



Compensation – Information
Gathering

TABLE OF CONTENTS

Introduction	3
Competitive Compensation	4
Comparison Across Canada	4
Comparison Within Nova Scotia	6
Comparison to Other Provinces	9
Cost of Living Increases	13
Summary	14
Appendices	16

Introduction

In order for a successful negotiation, Doctors Nova Scotia (DNS) performed an environmental scan of Master Agreement (non-AFP) physician incomes internally within Nova Scotia and externally by comparing to other provinces.

A brief overview of purpose, approach and scope follows:

The purpose:

Intelligence gathering plays a critical role in the success of preparing for and negotiating the next Master Agreement. The purpose of the intelligence will be to:

- 1) Identify all data-based opportunities to bolster arguments in support of DNS's negotiation priorities.
- 2) Ensure the negotiating team is aware of data-based vulnerabilities associated with our negotiation priorities.
- 3) Ensure robust data is available to the negotiating team, and also to the membership as appropriate, to ensure we have a clear and accurate view of competitive physician compensation.
- 4) Help instil member confidence in the association's ability and preparation for negotiations.

The approach and scope:

Competitive Compensation Data

Comprehensive compensation data is used to inform our negotiations strategy. Information gathered from the data will help set targets for funding increases during the new contract. To have the necessary information to establish these targets, an analysis must be performed. The analysis will provide a view on a per physician basis and population basis. The population view is helpful as it is difficult to establish a FTE comparison across provinces, which is necessary for an accurate national comparison on a per physician basis.

- Compare Nova Scotia physician services' budget to the health budget, overall government budget and budgets in other provinces.
- Compare Nova Scotia physician services budget per population to other provinces.
- Compare Nova Scotia physician services' overall contract and fee schedule increases to other provinces.
- Develop Nova Scotia total fee for service and total (including APPs, on-call, Master Agreement, etc.) physician average funding by specialty (\$100k threshold limit) and compare with other provinces.
- Compare various union increases and CPI (cost of living) increases compared to DNS Master Agreement contracts

Sources of data include department of finance budgets (all provinces), Medical Services Insurance (MSI)/Department of Health and Wellness (DHW) physician payments, Conference Board of Canada, Nova Scotia provincial employees' collective agreements (<https://novascotia.ca/psc/employeeCentre/collectiveAgreements>) and services data, physician remuneration information for other provinces, Canadian Institute for Health Information (CIHI) data, Canadian Medical Association (CMA) statistics, CMA negotiations environmental scan, and other data provided by provincial and territorial medical associations (PTMAs).

Competitive Compensation

Competitive compensation is reviewed at an appropriate level to provide an understanding of the overall physician compensation in Nova Scotia compared to the rest of the country, which includes looking at individual specialties and how they compare internally in Nova Scotia, as well as with peers across Canada.

The government's physician services budget is where the majority of payments to physicians exist. This includes fee for service, academic funding, alternate payments, Master Agreement incentives and other physician payments.

2017/18 is the year used for comparison. This is the last year that provides complete data to do true comparison.

Comparison across Canada

This section looks at indicators showing physicians services spending within Nova Scotia as compared with other provinces; current physician services budgets on a per capita basis, physician resources and overall MSU increases in the past eight years.

Summary:

- Nova Scotia has the lowest physician services budget per physician in Canada
- Nova Scotia has the fourth lowest physician services budget per capita in Canada
- Nova Scotia has the highest number of physicians per capita in Canada
- Nova Scotia has the fourth lowest MSU percentage increase in the last eight years

Physician services budget per capita – Table 1 provides the provincial health budget and physician services budget by province for 2017/18 (source: Provincial Budget & Estimates):

Table 1:
Total Health and Physician Services Budget For Provinces
Estimates for 17/18

Province	Population	Health Budget	Phy Serv Bud	% Phy Serv/Bud	# of Physicians	\$ per Phy	Pop Per Phy	Health Bud per Pop	Phys Bud per Pop
NL	509,348	2,988,186,000	500,507,000	16.75%	1,276	392,247	399	5,866.69	982.64
PE	146,070	653,246,000	102,053,000	15.62%	267	382,221	547	4,472.14	698.66
NS	944,968	4,264,448,000	839,993,000	19.70%	2,464	340,906	384	4,512.80	888.91
NB	755,381	2,657,185,000	629,735,000	23.70%	1,687	373,287	448	3,517.68	833.67
QC	8,028,434	36,764,000,000	7,500,000,000	20.40%	17,454	429,701	460	4,579.22	934.18
ON	13,472,438	53,325,045,000	13,908,963,000	26.08%	26,171	531,465	515	3,958.08	1,032.40
MB	1,261,498	6,104,877,000	1,336,376,000	21.89%	2,574	519,183	490	4,839.39	1,059.36
SK	1,072,082	5,121,234,000	894,966,000	17.48%	1,938	461,799	553	4,776.91	834.79
AB	3,847,119	20,356,900,000	4,797,460,000	23.57%	7,886	608,352	488	5,291.47	1,247.03
BC	4,606,451	18,896,904,000	4,570,177,000	24.18%	10,545	433,398	437	4,102.27	992.13
	34,643,789	151,132,025,000	35,080,230,000	23.21%	72,262	485,459	479	4,362.46	1,012.60

Nova Scotia has the lowest physician services budget per physician in Canada. It is \$340,906 per Nova Scotia physician and is about 70% of the Canadian average (\$485,459).

Nova Scotia has the fourth lowest physician budget per capita spend in Canada. Only P.E.I., New Brunswick and Saskatchewan have a lower physician services spend per capita. Nova Scotia is about 88% of the Canadian average.

