

NATIONAL PHYSICIAN DATABASE



FULL-TIME EQUIVALENT
PHYSICIANS REPORT, CANADA
2002-2003



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Full-Time Equivalent Physicians Report Canada, 2002–2003

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Foreword

The Canadian Institute for Health Information (CIHI) is one of Canada's leading sources of quality, reliable and timely health information. More and more, Canadians are turning to CIHI for information they can trust. CIHI is a not-for-profit, pan-Canadian organization governed by a strong and active 16-member board of directors whose membership strikes a balance among the health sectors and regions of Canada.

The key to CIHI's achievements is partnership. CIHI is a focal point for collaboration among major health players—from provincial governments, regional health authorities and hospitals to the federal government, researchers and associations representing health care professionals. The result of this cooperative effort is a strong and responsive health information system.

CIHI provides Canadians with essential statistics and analysis about their health and their health care system. CIHI has become an indispensable source of information for those seeking answers to critical questions around the delivery of health care. Is the health system training enough health care professionals and is it making optimal use of their skills? Are Canadians getting reasonable access to the health services they need? Are we investing in the right resources and equipment?

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

The *Full-Time Equivalent Physicians Report, Canada, 2002–2003* 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 Expert 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, 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)
- *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 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 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 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. Starting with the 2002–2003 data year, FTE physician reports will be produced using a 2000–2001 base year.¹

In consultation with its Expert Group on Physician Databases, CIHI periodically updates FTE methodologies used to produce NPDB publications. 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. Appendix A of this report describes changes implemented to produce Full-Time Equivalent Physician reports, starting with the 2002–2003 data year.

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

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¹ For a detailed discussion of base year changes, and the potential impact on FTE results, please see *Full-Time Equivalent Physicians (FTE) Report, Canada, 1996–1997 to 1998–1999*, Appendix G (CIHI: Ottawa, 2001).

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. 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.

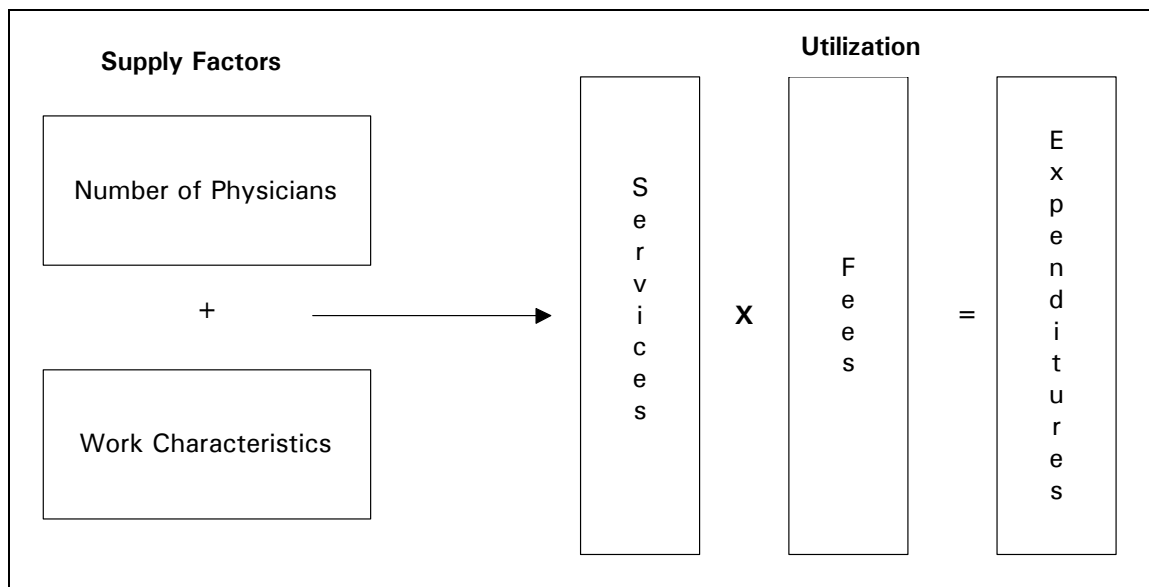


Figure 1. Relationship Between Income and FTE Values

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.

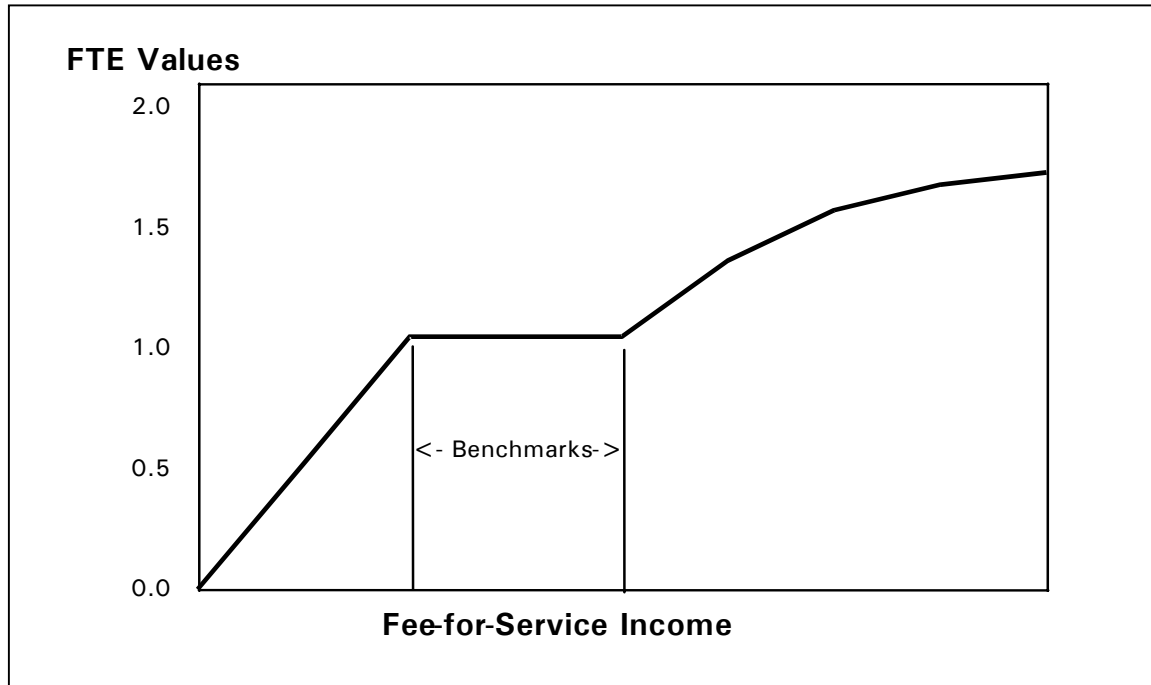


Figure 2. Relationship Between Income and FTE Values

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 year².

² For a detailed discussion of base year changes, and the potential impact on FTE results, please see *Full-Time Equivalent Physicians (FTE) Report, Canada, 1996–1997 to 1998–1999*, Appendix G (CIHI: Ottawa, 2001).

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, 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 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 (Quebec does not submit this 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

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 Expert 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 Consultant, 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	2002–2003	
	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 B provides background information on this change in methodology and also summarizes how FTE physician count results are effected 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.

