



Physicians in Canada, 2016

Summary Report



Canadian Institute
for Health Information

Institut canadien
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Highlights

This report contains information on the supply of physicians in Canada, physician service utilization and payments to physicians that are administered through the provincial and territorial medical care plans. Data on the supply, demographics and mobility of physicians is as of December 31, 2016. The service utilization and payments data is for fiscal year 2015–2016.

For the 10th year in a row, the number of physicians and the number of physicians per population increased in Canada.

- In 2016, there were 84,063 physicians in Canada, representing a 2.3% increase over 2015. This was the lowest growth rate over the previous 5 years.
- Between 2012 and 2016, growth in the number of physicians outpaced population growth, resulting in 230 physicians per 100,000 population in 2016.
- Based solely on the number of MD degrees currently being awarded by Canadian universities, the number of physicians is expected to continue to increase for the next several years.
- The number of new graduates and of female physicians in the workforce continues to rise. The proportion of recent physician graduates (10 years or less since graduation) increased from 16.2% in 2012 to 20.0% in 2016. Among physicians younger than 40, 54.0% are female.
- Between 2012 and 2016, the number of female physicians increased by 21.0%, while the number of male physicians increased by 6.1%.

Clinical payments to physicians in Canada increased 3.4% over the previous year.

- In 2015–2016, total clinical payments to physicians increased 3.4% over the previous year to \$25.7 billion; this is a slightly larger increase than seen in 2014–2015 (3.3%) but lower than the average annual growth rate of the past decade (6.2%).
- The average gross clinical payment per physician in 2015–2016 was \$339,000; this amount increased by less than 1% from 2014–2015. The average gross clinical payment per physician ranged from \$262,000 in Nova Scotia to \$380,000 in Alberta.
- The average gross clinical payment to family medicine physicians decreased by almost 1% in 2015–2016 to \$275,000, while the average gross payment per medical specialist increased 1.5% to \$347,000; the average per surgical specialist was \$461,000, an increase of 1.8%.
- While the proportion of clinical payments has maintained close to a 70/30 split between fee-for-service (FFS) payments and alternative payment plan (APP) payments over the last several years, in 2015–2016, almost all physicians (97%) received some payments through FFS and more than two-thirds of physicians (69%) received some payments through APPs.

Consultations and visits made up the majority of both services and payments.

- In 2015–2016, FFS payments to physicians for clinical services totalled approximately \$17.3 billion. Consultations and visits accounted for 72% of services and 66% of payments to physicians, while procedures accounted for the balance (28% of services and 34% of payments).
- In 2015–2016, the average cost per service paid to physicians was \$64.05. Family physicians billed an average cost per service of \$46.96, while medical and surgical specialists billed an average of \$82.03 and \$89.02 per service, respectively.

More information

The following companion products to the *Physicians in Canada, 2016: Summary Report* are available on CIHI's website at www.cihi.ca:

- *Physicians in Canada, 2016: Chartbook* (.pptx)
- *A profile of physicians in Canada, 2016* (infographic; .pdf)
- *Supply, Distribution and Migration of Physicians in Canada, 2016: Data Tables* (.xlsx)
- *Supply, Distribution and Migration of Physicians in Canada, 2016: Quick Stats* (.xlsx)
- *Supply, Distribution and Migration of Physicians in Canada, 2016: Methodological Notes* (.pdf)
- *Supply, Distribution and Migration of Physicians in Canada, 2016: Historical Data* (.xlsx)
- *National Physician Database — Payments Data, 2015–2016* (.xlsx)
- *National Physician Database — Utilization Data, 2015–2016* (.xlsx)
- *National Physician Database Historical Data Series* (.xlsx)
- *National Physician Database Data Release, 2015–2016: Methodological Notes* (.pdf)
- *Physician Services Benefit Rates, 2015–2016: Methodological Notes* (.pdf)
- *Physician Services Benefit Rates, 2015–2016: Data Tables* (.xlsx)

The following Health Human Resources (HHR) product is also available at www.cihi.ca:

- *Regulated Nurses, 2016*

Feedback and questions are welcome at physicians@cihi.ca.

About CIHI's physician data

Collecting and reporting physician information assists decision-makers in the planning, distribution and funding of physicians. Information on the supply, distribution and migration of physicians from the data sources used in this report has been collected since 1968, and information on physician service utilization and payments has been collected since 1989. The Canadian Institute for Health Information (CIHI) has reported on this information since its inception in 1994.

Starting in 2014, CIHI merged data from Scott's Medical Database and the National Physician Database into a single report. This provides readers with a source for all physician-related data on the supply of physicians, their payments and the services they provide. The report includes a series of related products:

- A summary report on physician supply, distribution, migration, payment and utilization information;
- Data tables in Excel to enable readers to conduct their own analyses;
- An infographic to visually showcase report highlights; and
- PowerPoint slides of key findings for use in presentations.

To ensure that our work reflects priority needs, we invite our readers to join the discussion using CIHI's Facebook page (www.facebook.com/CIHI.ICIS), Twitter account (twitter.com/CIHI_ICIS) or email (physicians@cihi.ca).

Any questions regarding this publication should be directed to

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Notes to readers

This report contains information on the supply of physicians in Canada, physician service utilization and payments to physicians that are administered through the provincial and territorial medical care plans. Data on the supply, demographics and mobility of physicians is as of December 31, 2016. The service utilization and payments data is for fiscal year 2015–2016.

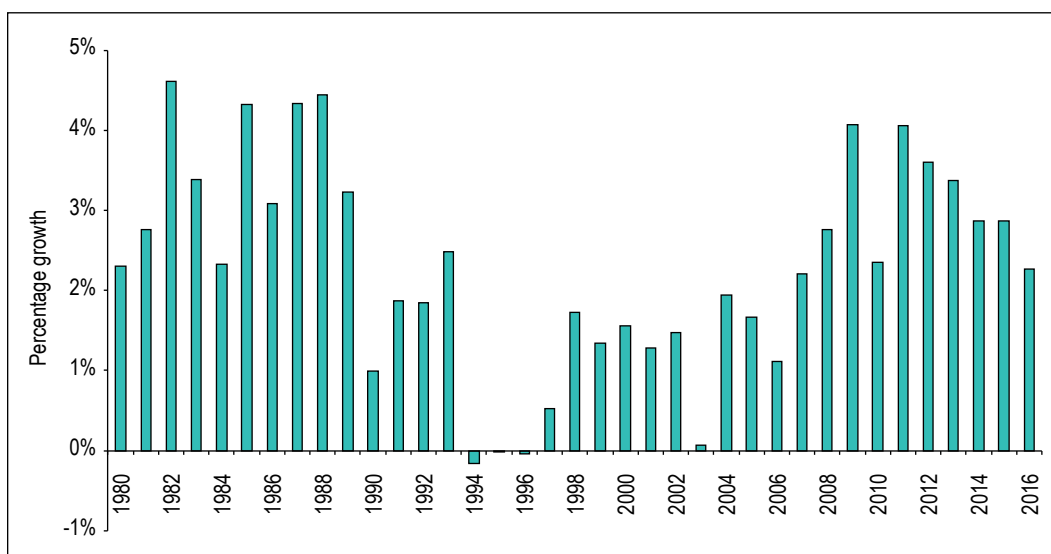
Report summary

How many physicians are there in Canada?