Physician Resources – Nova Scotia has the highest number of physicians per capita in Canada. There are 384 residents for every Nova Scotia physician and this is about 80% of the Canadian average. There are a number of factors relating to this metric that are misleading. For example, Nova Scotia has a higher number of part-time physicians than other provinces, and physicians at the QEII and IWK provide care to patients from across the Atlantic region.

MSU Increase – Table 2 compares MSU increases across Canada (source: 2017 CMA e-scan):

Table 2:
Schedule of Benefit Increase
For 2011/12 to 2018/19^a

Provinces	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	Average
NL@	0.66%	6.10%	0.00%	0.00%	1.40%	2.20%	unk	unk	1.73%
PEI	2.00%	3.00%	3.00%	4.00%	0.00%	0.00%	2.60%	1.40%	2.00%
NS	1.00%	1.00%	2.00%	2.00%	0.00%	0.00%	1.00%	1.50%	1.06%
NB	3.75%	0.00%	0.00%	2.00%	2.00%	1.00%	unk	unk	1.46%
QC-SP	3.10%	3.00%	2.90%	1.60%	unk	unk	unk	unk	2.65%
QC-FM	3.10%	3.00%	3.70%	0.00%	0.00%	0.00%	unk	unk	1.63%
ON	3.98%	-3.50%	-0.90%	-2.65%	-1.30%	unk	unk	unk	-0.87%
MB	0.25%	1.25%	7.30%	3.95%	2.26%	2.0%	unk	unk	2.84%
SK*	3.00%	2.00%	1.5% (lump sum)	1.5% (lump sum)	1.95%	2.95%	unk	unk	2.48%
AB	0.00%	0.00%	0.00%	2.50%	2.50%	1.10%	unk	unk	1.02%
BC	1.42%	1.35%	0%	0.50%	0.50%	1.55%	unk	unk	0.89%

^a From CME e-scan, except NL

* Did not include lump sum as not added to rates

@ NL increases are a best estimate. 2014/15 onward, increases were given on a per FTE basis and % provided on a specialty basis. For 2011/12 - 2013/14, estimates were based on % by specialty. Results vary greatly by specialty - ballpark numbers only.

Nova Scotia, on average, had the fourth lowest MSU percentage increase between 2011/12 and 2018/19. Overall, the PTMAs have seen significantly lower MSU increases in recent years. Part of this is because additional funding is negotiated on top of the MSU but the provinces, also, have been targeting lower increases for physicians as the government budgets have been tightening.

Most PTMAs master agreement contracts have expired or will be expiring shortly. This makes it difficult to forecast what might be comparable MSU increases for Nova Scotia in the next few years.

Comparison within Nova Scotia

This section looks at compensation between different specialties with Nova Scotia: average payment per physician; average payment for physicians with adjustment for overhead; and relativity (gap between general practice and other specialties).

Summary:

- General practice is the lowest billing specialty in Nova Scotia; psychiatry and paediatrics are the next lowest billing specialties
- With an adjustment for overhead, general practice is still the lowest net income specialty, followed by paediatrics and obstetrics/gynecology
- The gap between general practice and the other specialties continues to grow; that gap is even greater when analyzed on the basis of net income (after overhead/expenses)

Average payment per physician – Average billings per physician (removing all physician with billings less than \$100k) is the most common comparative compensation analysis for physicians in Canada. Table 3 shows the average billing (greater than \$100k) by specialty in Nova Scotia for 2016/17 (source: PTMA data).

Table 3
Average Billings/Payment Per Physician
For NS (greater than \$100K)
For 2016/17

Specialty	2016-17	
	# of phy	Average Payments
General Practice	732	248,660
Psychiatry	67	273,147
Paediatrics	24	303,456
Plastic Surgery	10	333,203
Vascular Surgery*	10	333,203
Obs/Gyn	56	336,213
Internal Medicine"	47	342,313
Orthopaedic Surgery	47	358,735
Anaesthesia	54	362,261
General Surgery	58	382,870
Otolaryngology	29	384,819
Cardiac Surgery	8	421,046
Urology	23	494,501
Radiology	105	538,355
Nephrology	14	564,854
Ophthalmology	43	690,674
	1,327	322,790

General practice is the lowest billing specialty (\$249k) and this has always been the case. Psychiatry (\$273k) and paediatrics (\$303k) are the next lowest specialties but still bill \$25k and \$55k more, respectively, compared to general practice. Ophthalmology (\$690k) and nephrology (\$564k) are the two highest billing specialties in Nova Scotia. Nephrology's billings have increased significantly between 2011/12 and 2016/17 (approximately \$150k per physician) and moved up from fifth highest to second highest billing average. Note that these figures do not account for overhead expenses, which can vary between and among specialties.

Average payment per physician with an adjustment for overhead – The above analysis is billings only (revenue only) but net income can be different based on practice type or practice expenses. Doctors Nova Scotia does not have the ability to determine physician overhead by specialty. Some PTMAs are attempting an overhead study. These studies are not completed at this time. A number of years ago, a study called Public Payments to Physicians in Ontario Adjusted for Overhead Costs (based on 2010 National Survey) provided estimated overhead rates by specialty for Ontario physicians. Table 4 provides estimated overhead rates for the net income by specialty using those Ontario rates.