Table 2 gives current estimates of fee-for-service and alternative payments made across provinces and territories. Alternative payment information is gathered from a variety of data sources, as noted above. The alternative payment information shown in Table 2 is not based on the limited and incomplete alternative payment data that is submitted to the NPDB. Fee-for-service payment amounts shown in Table 2 are based on the NPDB. Selection criteria have been applied to NPDB fee-for-service payment data to improve the cross-jurisdiction comparability of payment estimates shown in Table 2. As such, the total fee-for-service payment amounts shown in Table 2 should not be interpreted as the underlying data used for FTE physician results presented in this report.

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.

It is important to note that the range of physician payment information submitted to the National Physician Database varies across provinces and territories. In 2002–2003, fee-for-service medical care plan payments accounted for 94.7% of all NPDB payment information. In order to improve cross-jurisdiction comparison, only these payments, which are submitted by all jurisdictions, are included in calculations for CIHI's Full-Time Equivalent Physicians Report.

All other payment sources are excluded from FTE calculations. Among the excluded NPDB payment categories are salary and sessional payments (New Brunswick), rural retention premiums (British Columbia), contract payments (Yukon), workers compensation board payments (Quebec and British Columbia), insurance board payments (British Columbia) and midwife referral claims (British Columbia).

Table 2. Summary of Physician Payments by Type of Payment and Province/Territory, Fiscal Year 2001–2002 and 2002–2003, (\$'000)

2001–2002												
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	M.B.	Sask.	Alta.	B.C.	Y.T.	Total
Fee-for-Service	96,776	26,711	230,082	185,818	1,838,989	3,911,314	289,705	266,775	975,426	1,404,818	7,687	9,250,590
	61.1%	81.9%	69.8%	82.0%	79.2%	88.1%	65.8%	88.5%	93.2%	82.7%	95.3%	83.9%
Alternative	61,498	5,901	99,514	40,813	482,322	530,484	150,523	34,665	70,871	294,132	379	1,771,101
	38.9%	18.1%	30.2%	18.0%	20.8%	11.9%	34.2%	11.5%	6.8%	17.3%	4.7%	16.1%
2002–2003												
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	M.B.	Sask.	Alta.	B.C.	Y.T.	Total
Fee-for-Service	111,223	31,836	246,081	206,765	1,811,263	3,945,073	299,510	274,450	1,117,557	1,452,787	8,763	9,505,307
	63.3%	78.5%	68.4%	81.5%	77.4%	87.8%	64.1%	86.6%	91.4%	80.8%	91.9%	82.8%
Alternative	64,617	8,705	113,798	46,816	528,424	550,442	167,687	42,321	105,287	345,880	771	1,978,942
	36.7%	21.5%	31.6%	18.5%	22.6%	12.2%	35.9%	13.4%	8.6%	19.2%	8.1%	17.2%

Sources: Fee-for-service NPDB payments are based on data submitted to the National Physician Database, CIHI. Selection criteria have been applied to NPDB fee-for-service payment data to improve the proportional payment estimates shown. As such, the total fee-for-service payment amounts should not be interpreted as the underlying data used for FTE calculations in this report. Alternative payment information is gathered through provincial and territorial representatives of CIHI's Expert Group on Physician Databases, with the exception of Newfoundland and Labrador, Manitoba and Ontario in 2001–2002 and 2002–2003. Alternative payment information for Newfoundland and Labrador, Manitoba and Ontario were obtained from public accounts and estimates compiled in the CIHI National Health Expenditures Database for 2001–2002 and 2002–2003. The data are preliminary and subject to change.

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 C 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 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 D.

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).

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 in April 2001, extending to all locums with the intent to practise for a period of more than three months. In previous years, these locum physicians would have billed through a sponsoring physician who had a billing number. This policy change has the effect of increasing the number of Saskatchewan physicians and full-time equivalent physicians, while at the same time reducing their average payment results.

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.

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. As a result, some family medicine physicians are now grouped with specialist physicians, thus increasing the specialist physician count and reducing the family medicine physician count.

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

Unique Physician Identifier (UPI)

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

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 E 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 F for information on the extent of fee-for-service payments for radiology and laboratory services that are included in the NPDB data files, but excluded from this report.

Privacy and Confidentiality

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. 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 release of data from the NPDB 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. Additionally, any cell counts between one and four are suppressed and are aggregated to the next level. 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) for further information or to obtain 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. 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*
- *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).

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, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	333.59	111.40	621.77	474.61	5,365.71	9,583.98	721.33	779.16	2,433.06	3,312.34	23,736.95
Medical Specialties	155.17	25.40	209.79	208.95	3,643.59	6,100.97	510.18	300.22	1,118.43	1,569.41	13,842.11
Surgical Specialties	96.42	24.97	211.19	168.26	1,597.94	2,730.84	222.10	213.43	551.65	737.97	6,554.77
Total Specialties	251.59	50.37	420.98	377.21	5,241.53	8,831.81	732.28	513.65	1,670.08	2,307.38	20,396.88
Total Physicians	585.18	161.77	1,042.75	851.82	10,607.24	18,415.79	1,453.61	1,292.81	4,103.14	5,619.72	44,133.83

Source: NPDB, CIHI

Table 1–2. Percent Change in Full-Time Equivalent Fee-for-Service Physicians From 2001–2002 to 2002–2003 by Type of Practice

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	-0.81	-1.47	2.93	5.35	-0.56	-1.57	0.24	-2.67	2.50	-1.32	-0.63
Medical Specialties	-5.45	0.36	-0.30	2.77	0.94	1.61	0.60	2.05	-2.50	2.81	1.10
Surgical Specialties	7.22	4.96	2.88	4.17	-1.29	1.60	4.04	0.79	2.66	-0.45	0.98
Total Specialties	-0.97	2.59	1.27	3.39	0.25	1.61	1.62	1.52	-0.85	1.75	1.06
Total Physicians	-0.88	-0.24	2.25	4.48	-0.16	-0.07	0.93	-1.05	1.11	-0.08	0.14

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, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	333.59	111.40	621.77	474.61	5,365.71	9,583.98	721.33	779.16	2,433.06	3,312.34	23,736.95
Medical Specialties	155.17	25.40	209.79	208.95	3,643.59	6,100.97	510.18	300.22	1,118.43	1,569.41	13,842.11
Internal Medicine	72.09	13.53	62.70	85.46	1,455.46	2,325.28	162.41	125.42	350.49	521.28	5,174.12
Neurology	5.55	*	7.13	15.65	182.83	190.51	15.68	17.35	41.16	64.50	540.36
Psychiatry	22.63	3.44	46.06	26.78	800.92	1,706.35	118.59	43.71	320.46	419.33	3,508.27
Pediatrics	21.38	3.93	16.24	23.76	463.38	757.77	88.05	34.76	179.86	169.94	1,759.07
Dermatology	5.42	*	8.77	5.09	165.46	157.30	10.81	4.43	39.67	48.59	445.54
Physical Medicine	n/a	n/a	4.64	3.47	85.64	137.23	13.55	3.70	14.88	22.25	285.36
Anesthesia	28.10	4.50	64.25	48.74	489.90	826.53	101.09	70.85	171.91	323.52	2,129.39
Surgical Specialties	96.42	24.97	211.19	168.26	1,597.94	2,730.84	222.10	213.43	551.65	737.97	6,554.77
General Surgery	23.75	11.04	48.58	34.00	359.16	652.36	57.04	50.90	117.02	137.30	1,491.15
Thoracic/Cardiovascular Surgery	2.25	n/a	13.51	8.38	56.54	53.10	14.43	8.49	22.20	46.97	225.87
Urology	7.30	*	18.55	13.98	123.39	208.79	10.56	13.85	32.71	59.07	488.20
Orthopedic Surgery	14.32	4.37	27.45	27.87	219.46	387.65	35.09	31.47	84.72	110.40	942.80
Plastic Surgery	4.97	†	11.22	11.76	76.86	157.83	13.97	13.20	37.77	48.78	376.36
Neurosurgery	*	n/a	*	3.31	39.43	60.24	*	6.86	17.14	28.36	155.34
Ophthalmology	11.38	3.55	44.75	26.44	246.82	401.10	25.76	37.49	85.47	137.08	1,019.84
Otolaryngology	11.53	*	8.63	14.25	146.90	199.80	12.49	14.27	37.90	55.09	500.86
Obstetrics/Gynecology	20.92	6.01	38.50	28.27	329.38	609.97	52.76	36.90	116.72	114.92	1,354.35
Total Specialties	251.59	50.37	420.98	377.21	5,241.53	8,831.81	732.28	513.65	1,670.08	2,307.38	20,396.88
Total Physicians	585.18	161.77	1,042.75	851.82	10,607.24	18,415.79	1,453.61	1,292.81	4,103.14	5,619.72	44,133.83