2016 saw the highest number of physicians ever recorded in Canada, and the increases are likely to continue.

- In 2016, there were 84,063 physicians in Canada, representing an increase of 2.3% over the previous year. This is the lowest increase over the previous 5 years.
- Looking back, Canada has sustained yearly physician increases of more than 2% since 2007, with increases of more than 4% in 2009 and 2011. The increases over the past 10 years are reminiscent of the 1980s, which also saw large yearly increases (ranging from 2.3% to 4.6%) (see Figure 1).

Figure 1 Percentage growth in the supply of physicians, Canada, 1980 to 2016



Source

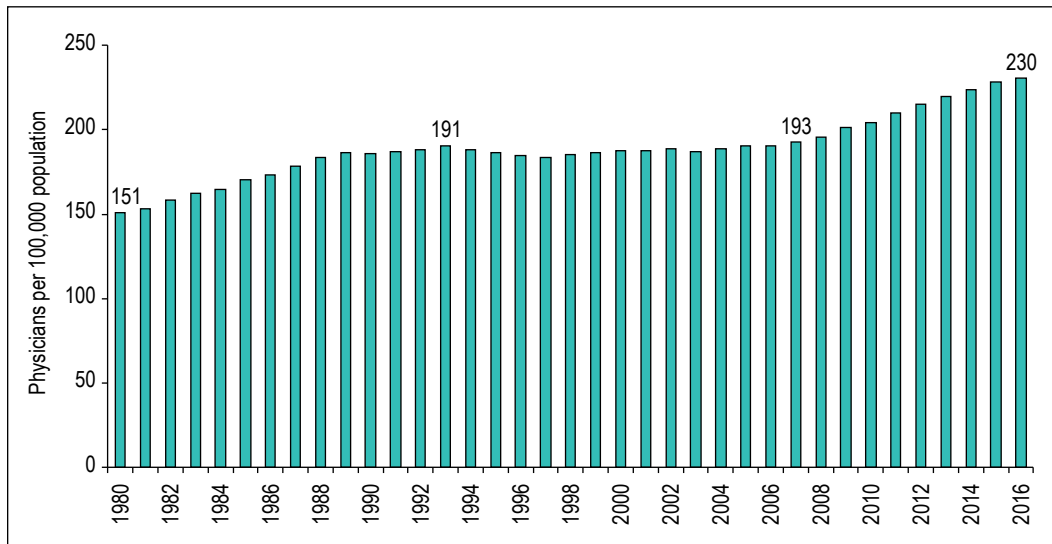
Scott's Medical Database, Canadian Institute for Health Information.

- In 2016, most provinces reported an increase in the number of physicians since 2015, with British Columbia reporting the largest increase (5.8%). Nova Scotia was the only province reporting a decrease in the number of physicians, though it was very small (-0.3%).ⁱ
- Based solely on the number of MD degrees awarded by Canadian universities, the number of physicians is likely to continue to increase.
 - In 2016, Canadian universities awarded 2,853 MD degrees, representing an increase of 1.4% from the previous year.¹ Between 2012 and 2016, the number of MD degrees awarded in Canada increased by 7.9%.

Over the past 5 years (2012 to 2016), the number of physicians increased at a considerably faster rate than the population, resulting in more physicians per population than ever before (see Figure 2). In 2016, there were 230 physicians per 100,000 population.

- The Canadian population increased by 4.5% between 2012 and 2016, while the physician population increase was 11.9% — almost 3 times the Canadian population increase.

Figure 2 Number of physicians per 100,000 population, Canada, 1980 to 2016



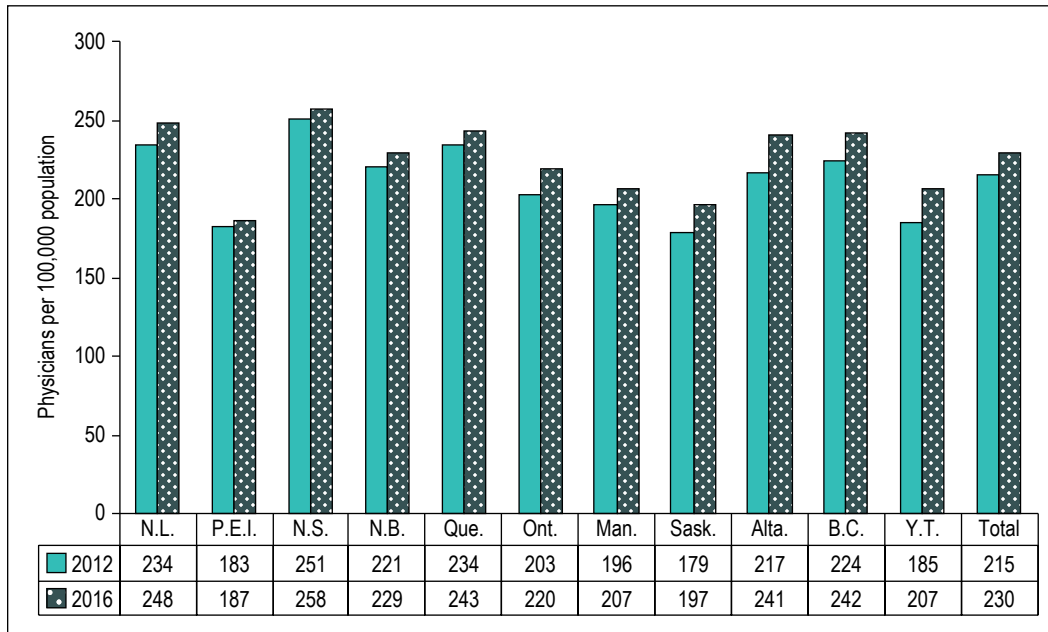
Sources

Scott's Medical Database, Canadian Institute for Health Information.
 Statistics Canada. [Quarterly population estimates](#). 2017.

i. Numbers for the territories should be interpreted with caution, as the territories rely heavily on physicians who work on temporary arrangements to provide care. For example, by taking into account itinerant physicians as reported by the Nunavut government, the number of family medicine physicians providing services in the territory was 155 in 2016, up from 149 in 2015, an increase of 4.0% (see Table 1 in the SMDB Methodological Notes for details).