Table 4
Nova Scotia Billing Data (greater than \$100k)
Adjusted for Overhead Rate
For 2016-17

	NS*			
	2016-17			
Specialty	# of phy	Average Payments	Overhead Rate	Net Income
General Practice	732	248,660	37.3%	155,910
Paediatrics	24	303,456	31.7%	207,260
Obs/Gyn	56	336,213	37.4%	210,469
Psychiatry	67	273,147	20.9%	216,059
Plastic Surgery	10	333,203	32.6%	224,579
Internal Medicine"	47	342,313	26.9%	250,231
Orthopaedic Surgery	47	358,735	29.5%	252,908
Otolaryngology	29	384,819	32.6%	259,368
General Surgery	58	382,870	25.9%	283,707
Anaesthesia	54	362,261	18.5%	295,243
Urology	23	494,501	26.7%	362,469
Nephrology	14	564,854	26.9%	412,909
Ophthalmology	43	690,674	38.0%	428,218
Radiology	105	538,355	18.5%	438,759
	1,309	321,733		

Overall results do not change too much. General practice is still the lowest net income specialty. Psychiatry moves up a couple spots due to lower overhead compared to other specialties. Radiology moves ahead of ophthalmology in net income due to the significantly lower overhead for radiology compared to ophthalmology and other specialties.

Relativity (gap between general practice and other specialties) – Looking on a relativity basis and how it has changed between 2011/12 and 2016/17 shows the gap between general practice and the other specialties has been growing further and further apart. This is a national (and even international) phenomenon. The following provides a snapshot of the growing gap in Nova Scotia (source: Nova Scotia MSI data).

Table 5
Relativity by Specialty Billings/Payments
Compared to General Practice
NS - 2016/17 compared to 2011/12

Baseline GP 2016/17		248,660	Baseline GP 2011/12		251,484
Average Billings			Average Billings		
Psychiatry		1.10	Psychiatry		1.04
Paediatrics		1.22	Paediatrics		1.07
Plastic Surgery		1.34	Plastic Surgery		1.33
Obs/Gyn		1.35	Obs/Gyn		1.38
Internal Medicine"		1.38	Internal Medicine"		1.42
Orthopaedic Surgery		1.44	Orthopaedic Surgery		1.41
Anaesthesia		1.46	Anaesthesia		1.16
General Surgery		1.54	General Surgery		1.42
Otolaryngology		1.55	Otolaryngology		1.64
Urology		1.99	Urology		2.27
Radiology		2.17	Radiology		2.03
Nephrology		2.27	Nephrology		1.65
Ophthalmology		2.78	Ophthalmology		2.40

Average family medicine billings have declined by almost \$3k between 2011/12 and 2016/17. Specialties where the relativity gap to family medicine declined in that timeframe were:

- Obs/gyn (1.35 in 2016/17 vs 1.38 in 2011/12)
- Internal medicine (1.38 in 2016/17 vs 1.45 in 2011/12)
- Otolaryngology (1.55 in 2016/17 vs 1.64 in 2011/12)
- Urology (1.99 in 2016/17 vs 2.27 in 2011/12).

The largest increase in gap compared to family medicine was:

- Anaesthesia (1.46 in 2016/17 vs 1.16 in 2011/12); and
- Nephrology (2.27 in 2016/17 vs 1.65 in 2011/12)
- Ophthalmology (2.78 in 2016/17 vs 2.40 in 2011/12)

Additionally, the following table provides the relativity based on net income (after expenses) (source: MSI data and 2010 National Physician Survey):

Table 6
Relativity by Specialty Net Income (After Overhead)
Compared to General Practice
NS - 2016/17

Baseline GP 2016/17		155,910
Average Net Income		
Paediatrics		1.33
Obs/Gyn		1.35
Psychiatry		1.39
Plastic Surgery		1.44
Internal Medicine"		1.60
Orthopaedic Surgery		1.62
Otolaryngology		1.66
General Surgery		1.82
Anaesthesia		1.89
Urology		2.32
Nephrology		2.65
Ophthalmology		2.75
Radiology		2.81

Based on net income relativity, the spread between GP and the highest earning specialty is even greater. Specifically, the relativity spread increased for many specialties:

- Spread for radiology increased to 2.81 for net income from 2.17 for billings compared to GPs
- Spread for nephrology increased to 2.65 for net income from 2.27 for billings compared to GPs
- Spread for psychiatry increased to 1.39 for net income from 1.10 for billings compared to GPs

The reasons for the increased spread are due to GPs being the lowest billing specialty but also having higher overhead relative to most other specialties.

It is troubling to see relativity between specialties is increasing at a dramatic pace. While some PTMAs have tried in the past to address this (and some continue to try presently) most attempts to date have failed. Doctors Nova Scotia is watching with interest and consults regularly with other PTMAs on their initiatives.

Comparison to Other Provinces

This section looks at compensation by specialty, comparing Nova Scotia physicians with their peers across the country. We rely primarily on data assembled by the PTMAs but also include analyses prepared by the Canadian Institute for Health Information (CIHI).

Summary:

- The average billings with a threshold of \$100k for Nova Scotia is \$322k, which is 83% of the Canadian average
- Radiology, ophthalmology and obs/gyn are the specialties furthest away from Canadian average

PTMA – Doctors Nova Scotia requested physician billing information from the provincial medical societies across Canada. The request included specific information based on specialty, threshold of physician billings/payments under \$100k and identifying whether the payments includes on-call and incentives. The data received for this review was much more inclusive compared to the last negotiations. Some limitations that remain with the current PTMA data: Saskatchewan’s data was only FFS and excluded program and ERCP payments. Ontario’s data was for 2015/16 and did not include capitation billings for GPs. Manitoba was only able to provide GP data and 2015/16 CIHI data was used for the other specialties.

