,505
Above the Higher Benchmark											
# Physicians	298	78	238	274	3,446	8,147	597	558	1,388	1,501	16,525
# of FTE's	397.33	105.93	296.62	350.50	4,284.89	11,142.51	786.45	764.64	1,816.39	1,864.10	21,809.36
Total Physicians											
# Physicians	1,019	197	1,561	1,279	13,637	21,113	1,853	1,564	5,416	7,941	55,580
# of FTE's	656.40	148.58	1,013.61	845.66	10,683.64	18,338.13	1,477.46	1,255.28	4,216.59	5,802.81	44,438.16

Source: NFPDB, CIHI.

Notes

Benchmarks are based on the 40th and 60th percentiles.

Base year 2000–2001.

Based on gross payments.

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

Table 5. Population per Full-Time Equivalent Fee-for-Service Physician by Specialty, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	1,378	1,431	1,456	1,614	1,401	1,326	1,601	1,316	1,267	1,241	1,343
Medical Specialties	2,902	5,073	4,936	3,574	2,050	2,017	2,216	3,422	2,873	2,550	2,272
Internal Medicine	6,350	10,989	13,871	7,871	5,010	5,290	6,683	8,125	9,901	7,443	6,018
Neurology	88,362	*	119,518	84,153	39,410	57,979	59,315	52,484	72,235	61,690	55,002
Psychiatry	20,960	27,517	21,882	32,624	9,198	7,383	9,679	24,524	9,156	9,591	8,983
Pediatrics	19,436	21,331	58,005	29,318	16,623	17,582	13,129	38,364	21,509	25,505	19,154
Dermatology	93,484	*	104,461	127,378	46,646	74,016	107,498	205,908	71,255	84,849	69,258
Physical Medicine	n/a	n/a	197,586	220,188	89,019	91,120	100,907	319,124	194,158	187,242	112,659
Anesthesia	15,169	43,678	22,453	15,688	16,311	13,754	11,629	13,288	17,155	12,343	14,521
Surgical Specialties	4,952	5,443	4,946	4,283	4,685	4,429	5,297	4,698	5,590	5,472	4,770
General Surgery	18,744	12,122	21,964	22,123	21,007	20,756	19,609	18,790	26,223	28,856	21,932
Thoracic/Cardiovascular Surgery	170,872	n/a	146,015	92,725	164,625	130,796	86,620	99,248	145,751	90,437	127,369
Urology	69,173	*	52,496	48,157	57,605	57,648	104,145	89,817	88,084	70,927	63,093
Orthopedic Surgery	34,750	30,107	46,925	24,973	33,474	30,136	33,978	32,733	33,958	35,659	32,394
Plastic Surgery	106,619	†	111,751	61,842	105,311	73,870	81,203	70,090	80,412	86,633	83,429
Neurosurgery	*	n/a	*	753,978	213,149	199,876	*	156,542	2,583,552	136,375	232,688
Ophthalmology	41,549	36,592	19,898	25,406	29,614	29,659	44,651	27,731	35,766	28,513	29,925
Otolaryngology	36,546	*	106,988	48,979	49,949	60,698	93,257	69,018	77,720	77,166	61,707
Obstetrics/Gynecology	25,853	24,569	24,445	25,363	22,451	19,726	23,940	27,258	25,351	35,720	22,955
Total Specialties	1,830	2,626	2,471	1,948	1,426	1,386	1,563	1,980	1,898	1,739	1,539
Total Physicians	786	926	916	883	707	678	791	791	760	724	717

Source: NPDB, CIHI.

† Prince Edward Island plastic surgeons are included with general surgeons.
n/a = Not Applicable— There were no full-time equivalent fee-for-service physicians for this specialty for this province.
* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details.

Notes

Net population figures are used to calculate population per physician figures.
Please refer to Tables 4-1 to 4-21 for detailed footnotes by specialty.

Table 6. Full-Time Equivalent Fee-for-Service Physicians per 100,000 Population by Specialty, 2004–2005