- Across the jurisdictions,ⁱⁱ with the exception of Nova Scotia and Yukon, the physician-per-population ratio in 2016 was the highest ever recorded. Jurisdictions with the highest ratios included Nova Scotia, Newfoundland and Labrador, Quebec, B.C. and Alberta (258, 248, 243, 242 and 241 physicians per 100,000 population, respectively) (see Figure 3).

Figure 3 Number of physicians per population, by jurisdiction, 2012 and 2016



Source

Scott's Medical Database, Canadian Institute for Health Information.

Nationally, the proportions of family medicine and specialist physicians were relatively equal, with family medicine physicians representing between 50% and 53% of the physician workforce since the late 1970s.

- In 2016, family medicine physicians represented 50.6% of the physician workforce in Canada and approximately half of the physician workforce in each province, ranging from 48.5% in Quebec to 55.3% in New Brunswick; in Yukon, family physicians represented 87% of the physician workforce.ⁱⁱⁱ

ii. The Northwest Territories and Nunavut were excluded from this analysis due to their small physician-per-population ratios.

iii. The Northwest Territories and Nunavut were excluded from this analysis due to their small physician-per-population ratios.

What are the demographic profiles of the physician workforce in Canada?

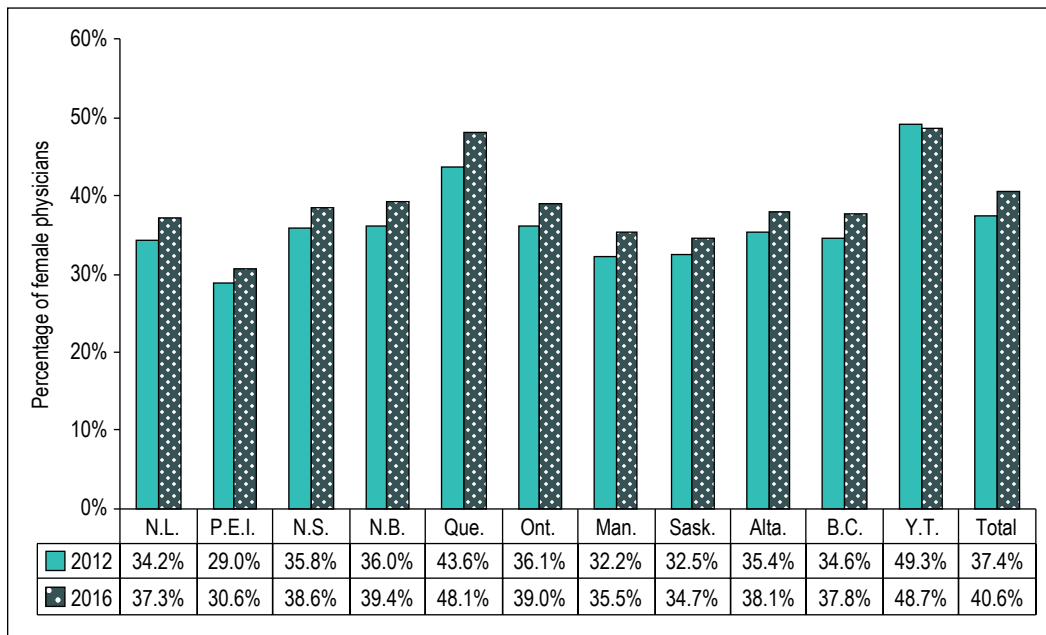
In 2016, 40.6% of Canada's physicians were women; the proportion was higher among family medicine physicians (45.3%) and younger physicians (54.0% of those younger than age 40).

- Between 2012 and 2016, the number of female physicians increased by 21.4%, while the number of male physicians increased by 6.1%. In 2016, 40.6% of physicians were women, compared with 37.4% in 2012.
- Yukon, Quebec and New Brunswick had the highest proportion of women in their physician workforces (48.7%, 48.1% and 39.4%, respectively),^{iv} while Prince Edward Island, Saskatchewan and Manitoba reported the lowest percentages of women in their physician workforces (30.6%, 34.7% and 35.5%, respectively) (see Figure 4).
- Across all jurisdictions,^v women represented a larger proportion of family medicine physicians than of specialists. In 2016, women accounted for 45.3% of family medicine physicians and 35.9% of specialists.
- In 2016, 54.0% of Canada's physicians younger than 40 were women. The rate was highest in Quebec, at 64.1% of younger physicians, and lowest in Manitoba, at 46.7%. Females represented more than half of younger physicians in Ontario, in all provinces east of Ontario^v and in the territories. In the provinces west of Ontario, female physicians represented 50.0% (B.C.) or less of all physicians younger than 40.^v

iv. The Northwest Territories and Nunavut were excluded from this analysis due to small numbers.

v. Except in P.E.I., where females represented 46.9%.

Figure 4 Percentage of female physicians, by jurisdiction, 2012 and 2016



Source

Scott's Medical Database, Canadian Institute for Health Information.

The average age of physicians has declined slightly over the past 5 years, from 50.4 in 2012 to 49.8 in 2016. The growing number of younger physicians entering the workforce is influencing this trend.

- On average, family medicine physicians and specialists were about the same age in 2016 (49.6 and 49.9 years old).
 - Family medicine physicians in Yukon, Alberta and Saskatchewan were the youngest (average age of 46.0, 47.6 and 48.1, respectively), while those in P.E.I. were the oldest (average age of 51.7).^{vi}
 - Specialist physicians in Saskatchewan and Alberta were the youngest (average age of 47.9 and 48.1, respectively), while those in P.E.I. and Yukon were the oldest (average age of 52.4 and 51.1, respectively).^{vi}
 - The average age of female physicians was 45.9, while the average age of male physicians was 52.4.

^{vi.} The Northwest Territories and Nunavut were excluded from this analysis due to small numbers.

- Across Canada, a slightly higher proportion of the workforce was younger than 40 (26.8%) than was 60 and older (25.3%).
 - Yukon, Saskatchewan and Alberta had the highest proportions of physicians younger than 40 (41.0%, 31.6% and 31.3%, respectively) and the smallest proportions of physicians older than 60 (17.9%, 19.8% and 20.5%, respectively). Conversely, P.E.I. had a relatively older workforce, with 17.6% of physicians younger than 40 and 27.2% of physicians older than 60. It should be noted that Ontario had the highest proportion of physicians older than 60 (28.0%), but the proportion of physicians younger than 40 was 24.9%, which was not the lowest.^{vii}

Approximately one-quarter (25.9%) of Canada's physicians received their MD degree outside of Canada.