Table 7
Nova Scotia & Canadian Billing Data
Comparison to CDN Average
For 2016-17

Specialty	NS*		NS % of CDN Ave	CDN	
	# of phy	Average Payments		# of phy	Average Payments
Anaesthesia	54	362,261	91.8%	2,419	394,579
General Practice	732	248,660	82.8%	16,572	300,356
Internal Medicine**	47	342,313	79.6%	2,436	430,166
Nephrology	14	564,854	106.7%	267	529,336
Obs/Gyn	56	336,213	76.7%	1,378	438,609
Orthopaedic Surgery	47	358,735	77.9%	1,049	460,696
Ophthalmology	43	690,674	75.8%	863	911,714
Otolaryngology	29	384,819	77.2%	481	498,347
Paediatrics	24	303,456	91.4%	1,328	332,005
Plastic Surgery	10	333,203	77.2%	367	431,671
Psychiatry	67	273,147	94.4%	2,861	289,431
General Surgery	58	382,870	81.1%	1,290	471,840
Urology	23	494,501	95.8%	465	516,037
Radiology	105	538,355	67.1%	1,852	802,273
	1,309	321,733	83.2%	33,628	386,500

Overall, the average billings with a threshold of \$100k for Nova Scotia is \$322k, which is 83% of the Canadian average (\$387k). Nova Scotia is the lowest billing province in Canada. In 2011/12, Nova Scotia was approximately 89% of the Canadian average. Radiology (67.1%), ophthalmology (75.8%) and obs/gyn (76.7%) are the specialties furthest away from Canadian average. Radiology and ophthalmology are two of the highest billing specialties and reducing this gap would dramatically increase the relativity gap between those specialties and general practice within Nova Scotia.

Nephrology is the only specialty in Nova Scotia that is billing above the Canadian average. In the comparison to Canadian average, the specialties that declined the most from 2011/12 were:

- Urology – decline by 17.6% (113.45% in 2011/12 vs 95.8% in 2016/17)
- Internal medicine* – decline by 12.8% (92.37% vs 79.6%)
- Plastic surgery – decline by 9.1%
- Otolaryngology – decline by 7.8%
- General practice – decline by 7.0%

* Internal medicine is difficult to compare as some provinces include high-billing sub-specialties while other provinces do not.

Nephrology (15.9%) and anaesthesia (8.4%) were the two specialties that improved the most compared to the Canadian average compared to the 2011/12 data.

CIHI data – Additionally, for cross-Canada comparisons, the Canadian Institute for Health Information (CIHI) releases provincial physician billings by specialty. While the methodology for development is consistent between provinces, many medical societies do not feel this information is accurate or complete (because it does not always include complete payments outside of traditional fee for service) and it is usually a couple years (currently for 2015/16) in arrears.

CIHI measures many different physician payment metrics and Nova Scotia is ranked low in all of them.

Table 8
CIHI Physician Payments
Various Metrics
2015-16

Metric	NS Average	Cdn Ave	% from Cdn Ave	Rank
Average Gross Clinical Payment per Physician	262,164	338,727	22.6%	11th out of 11
Clinical Pymts per Capita	685	716	4.3%	9th out of 12
Cost per Service	36.94	46.96	21.3%	9th out of 11
Average Gross FFS billings per physician (\$60k threshold)	278,714	323,059	13.7%	10th out of 11
Average Gross FFS billings per Full Time Equivalent (FTE)	317,021	337,988	6.2%	8th out of 10

Nova Scotia is in the bottom third in all CIHI physician compensation metrics. The cost per service has seen a significant drop in Nova Scotia’s ranking as previously non-patient specific data was included in the CIHI data. This over-stated Nova Scotia cost per service in past comparisons. With this data now included on a patient-specific basis, the CIHI data now more accurately reflects Nova Scotia’s true cost per service and is ranked ninth out of 11 provinces in Canada. Appendices A – E provide the CIHI data in Table 8.

Union and Cost of Living Increases Compared to Doctors Nova Scotia’s Master Agreement Increase

The Nova Scotia government has not been successful in negotiations with unions (except the Nova Scotia Crown Attorney’s Association) over the last number of years. The government issued Bill 148 which legislated union increases for 2015/16 to 2018/19. The unions took the government to arbitration and the ruling was similar but provided for a 7% increase over six years.

The follow table provides for the union increase, arbitration (including Bill 148) increases, CPI (i.e., cost of living) and DNS’s Master Agreement and MSU increases since 2006/07:

Table #9

Summary of Master Agreement/Collective Agreements
For Various Government Unions
For 2006/07 to 2021/21

Collective Agreements/Master Agreements	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	Average
The Nova Scotia Crown Attorney's Association		2.9%	2.9%	2.9%	1.0%	1.0%	2.0%	2.5%	3.0%			1.0%	1.5% + 0.5%			1.50%
Civil Service Master Agreement		2.9%	2.9%	2.9%	1.0%	1.0%	2.0%	2.5%	3.0%							2.3%
Correctional Services	2.9%	2.9%	2.9%	2.9%	1.0%	1.0%	2.5%	3.0%	0.0%							2.9%
CUPE	1.7%	2.9%	2.9%	2.9%	1.0%	1.0%	2.5%	3.0%	0.0%							2.0%
Arbitration of Civil Service Collective Bargaining Act/Bill 148										0.0%	0.0%	1.0%	1.5% + 0.5%	1.5% + 0.5%	1.5% + 0.5%	1.2%
Doctors Nova Scotia Contract Increases			4.0%	4.0%	4.0%	1.0%	1.0%	4.0%	4.0%	0.0%	0.0%	1.0%	1.5%			2.2%
Doctors Nova Scotia MSU Increases	2.0%	2.0%	1.0%	1.5%	1.0%	1.0%	1.0%	2.0%	2.0%	0.0%	0.0%	1.0%	1.5%			1.2%
CPI - Inflation - Cost of Living*	1.9%	3.0%	-0.1	2.2%	3.8%	1.9%	1.2%	1.7%	0.7%	2.2%	2.3%	2.1%	3.0%	2.0%	2.1%	1.3%

Note: 1.5% (April 1st of year) + 0.5% (March 31st of year)

* Conference Board of Canada - 2016 and previous versions

Source: <https://novascotia.ca/psc/employeeCentre/collectiveAgreements/>

Comparing DNS’s Master Agreement (total and MSU) increases to the various union contracts, arbitration decisions and cost of living, the results have been mostly on par. During this time, though, physicians have fallen further behind their counterparts across Canada. The average MSU increase of 1.2% (since 2006/07) is only slightly behind the CPI increase of 1.3% during that same time. To keep pace with the estimated CPI for 2019–21, DNS will require a MSU increase of at least 2% to keep pace with inflation.

