

NATIONAL PHYSICIAN DATABASE



FULL-TIME EQUIVALENT  
PHYSICIANS REPORT, CANADA  
2001-2002



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



**Full-time Equivalent Physicians Report  
Canada, 2001–2002**

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ISBN 1-55392-320-0 (PDF)

⊕ 2003 Canadian Institute for Health Information

Cette publication est disponible en français sous le titre  
*Rapport sur les médecins équivalents à temps plein, Canada, 2001-2002*  
ISBN 1-55392-321-9 (PDF)

# Full-time Equivalent Physicians Report Canada, 2001–2002

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## 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 *Full-time Equivalent Physicians 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 produced reports in the Full-time Equivalent Physicians Series include:

- ≠ 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)
- ≠ Full-time Equivalent Physicians Report, Canada, 1989/90 to 1993/94 (1997)

The *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/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

Federal/provincial/territorial governments, medical stakeholder groups, private companies and researchers have used the National Physician Database (NPDB) as an information resource to estimate full-time equivalent physician counts for Canada.

The Full-time Equivalent (FTE) methodology was developed to:

- # Provide a consistent basis for comparing physician supply across and within provinces/territories;
- # Provide a consistent basis for measuring changes through time in physician supply; and
- # Recognize workload differences among individual specialities.

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

The current report uses 1995–1996 physician utilization data to establish the base year as required when implementing the FTE methodology. Previously published reports, pertaining to pre 1996–1997 results, used 1985–1986 physician utilization data to establish the base year. In 1998, CIHI commissioned an external review of the NPDB economic indicators, including the FTE methodology. The following recommendation from the review, pertaining to the FTE methodology, was approved by the CIHI Expert Group in 2000–2001.

“A new set of benchmarks and FTE counts should be simulated with 1993–1994 or 1994–1995 data. If CIHI decides to convert to the new benchmarks, they should be indexed back at least 5 or 10 years and the FTEs recalculated.” (The Effects of New Reimbursement Measures on NPDB Economic Indicators, May 1998).

A full simulation exercise was conducted on base year changes and is described in Appendix G of the publication entitled *Full-time Equivalent Physicians Report, Canada, 1996/97 to 1998/99*.

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 practice 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 a full-time equivalent physicians measurement. 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).

## 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. 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 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/territorial fee schedules. As well, comparability will be weak because of differing benefit levels among the provinces/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 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. Jurisdictional comparability is improved but still there is no indication that the full-time benchmark in one province/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.

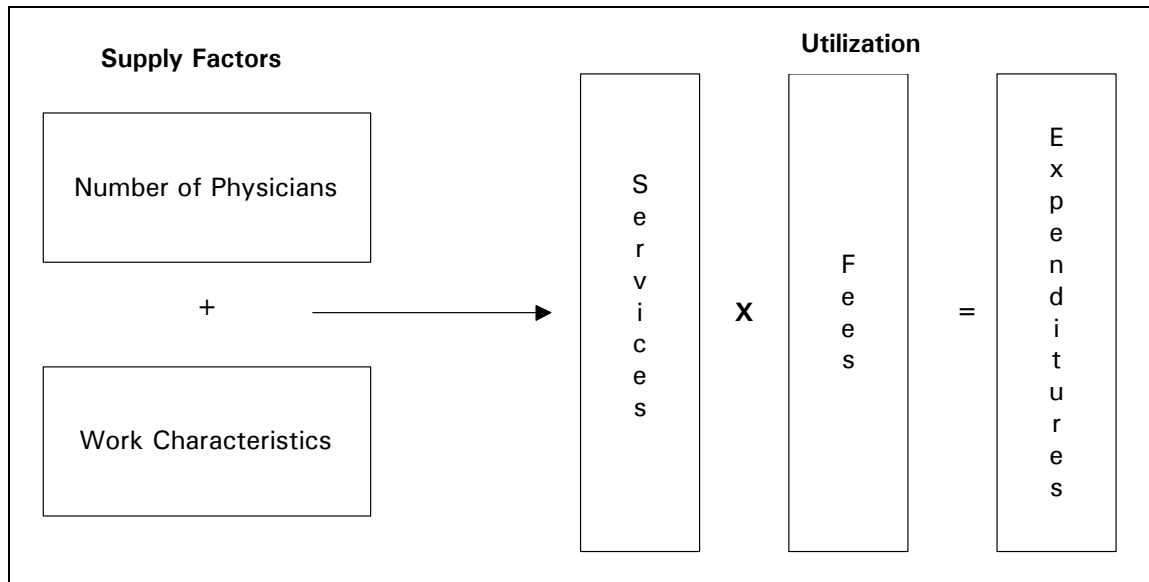
### **Development of an Improved Measure of Full-time Equivalence (FTE)**

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/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 40<sup>th</sup> to 60<sup>th</sup> percentiles of fee adjusted, nationally defined payment distributions were chosen as the benchmarks within which to measure full-time equivalence.