- In 2016, 29.3% of Canada's family medicine physicians and 22.4% of specialists received their MD degrees outside of Canada.
- The percentage of physicians in Canada who were trained internationally has increased slightly in recent years, from 25.2% in 2012 to 25.9% in 2016.
- Saskatchewan, Newfoundland and Labrador and Alberta had the largest proportions of internationally trained physicians in their physician workforces (52.5%, 36.6% and 34.2%, respectively), while Quebec and P.E.I. had the smallest (9.7% and 16.9%, respectively).^{vii}

What are the migration patterns of physicians?

Migration patterns suggest that Canada continues to gain more physicians from other countries than it is losing. Meanwhile, the number of physicians migrating between jurisdictions in Canada has remained relatively constant.

- In 2016, more physicians returned from abroad than moved abroad, resulting in a net gain of 58 physicians from international migration.
- Within Canada, 1,101 physicians moved from one jurisdiction to another, representing 1.3% of the physician workforce.
- Since the late 1970s, approximately 1% of physicians have moved between jurisdictions each year.²

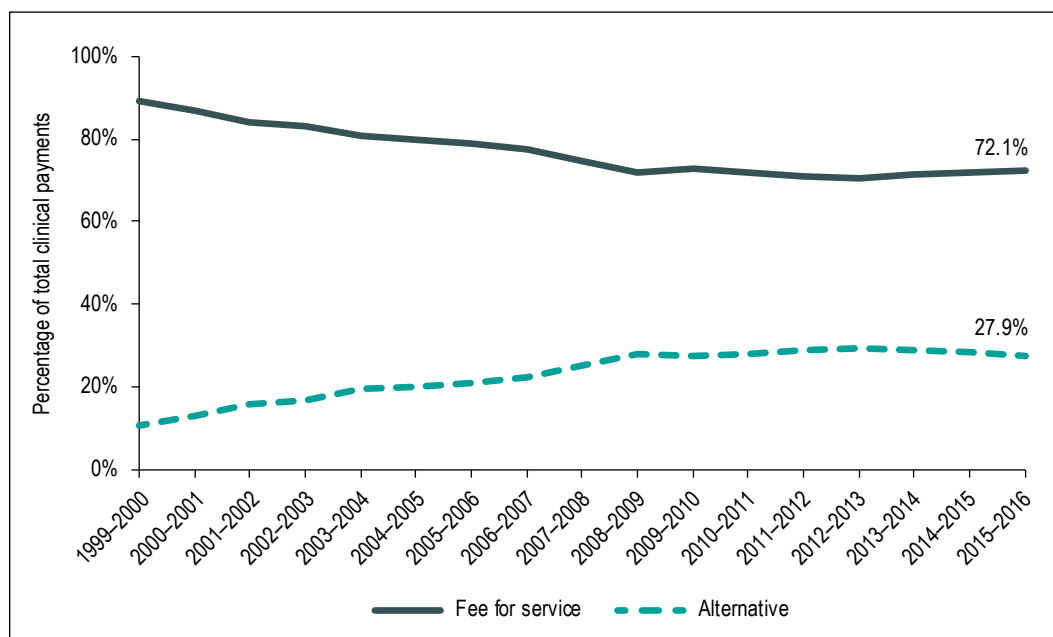
^{vii}. The Northwest Territories and Nunavut were excluded from this analysis due to small numbers.

How are physicians paid?

Since the introduction of the public medical care system in the 1960s, most physicians in Canada have been compensated through fee-for-service (FFS) payments. The emergence of alternative payment plans (APPs) first became prevalent in the mid-1990s, a time in which Canada's health care systems were experiencing a period of reform. Alternative methods of paying physicians consist of programs such as salaries, hourly rates, capitation models or contract-based payments. APPs have become more prominent in the last 2 decades, now representing nearly 30% of all clinical payments.

- In 1999–2000, alternative payments totalled \$1.0 billion and made up 10.6% of total gross clinical payments. By 2015–2016, alternative payments had reached almost \$7.2 billion, which accounted for more than one-quarter (27.9%) of all clinical payments.
- The shift toward APPs in place of FFS payments appears to have stabilized: from 2008–2009 to 2015–2016, FFS payments remained between 70% and 73% of total clinical payments (see Figure 5).
- For the third consecutive year, alternative payments as a proportion of total clinical payments saw a slight decrease.

Figure 5 Fee-for-service and alternative payments as a percentage of total clinical payments to physicians, 1999–2000 to 2015–2016



Source

National Physician Database, Canadian Institute for Health Information.

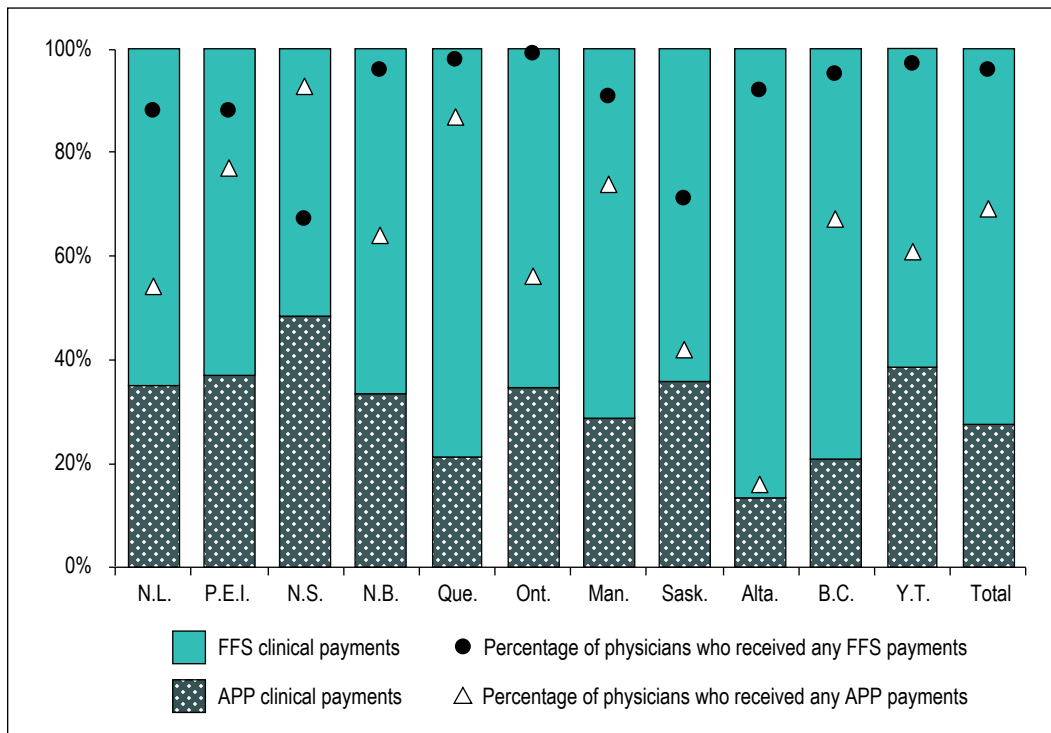
Many physicians receive compensation through multiple models, which could include both FFS and alternative payments. While the proportion of clinical payments has maintained close to a 70/30 split between FFS and APP payments over the last several years, in 2015–2016, almost all physicians (97%) received some payments through FFS and more than two-thirds of all physicians (69%) received some payments through APPs.