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, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Males	457.42	137.74	768.89	654.28	7,443.13	14,137.20	1,137.64	1,038.72	3,124.37	4,406.09	33,305.48
Females	127.76	24.03	273.86	197.54	3,164.11	4,278.59	315.97	254.09	978.77	1,212.55	10,827.27
Unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.08	1.08
Total	585.18	161.77	1,042.75	851.82	10,607.24	18,415.79	1,453.61	1,292.81	4,103.14	5,619.72	44,133.83

Source: NPDB, CIHI

Table 3–2. Fee-for-Service Physician Counts by Gender, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Males	623	155	1,042	802	8,488	14,833	1,313	1,136	3,551	5,468	37,411
Females	210	37	463	323	4,554	5,823	499	397	1,480	2,044	15,830
Unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	2
Total	833	192	1,505	1,125	13,042	20,656	1,812	1,533	5,031	7,514	53,243

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, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
20–29	2.95	n/a	5.09	12.02	164.33	69.82	20.70	21.89	30.68	34.87	362.35
30–39	110.84	35.16	174.58	205.31	2,285.92	3,407.10	260.89	280.43	920.92	1,000.85	8,682.00
40–49	200.04	48.92	375.17	282.59	3,778.83	5,929.16	495.79	398.26	1,476.68	1,972.83	14,958.27
50–59	184.24	42.78	325.09	212.06	2,855.85	5,465.48	411.82	341.14	1,158.18	1,769.74	12,766.38
60–69	70.86	30.49	134.18	118.56	1,244.33	2,705.52	199.85	179.72	426.83	696.34	5,806.68
70–79	14.94	4.10	22.70	20.05	253.61	746.78	59.11	67.18	82.72	136.01	1,407.20
80+	1.31	0.32	3.69	1.23	24.37	85.47	5.45	4.19	5.62	9.08	140.73
Unknown	n/a	n/a	2.25	n/a	n/a	6.46	n/a	n/a	1.51	n/a	10.22
Total	585.18	161.77	1,042.75	851.82	10,607.24	18,415.79	1,453.61	1,292.81	4,103.14	5,619.72	44,133.83

Source: NPDB, CIHI

Table 3–4. Fee-for-Service Physician Counts by Age Group, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
20–29	15	n/a	16	29	273	137	35	37	68	74	684
30–39	225	53	335	312	2,989	4,431	409	378	1,270	1,516	11,918
40–49	268	55	513	351	4,397	6,221	581	450	1,714	2,494	17,044
50–59	205	45	389	238	3,337	5,306	446	366	1,266	2,116	13,714
60–69	87	30	187	150	1,544	2,947	225	200	520	973	6,863
70–79	31	6	53	40	429	1,243	102	91	162	315	2,472
80+	2	3	10	5	73	218	14	11	27	26	389
Unknown	n/a	n/a	2	n/a	n/a	153	n/a	n/a	4	n/a	159
Total	833	192	1,505	1,125	13,042	20,656	1,812	1,533	5,031	7,514	53,243

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 3–5. Full-Time Equivalent Fee-for-Service Physicians by Place of MD Graduation, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Canada	388.85	141.64	791.25	710.10	9,342.88	13,631.15	941.18	532.72	2,843.33	3,937.26	33,260.36
USA	5.29	0.51	8.66	2.70	63.93	121.46	4.90	3.92	29.80	51.50	292.67
Other	187.59	19.03	232.52	136.49	n/a	4,655.67	507.53	756.17	1,205.40	1,521.75	9,222.15
Unknown	3.45	0.59	10.32	2.53	1,200.43	7.51	n/a	n/a	24.61	109.21	1,358.65
Total	585.18	161.77	1,042.75	851.82	10,607.24	18,415.79	1,453.61	1,292.81	4,103.14	5,619.72	44,133.83

Source: NPDB, CIHI

Table 3–6. Fee-for-Service Physician Counts by Place of MD Graduation, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Canada	476	160	1,109	922	11,514	15,806	1,203	677	3,583	5,366	40,816
USA	7	3	19	9	84	165	9	7	36	81	420
Other	339	26	352	185	n/a	4,661	600	849	1,382	1,929	10,323
Unknown	11	3	25	9	1,444	24	n/a	n/a	30	138	1,684
Total	833	192	1,505	1,125	13,042	20,656	1,812	1,533	5,031	7,514	53,243

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 4–1. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003**Family Medicine**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	280	53	560	388	3,333	4,999	490	447	1,575	2,817	14,942
Number of FTE's	75.06	14.67	235.98	164.14	1,556.27	2,153.84	184.63	149.46	834.62	1,412.91	6,781.58
Within the Benchmarks											
Number of Physicians and FTE's	54	11	189	117	1,464	1,617	120	124	571	964	5,231
Above the Higher Benchmark											
Number of Physicians	156	59	160	153	1,952	4,347	318	378	803	782	9,108
Number of FTE's	204.53	85.73	196.79	193.47	2,345.44	5,813.14	416.70	505.70	1,027.44	935.43	11,724.37
Total Physicians											
Number of Physicians	490	123	909	658	6,749	10,963	928	949	2,949	4,563	29,281
Number of FTE's	333.59	111.40	621.77	474.61	5,365.71	9,583.98	721.33	779.16	2,433.06	3,312.34	23,736.95

Source: NPDB, CIHI

Table 4–2. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003**Medical Specialties**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	100	27	216	135	2,245	2,809	317	173	873	991	7,886
Number of FTE's	19.93	9.86	88.82	56.77	1,139.62	1,177.41	144.99	81.76	395.29	479.78	3,594.23
Within the Benchmarks											
Number of Physicians and FTE's	26	1	64	39	838	1,121	110	65	216	426	2,906
Above the Higher Benchmark											
Number of Physicians	79	11	47	84	1,269	2,703	190	105	366	520	5,374
Number of FTE's	109.24	14.54	56.97	113.18	1,665.97	3,802.56	255.19	153.46	507.14	663.63	7,341.88
Total Physicians											
Number of Physicians	205	39	327	258	4,352	6,633	617	343	1,455	1,937	16,166
Number of FTE's	155.17	25.40	209.79	208.95	3,643.59	6,100.97	510.18	300.22	1,118.43	1,569.41	13,842.11