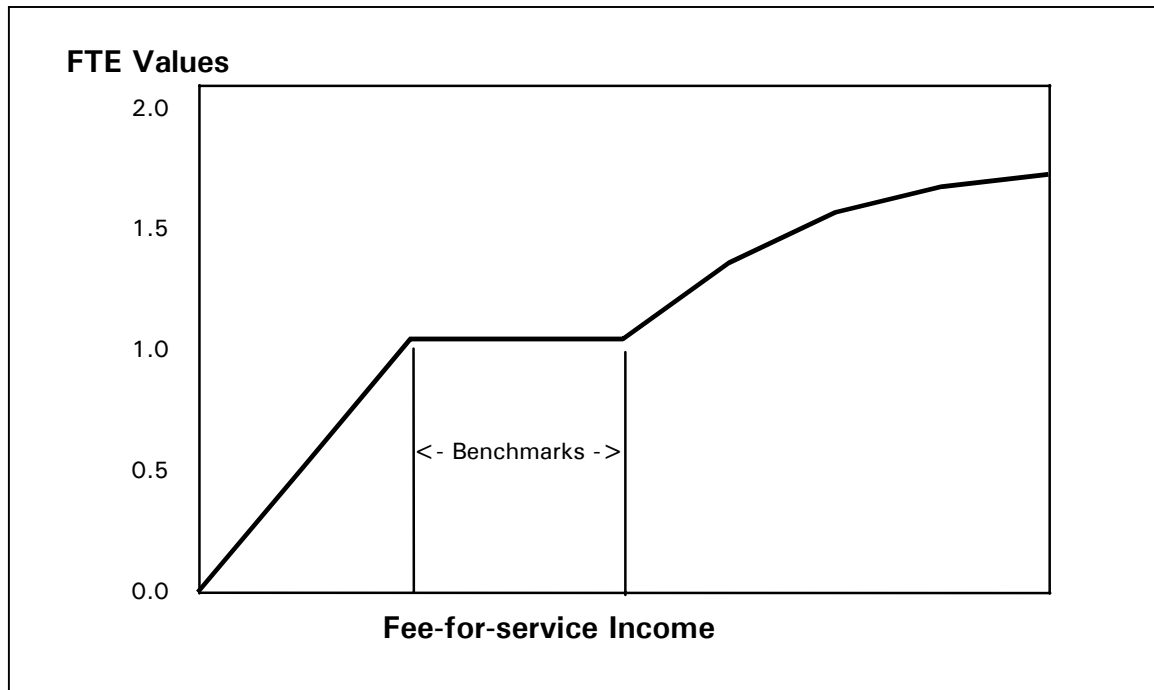
Simulations of alternative percentiles indicated that the FTE counts were relatively insensitive to different benchmark ranges, as long as those ranges were symmetric (e.g. the 30<sup>th</sup> to 70<sup>th</sup> percentiles yielded approximately the same total counts as the 40<sup>th</sup> to 60<sup>th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

### *Comprehensiveness*

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. As of 2001, CIHI's full-time equivalent physician reports, including 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.

## **Data Sources and Collection**

### **NPDB Data**

Data are derived from physician fee-for-service claims data submitted by 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 Data Submission 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 Data Submission Specifications Manual, available from the Senior Analyst, NPDB, CIHI.

**FTE Figures**

Two utilization files are used to create the full-time equivalent figures, 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 and Labrador, 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)**

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

### 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 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.

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

The FTE data are based on physician billings/payments 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>**

Province	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

- 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.
- "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.
- Nova Scotia counts include 34 physicians receiving only radiology/internal medicine/pathology payments and 47 physicians receiving only psychiatric payments.
- 2001–2002 information was not available at the time of publication. Payment mode distributions for Quebec are based on the distribution of payments.
- 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 Table 5, which reflects physicians who have received payments in each fiscal year. Please contact the Consultant, NPDB for further information.
- 2001–2002 information was not available at the time of publication.
- 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 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 prior to processing the NPDB files. As CIHI has no control over provincial/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/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 (FTE)

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

### 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 on the NPDB 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 Family Medicine figures. For all provinces/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 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 D.

### **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, sex and place of 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 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.

## Data Limitations

### 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 Collège 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/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 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.



CIHI full-time equivalent physician statistics may vary from provincial/territorial 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 which constitute CIHI's Internal Medicine Specialty are reported individually in Quebec reports. Please see Appendix C for 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 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**

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 data provider using components of the physician's name, their date of birth, gender and place of 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). This policy is in place to help protect the privacy and confidentiality of the physicians.