Funding through APPs varies significantly across jurisdictions. Nova Scotia had the highest proportion of medical care plan payments paid through APPs (48%). Alberta had the lowest proportion paid through APPs, followed closely by B.C. and Quebec (13%, 21% and 21%, respectively).

With the exception of Nova Scotia and Saskatchewan, more than 88% of physicians in each jurisdiction receive at least some payments through FFS. The proportion of physicians receiving payments through APPs varies greatly for all jurisdictions, ranging from as high as 93% in Nova Scotia to only 16% in Alberta.

- In Ontario, 99% of all physicians billed some FFS, and 56% were also paid through an alternate form of compensation (Figure 6).
- In Quebec, almost all physicians were paid through both payment types (98% FFS and 87% APP), while only 21% of total clinical payments were paid using alternative payment models (see Figure 6).

Figure 6 Distribution of physicians and clinical payments by payment type, 2015–2016



Notes

FFS: Fee for service.

APP: Alternative payment plan.

The number of physicians in Saskatchewan and Alberta may include radiology and laboratory specialists.

Data for Newfoundland and Labrador is not finalized and should be considered preliminary.

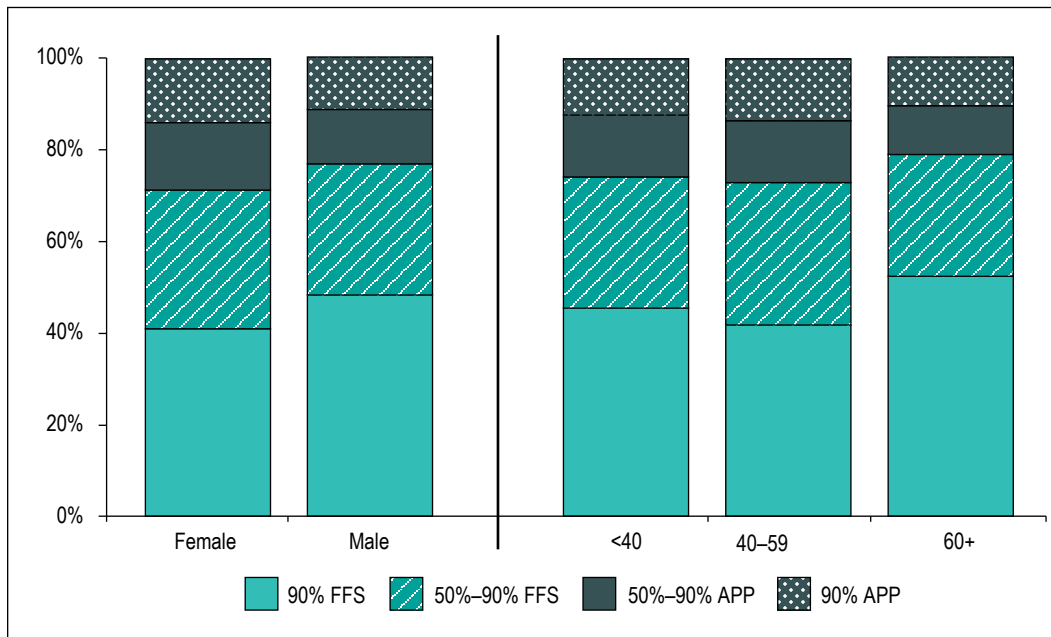
Source

National Physician Database, Canadian Institute for Health Information.

Younger physicians and female physicians were more likely to receive the majority of their payments through APPs, compared with their older and male colleagues across the country.

- 29% of female physicians and 23% of male physicians receive more than half of their total clinical payments through APPs (Figure 7).
- Physicians age 60 and older were more likely to be paid through FFS (79%) (Figure 7).

Figure 7 Distribution of physicians by payment type, sex and age group, 2015–2016



Notes

FFS: Fee for service.

APP: Alternative payment plan.

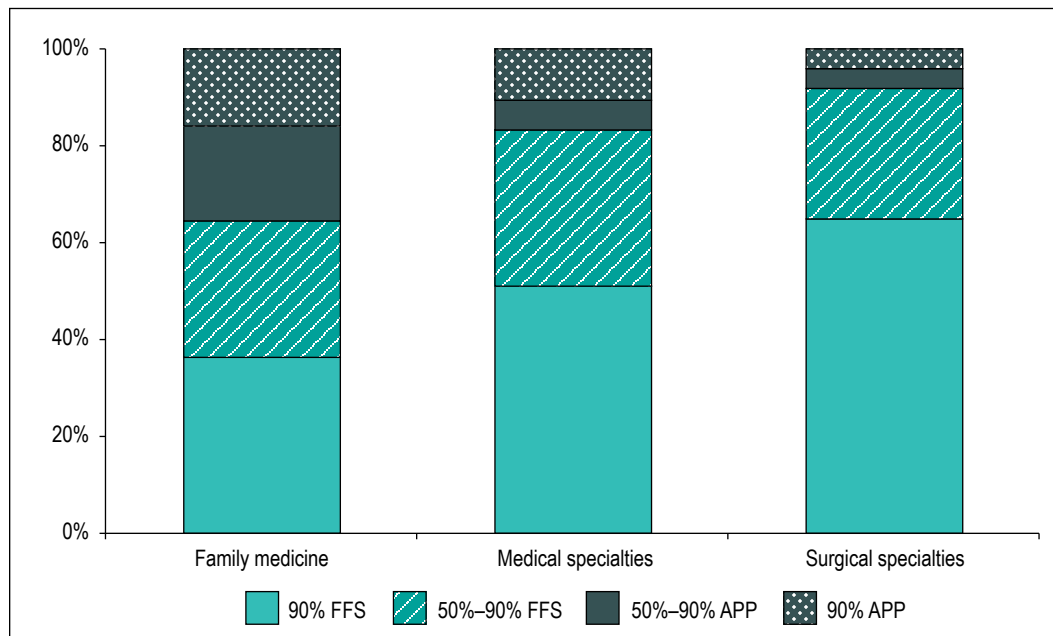
Saskatchewan, Alberta, the Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

However, it appears that physician specialty was a stronger indicator of payment model than demographic profile. Overall, family medicine physicians were more likely to be paid through APPs than medical specialists and surgical specialists. In Canada, 35% of family medicine physicians, 17% of medical specialists and 8% of surgical specialists received more than half of their total clinical payments through APPs (see Figure 8).