Source: NPDB, 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, 2002–2003

Internal Medicine

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	31	13	74	41	863	1,131	160	65	302	267	2,947
Number of FTE's	5.51	1.90	27.79	10.03	410.38	472.01	64.59	28.65	101.44	118.90	1,241.20
Within the Benchmarks											
Number of Physicians and FTE's	12	1	21	16	390	408	33	17	74	129	1,101
Above the Higher Benchmark											
Number of Physicians	39	8	12	43	521	981	46	53	121	198	2,022
Number of FTE's	54.58	10.63	13.91	59.43	655.08	1,445.27	64.82	79.77	175.05	273.38	2,831.92
Total Physicians											
Number of Physicians	82	22	107	100	1,774	2,520	239	135	497	594	6,070
Number of FTE's	72.09	13.53	62.70	85.46	1,455.46	2,325.28	162.41	125.42	350.49	521.28	5,174.12

Source: NPDB, CIHI

Table 4–4. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003

Neurology and EEG

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	6	*	5	2	89	99	11	4	48	41	305
Number of FTE's	1.94	*	2.92	1.59	41.82	44.62	4.41	2.15	16.47	17.49	133.41
Within the Benchmarks											
Number of Physicians and FTE's	2	*	1	1	38	32	2	4	15	19	114
Above the Higher Benchmark											
Number of Physicians	1	*	2	9	76	80	7	7	7	23	212
Number of FTE's	1.61	*	3.21	13.06	103.01	113.89	9.27	11.20	9.69	28.01	292.95
Total Physicians											
Number of Physicians	9	*	8	12	203	211	20	15	70	83	631
Number of FTE's	5.55	*	7.13	15.65	182.83	190.51	15.68	17.35	41.16	64.50	540.36

Source: NPDB, 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, 2002–2003**Psychiatry and Neuropsychiatry**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	11	3	52	25	598	689	64	21	95	319	1,877
Number of FTE's	2.13	0.55	19.86	7.52	305.61	316.93	31.93	11.74	53.53	172.93	922.73
Within the Benchmarks											
Number of Physicians and FTE's	1	0	17	4	180	333	26	9	58	135	763
Above the Higher Benchmark											
Number of Physicians	13	2	7	12	223	758	46	14	154	93	1,322
Number of FTE's	19.50	2.89	9.20	15.26	315.31	1,056.42	60.66	22.97	208.93	111.40	1,822.54
Total Physicians											
Number of Physicians	25	5	76	41	1,001	1,780	136	44	307	547	3,962
Number of FTE's	22.63	3.44	46.06	26.78	800.92	1,706.35	118.59	43.71	320.46	419.33	3,508.27

Source: NPDB, CIHI

Table 4–6. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003**Pediatrics**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	28	4	20	24	253	421	43	41	167	136	1,137
Number of FTE's	4.45	2.91	6.75	7.52	116.76	112.28	19.83	16.40	74.14	59.00	420.04
Within the Benchmarks											
Number of Physicians and FTE's	3	0	7	5	124	127	21	10	32	56	385
Above the Higher Benchmark											
Number of Physicians	9	1	2	8	164	358	31	6	56	44	679
Number of FTE's	13.93	1.02	2.49	11.24	222.62	518.49	47.22	8.36	73.72	54.94	954.03
Total Physicians											
Number of Physicians	40	5	29	37	541	906	95	57	255	236	2,201
Number of FTE's	21.38	3.93	16.24	23.76	463.38	757.77	88.05	34.76	179.86	169.94	1,759.07

Source: NPDB, 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, 2002–2003

Dermatology

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	2	*	12	6	84	79	7	2	11	42	245
Number of FTE's	1.29	*	7.28	4.09	50.64	31.33	5.29	0.17	5.28	21.88	127.25
Within the Benchmarks											
Number of Physicians and FTE's	2	*	0	1	32	29	3	3	6	12	88
Above the Higher Benchmark											
Number of Physicians	2	*	1	0	68	76	2	1	19	11	180
Number of FTE's	2.13	*	1.49	0.00	82.82	96.97	2.52	1.26	28.39	14.71	230.29
Total Physicians											
Number of Physicians	6	*	13	7	184	184	12	6	36	65	513
Number of FTE's	5.42	*	8.77	5.09	165.46	157.30	10.81	4.43	39.67	48.59	445.54

Source: NPDB, CIHI

Table 4–8. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003

Physical Medicine/Rehabilitation

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	n/a	n/a	3	3	21	54	5	4	24	41	155
Number of FTE's	n/a	n/a	1.64	1.12	10.82	26.24	2.23	1.27	10.88	15.25	69.45
Within the Benchmarks											
Number of Physicians and FTE's	n/a	n/a	3	1	4	32	4	0	4	7	55
Above the Higher Benchmark											
Number of Physicians	n/a	n/a	0	1	46	56	5	2	0	0	110
Number of FTE's	n/a	n/a	0.00	1.35	70.82	78.99	7.32	2.43	0.00	0.00	160.91
Total Physicians											
Number of Physicians	n/a	n/a	6	5	71	142	14	6	28	48	320
Number of FTE's	n/a	n/a	4.64	3.47	85.64	137.23	13.55	3.70	14.88	22.25	285.36

Source: NPDB, 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, 2002–2003**Anesthesia**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	22	7	50	34	337	336	27	36	226	145	1,220
Number of FTE's	4.61	4.50	22.58	24.90	203.59	174.00	16.71	21.38	133.55	74.33	680.15
Within the Benchmarks											
Number of Physicians and FTE's	6	0	15	11	70	160	21	22	27	68	400
Above the Higher Benchmark											
Number of Physicians	15	0	23	11	171	394	53	22	9	151	849
Number of FTE's	17.49	0.00	26.67	12.84	216.31	492.53	63.38	27.47	11.36	181.19	1,049.24
Total Physicians											
Number of Physicians	43	7	88	56	578	890	101	80	262	364	2,469
Number of FTE's	28.10	4.50	64.25	48.74	489.90	826.53	101.09	70.85	171.91	323.52	2,129.39

Source: NPDB, CIHI

Table 4–10. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003**Surgical Specialties**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	73	14	140	96	1,017	1,299	135	114	286	681	3,855
Number of FTE's	19.12	4.01	60.69	43.40	573.52	536.42	64.11	45.83	143.89	365.27	1,856.26
Within the Benchmarks											
Number of Physicians and FTE's	18	2	50	51	410	374	44	31	126	155	1,261
Above the Higher Benchmark											
Number of Physicians	47	14	79	62	514	1,387	88	96	215	178	2,680
Number of FTE's	59.30	18.96	100.50	73.86	614.42	1,820.42	113.99	136.60	281.76	217.70	3,437.51
Total Physicians											
Number of Physicians	138	30	269	209	1,941	3,060	267	241	627	1,014	7,796
Number of FTE's	96.42	24.97	211.19	168.26	1,597.94	2,730.84	222.10	213.43	551.65	737.97	6,554.77

Source: NPDB, 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, 2002–2003

General Surgery

	N.L.	P.E.I. [†]	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	22	5	30	15	298	340	34	35	65	120	964
Number of FTE's	5.13	1.32	13.84	4.54	153.73	146.08	14.79	12.56	32.21	61.40	445.60
Within the Benchmarks											
Number of Physicians and FTE's	2	0	12	13	66	99	13	11	29	33	278
Above the Higher Benchmark											
Number of Physicians	13	7	18	14	116	309	22	21	46	37	603
Number of FTE's	16.62	9.72	22.74	16.46	139.43	407.28	29.25	27.34	55.81	42.90	767.55
Total Physicians											
Number of Physicians	37	12	60	42	480	748	69	67	140	190	1,845
Number of FTE's	23.75	11.04	48.58	34.00	359.16	652.36	57.04	50.90	117.02	137.30	1,491.15