## 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 1–1. Full-time Equivalent Fee-for-service Physicians, by Type of Practice**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
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
Surgical Specialties	100.17	27.73	215.73	173.66	1,765.13	2,783.42	227.28	222.09	545.17	737.87	6,798.25
Total Specialties	273.86	55.30	436.28	381.37	5,380.72	8,722.17	714.76	517.69	1,714.69	2,196.12	20,392.96
<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

**Table 1–2. Percent Change in Full-time Equivalent Fee-for-service Physicians, from Year to Year by Type of Practice**

	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	-6.79	4.15	-1.69	-7.99	-0.19	-2.12	0.83	-3.55	1.64	-4.37	-1.73
Medical Specialties	-0.83	-10.98	-3.00	-6.27	2.43	-1.87	5.04	9.06	3.58	-3.08	-0.08
Surgical Specialties	-3.38	-1.18	0.34	-2.74	3.77	-1.89	0.13	7.45	1.70	-4.99	-0.17
Total Specialties	-1.78	-6.32	-1.38	-4.70	2.87	-1.87	3.43	8.36	2.97	-3.73	-0.11
<b>Total Physicians</b>	<b>-4.68</b>	<b>0.33</b>	<b>-1.56</b>	<b>-6.53</b>	<b>1.29</b>	<b>-2.00</b>	<b>2.04</b>	<b>0.78</b>	<b>2.18</b>	<b>-4.12</b>	<b>-1.00</b>

Source: NPDB, CIHI

**Notes**

Based on gross payments.

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, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Family Medicine</b>	<b>356.89</b>	<b>107.14</b>	<b>607.68</b>	<b>462.24</b>	<b>5,571.46</b>	<b>9,717.37</b>	<b>800.44</b>	<b>806.84</b>	<b>2,492.74</b>	<b>3,284.21</b>	<b>24,207.01</b>
<b>Medical Specialties</b>	<b>173.69</b>	<b>27.57</b>	<b>220.55</b>	<b>207.71</b>	<b>3,615.59</b>	<b>5,938.75</b>	<b>487.48</b>	<b>295.60</b>	<b>1,169.52</b>	<b>1,458.25</b>	<b>13,594.71</b>
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	5.35	0.57	7.79	14.56	187.23	184.41	17.62	17.37	45.24	66.59	546.73
Psychiatry	25.66	3.22	47.05	23.26	708.06	1,537.57	108.56	42.93	291.13	380.40	3,167.84
Pediatrics	25.61	1.86	16.84	22.48	461.55	729.16	81.15	34.86	181.12	144.25	1,698.88
Dermatology	4.33	0.62	8.70	4.38	167.30	148.93	8.93	4.88	38.35	44.50	430.92
Physical Medicine	n/a	0.00	4.45	2.75	82.55	136.66	12.59	3.44	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	5.39	n/a	13.96	8.20	67.88	24.73	14.78	9.09	21.14	40.24	205.41
Urology	7.73	2.23	18.61	14.96	125.41	211.09	13.73	15.62	32.58	60.33	502.29
Orthopedic Surgery	13.23	3.97	25.03	26.75	272.65	363.39	33.44	31.49	81.23	106.13	957.31
Plastic Surgery	3.90	†	10.89	10.99	84.48	137.92	12.89	11.87	33.69	45.45	352.08
Neurosurgery	4.46	n/a	1.07	3.44	41.20	60.10	1.66	6.09	17.70	26.28	162.00
Ophthalmology	11.59	3.49	48.53	27.73	280.16	422.11	28.04	39.99	92.66	153.46	1,107.76
Otolaryngology	9.67	1.03	8.76	14.76	153.89	203.83	13.04	14.30	35.66	51.98	506.92
Obstetrics/Gynecology	19.12	5.75	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

† 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**

Based on gross payments.

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**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
Males	497.17	141.86	776.41	660.51	7,799.43	14,334.98	1,189.27	1,069.30	3,214.76	4,317.99	34,001.68
Females	133.58	20.58	267.55	183.10	3,152.75	4,104.56	325.93	255.23	992.67	1,161.29	10,597.24
Unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.05	1.05
<b>Total</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

**Table 3–2. Fee-for-service Physician Counts, by Gender**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
Males	609	184	1,046	867	8,489	14,726	1,340	1,149	3,431	5,435	37,276
Females	215	39	453	314	4,399	5,480	482	376	1,409	1,985	15,152
Unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2
<b>Total</b>	<b>824</b>	<b>223</b>	<b>1,499</b>	<b>1,181</b>	<b>12,888</b>	<b>20,206</b>	<b>1,822</b>	<b>1,525</b>	<b>4,840</b>	<b>7,422</b>	<b>52,430</b>

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.

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**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
20-29	3.83	0.20	6.29	12.50	185.28	79.43	24.85	24.04	30.98	29.28	396.68
30-39	117.30	32.87	183.90	199.04	2,510.12	3,601.23	284.78	298.53	983.88	1,046.22	9,257.87
40-49	230.63	52.51	385.41	298.96	3,922.21	6,046.52	527.13	415.91	1,573.64	1,964.82	15,417.74
50-59	190.83	43.02	314.14	208.49	2,874.35	5,324.77	406.16	330.48	1,116.06	1,695.31	12,503.61
60-69	71.59	28.48	128.43	104.62	1,204.71	2,587.74	212.17	185.06	414.64	618.66	5,556.10
70-79	15.05	5.19	20.51	18.29	231.55	714.13	55.84	67.04	81.75	118.08	1,327.43
80+	1.52	0.17	2.75	1.71	21.58	73.56	4.27	3.47	5.03	7.96	122.02
Unknown	0.00	n/a	2.53	n/a	2.38	12.16	n/a	n/a	1.45	n/a	18.52
<b>Total</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