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	73	70	69	62	71	75	62	76	79	81	74
Medical Specialties	34	20	20	28	49	50	45	29	35	39	44
Internal Medicine	16	9	7	13	20	19	15	12	10	13	17
Neurology	1	*	1	1	3	2	2	2	1	2	2
Psychiatry	5	4	5	3	11	14	10	4	11	10	11
Pediatrics	5	5	2	3	6	6	8	3	5	4	5
Dermatology	1	*	1	1	2	1	1	0	1	1	1
Physical Medicine	n/a	n/a	1	0	1	1	1	0	1	1	1
Anesthesia	7	2	4	6	6	7	9	8	6	8	7
Surgical Specialties	20	18	20	23	21	23	19	21	18	18	21
General Surgery	5	8	5	5	5	5	5	5	4	3	5
Thoracic/Cardiovascular Surgery	1	n/a	1	1	1	1	1	1	1	1	1
Urology	1	*	2	2	2	2	1	1	1	1	2
Orthopedic Surgery	3	3	2	4	3	3	3	3	3	3	3
Plastic Surgery	1	†	1	2	1	1	1	1	1	1	1
Neurosurgery	*	n/a	*	0	0	1	*	1	0	1	0
Ophthalmology	2	3	5	4	3	3	2	4	3	4	3
Otolaryngology	3	*	1	2	2	2	1	1	1	1	2
Obstetrics/Gynecology	4	4	4	4	4	5	4	4	4	3	4
Total Specialties	55	38	40	51	70	72	64	51	53	57	65
Total Physicians	127	108	109	113	142	148	126	126	132	138	139

Source: NPDB, CIHI

† Prince Edward Island plastic surgeons are included with general surgeons.
n/a = Not Applicable—There were no full-time equivalent fee-for-service physicians for this specialty for this province
* Data have been suppressed. Please see Methodological Notes, Data Suppression section for details

Notes

Net population figures are used to calculate population per physician figures
Please refer to Tables 4-1 to 4-21 for detailed footnotes by specialty

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 full-time equivalent physician count results in Ontario was updated to exclude payments related to fee codes J, X and Y, with suffix B. In 2004–2005 these fee codes accounted for approximately \$119.4 million (2.7%) of Ontario's publishable total fee-for-service payments. Given that FTE calculations are based on physician payments, this payment exclusion has a corresponding impact on FTE physician count results. Table A summarizes the impact of excluding these payments on FTE physician count results for the years 2004–2005.

Table A. Percent Reduction in FTE Physician Count Results Due to Exclusion of Payments for Ontario Fee Codes J, X and Y (with suffix B), by Specialty, 2004–2005

	2004–2005	
	Ont.	Total
Family Medicine	0.34%	0.13%
Medical Specialties	2.06%	0.91%
Internal Medicine	4.37%	1.99%
Neurology	1.54%	0.57%
Psychiatry	0.74%	0.35%
Pediatrics	0.80%	0.34%
Dermatology	0.00%	0.00%
Physical Medicine	0.10%	0.05%
Anesthesia	0.04%	0.02%
Surgical Specialties	1.45%	0.61%
General Surgery	1.47%	0.61%
Thoracic/Cardiovascular Surgery	3.23%	1.25%
Urology	0.52%	0.22%
Orthopedic Surgery	0.03%	0.01%
Plastic Surgery	0.00%	0.00%
Neurosurgery	1.65%	0.75%
Ophthalmology	1.14%	0.45%
Otolaryngology	1.81%	0.72%
Obstetrics/Gynecology	2.81%	1.29%
Total Specialties	1.87%	0.82%
Total Physicians	1.09%	0.45%

Source: NPDB, CIHI

Appendix B

Net Population Estimates

Table B. Statistics Canada Net Population Estimates (in Thousands), 2003–2004 to 2004–2005

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
2003–2004 (PR)	519.1	137.8	927.1	744.7	7,489.0	12,253.0	1,159.8	992.4	3,153.4	4,145.8	31,522.2
2004–2005 (PR)	516.0	137.6	928.7	746.4	7,549.7	12,424.3	1,168.5	992.5	3,203.6	4,201.7	31,869.0

Source: Net population estimates, Statistics Canada.

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 2001 census counts, adjusted for net census undercoverage.

These figures have been rounded independently to the nearest hundred.

Appendix C

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NPDB Authorization Officers

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Appendix D

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 Specialties

- 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
- 04 ***Neurology***
 - 040 Neurology and EEG
 - 041 Neurology
 - 042 EEG
- 05 ***Psychiatry***
 - 050 Psychiatry and neuropsychiatry
 - 051 Psychiatry
 - 052 Neuropsychiatry
- 06 ***Pediatrics***
 - 060 Pediatrics
- 07 ***Dermatology***
 - 065 Dermatology
- 08 ***Physical Medicine/Rehabilitation***
 - 070 Physical medicine and rehabilitation
 - 071 Electromyography
- 09 ***Anesthesia***
 - 075 Anesthesia

Surgical Specialties

- 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 to this specialty is relatively small.

Appendix E

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 is 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 health regions in October 1993 and no longer funded on a fee-for-service basis.
- Facility-based radiology services which are funded through health regions 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.