Summary

Physician compensation is always hard to compare. There are many variables that can be included and excluded in the data (on-call, master agreement incentives, etc.) and many different payment modalities – fee for service, salary, contract, hourly rate, etc. There is no one analysis that includes a total picture of physician compensation across Canada.

This briefing note looked at provincial physician services budgets, PTMA data and CIHI data. These various data sources provide comparisons on a per capita basis, using average billings, using generic schedule of benefit increases and other metrics to measure physician compensation.

There is a consistent trend when looking at all of these different data components. By all analyses, Nova Scotia is in the bottom or near the bottom in physician compensation. Based on the current environment with physician recruitment and all of the physician compensation data, there is a high degree of certainty that physician compensation in Nova Scotia is far below the Canadian average. In order for the province to recruit and retain physicians, a significant investment is needed for almost every specialty to improve the dire circumstances physicians and the health-care system face in Nova Scotia.

The following table provides the estimated funding needed to bring Nova Scotia physicians up to Canadian average (MA only, this does not include AFP physicians):

Table 10**Summary of Physician Compensation****NS Compared to Cdn Ave****For 2016-17 - Increase to bring to Canadian Average**

Specialty	NS*		CDN		\$ Increase to match Cdn Ave
	# of phy	Average Payments	% of Cdn Ave	Average Payments	
Anaesthesia	54	362,261	92%	394,578.62	1,745,132
Cardiac Surgery	8	421,046	77%	549,339.44	1,026,347
General Practice	732	248,660	83%	300,356.35	37,841,440
Internal Medicine"	47	342,313	80%	430,166.40	4,129,102
Nephrology	14	564,854	107%	529,336.40	-
Obs/Gyn	56	336,213	77%	438,609.10	5,734,167
Orthopaedic Surgery	47	358,735	78%	460,696.01	4,792,174
Ophthalmology	43	690,674	76%	911,713.76	9,504,725
Otolaryngology	29	384,819	77%	498,347.37	3,292,319
Paediatrics	24	303,456	91%	332,004.68	685,170
Plastic Surgery	10	333,203	77%	431,670.85	984,678
Psychiatry	67	273,147	94%	289,430.92	1,091,052
General Surgery	58	382,870	81%	471,840.39	5,160,288
Urology	23	494,501	96%	516,037.06	495,328
Vascular Surgery*	10	333,203	67%	494,453.27	1,612,502
Radiology	105	538,355	67%	802,272.53	27,711,362
Pathology			0%	572,405.86	-
	1,327	322,790	83%	388,146.20	105,805,787

Adj for physicians billing less than \$100k/Not included in analysis 23,000,000

Estimated Total Funding to Bring to Comparison 128,805,787

GPs Allocation to Comparison 44,741,440

Specialists Allocation to Comparison 84,064,347

Current Physician Services Budget (18/19) 869,587,000

% Increase for Canadian Average 14.8%

Based on this data, DNS would have to negotiate approximately \$129 M in new funding to bring Nova Scotia physicians up to Canadian average for the Master Agreement only. This equates to about a one-time 15% increase of the physician services current budget. This does not include the funding needed to also bring the AFP physicians up to Canadian average. Additionally, physician payments will have to increase by at least 2% per year to match inflation. A rate increase lower than 2% per year would decrease physicians' buying power compared to today's value.

Appendix A

Table A.1.4 Average gross clinical payment per physician and annual percentage change, by province/territory, 2011–2012 to 2015–2016

Payments by fiscal year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Total
2011–2012	273,657	328,885	n/a	279,434	268,504	372,041	312,675	342,819	349,470	273,484	NR	NR	327,486
2012–2013	276,502	339,672	255,148	296,935	279,206	367,398	305,857	365,886	348,221	271,483	NR	NR	327,412
2013–2014	275,937	349,642	255,551	290,193	305,580	364,791	326,723	356,776	354,492	278,718	244,514	NR	334,969
2014–2015	277,124	364,771	258,264	302,123	310,438	357,357	340,900	365,097	365,765	279,437	266,956	NR	336,133
2015–2016	275,781	366,934	262,164	290,457	325,096	348,056	343,944	353,856	380,384	284,918	289,685	NR	338,727
Percentage change by fiscal year	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Total
2011–2012	—	—	—	—	—	—	—	—	—	—	—	—	—
2012–2013	1.0	3.3	—	6.3	4.0	-1.2	-2.2	6.7	-0.4	-0.7	—	—	0.0
2013–2014	-0.2	2.9	0.2	-2.3	9.4	-0.7	6.8	-2.5	1.8	2.7	—	—	2.3
2014–2015	0.4	4.3	1.1	4.1	1.6	-2.0	4.3	2.3	3.2	0.3	9.2	—	0.3
2015–2016	-0.5	0.6	1.5	-3.9	4.7	-2.6	0.9	-3.1	4.0	2.0	8.5	—	0.8

Notes

— Data was not applicable for a given category.

n/a: Not applicable.

NR: Not reported.

The above indicator is the sum of each province's expenditure for clinical payments to physicians divided by the total number of physicians as reported by each province.

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.

Imaging and laboratory specialists are not included.

Each physician receiving clinical payments was counted equally regardless of the amount of money he or she received or the level of activity (e.g., full time, part time, casual).