**Table 3–4. Fee-for-service Physician Counts, by Age Group**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
20-29	14	1	23	32	296	138	41	35	56	73	709
30-39	222	54	324	311	3,112	4,418	422	391	1,259	1,599	12,112
40-49	276	71	522	373	4,391	6,181	596	458	1,701	2,494	17,063
50-59	198	52	381	244	3,163	5,078	424	342	1,155	2,045	13,082
60-69	85	32	187	161	1,458	2,799	227	201	484	901	6,535
70-79	26	10	51	52	399	1,217	102	89	157	288	2,391
80+	2	3	8	8	66	195	10	9	25	22	348
Unknown	1	n/a	3	n/a	3	180	n/a	n/a	3	n/a	190
<b>Total</b>	<b>824</b>	<b>223</b>	<b>1,499</b>	<b>1,181</b>	<b>12,888</b>	<b>20,206</b>	<b>1,822</b>	<b>1,525</b>	<b>4,840</b>	<b>7,422</b>	<b>52,430</b>

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.

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**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
Canada	419.78	136.62	796.94	700.10	9,651.14	13,701.64	972.65	551.58	2,913.55	3,883.36	33,727.36
USA	6.57	1.28	8.26	2.08	64.55	119.71	5.68	2.72	30.20	49.58	290.63
Other	199.73	24.46	233.88	138.32	n/a	4,481.02	536.87	770.23	1,231.31	1,439.36	9,055.18
Unknown	4.67	0.08	4.88	3.11	1,236.49	137.17	n/a	n/a	32.37	108.03	1,526.80
<b>Total</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

**Table 3–6. Fee-for-service Physician Counts, by Place of MD Graduation**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>2001–2002</b>											
Canada	485	177	1,127	961	11,373	15,471	1,203	675	3,447	5,326	40,245
USA	7	2	18	5	85	154	9	4	34	84	402
Other	320	39	340	209	n/a	4,425	610	846	1,322	1,881	9,992
Unknown	12	5	14	6	1,430	156	n/a	n/a	37	131	1,791
<b>Total</b>	<b>824</b>	<b>223</b>	<b>1,499</b>	<b>1,181</b>	<b>12,888</b>	<b>20,206</b>	<b>1,822</b>	<b>1,525</b>	<b>4,840</b>	<b>7,422</b>	<b>52,430</b>

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.

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, 2001-2002****Family Medicine**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	244	54	558	425	3,052	4,682	463	465	1,359	2,790	14,092
Number of FTE's	66.10	10.82	229.66	170.86	1,377.27	2,047.21	161.55	174.73	713.54	1,400.56	6,352.30
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	46	14	196	100	1,310	1,609	98	107	522	962	4,964
<b>Above the Higher Benchmark</b>											
Number of Physicians	180	59	147	155	2,349	4,504	387	390	969	774	9,914
Number of FTE's	244.79	82.32	182.02	191.38	2,884.19	6,061.16	540.89	525.11	1,257.20	921.65	12,890.71
<b>Total Physicians</b>											
Number of Physicians	470	127	901	680	6,711	10,795	948	962	2,850	4,526	28,970
Number of FTE's	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

Source: NPDB, CIHI

**Table 4-2. Full-time Equivalent Fee-for-service Physicians, 2001-2002****Medical Specialties**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	104	46	208	144	2,133	2,735	348	185	738	1,069	7,710
Number of FTE's	23.48	7.48	87.14	49.05	1,067.26	1,166.47	173.61	95.60	377.18	522.64	3,569.91
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	26	5	60	45	765	1,064	112	52	265	395	2,789
<b>Above the Higher Benchmark</b>											
Number of Physicians	85	12	58	84	1,355	2,645	149	99	383	428	5,298
Number of FTE's	124.21	15.09	73.41	113.66	1,783.33	3,708.28	201.87	148.00	527.34	540.61	7,235.80
<b>Total Physicians</b>											
Number of Physicians	215	63	326	273	4,253	6,444	609	336	1,386	1,892	15,797
Number of FTE's	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

Source: NPDB, CIHI

**Notes**

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

Base year 1995-1996.

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, 2001–2002****Internal Medicine**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	30	13	61	41	744	1,011	146	66	262	283	2,657
Number of FTE's	6.30	2.08	24.39	11.15	369.16	431.79	65.36	30.99	125.52	125.01	1,191.75
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	10	3	27	18	378	394	35	13	78	135	1,091
<b>Above the Higher Benchmark</b>											
Number of Physicians	42	6	12	42	595	1,021	48	53	133	166	2,118
Number of FTE's	60.80	7.81	15.59	60.08	768.07	1,524.83	70.97	80.36	197.81	226.92	3,013.24
<b>Total Physicians</b>											
Number of Physicians	82	22	100	101	1,717	2,426	229	132	473	584	5,866
Number of FTE's	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