Figure 8 Distribution of physicians by payment type, broad specialty, 2015–2016



Notes

FFS: Fee for service.

APP: Alternative payment plan.

Saskatchewan, Alberta, the Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

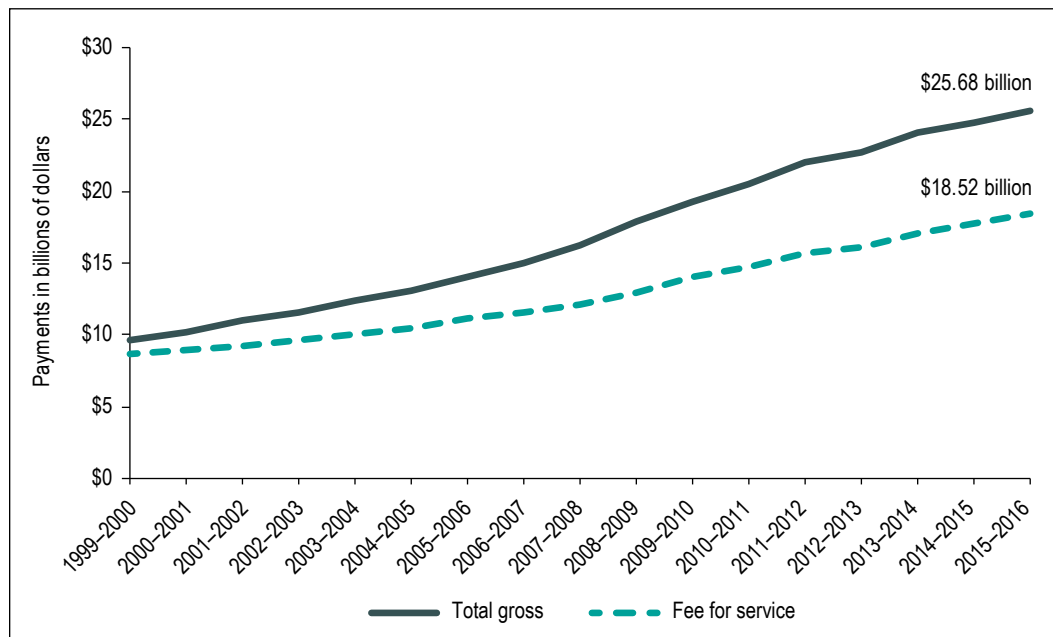
When looking at physicians who did not receive their payments predominantly through a single method, there was a considerable difference between family medicine physicians and surgical specialists. Almost half of all family medicine physicians (48%) received a mixture of both FFS and alternative payments, while only approximately one-third of surgical specialists (31%) received the same.

How much are physicians paid?

The cost of physician services in Canada can be understood by examining total and average clinical payments to physicians, the types of services paid for, and information about the providers and recipients of these services.

Gross clinical payments to physicians — defined as payments for insured medical services through provincial/territorial medical care plans — reached \$25.7 billion in 2015–2016 (see Figure 9). This represents an increase of 3.4% over the previous year; this is a slightly larger increase than in 2014–2015 (3.3%) but lower than the average annual growth of the past decade (6.2%).

Figure 9 Total gross and fee-for-service clinical payments to physicians, 1999–2000 to 2015–2016

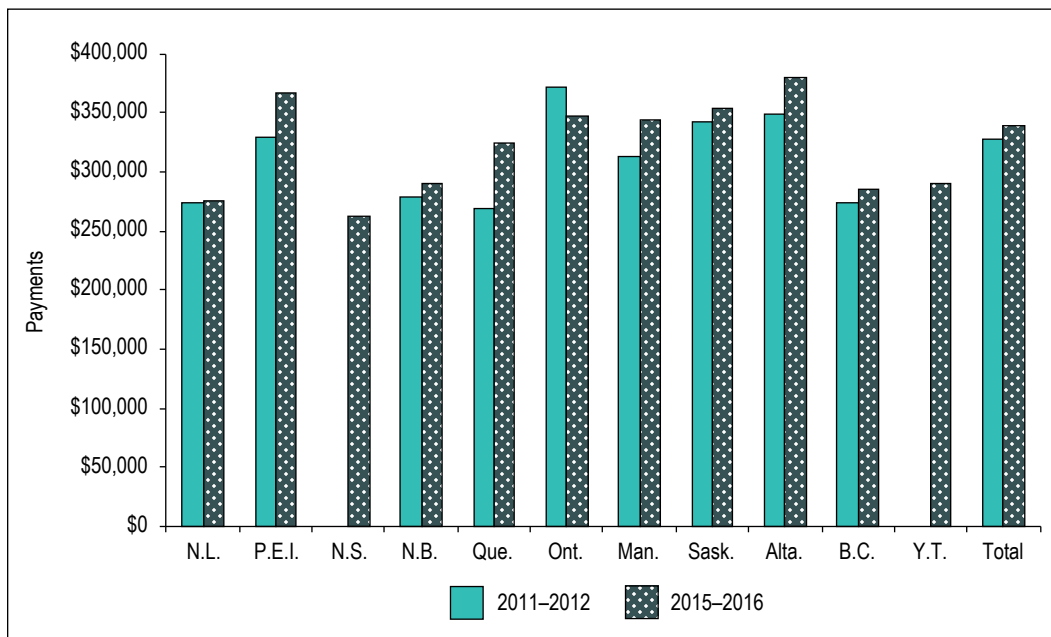


Source

National Physician Database, Canadian Institute for Health Information.

As total clinical payments have risen, physicians have been earning more on average. In 2015–2016, the average gross clinical payment per physician was slightly less than \$339,000, a 0.8% increase from the year before. The average gross clinical payment per physician ranged from \$262,000 in Nova Scotia to \$380,000 in Alberta. Over the past 5 years, average gross clinical payments to physicians increased 3.4%, from \$327,000 to \$339,000 (see Figure 10).

Figure 10 Average gross clinical payments to physicians, 2011–2012 and 2015–2016



Notes

Due to the greater proportion of short-term, visiting and locum physicians and their lower associated payments in certain smaller jurisdictions relative to larger ones, in an attempt to improve comparability, CIHI has agreed to calculate the average payment per physician using only permanent in-province physicians in P.E.I. and physicians whose total gross payments are at least \$60,000 in Yukon (2011–2012 not reported). The average payment for Nova Scotia in 2011–2012 was not available.

Data for Newfoundland and Labrador is not finalized and should be considered preliminary.