Based on gross payments.

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

Sources

National Physician Database and National Health Expenditure Database, Canadian Institute for Health Information.

Appendix B

CIHI Data
Clinical Payments per Capita
For 2015-16

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Canada
Total Clinical Pymts to Physicians	385,976,345	89,489,252	640,992,115	513,254,905	5,790,289,005	9,943,982,061	911,685,335	802,546,308	3,394,549,445	3,147,494,606	24,225,911	40,024,000	25,684,509,286
Population	528,388	146,808	935,606	747,635	8,261,036	13,821,126	1,296,222	1,133,831	4,187,815	4,698,445	37,082	43,978	35,874,491
Clinical Pymts per Capita	730.48	609.57	685.11	686.50	700.92	719.48	703.34	707.82	810.58	669.90	653.31	910.09	715.95
Rank	3	12	9	8	7	4	6	5	2	10	11	1	

Appendix C

Table B.3 Cost per service, by physician specialty, National Grouping System strata and province/territory, 2015–2016

Family medicine	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	Total
Consultations	81.99	100.93	72.55	72.37	79.62	68.75	104.97	84.78	49.46	87.46	120.73	72.41
Major assessments	70.87	86.14	59.00	64.53	86.68	56.14	73.66	75.63	116.75	79.91	56.77	78.82
Other assessments	36.20	34.54	36.17	46.29	45.36	33.07	39.34	38.05	47.39	36.62	51.48	39.19
Hospital care days	26.76	49.59	38.70	35.71	49.29	39.33	35.93	29.98	55.50	45.39	89.97	42.03
Special calls	59.46	66.73	59.74	111.70	78.98	50.87	98.84	115.47	98.08	88.52	57.67	66.52
Psychotherapy/counselling	65.13	83.77	61.60	62.95	45.48	64.03	75.41	75.10	83.20	88.13	117.11	70.36
Total consultations and visits	37.61	44.68	37.73	46.60	54.05	39.97	47.15	41.86	59.95	42.84	58.04	46.73
Major surgery	183.81	414.66	246.51	196.82	117.74	142.36	269.63	255.52	176.89	290.37	309.22	184.24
Minor surgery	33.04	39.90	46.38	64.22	39.02	34.59	60.64	43.18	56.52	71.49	88.15	48.67
Surgical assistance	32.80	233.57	190.25	271.99	125.25	191.48	243.67	317.68	68.35	115.04	258.87	128.08
Anesthesia	44.56	**	**	**	**	**	218.30	149.42	**	118.46	**	139.64
Obstetrical services	259.12	487.09	490.71	793.26	238.20	309.25	338.34	519.35	214.14	413.05	495.78	282.13
Diagnostic/therapeutic services	17.32	21.52	27.94	25.77	39.59	25.72	34.04	23.23	69.01	21.32	48.99	32.91
Special services	14.63	11.16	19.40	14.69	53.16	7.43	10.82	17.06	21.72	10.30	29.83	10.79
Miscellaneous services	69.99	63.46	29.10	36.07	142.02	19.27	15.78	25.64	169.65	57.37	83.26	66.03
Total procedures	27.63	46.16	32.27	31.98	117.69	22.95	29.36	41.23	75.84	51.27	88.32	47.99
Total services	36.47	44.99	36.94	44.45	63.48	35.97	42.90	41.74	62.05	44.20	61.27	46.96

Appendix D

Table A.5.1 Average gross fee-for-service payment per physician who received at least \$60,000 in payments, by physician specialty and province/territory, 2015–2016