Source. NPDB, CIHI

**Table 4–4. Full-time Equivalent Fee-for-service Physicians, 2001–2002****Neurology and EEG**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	5	3	4	3	84	92	9	4	42	42	288
Number of FTE's	0.50	0.57	2.23	2.09	36.97	41.32	4.74	2.69	18.86	19.12	129.09
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	2	0	1	1	32	30	4	3	15	21	109
<b>Above the Higher Benchmark</b>											
Number of Physicians	2	0	3	8	87	76	6	7	8	21	218
Number of FTE's	2.85	0.00	4.56	11.47	118.26	113.09	8.88	11.68	11.38	26.47	308.64
<b>Total Physicians</b>											
Number of Physicians	9	3	8	12	203	198	19	14	65	84	615
Number of FTE's	5.35	0.57	7.79	14.56	187.23	184.41	17.62	17.37	45.24	66.59	546.73

Source. NPDB, CIHI

**Notes**

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

Base year 1995–1996.

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, 2001–2002****Psychiatry and Neuropsychiatry**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	17	15	60	36	674	779	76	21	110	354	2,142
Number of FTE's	3.55	0.77	24.32	6.37	328.06	366.61	36.96	11.66	58.69	186.99	1,023.98
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	1	1	12	6	113	307	25	9	59	103	636
<b>Above the Higher Benchmark</b>											
Number of Physicians	14	1	8	9	194	646	37	14	130	75	1,128
Number of FTE's	21.11	1.45	10.73	10.89	267.00	863.96	46.60	22.27	173.44	90.41	1,507.86
<b>Total Physicians</b>											
Number of Physicians	32	17	80	51	981	1,732	138	44	299	532	3,906
Number of FTE's	25.66	3.22	47.05	23.26	708.06	1,537.57	108.56	42.93	291.13	380.40	3,167.84

Source. NPDB, CIHI

**Table 4–6. Full-time Equivalent Fee-for-service Physicians, 2001–2002****Pediatrics**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	26	9	22	21	246	409	51	38	139	153	1,114
Number of FTE's	5.97	1.86	7.25	6.58	109.50	104.45	24.48	16.79	62.85	65.97	405.70
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	7	0	6	4	124	143	14	11	46	50	405
<b>Above the Higher Benchmark</b>											
Number of Physicians	8	0	3	9	169	341	30	5	56	23	644
Number of FTE's	12.64	0.00	3.59	11.90	228.05	481.71	42.67	7.07	72.27	28.28	888.18
<b>Total Physicians</b>											
Number of Physicians	41	9	31	34	539	893	95	54	241	226	2,163
Number of FTE's	25.61	1.86	16.84	22.48	461.55	729.16	81.15	34.86	181.12	144.25	1,698.88

Source. NPDB, CIHI

**Notes**

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

Base year 1995–1996.

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, 2001–2002**

**Dermatology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	4	1	11	5	77	79	8	3	15	46	249
Number of FTE's	1.33	0.62	7.25	3.38	47.12	36.96	3.71	1.74	9.03	26.11	137.25
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	3	0	0	1	35	27	4	2	3	5	80
<b>Above the Higher Benchmark</b>											
Number of Physicians	0	0	1	0	71	69	1	1	18	11	172
Number of FTE's	0.00	0.00	1.45	0.00	85.18	84.97	1.22	1.14	26.32	13.39	213.67
<b>Total Physicians</b>											
Number of Physicians	7	1	12	6	183	175	13	6	36	62	501
Number of FTE's	4.33	0.62	8.70	4.38	167.30	148.93	8.93	4.88	38.35	44.50	430.92

Source: NPDB, CIHI

**Table 4–8. Full-time Equivalent Fee-for-service Physicians, 2001–2002**

**Physical Medicine/Rehabilitation**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	n/a	1	3	5	22	53	5	6	23	38	156
Number of FTE's	n/a	0.00	1.45	0.48	10.07	27.26	2.79	1.44	9.55	12.79	65.83
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	n/a	0	3	1	8	29	3	2	3	7	56
<b>Above the Higher Benchmark</b>											
Number of Physicians	n/a	0	0	1	42	55	5	0	0	1	104
Number of FTE's	n/a	0.00	0.00	1.27	64.48	80.40	6.80	0.00	0.00	1.07	154.02
<b>Total Physicians</b>											
Number of Physicians	n/a	1	6	7	72	137	13	8	26	46	316
Number of FTE's	n/a	0.00	4.45	2.75	82.55	136.66	12.59	3.44	12.55	20.86	275.85

Source: NPDB, CIHI

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 1995–1996.

Based on gross payments.

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

Physical Medicine/Rehabilitation for Newfoundland uses benchmarks for Internal Medicine because there were no physicians for that specialty and province for the base year.