Source. NPDB, CIHI

Table 4–12. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003

Thoracic/Cardiovascular Surgery

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	5	n/a	7	4	28	38	8	3	10	39	142
Number of FTE's	2.25	n/a	3.50	2.11	16.93	18.38	3.89	1.15	5.06	24.80	78.07
Within the Benchmarks											
Number of Physicians and FTE's	0	n/a	4	2	2	8	4	2	0	6	28
Above the Higher Benchmark											
Number of Physicians	0	n/a	5	4	31	21	5	4	12	14	96
Number of FTE's	0.00	n/a	6.01	4.27	37.61	26.72	6.54	5.34	17.14	16.17	119.80
Total Physicians											
Number of Physicians	5	n/a	16	10	61	67	17	9	22	59	266
Number of FTE's	2.25	n/a	13.51	8.38	56.54	53.10	14.43	8.49	22.20	46.97	225.87

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 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, 2002–2003**Urology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	0	*	14	11	56	88	15	9	14	39	246
Number of FTE's	0.00	*	8.47	6.39	33.07	40.09	6.38	6.95	9.44	23.32	134.11
Within the Benchmarks											
Number of Physicians and FTE's	3	*	2	2	26	31	2	4	12	12	94
Above the Higher Benchmark											
Number of Physicians	4	*	6	5	53	111	2	2	10	18	211
Number of FTE's	4.30	*	8.08	5.59	64.32	137.70	2.18	2.90	11.27	23.75	260.09
Total Physicians											
Number of Physicians	7	*	22	18	135	230	19	15	36	69	551
Number of FTE's	7.30	*	18.55	13.98	123.39	208.79	10.56	13.85	32.71	59.07	488.20

Source: NPDB, CIHI

Table 4–14. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003**Orthopedic Surgery**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	10	2	15	18	167	187	21	12	61	124	617
Number of FTE's	2.05	0.08	2.17	8.93	91.90	69.23	10.29	5.49	29.41	76.46	296.01
Within the Benchmarks											
Number of Physicians and FTE's	3	0	6	10	63	39	3	3	28	23	178
Above the Higher Benchmark											
Number of Physicians	8	3	16	7	55	214	18	17	24	10	372
Number of FTE's	9.27	4.29	19.28	8.94	64.56	279.42	21.80	22.98	27.31	10.94	468.79
Total Physicians											
Number of Physicians	21	5	37	35	285	440	42	32	113	157	1,167
Number of FTE's	14.32	4.37	27.45	27.87	219.46	387.65	35.09	31.47	84.72	110.40	942.80

Source: NPDB, 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 4–15. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003

Plastic Surgery

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	2	†	4	4	60	55	2	5	16	37	185
Number of FTE's	0.72	†	1.73	2.42	33.07	21.58	1.15	2.80	8.12	21.76	93.35
Within the Benchmarks											
Number of Physicians and FTE's	0	†	2	5	15	27	2	3	10	13	77
Above the Higher Benchmark											
Number of Physicians	3	†	6	4	24	84	7	5	16	12	161
Number of FTE's	4.25	†	7.49	4.34	28.79	109.25	10.82	7.40	19.65	14.02	206.01
Total Physicians											
Number of Physicians	5	†	12	13	99	166	11	13	42	62	423
Number of FTE's	4.97	†	11.22	11.76	76.86	157.83	13.97	13.20	37.77	48.78	376.36

Source. NPDB, CIHI

Table 4–16. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003

Neurosurgery

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	*	n/a	*	5	43	32	*	7	12	11	110
Number of FTE's	*	n/a	*	2.31	24.62	6.85	*	1.13	5.90	4.88	45.69
Within the Benchmarks											
Number of Physicians and FTE's	*	n/a	*	1	10	1	*	0	8	5	25
Above the Higher Benchmark											
Number of Physicians	*	n/a	*	0	4	36	*	3	3	15	61
Number of FTE's	*	n/a	*	0.00	4.81	52.39	*	5.73	3.24	18.48	84.65
Total Physicians											
Number of Physicians	*	n/a	*	6	57	69	*	10	23	31	196
Number of FTE's	*	n/a	*	3.31	39.43	60.24	*	6.86	17.14	28.36	155.34

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

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, 2002–2003**Ophthalmology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	14	5	26	7	118	165	17	9	38	112	511
Number of FTE's	4.22	2.29	12.76	2.84	73.05	72.99	8.81	4.96	20.80	52.17	254.89
Within the Benchmarks											
Number of Physicians and FTE's	6	0	13	5	60	46	2	1	16	23	172
Above the Higher Benchmark											
Number of Physicians	1	1	14	15	93	208	11	20	33	47	443
Number of FTE's	1.16	1.26	18.99	18.60	113.77	282.11	14.95	31.53	48.67	61.91	592.95
Total Physicians											
Number of Physicians	21	6	53	27	271	419	30	30	87	182	1,126
Number of FTE's	11.38	3.55	44.75	26.44	246.82	401.10	25.76	37.49	85.47	137.08	1,019.84

Source: NPDB, CIHI

Table 4–18. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003**Otolaryngology**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	3	*	15	6	79	91	15	3	9	56	277
Number of FTE's	0.36	*	5.30	4.31	48.92	34.76	8.49	1.86	6.09	30.78	140.85
Within the Benchmarks											
Number of Physicians and FTE's	0	*	1	6	47	33	4	3	7	14	116
Above the Higher Benchmark											
Number of Physicians	8	*	2	3	43	107	0	6	18	9	195
Number of FTE's	11.17	*	2.33	3.94	50.98	132.04	0.00	9.41	24.81	10.31	244.01
Total Physicians											
Number of Physicians	11	*	18	15	169	231	19	12	34	79	588
Number of FTE's	11.53	*	8.63	14.25	146.90	199.80	12.49	14.27	37.90	55.09	500.86

Source: NPDB, 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, 2002–2003

Obstetrics/Gynecology

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	17	2	29	26	168	303	23	31	61	143	803
Number of FTE's	4.39	0.32	12.92	9.55	98.23	126.46	10.31	8.93	26.86	69.70	367.67
Within the Benchmarks											
Number of Physicians and FTE's	4	2	10	7	121	90	14	4	16	26	294
Above the Higher Benchmark											
Number of Physicians	10	3	12	10	95	297	23	18	53	16	537
Number of FTE's	12.53	3.69	15.58	11.72	110.15	393.51	28.45	23.97	73.86	19.22	692.68
Total Physicians											
Number of Physicians	31	7	51	43	384	690	60	53	130	185	1,634
Number of FTE's	20.92	6.01	38.50	28.27	329.38	609.97	52.76	36.90	116.72	114.92	1,354.35