Specialty	N.L.		P.E.I.		N.S.		N.B.		Que.		Ont.		Man.		Sask.		Alta.		B.C.		Y.T.		Total
	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS
Family medicine	245,907	78.1%	260,401	65.4%	214,917	53.9%	248,700	61.9%	224,987	69.6%	230,016	44.3%	298,661	63.7%	277,232	60.0%	345,892	—	238,428	82.6%	232,114	67.2%	253,683
Medical specialties	393,024	46.8%	264,783	45.6%	314,749	31.1%	335,394	60.5%	341,438	82.9%	343,175	82.7%	334,263	74.3%	372,297	62.4%	449,663	—	310,469	74.6%	*	16.2%	350,629
Internal medicine	479,982	63.4%	320,772	52.5%	348,229	46.2%	447,297	69.2%	379,319	89.7%	400,180	84.2%	355,999	73.3%	461,354	78.0%	546,913	—	401,816	77.5%	n/a	100.0%	407,224
Cardiology	584,346	100.0%	n/a	n/a	542,770	41.9%	595,078	92.1%	513,787	96.2%	578,536	90.1%	539,917	80.2%	859,868	89.3%	669,742	—	693,826	96.1%	*	100.0%	583,618
Gastroenterology	469,470	100.0%	n/a	n/a	346,865	41.2%	562,635	98.6%	430,617	93.3%	542,397	91.7%	566,828	91.3%	721,966	100.0%	604,721	—	566,495	94.3%	n/a	n/a	516,460
Neurology	310,112	45.7%	*	32.6%	393,502	44.7%	453,273	58.7%	296,682	86.2%	295,569	86.3%	326,394	81.1%	368,451	84.0%	445,727	—	288,568	80.8%	*	100.0%	310,797
Psychiatry	277,911	25.1%	422,332	49.5%	176,966	13.2%	183,068	32.9%	294,767	73.2%	233,043	91.8%	240,376	62.5%	302,632	48.4%	383,175	—	220,084	73.5%	n/a	2.0%	264,638
Pediatrics	269,220	26.4%	104,051	19.9%	232,875	16.6%	237,929	43.3%	294,555	78.5%	295,135	60.5%	286,493	64.7%	228,589	25.7%	355,414	—	257,613	62.5%	n/a	1.9%	295,237
Dermatology	535,696	100.0%	*	100.0%	356,018	60.5%	504,702	100.0%	349,271	91.3%	386,958	96.6%	770,911	98.5%	325,107	100.0%	862,377	—	348,083	94.7%	*	100.0%	431,204
Physical medicine	*	1.9%	n/a	0.0%	166,623	19.9%	339,409	46.0%	288,232	78.1%	265,118	88.3%	362,840	90.2%	434,871	25.2%	387,446	—	230,566	80.2%	*	100.0%	287,238
Anesthesia	300,561	35.9%	160,312	36.8%	365,640	26.8%	266,137	70.3%	344,664	76.0%	393,301	83.5%	353,750	83.8%	323,719	66.1%	416,391	—	300,712	71.5%	*	88.6%	366,383
Surgical specialties	508,280	70.9%	411,373	81.5%	399,101	82.0%	430,098	84.6%	436,143	89.5%	457,110	87.5%	449,165	83.2%	577,290	74.4%	639,722	—	457,163	82.5%	473,015	50.9%	473,448
General surgery	382,335	60.8%	427,184	99.8%	348,202	82.5%	425,833	82.9%	422,275	86.3%	430,999	87.9%	421,694	77.0%	411,697	54.6%	515,047	—	397,689	85.2%	473,015	89.2%	432,116
Thoracic/cardiovascular surgery	n/a	2.5%	n/a	n/a	368,037	80.9%	376,349	58.6%	474,740	85.9%	502,010	78.7%	459,463	75.9%	927,649	77.1%	785,479	—	402,258	49.0%	n/a	n/a	492,483
Urology	584,804	99.5%	397,922	100.0%	489,207	95.7%	454,370	94.8%	437,133	95.4%	446,613	88.5%	418,067	87.0%	441,870	80.1%	648,456	—	431,305	85.0%	n/a	n/a	462,688
Orthopedic surgery	519,424	73.4%	466,109	99.8%	348,739	80.4%	370,467	98.0%	334,727	79.1%	410,124	86.8%	418,611	92.1%	588,834	83.0%	524,816	—	336,637	79.0%	n/a	100.0%	403,855
Plastic surgery	523,132	100.0%	*	84.2%	410,379	82.1%	444,514	100.0%	337,965	96.5%	345,844	85.3%	614,555	92.2%	500,063	95.0%	564,466	—	348,571	69.7%	n/a	n/a	391,425
Neurosurgery	*	100.0%	n/a	*	75,633	3.5%	316,697	68.6%	571,372	69.5%	325,462	40.3%	869,139	48.7%	97,668	—	471,740	—	471,740	61.1%	n/a	n/a	439,391
Ophthalmology	819,103	95.9%	611,588	89.2%	616,204	96.4%	755,769	100.0%	649,555	98.7%	702,609	92.6%	853,844	98.1%	1,176,179	95.5%	1,224,899	—	906,637	97.3%	*	100.0%	791,546
Otolaryngology	592,638	90.3%	*	45.7%	352,527	84.4%	481,928	93.1%	408,664	92.6%	417,066	89.0%	416,554	85.7%	533,613	94.3%	699,584	—	419,835	88.9%	*	100.0%	446,658
Obstetrics/gynecology	328,609	47.2%	205,442	46.0%	298,869	73.7%	300,073	74.8%	418,940	90.1%	405,382	88.1%	350,344	84.8%	445,323	66.0%	510,745	—	319,769	79.2%	*	0.8%	403,168
Total specialties	441,153	56.0%	330,154	60.4%	363,095	50.9%	378,973	70.9%	370,205	85.2%	378,010	84.4%	370,536	77.4%	448,041	67.6%	511,753	—	357,288	77.6%	473,015	41.0%	389,899
Total physicians	315,765	65.1%	289,399	62.8%	278,714	51.8%	308,641	66.8%	299,898	78.7%	318,586	63.9%	337,451	71.1%	356,876	64.2%	408,821	86.8%	291,655	79.3%	249,321	61.5%	323,059

Notes

* Data was suppressed. Please see the Methodological Notes, Data suppression section, for details.

Average FFS: Average gross fee-for-service payment.

Percentage clinical: Percentage that fee-for-service payments are of total physician clinical payments. Due to the variation in the proportion that fee-for-service expenditure is of total physician compensation in each jurisdiction, comparisons across jurisdictions should be made with caution.

n/a: Not applicable. There were no physicians for this specialty for this province.

Based on gross payments.

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

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

Source

National Physician Database, Canadian Institute for Health Information.

Appendix E

Table A.6.1 Average gross fee-for-service payment per full-time-equivalent physician, by physician specialty and province/territory, 2015–2016