**Table 4–9. Full-time Equivalent Fee-for-service Physicians, 2001–2002****Anesthesia**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	22	4	47	33	286	312	53	47	147	153	1,104
Number of FTE's	5.83	1.58	20.25	19.00	166.38	158.08	35.57	30.29	92.68	86.65	616.31
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	3	1	11	14	75	134	27	12	61	74	412
<b>Above the Higher Benchmark</b>											
Number of Physicians	19	5	31	15	197	437	22	19	38	131	914
Number of FTE's	26.81	5.83	37.49	18.05	252.29	559.32	24.73	25.48	46.12	154.07	1,150.19
<b>Total Physicians</b>											
Number of Physicians	44	10	89	62	558	883	102	78	246	358	2,430
Number of FTE's	35.64	8.41	68.74	51.05	493.67	851.40	87.30	67.77	199.80	314.72	2,178.50

Source. NPDB, CIHI

**Table 4–10. Full-time Equivalent Fee-for-service Physicians, 2001–2002****Surgical Specialties**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	69	14	138	113	792	1,173	130	94	266	675	3,464
Number of FTE's	14.19	4.16	57.26	45.17	438.58	499.89	63.54	44.05	138.59	370.03	1,675.46
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	15	4	50	48	313	359	39	33	114	172	1,147
<b>Above the Higher Benchmark</b>											
Number of Physicians	55	15	84	67	819	1,435	96	100	224	157	3,052
Number of FTE's	70.98	19.57	108.47	80.49	1,013.55	1,924.53	124.74	145.04	292.58	195.84	3,975.79
<b>Total Physicians</b>											
Number of Physicians	139	33	272	228	1,924	2,967	265	227	604	1,004	7,663
Number of FTE's	100.17	27.73	215.73	173.66	1,765.13	2,783.42	227.28	222.09	545.17	737.87	6,798.25

Source. NPDB, CIHI

**Notes**

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

Base year 1995–1996.

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, 2001–2002**

**General Surgery**

	N.L.	P.E.I. <sup>†</sup>	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	22	1	26	29	216	302	30	26	59	122	833
Number of FTE's	5.03	0.40	10.10	6.61	112.86	128.97	14.43	12.91	26.27	58.94	376.52
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	1	1	14	11	65	94	10	10	21	37	264
<b>Above the Higher Benchmark</b>											
Number of Physicians	14	7	21	16	185	359	24	24	59	39	748
Number of FTE's	19.05	9.86	27.21	18.79	229.14	487.52	32.12	32.79	72.49	45.23	974.20
<b>Total Physicians</b>											
Number of Physicians	37	9	61	56	466	755	64	60	139	198	1,845
Number of FTE's	25.08	11.26	51.31	36.40	407.00	710.49	56.55	55.70	119.76	141.17	1,614.72

Source. NPDB, CIHI

**Table 4–12. Full-time Equivalent Fee-for-service Physicians, 2001–2002**

**Thoracic/Cardiovascular Surgery**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	1	n/a	3	7	16	22	11	2	7	47	116
Number of FTE's	0.53	n/a	0.59	3.12	8.77	8.90	5.29	0.79	3.40	29.81	61.20
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	1	n/a	2	3	6	5	5	1	3	7	33
<b>Above the Higher Benchmark</b>											
Number of Physicians	3	n/a	9	2	41	9	4	5	11	3	87
Number of FTE's	3.86	n/a	11.37	2.08	53.11	10.83	4.49	7.30	14.74	3.43	111.21
<b>Total Physicians</b>											
Number of Physicians	5	n/a	14	12	63	36	20	8	21	57	236
Number of FTE's	5.39	n/a	13.96	8.20	67.88	24.73	14.78	9.09	21.14	40.24	205.41

Source. NPDB, CIHI

<sup>†</sup> 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 1995–1996.

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, 2001–2002****Urology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	2	1	15	12	47	70	15	6	14	33	215
Number of FTE's	0.69	0.15	9.87	6.12	27.25	28.74	8.51	4.59	9.38	19.33	114.63
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	1	1	2	3	29	27	3	7	15	16	104
<b>Above the Higher Benchmark</b>											
Number of Physicians	5	1	5	5	57	122	2	3	7	19	226
Number of FTE's	6.04	1.08	6.74	5.84	69.16	155.35	2.22	4.03	8.20	25.00	283.66
<b>Total Physicians</b>											
Number of Physicians	8	3	22	20	133	219	20	16	36	68	545
Number of FTE's	7.73	2.23	18.61	14.96	125.41	211.09	13.73	15.62	32.58	60.33	502.29

Source. NPDB, CIHI

**Table 4–14. Full-time Equivalent Fee-for-service Physicians, 2001–2002****Orthopedic Surgery**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	11	4	17	14	111	175	13	15	57	124	541
Number of FTE's	2.60	1.14	3.92	6.89	56.55	75.42	6.61	6.71	30.21	75.42	265.47
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	5	0	8	9	38	49	5	4	33	24	175
<b>Above the Higher Benchmark</b>											
Number of Physicians	5	2	11	9	141	187	18	15	16	6	410
Number of FTE's	5.63	2.83	13.11	10.86	178.10	238.97	21.83	20.78	18.02	6.71	516.84
<b>Total Physicians</b>											
Number of Physicians	21	6	36	32	290	411	36	34	106	154	1,126
Number of FTE's	13.23	3.97	25.03	26.75	272.65	363.39	33.44	31.49	81.23	106.13	957.31

Source. NPDB, CIHI

**Notes**

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

Base year 1995–1996.