Source: NPDB, CIHI

Table 4–20. Full-Time Equivalent Fee-for-Service Physicians, 2002–2003

Total Specialties

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	173	41	356	231	3,262	4,108	452	287	1,159	1,672	11,741
Number of FTE's	39.05	13.87	149.51	100.17	1,713.14	1,713.83	209.10	127.59	539.18	845.05	5,450.49
Within the Benchmarks											
Number of Physicians and FTE's	44	3	114	90	1,248	1,495	154	96	342	581	4,167
Above the Higher Benchmark											
Number of Physicians	126	25	126	146	1,783	4,090	278	201	581	698	8,054
Number of FTE's	168.54	33.50	157.47	187.04	2,280.39	5,622.98	369.18	290.06	788.90	881.33	10,779.39
Total Physicians											
Number of Physicians	343	69	596	467	6,293	9,693	884	584	2,082	2,951	23,962
Number of FTE's	251.59	50.37	420.98	377.21	5,241.53	8,831.81	732.28	513.65	1,670.08	2,307.38	20,396.88

Source: NPDB, 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, 2002–2003**Total Physicians**

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Below the Lower Benchmark											
Number of Physicians	453	94	916	619	6,595	9,107	942	734	2,734	4,489	26,683
Number of FTE's	114.11	28.54	385.49	264.31	3,269.41	3,867.67	393.73	277.05	1,373.80	2,257.96	12,232.07
Within the Benchmarks											
Number of Physicians and FTE's	98	14	303	207	2,712	3,112	274	220	913	1,545	9,398
Above the Higher Benchmark											
Number of Physicians	282	84	286	299	3,735	8,437	596	579	1,384	1,480	17,162
Number of FTE's	373.07	119.23	354.26	380.51	4,625.83	11,436.12	785.88	795.76	1,816.34	1,816.76	22,503.76
Total Physicians											
Number of Physicians	833	192	1,505	1,125	13,042	20,656	1,812	1,533	5,031	7,514	53,243
Number of FTE's	585.18	161.77	1,042.75	851.82	10,607.24	18,415.79	1,453.61	1,292.81	4,103.14	5,619.72	44,133.83

Source: NPDB, 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, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	1,555	1,231	1,489	1,570	1,387	1,264	1,598	1,274	1,280	1,241	1,317
Medical Specialties	3,342	5,398	4,413	3,565	2,043	1,986	2,260	3,305	2,785	2,620	2,258
Internal Medicine	7,194	10,133	14,764	8,718	5,114	5,211	7,099	7,912	8,886	7,887	6,041
Neurology	93,441	*	129,832	47,604	40,710	63,608	73,527	57,193	75,666	63,738	57,847
Psychiatry	22,916	39,855	20,098	27,819	9,293	7,102	9,722	22,702	9,719	9,804	8,910
Pediatrics	24,256	34,885	57,001	31,355	16,063	15,992	13,094	28,547	17,316	24,191	17,770
Dermatology	95,683	*	105,553	146,365	44,984	77,037	106,651	223,995	78,508	84,608	70,158
Physical Medicine	n/a	n/a	199,504	214,697	86,911	88,304	85,085	268,189	209,301	184,769	109,540
Anesthesia	18,456	30,467	14,408	15,285	15,193	14,661	11,405	14,006	18,116	12,707	14,679
Surgical Specialties	5,379	5,491	4,383	4,428	4,658	4,437	5,191	4,649	5,646	5,571	4,769
General Surgery	21,836	12,418	19,055	21,912	20,724	18,575	20,212	19,495	26,614	29,942	20,962
Thoracic/Cardiovascular Surgery	230,489	n/a	68,520	88,902	131,643	228,209	79,896	116,879	140,288	87,526	138,390
Urology	71,041	*	49,903	53,290	60,322	58,039	109,176	71,646	95,212	69,597	64,027
Orthopedic Surgery	36,215	31,373	33,723	26,731	33,916	31,260	32,856	31,532	36,761	37,238	33,155
Plastic Surgery	104,346	†	82,504	63,350	96,840	76,778	82,527	75,174	82,457	84,278	83,054
Neurosurgery	*	n/a	*	225,076	188,767	201,160	*	144,650	181,704	144,961	201,224
Ophthalmology	45,571	38,620	20,686	28,177	30,156	30,212	44,755	26,468	36,439	29,991	30,650
Otolaryngology	44,978	*	107,265	52,281	50,668	60,650	92,306	69,537	82,174	74,625	62,409
Obstetrics/Gynecology	24,790	22,812	24,044	26,353	22,597	19,866	21,852	26,892	26,683	35,774	23,080
Total Specialties	2,061	2,722	2,199	1,975	1,420	1,372	1,574	1,932	1,865	1,782	1,532
Total Physicians	886	847	888	875	702	658	793	768	759	732	708

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, 2002–2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
Family Medicine	64	81	67	64	72	79	63	79	78	81	76
Medical Specialties	30	19	23	28	49	50	44	30	36	38	44
Internal Medicine	14	10	7	11	20	19	14	13	11	13	17
Neurology	1	*	1	2	2	2	1	2	1	2	2
Psychiatry	4	3	5	4	11	14	10	4	10	10	11
Pediatrics	4	3	2	3	6	6	8	4	6	4	6
Dermatology	1	*	1	1	2	1	1	0	1	1	1
Physical Medicine	n/a	n/a	1	0	1	1	1	0	0	1	1
Anesthesia	5	3	7	7	7	7	9	7	6	8	7
Surgical Specialties	19	18	23	23	21	23	19	22	18	18	21
General Surgery	5	8	5	5	5	5	5	5	4	3	5
Thoracic/Cardiovascular Surgery	0	n/a	1	1	1	0	1	1	1	1	1
Urology	1	*	2	2	2	2	1	1	1	1	2
Orthopedic Surgery	3	3	3	4	3	3	3	3	3	3	3
Plastic Surgery	1	†	1	2	1	1	1	1	1	1	1
Neurosurgery	*	n/a	*	0	1	0	*	1	1	1	0
Ophthalmology	2	3	5	4	3	3	2	4	3	3	3
Otolaryngology	2	*	1	2	2	2	1	1	1	1	2
Obstetrics/Gynecology	4	4	4	4	4	5	5	4	4	3	4
Total Specialties	49	37	45	51	70	73	64	52	54	56	65
Total Physicians	113	118	113	114	143	152	126	130	132	137	141

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

Revisions to the NPDB Full-Time Equivalent Benchmarks

Revisions to the NPDB Full-Time Equivalent Benchmarks

Introduction

As described in the Methodological Notes section of this report, physician full-time equivalency values are calculated by measuring individual-level physician payment information against set benchmarks (FTE benchmarks). For a given base year, lower and upper FTE benchmarks are established for each provincial medical specialty group reported in CIHI's National Physician Database (NPDB) Full-Time Equivalent Physicians Report. Base year benchmarks are adjusted annually using fee schedule increase/decrease information provided by information sources within each province.

As a first step in FTE calculations, national-level base year benchmarks are established by pooling provincial-level physician payment information into 17 separate medical specialty files, corresponding to the 17 medical specialty groups reported in the Full-Time Equivalent Physicians Report. In creating these national-level medical specialty files, physician payment information is standardized using Physician Services Benefit Rate (PSBR) indices that adjust for fee schedule price variations across provinces.³ Each national level medical specialty file is then sorted in ascending order according to physicians' total payment values. Payment values at the 40th and 60th percentiles are used to define national-level lower and upper benchmarks for each medical specialty group. These national-level benchmarks are then converted into province-specific benchmarks by applying the same PSBR indices that were used to standardize physician payments.

In consultation with its Expert Group on Physician Databases, CIHI periodically updates FTE methodologies used to produce NPDB publications. 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. This appendix describes changes implemented to produce the Full-Time Equivalent Physicians Report, starting with the 2002–2003 data year.