Source

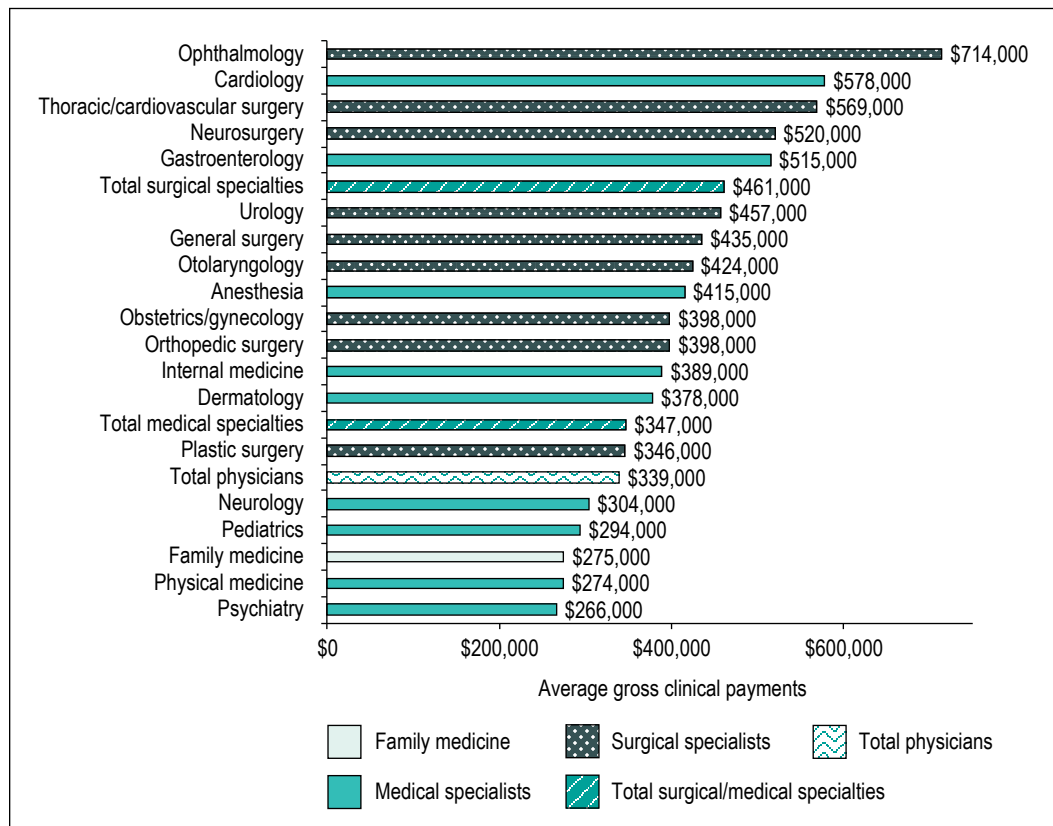
National Physician Database, Canadian Institute for Health Information.

Since 2009, CIHI has reported average gross clinical payments made to physicians by provincial/territorial medical care plans. These payment amounts are calculated as the sum of all gross clinical payments (FFS and alternative payments) divided by the total number of physicians reported to CIHI by the jurisdictions. By 2014–2015, CIHI had acquired physician-level alternative payments data from 8 provinces and 1 territory, permitting the calculation and publication of average gross clinical payments by specialty for these jurisdictions.

The average gross clinical payment to family medicine physicians decreased by almost 1% in 2015–2016 to \$275,000, while the average gross payment per medical specialist increased 1.5% to \$347,000; the average per surgical specialist was \$461,000, an increase of 1.8%.

- Ophthalmologists had the highest average gross clinical payment, at \$714,000, and an annual increase of 4.2%.
- Psychiatrists had the lowest average, at \$266,000 per physician, and an increase of 1.8%.
- Aside from family medicine physicians, obstetrics and gynecology specialists were the only specialty to see a decrease in average payment (-3.0%) to \$398,000.

Figure 11 Average gross clinical payments, by physician specialty, 2015–2016



Note

Saskatchewan, Alberta, the Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

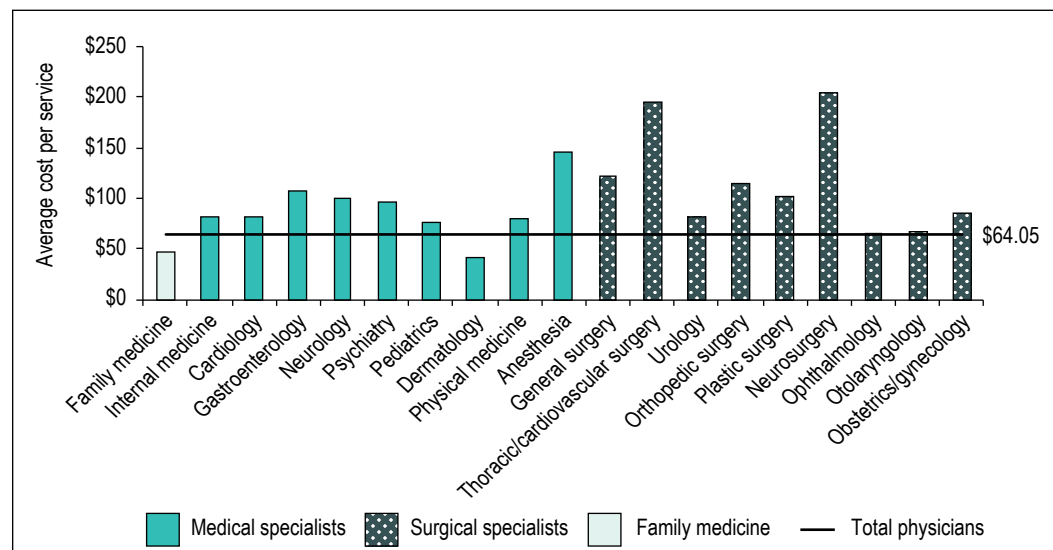
What is the average cost per service?

FFS payments (\$18.5 billion) accounted for 72.1% of the \$25.7 billion in gross clinical payments (excluding payments to imaging and laboratory specialists). There were 270 million clinical services provided in 2015–2016, which cost \$17.3 billion. This accounted for 93.5% of the total FFS payments paid out by provincial/territorial medical care plans. These payments can be analyzed to determine which types of services physicians are providing, who is providing them and who is receiving them. The remaining \$1.2 billion, which account for reciprocal billing, anesthesia services and anesthesiology specialists, is excluded.

- Services provided by physicians can be split into 2 broad types: consultations/visits and procedures. Consultations and visits accounted for the majority of services (72%) and payments (66%) in 2015–2016; procedures accounted for the balance (28% of services and 34% of payments).
- The average cost per service paid to physicians was \$64.05 in 2015–2016. Family physicians billed an average cost per service of \$46.96, while medical and surgical specialists billed an average of \$82.03 and \$89.02 per service, respectively.

Although family medicine physicians perform the greatest number of services and receive the largest proportion of payments, medical and surgical specialists are paid more per service on average. However, services may not always be comparable, as the amount of work required differs depending on the type of service. Figure 12 highlights the average cost per service across the different specialties.