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, 2001–2002**

**Plastic Surgery**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	1	†	4	4	49	59	2	6	17	40	182
Number of FTE's	0.13	†	2.73	2.87	25.17	24.87	0.06	1.82	9.37	23.82	90.84
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	1	†	3	6	11	25	2	3	8	17	76
<b>Above the Higher Benchmark</b>											
Number of Physicians	2	†	4	2	38	69	7	5	13	4	144
Number of FTE's	2.77	†	5.16	2.12	48.31	88.05	10.83	7.05	16.32	4.63	185.24
<b>Total Physicians</b>											
Number of Physicians	4	†	11	12	98	153	11	14	38	61	402
Number of FTE's	3.90	†	10.89	10.99	84.48	137.92	12.89	11.87	33.69	45.45	352.08

Source: NPDB, CIHI

**Table 4–16. Full-time Equivalent Fee-for-service Physicians, 2001–2002**

**Neurosurgery**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	0	n/a	7	5	37	26	2	5	11	13	106
Number of FTE's	0.00	n/a	1.07	1.44	19.71	8.36	0.66	0.48	6.01	6.98	44.71
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	1	n/a	0	2	12	9	1	0	5	10	40
<b>Above the Higher Benchmark</b>											
Number of Physicians	2	n/a	0	0	8	31	0	3	6	8	58
Number of FTE's	3.46	n/a	0.00	0.00	9.49	42.74	0.00	5.61	6.69	9.30	77.29
<b>Total Physicians</b>											
Number of Physicians	3	n/a	7	7	57	66	3	8	22	31	204
Number of FTE's	4.46	n/a	1.07	3.44	41.20	60.10	1.66	6.09	17.70	26.28	162.00

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.

**Notes**

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

Base year 1995–1996.

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, 2001–2002****Ophthalmology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	12	5	20	13	82	144	14	10	29	91	420
Number of FTE's	2.82	1.40	8.94	4.63	48.26	66.09	7.08	5.19	16.01	44.07	204.49
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	2	1	10	4	50	47	3	1	12	31	161
<b>Above the Higher Benchmark</b>											
Number of Physicians	6	1	22	14	141	221	13	20	44	58	540
Number of FTE's	6.77	1.09	29.59	19.10	181.90	309.02	17.96	33.80	64.65	78.39	742.27
<b>Total Physicians</b>											
Number of Physicians	20	7	52	31	273	412	30	31	85	180	1,121
Number of FTE's	11.59	3.49	48.53	27.73	280.16	422.11	28.04	39.99	92.66	153.46	1,107.76

Source. NPDB, CIHI

**Table 4–18. Full-time Equivalent Fee-for-service Physicians, 2001–2002****Otolaryngology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	4	1	13	7	74	100	15	4	11	59	288
Number of FTE's	0.42	0.03	4.72	4.74	47.07	44.10	8.04	1.94	6.95	34.46	152.47
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	0	1	3	4	27	30	5	2	2	13	87
<b>Above the Higher Benchmark</b>											
Number of Physicians	7	0	1	5	67	103	0	7	20	4	214
Number of FTE's	9.25	0.00	1.04	6.02	79.82	129.73	0.00	10.36	26.71	4.52	267.45
<b>Total Physicians</b>											
Number of Physicians	11	2	17	16	168	233	20	13	33	76	589
Number of FTE's	9.67	1.03	8.76	14.76	153.89	203.83	13.04	14.30	35.66	51.98	506.92

Source. NPDB, CIHI

**Notes**

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

Base year 1995–1996.

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, 2001–2002**

**Obstetrics/Gynecology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	16	2	33	22	160	275	28	20	61	146	763
Number of FTE's	1.97	1.04	15.32	8.75	92.94	114.44	12.86	9.62	30.99	77.20	365.13
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	3	0	8	6	75	73	5	5	15	17	207
<b>Above the Higher Benchmark</b>											
Number of Physicians	11	4	11	14	141	334	28	18	48	16	625
Number of FTE's	14.15	4.71	14.25	15.68	164.52	462.32	35.29	23.32	64.76	18.63	817.63
<b>Total Physicians</b>											
Number of Physicians	30	6	52	42	376	682	61	43	124	179	1,595
Number of FTE's	19.12	5.75	37.57	30.43	332.46	649.76	53.15	37.94	110.75	112.83	1,389.76

Source: NPDB, CIHI

**Table 4–20. Full-time Equivalent Fee-for-service Physicians, 2001–2002**

**Total Specialties**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	173	60	346	257	2,925	3,908	478	279	1,004	1,744	11,174
Number of FTE's	37.67	11.64	144.40	94.22	1,505.84	1,666.36	237.15	139.65	515.77	892.67	5,245.37
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	41	9	110	93	1,078	1,423	151	85	379	567	3,936
<b>Above the Higher Benchmark</b>											
Number of Physicians	140	27	142	151	2,174	4,080	245	199	607	585	8,350
Number of FTE's	195.19	34.66	181.88	194.15	2,796.88	5,632.81	326.61	293.04	819.92	736.45	11,211.59
<b>Total Physicians</b>											
Number of Physicians	354	96	598	501	6,177	9,411	874	563	1,990	2,896	23,460
Number of FTE's	273.86	55.30	436.28	381.37	5,380.72	8,722.17	714.76	517.69	1,714.69	2,196.12	20,392.96

Source: NPDB, CIHI

**Notes**

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

Base year 1995–1996.