³ For more information on CIHI's Physician Services Benefit Rate indices, please contact Consultant, Physician Databases, CIHI, at (613) 241-7860 or npdb@cihi.ca.

Summary of FTE Methodology Revisions Starting in Data Year 2002–2003

The stages of FTE data processing reviewed, and ultimately adjusted, included benchmark setting and summarizing physician payment data to produce annual FTE statistics.

Methodological changes have been implemented in three main areas of FTE calculation:

1. Updating of the FTE base year from 1995–1996 to 2000–2001.
2. Harmonization of payment sources and inclusion/exclusion criteria applied when establishing base year FTE benchmarks and summarizing physician payments to calculate annual FTE physician statistics.
3. Calculation of weighted increase/decrease values for adjusting annual FTE benchmarks.

1. Updating the FTE Base Year

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. Starting with the 2002–2003 data year, FTE Physician reports will be produced using a 2000–2001 base year.⁴

2. Harmonization of Payment Sources and Inclusion/Exclusion Criteria for FTE Calculations

In addition to the base year change implemented in the 2002–2003 data year, the recent review of FTE methodologies has produced a number of minor changes to FTE data processing. The review covered the following methodological criteria:

Inclusion/exclusion of physicians with total payments less than or equal to \$0.00.

Prior to the 2002–2003 data year, physicians with total annual payments less than or equal to \$0.00 were included when calculating base year benchmarks and when calculating annual FTE statistics. Starting with the 2002–2003 data year, annual FTE calculations will exclude physicians earning less than or equal to \$0.00. Furthermore, the 2000–2001 FTE benchmarks—to be used for the first time on 2002–2003 data—will exclude physicians earning less than or equal to \$0.00 in 2000–2001.

⁴ For a detailed discussion of base year changes and the potential impact on FTE results, please see *Full-Time Equivalent Physicians (FTE) Report, Canada, 1996-1997 to 1998-1999*, Appendix G (CIHI: Ottawa, 2001).

Inclusion/exclusion of reciprocal billing payments.

This payment source was reviewed in light of the fact that the province of Quebec does not submit reciprocal billing payment data to the NPDB. All other jurisdictions submit reciprocal billing data to the NPDB. For base years prior to 2000–2001, FTE benchmarks were set without including reciprocal billing payments in physician-level payment summaries. Starting with the 2000–2001 base year, reciprocal billing payments will be included in FTE benchmark calculations. As in past FTE reports, reciprocal billing data will continue to be included in physician level payment summaries used to produce annual FTE statistics.

Inclusion/exclusion of payment sources other than medical care plan payments.

FTE benchmarks for base years earlier than 2000–2001 included payment sources other than medical care plan payments. These payment sources include workers compensation board and insurance corporation payments. The payments from these sources are submitted to the NPDB by the provinces of Quebec and British Columbia. Starting with the 2002–2003 data year, annual FTE calculations and year 2000–2001 FTE benchmarks will exclude payment sources other than medical care plan payments.

Selection of physicians who bill at least once per quarter when setting FTE benchmarks.

FTE benchmarks are set using data for physicians who bill in all four quarters of the base year. Past FTE benchmarking methodologies examined physicians separately within each province and excluded those physicians who did not bill in all four quarters within the particular province. Starting with the 2000–2001 base year FTE benchmarks, physicians will be included in the calculations if they bill at least once per quarter in one or more provinces. For example, physicians who bill in quarters 1 and 2 in province A and then bill in quarters 3 and 4 in province B will be included in setting FTE benchmarks. Past FTE benchmarking methodologies would have excluded such physicians.

Combination of individual physician payments at the national level when setting FTE benchmarks.

In any given year, individual physicians can appear on the NPDB with one or more medical specialty designations in one or more provinces. Past FTE benchmarking methodologies, used prior to the 2000–2001 base year, summarized physician payments at the provincial level and then included physicians in one or more medical specialty groups when setting national FTE benchmarks. Starting with the 2000–2001 base year FTE benchmarks, individual physician payments will be summarized across provinces for those physicians who bill in more than one province. If physicians appear on the NPDB with more than one medical specialty designation, they will be assigned to the single medical specialty group that corresponds to their majority of payments.

The criteria described above summarize the main considerations covered as part of the recent FTE methodology review. As noted, a number of methodological changes were implemented as a result of this review. Figure A illustrates the impact of these changes by presenting 2000–2001 FTE physician results based on earlier methodologies and revised methodologies.

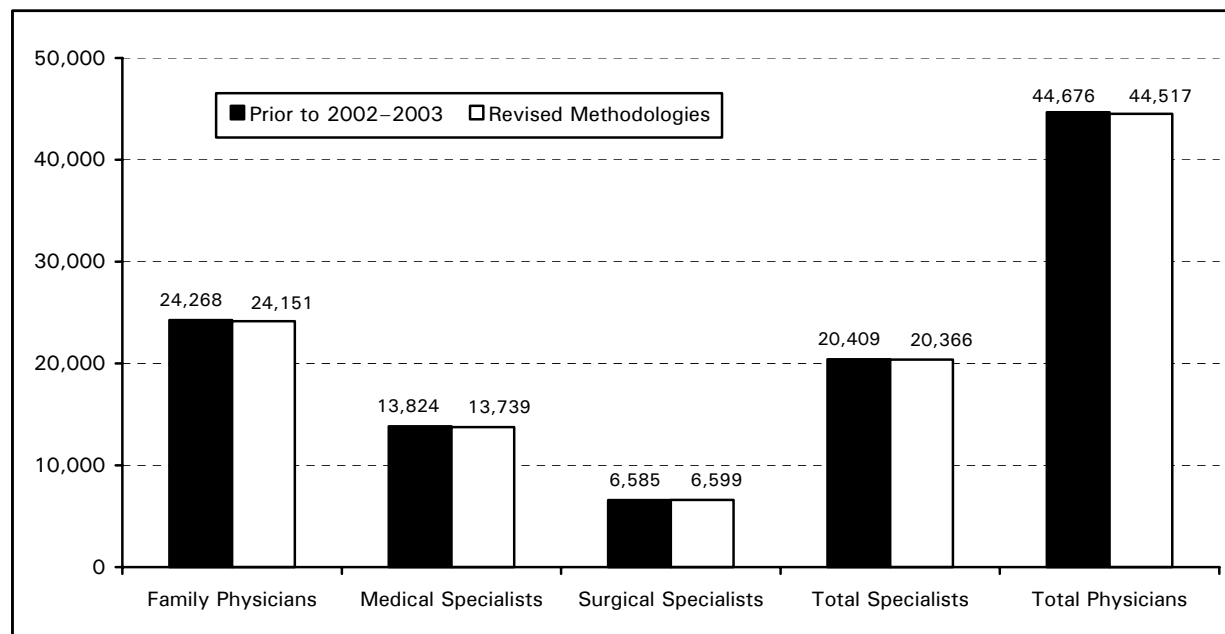


Figure A. 2000–2001 Full-Time Equivalent Physicians Based on Revised FTE Methodologies and Methodologies Used Prior to the 2002–2003 Data Year, by Broad Medical Specialty, Canada. FTE Benchmark Base Year = 2000–2001

3. Calculation of Weighted Fee Schedule Increases/Decreases for Updating Base Year FTE Benchmarks

As noted in the introduction to this appendix, base year FTE benchmarks are adjusted annually according to fee schedule increase/decrease information provided by provincial data sources. CIHI receives detailed increase/decrease information from some provinces for physician subgroups that are included within family medicine and internal medicine. For example, some provinces provide increase/decrease information for emergency medicine and community health physicians, both of which are included within family medicine. Similarly, some provinces provide increase/decrease information for gastroenterologists, rheumatologists and geriatric medicine physicians, which are all included within internal medicine.