Figure 12 Average fee-for-service cost per service by specialty, 2015–2016



Note

The Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

Appendix: Text alternatives for figures

Figure 1 Percentage growth in the supply of physicians, Canada, 1980 to 2016

Canada has sustained yearly physician number increases of more than 2% since 2007. These increases are reminiscent of those experienced during the 1980s.

Source

Scott's Medical Database, Canadian Institute for Health Information.

Figure 2 Number of physicians per 100,000 population, Canada, 1980 to 2016

In 1980, there were 151 physicians per 100,000 population in Canada. The number of physicians per 100,000 population initially peaked in 1993 with 191 physicians. A relative plateau occurred between 1993 and 2006. In 2007, a new record of 193 physicians per 100,000 population was recorded. Since 2007, the number of physicians per 100,000 population has increased yearly, reaching 230 in 2016.

Sources

Scott's Medical Database, Canadian Institute for Health Information.

Statistics Canada. [Quarterly population estimates](#). 2017.

Figure 3 Number of physicians per population, by jurisdiction, 2012 and 2016

Between 2012 and 2016, the number of physicians per population increased in all jurisdictions (the Northwest Territories and Nunavut excluded). In Canada in 2016, there were 230 physicians per 100,000 population, compared with 215 physicians per 100,000 population in 2012.

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Total
2012	234	183	251	221	234	203	196	179	217	224	185	215
2016	248	187	258	229	243	220	207	197	241	242	207	230

Source

Scott's Medical Database, Canadian Institute for Health Information.

Figure 4 Percentage of female physicians, by jurisdiction, 2012 and 2016

Women represented a growing proportion of the workforce. In 2016, 40.6% of Canada's physicians were women, compared with 37.4% in 2012. The percentage of female physicians increased in all jurisdictions (the Northwest Territories and Nunavut excluded).

Year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Total
2012	34.2%	29.0%	35.8%	36.0%	43.6%	36.1%	32.2%	32.5%	35.4%	34.6%	49.3%	37.4%
2016	37.3%	30.6%	38.6%	39.4%	48.1%	39.0%	35.5%	34.7%	38.1%	37.8%	48.7%	40.6%

Source

Scott's Medical Database, Canadian Institute for Health Information.

Figure 5 Fee-for-service and alternative payments as a percentage of total clinical payments to physicians, 1999–2000 to 2015–2016

Over time, there has been a shift toward alternative payment plans in place of fee-for-service payments. This trend appears to have stabilized between 2008 and 2015, with fee-for-service payments remaining between 71% and 73% of total clinical payments. In 2015–2016, fee-for-service payments made up 72.1% of total clinical payments, while alternative payments made up 27.9%.

Source

National Physician Database, Canadian Institute for Health Information.

Figure 6 Distribution of physicians and clinical payments by payment type, 2015–2016

Many physicians receive compensation through multiple models, which could include both fee-for-service and alternative payments. While the proportion of clinical payments has maintained close to a 70/30 split between fee-for-service and alternative payments over the last several years, in 2015–2016, almost all physicians (97%) received some payments through fee for service and more than two-thirds of all physicians (69%) received some payment through alternative payment plans.

Notes

The number of physicians in Saskatchewan and Alberta may include radiology and laboratory specialists. Data for Newfoundland and Labrador is not finalized and should be considered preliminary.

Source

National Physician Database, Canadian Institute for Health Information.

Figure 7 Distribution of physicians by payment type, sex and age group, 2015–2016

Younger physicians and female physicians were more likely to receive the majority of their payments through alternative payment plans, compared with their older and male colleagues across the country.

Note

Saskatchewan, Alberta, the Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

Figure 8 Distribution of physicians by payment type, broad specialty, 2015–2016

In Canada, 35% of family physicians, 17% of medical specialists and 8% of surgical specialists received more than half of their total clinical payments through alternative payment plans.

Note

Saskatchewan, Alberta, the Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

Figure 9 Total gross and fee-for-service clinical payments to physicians, 1999–2000 to 2015–2016

Gross clinical payments to physicians reached \$25.7 billion in 2015–2016, an increase of 3.4% over the previous year. Fee-for-service payments reached \$18.5 billion that year.

Source

National Physician Database, Canadian Institute for Health Information.

Figure 10 Average gross clinical payments to physicians, 2011–2012 and 2015–2016

Over the past 5 years, average gross payments to physicians have increased 3.4% (from \$327,000 to \$339,000).

Notes

Due to the greater proportion of short-term, visiting and locum physicians and their lower associated payments in certain smaller jurisdictions relative to larger ones, in an attempt to improve comparability, CIHI has agreed to calculate the average payment per physician using only permanent in-province physicians in P.E.I. and physicians whose total gross payments are at least \$60,000 in Yukon (2011–2012 not reported).

The average payment for Nova Scotia in 2011–2012 was not available.

Data for Newfoundland and Labrador is not finalized and should be considered preliminary.

Source

National Physician Database, Canadian Institute for Health Information.

Figure 11 Average gross clinical payments, by physician specialty, 2015–2016

The average gross clinical payment to family medicine physicians in Canada was just more than \$275,000, while medical specialists' average gross payment per physician was \$347,000 and surgical specialists' average payment was \$461,000. Ophthalmologists grossed the highest average payment, at \$714,000, and psychiatrists grossed the lowest, at \$266,000 per physician.

Specialty	Average gross clinical payments
Psychiatry	\$266,000
Physical medicine	\$274,000
Family medicine	\$275,000
Pediatrics	\$294,000
Neurology	\$304,000
Total physicians	\$339,000
Plastic surgery	\$346,000
Total medical specialties	\$347,000
Dermatology	\$378,000
Internal medicine	\$389,000
Orthopedic surgery	\$398,000
Obstetrics/gynecology	\$398,000
Anesthesia	\$415,000
Otolaryngology	\$424,000
General surgery	\$435,000
Urology	\$457,000
Total surgical specialties	\$461,000
Gastroenterology	\$515,000
Neurosurgery	\$520,000
Thoracic/cardiovascular surgery	\$569,000
Cardiology	\$578,000
Ophthalmology	\$714,000

Note

Saskatchewan, Alberta, the Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

Figure 12 Average fee-for-service cost per service by specialty, 2015–2016

The average cost per service paid to physicians in 2015–2016 was \$64.05. Family physicians billed an average cost per service of \$46.96, while medical and surgical specialists received an average of \$82.03 and \$89.02 per service, respectively.

Note

The Northwest Territories and Nunavut are not included.

Source

National Physician Database, Canadian Institute for Health Information.

References

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2. Canadian Institute for Health Information. [Supply, Distribution and Migration of Canadian Physicians, 2008](#). 2009.

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