Specialty	N.L.		P.E.I.		N.S.		N.B.		Que.		Ont.		Man.		Sask.		Alta.		B.C.		Total
	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS	Percentage clinical	Average FFS
Family medicine	277,384	78.1%	264,577	65.4%	251,277	53.9%	309,618	61.9%	268,966	69.6%	240,962	44.3%	317,171	63.7%	304,251	60.0%	390,595	—	273,289	82.6%	283,064
Medical specialties	321,550	46.8%	288,079	45.6%	338,198	31.1%	350,810	60.5%	401,779	82.9%	296,029	82.7%	370,712	74.3%	382,906	62.4%	420,509	—	342,068	74.6%	344,279
Internal medicine	356,297	63.4%	360,428	52.5%	371,736	46.2%	375,001	69.2%	440,001	89.7%	334,993	84.2%	447,059	73.3%	448,236	78.0%	512,355	—	400,760	77.5%	387,980
Cardiology	384,438	100.0%	n/a	n/a	417,166	41.9%	414,433	92.1%	493,811	96.2%	389,533	90.1%	500,861	80.2%	550,615	89.3%	532,078	—	488,706	96.1%	445,109
Gastroenterology	342,322	100.0%	n/a	n/a	345,814	41.2%	404,440	98.6%	469,466	93.3%	369,977	91.7%	531,876	91.3%	502,101	100.0%	514,275	—	449,198	94.3%	423,330
Neurology	359,112	45.7%	*	32.6%	375,592	44.7%	277,908	58.7%	327,242	86.2%	307,467	86.3%	349,813	81.1%	301,428	84.0%	443,913	—	353,715	80.8%	329,341
Psychiatry	238,760	25.1%	296,612	49.5%	195,347	13.2%	262,411	32.9%	356,931	73.2%	222,602	91.8%	260,224	62.5%	270,440	48.4%	315,929	—	252,561	73.5%	270,192
Pediatrics	200,773	26.4%	96,451	19.9%	284,361	16.6%	309,561	43.3%	378,214	78.5%	261,065	60.5%	289,613	64.7%	316,190	25.7%	383,319	—	318,437	62.5%	310,873
Dermatology	434,168	100.0%	*	100.0%	595,424	60.5%	594,910	100.0%	436,545	91.3%	380,944	96.6%	630,925	98.5%	484,252	100.0%	605,527	—	433,322	94.7%	448,239
Physical medicine	*	1.9%	n/a	0.0%	250,847	19.9%	291,233	46.0%	233,840	78.1%	251,793	88.3%	297,868	90.2%	355,592	25.2%	449,664	—	332,426	80.2%	279,876
Anesthesia	**	35.9%	**	36.8%	**	26.8%	**	70.3%	**	76.0%	**	83.5%	**	83.8%	**	66.1%	**	—	**	**	71.5%
Surgical specialties	486,357	70.9%	466,923	81.5%	456,108	82.0%	487,774	84.6%	535,109	89.5%	412,064	87.5%	510,522	83.2%	533,538	74.4%	612,324	—	513,973	82.5%	482,650
General surgery	356,976	60.8%	429,850	99.8%	391,942	82.5%	472,477	82.9%	587,612	86.3%	379,389	87.9%	468,758	77.0%	497,478	54.6%	555,600	—	430,766	85.2%	451,642
Thoracic/cardiovascular surgery	558,540	2.5%	n/a	n/a	448,218	80.9%	625,934	58.6%	617,759	85.9%	526,690	78.7%	705,705	75.9%	656,355	77.1%	735,606	—	508,866	49.0%	572,870
Urology	531,644	99.5%	421,793	100.0%	488,510	95.7%	500,046	94.8%	455,908	95.4%	423,224	88.5%	589,191	87.0%	545,586	80.1%	610,883	—	476,271	85.0%	466,965
Orthopedic surgery	760,655	73.4%	421,999	99.8%	393,546	80.4%	430,616	98.0%	434,624	79.1%	388,824	86.8%	473,432	92.1%	492,013	83.0%	546,609	—	420,864	79.0%	431,213
Plastic surgery	462,130	100.0%	*	84.2%	397,151	82.1%	441,560	100.0%	382,090	96.5%	327,312	85.3%	467,046	92.2%	441,147	98.0%	535,718	—	365,410	69.7%	383,811
Neurosurgery	*	100.0%	n/a	n/a	*	3.5%	284,922	9.5%	407,047	68.6%	414,844	69.5%	323,361	40.3%	450,812	48.7%	384,717	—	432,172	61.1%	410,308
Ophthalmology	681,907	95.9%	646,043	89.2%	618,491	96.4%	578,665	100.0%	594,515	98.7%	453,657	92.6%	773,142	96.1%	713,116	95.5%	890,547	—	752,405	97.3%	596,924
Otolaryngology	459,561	90.3%	*	45.7%	507,478	84.4%	480,713	93.1%	497,686	92.6%	418,696	89.0%	490,929	85.7%	485,103	94.3%	609,056	—	485,991	88.9%	477,068
Obstetric/gynecology	341,283	47.2%	416,311	46.0%	395,372	73.7%	458,236	74.8%	585,122	90.1%	430,341	88.1%	442,331	84.8%	489,456	66.0%	505,700	—	485,057	79.2%	479,455
Total specialties	390,560	56.0%	371,606	60.4%	409,965	50.9%	417,850	70.9%	445,283	85.2%	335,142	84.4%	421,354	77.4%	451,925	67.6%	491,692	—	402,941	77.6%	392,942
Total physicians	321,908	65.1%	304,300	62.8%	317,021	51.8%	360,670	66.8%	354,670	78.7%	296,685	63.9%	367,456	71.1%	370,339	64.2%	429,752	86.8%	328,087	79.3%	337,988

Notes

* Data was suppressed. Please see the Methodological Notes, Data suppression section, for details.

** Anesthesia specialists were suppressed.

— FTE benchmarks were not available.

Average FFS: Average gross fee-for-service payment.

Percentage clinical: Percentage that fee-for-service payments are of total physician clinical payments. Due to the variation in the proportion that fee-for-service expenditure is of total physician compensation in each jurisdiction, comparisons across jurisdictions should be made with caution.

n/a: Not applicable. There were no physicians for this specialty for this province.

Due to the variation in the proportion that fee-for-service payment is of total physician compensation in each jurisdiction, comparisons across jurisdictions and specialties should be made with caution. See Table A.3 to better understand the variations.

Base year 2000–2001 updated to fiscal year 2015–2016.

Ontario's FTE calculation is based on its 2014 benchmarks because no fee changes were available for the 2015 data year.

Based on gross payments.

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

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

Source

National Physician Database, Canadian Institute for Health Information.