Prior to the 2002–2003 data year, annual FTE benchmark increases/decreases for family medicine and internal medicine were calculated using the simple arithmetic mean of the increase/decrease information for the physician sub-groups covered by these medical specialties. Starting with the 2002–2003 data year, 2000–2001 FTE benchmarks will be adjusted annually using a weighting system based on NPDB payment information. Base year payment information will be used to produce the weighting system. For example, for those provinces that provide detailed increase/decrease information for general practitioners and emergency medicine physicians—both of which are included within family medicine—the overall increase/decrease made to the family medicine FTE benchmarks will be calculated by applying NPDB payment-based weights to the detailed increase/decrease information for emergency medicine physicians and general practitioners.

To illustrate the concepts described above, consider the following hypothetical information:

Family Medicine Subgroup	Fee Schedule Increase/Decrease	Total NPDB Payments for Physician Subgroup
General Practitioners	5%	\$1,000
Emergency Medicine Physicians	6%	\$100

If a given province provided the detailed fee schedule increase/decrease information shown above, then the simple arithmetic mean increase to the family medicine FTE benchmarks would be calculated as:

$$\text{Family medicine FTE benchmark increase} = (5\% + 6\%) / 2 = 5.5\%$$

However, using the payment-weighted methodology, the family medicine FTE benchmark increase is calculated as follows:

$$\text{Family medicine FTE benchmark increase} = ((5\% \times 1,000) + (6\% \times 100)) / (1,000 + 100) = 5.09\%$$

Again, prior to the 2002–2003 data year, FTE benchmarks were adjusted using the simple arithmetic mean of fee schedule increase/decrease information provided for physician subgroups included within family medicine and internal medicine. Henceforth, base year FTE benchmarks established using 2000–2001 NPDB data will be adjusted using the payment-weighted methodology described above.

Table A presents year 2002–2003 FTE benchmarks for internal medicine and family medicine, by province. The results show lower and upper benchmarks calculated using the simple arithmetic mean of fee schedule increases/decreases for physician subgroups within family medicine and internal medicine. The table also shows FTE benchmarks calculated using the payment-weighted approach, along with the % difference between benchmarks based on the two different methodologies.

Table A. 2002–2003 Lower and Upper FTE Benchmarks for Family Medicine and Internal Medicine. Calculated Using the Arithmetic Mean of Physician Subgroup Increase/Decrease Percentages and Weighted Increase/Decrease Percentages, by Province. Base Year = 2000–2001

Family Medicine – Lower Benchmarks										
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Arithmetic Mean	117,157	109,139	163,296	172,548	127,597	142,693	139,285	139,440	197,290	196,978
Payment-Weighted Mean	121,660	109,139	163,296	173,213	127,597	142,693	139,285	139,440	197,349	198,065
Percent Difference	3.84%	0.00%	0.00%	0.39%	0.00%	0.00%	0.00%	0.00%	0.03%	0.55%
Family Medicine – Upper Benchmarks										
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Arithmetic Mean	155,130	144,513	216,224	228,474	168,954	188,942	184,430	184,635	261,236	260,822
Payment-Weighted Mean	161,093	144,513	216,224	229,354	168,954	188,942	184,430	184,635	261,314	262,262
Percent Difference	3.84%	0.00%	0.00%	0.39%	0.00%	0.00%	0.00%	0.00%	0.03%	0.55%
Internal Medicine – Lower Benchmarks										
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Arithmetic Mean	147,209	165,557	217,989	193,618	156,103	193,344	184,391	182,066	211,278	227,957
Payment-Weighted Mean	147,209	165,557	217,989	182,061	150,909	193,344	177,190	182,066	213,040	225,774
Percent Difference	0.00%	0.00%	0.00%	-5.97%	-3.33%	0.00%	-3.91%	0.00%	0.83%	-0.96%
Internal Medicine – Upper Benchmarks										
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Arithmetic Mean	220,737	248,249	326,869	290,326	234,073	289,915	276,491	273,004	316,806	341,817
Payment-Weighted Mean	220,737	248,249	326,869	272,996	226,284	289,915	265,693	273,003	319,448	338,543
Percent Difference	0.00%	0.00%	0.00%	-5.97%	-3.33%	0.00%	-3.91%	0.00%	0.83%	-0.96%

Appendix B

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 2002–2003 these fee codes accounted for approximately \$112.5 million (2.5%) 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 B summarizes the impact of excluding these payments on FTE physician count results for the year 2002–2003.

Table B. 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, 2002–2003

	Ontario	Total
Family Medicine	0.37%	0.15%
Medical Specialties	2.04%	0.91%
Internal Medicine	4.40%	2.03%
Neurology	1.95%	0.69%
Psychiatry	0.60%	0.29%
Pediatrics	0.65%	0.28%
Dermatology	0.00%	0.00%
Physical Medicine	0.50%	0.24%
Anesthesia	0.03%	0.01%
Surgical Specialties	1.50%	0.63%
General Surgery	1.39%	0.61%
Thoracic/Cardiovascular Surgery	2.80%	0.67%
Urology	0.48%	0.20%
Orthopedic Surgery	0.39%	0.16%
Plastic Surgery	0.05%	0.02%
Neurosurgery	1.78%	0.70%
Ophthalmology	1.09%	0.43%
Otolaryngology	2.03%	0.82%
Obstetrics/Gynecology	2.97%	1.36%
Total Specialties	1.87%	0.82%
Total Physicians	1.10%	0.46%

Source: NPDB, CIHI

Appendix C

Net Population Estimates

Table C. Statistics Canada Net Population Estimates, 2001–2002 to 2002–2003

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Total
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
2002–2003 (PR)	518.6	137.1	925.7	745.0	7,443.1	12,117.9	1,152.9	992.3	3,114.4	4,111.1	31,258.2

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 for 2001–2002 data are based on 1996 census counts, adjusted for net census undercoverage.
 The estimates for 2002–2003 data are based on 2001 census counts, adjusted for net census undercoverage.

These figures have been rounded independently to the nearest hundred.

Appendix D

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NPDB Authorization Officers

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Appendix E

NPDB Specialty Categories

NPDB Physician Specialty Categories

- 01 ***Family Medicine***
 - 010 Residency
 - 011 General practice
 - 012 Family practice
 - 013 Community medicine/public health
 - 014 Emergency medicine

Medical 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 F

Fee-for-Service Radiology and Laboratory Coverage in NPDB

Fee-for-Service Radiology and Laboratory Coverage in NPDB

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

Newfoundland and Labrador

- No laboratory services data are supplied to NPDB, as these services are paid through the hospital funding.
- Physicians can be paid on a fee-for-service basis for interpretation services on certain diagnostic services such as EEGs or ECGs. 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.
- Some radiology services provided by physicians in hospital and in private practice are included in the NPDB file submissions.

Ontario

- Approximately 50% of all laboratory services are funded through OHIP, and therefore are included in the NPDB file submissions. The remaining 50% are funded via public health (1%) and hospital global budgets (49%).
- 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% 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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