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, 2001–2002****Total Physicians**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Below the Lower Benchmark</b>											
Number of Physicians	417	114	904	682	5,977	8,590	941	744	2,363	4,534	25,266
Number of FTE's	103.77	22.46	374.06	265.08	2,883.11	3,713.57	398.70	314.38	1,229.31	2,293.23	11,597.67
<b>Within the Benchmarks</b>											
Number of Physicians and FTE's	87	23	306	193	2,388	3,032	249	192	901	1,529	8,900
<b>Above the Higher Benchmark</b>											
Number of Physicians	320	86	289	306	4,523	8,584	632	589	1,576	1,359	18,264
Number of FTE's	439.98	116.98	363.90	385.53	5,681.07	11,693.97	867.50	818.15	2,077.12	1,658.10	24,102.30
<b>Total Physicians</b>											
Number of Physicians	824	223	1,499	1,181	12,888	20,206	1,822	1,525	4,840	7,422	52,430
Number of FTE's	630.75	162.44	1,043.96	843.61	10,952.18	18,439.54	1,515.20	1,324.53	4,207.43	5,480.33	44,599.97

Source: NPDB, CIHI

**Notes**

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

Base year 1995–1996.

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, 2001–2002**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
<b>Family Medicine</b>	<b>1,492</b>	<b>1,298</b>	<b>1,538</b>	<b>1,624</b>	<b>1,331</b>	<b>1,227</b>	<b>1,430</b>	<b>1,255</b>	<b>1,230</b>	<b>1,249</b>	<b>1,282</b>
<b>Medical Specialties</b>	<b>3,065</b>	<b>5,045</b>	<b>4,238</b>	<b>3,614</b>	<b>2,051</b>	<b>2,008</b>	<b>2,348</b>	<b>3,426</b>	<b>2,621</b>	<b>2,814</b>	<b>2,282</b>
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	99,514	244,035	120,000	51,559	39,613	64,664	64,949	58,302	67,761	61,613	56,744
Psychiatry	20,748	43,199	19,868	32,274	10,475	7,755	10,542	23,590	10,530	10,785	9,793
Pediatrics	20,789	74,785	55,511	33,394	16,069	16,354	14,102	29,050	16,925	28,442	18,261
Dermatology	122,956	224,355	107,448	171,393	44,332	80,068	128,152	207,520	79,935	92,198	71,994
Physical Medicine	n/a	n/a	210,067	272,982	89,846	87,257	90,898	294,390	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	98,776	n/a	66,963	91,549	109,263	482,192	77,429	111,408	145,009	101,958	151,034
Urology	68,875	62,377	50,231	50,180	59,140	56,491	83,350	64,834	94,091	68,006	61,765
Orthopedic Surgery	40,242	35,038	37,347	28,064	27,203	32,815	34,222	32,159	37,739	38,658	32,407
Plastic Surgery	136,513	†	85,840	68,308	87,794	86,460	88,782	85,316	90,991	90,271	88,116
Neurosurgery	119,372	n/a	873,645	218,227	180,019	198,413	689,398	166,289	173,192	156,119	191,505
Ophthalmology	45,936	39,857	19,262	27,072	26,473	28,250	40,813	25,324	33,083	26,735	28,006
Otolaryngology	55,057	135,049	106,712	50,860	48,195	58,503	87,761	70,818	85,965	78,930	61,201
Obstetrics/Gynecology	27,845	24,191	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>

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.

**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, 2001–2002**

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

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.

**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 2001–2002 these fee codes accounted for approximately \$95 million (2.3%) 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. The table A summarizes the impact of excluding these payments on FTE physician count results for the year 2001–2002.

**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, 2001–2002**

	Ontario	Total
<b>Family Medicine</b>	0.26%	0.10%
<b>Medical Specialties</b>	2.03%	0.90%
Internal Medicine	4.27%	1.94%
Neurology	1.31%	0.45%
Psychiatry	0.65%	0.32%
Pediatrics	0.62%	0.27%
Dermatology	0.00%	0.00%
Physical Medicine	0.44%	0.22%
Anesthesia	0.03%	0.01%
<b>Surgical Specialties</b>	1.36%	0.56%
General Surgery	1.22%	0.54%
Thoracic/Cardiovascular Surgery	4.70%	0.59%
Urology	0.57%	0.24%
Orthopedic Surgery	0.13%	0.05%
Plastic Surgery	0.07%	0.03%
Neurosurgery	1.28%	0.48%
Ophthalmology	1.03%	0.40%
Otolaryngology	1.39%	0.56%
Obstetrics/Gynecology	2.77%	1.31%
<b>Total Specialties</b>	1.82%	0.78%
<b>Total Physicians</b>	1.00%	0.42%

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

**Note:**

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**

### **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 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 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 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 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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