

Waiting Your Turn

Wait times for Health Care in Canada

2017 Report

Bacchus Barua



2017 • Fraser Institute

Waiting Your Turn

Wait Times for Health Care in Canada, 2017 Report

by Bacchus Barua

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Executive summary

Waiting for treatment has become a defining characteristic of Canadian health care. In order to document the lengthy queues for visits to specialists and for diagnostic and surgical procedures in the country, the Fraser Institute has—for over two decades—surveyed specialist physicians across 12 specialties and 10 provinces.

This edition of *Waiting Your Turn* indicates that, overall, waiting times for medically necessary treatment have increased since last year. Specialist physicians surveyed report a median waiting time of 21.2 weeks between referral from a general practitioner and receipt of treatment—longer than the wait of 20.0 weeks reported in 2016. This year’s wait time—the longest ever recorded in this survey’s history—is 128% longer than in 1993, when it was just 9.3 weeks.

There is a great deal of variation in the total waiting time faced by patients across the provinces. Ontario reports the shortest total wait (15.4 weeks), while New Brunswick reports the longest (41.7 weeks). There is also a great deal of variation among specialties. Patients wait longest between a GP referral and orthopaedic surgery (41.7 weeks), while those waiting for medical oncology begin treatment in 3.2 weeks.

The total wait time that patients face can be examined in two consecutive segments.

1 From referral by a general practitioner to consultation with a specialist. The waiting time in this segment increased from 9.4 weeks in 2016 to 10.2 weeks this year. This wait time is 177% longer than in 1993, when it was 3.7 weeks. The shortest waits for specialist consultations are in Ontario (6.7 weeks) while the longest occur in New Brunswick (26.6 weeks).

2 From the consultation with a specialist to the point at which the patient receives treatment. The waiting time in this segment increased from 10.6 weeks in 2016 to 10.9 weeks this year. This wait time is 95% longer than in 1993 when it was 5.6 weeks, and more than three weeks longer than what physicians consider to be clinically “reasonable” (7.2 weeks). The shortest specialist-to-treatment waits are found in Ontario (8.6 weeks), while the longest are in Manitoba (16.3 weeks).

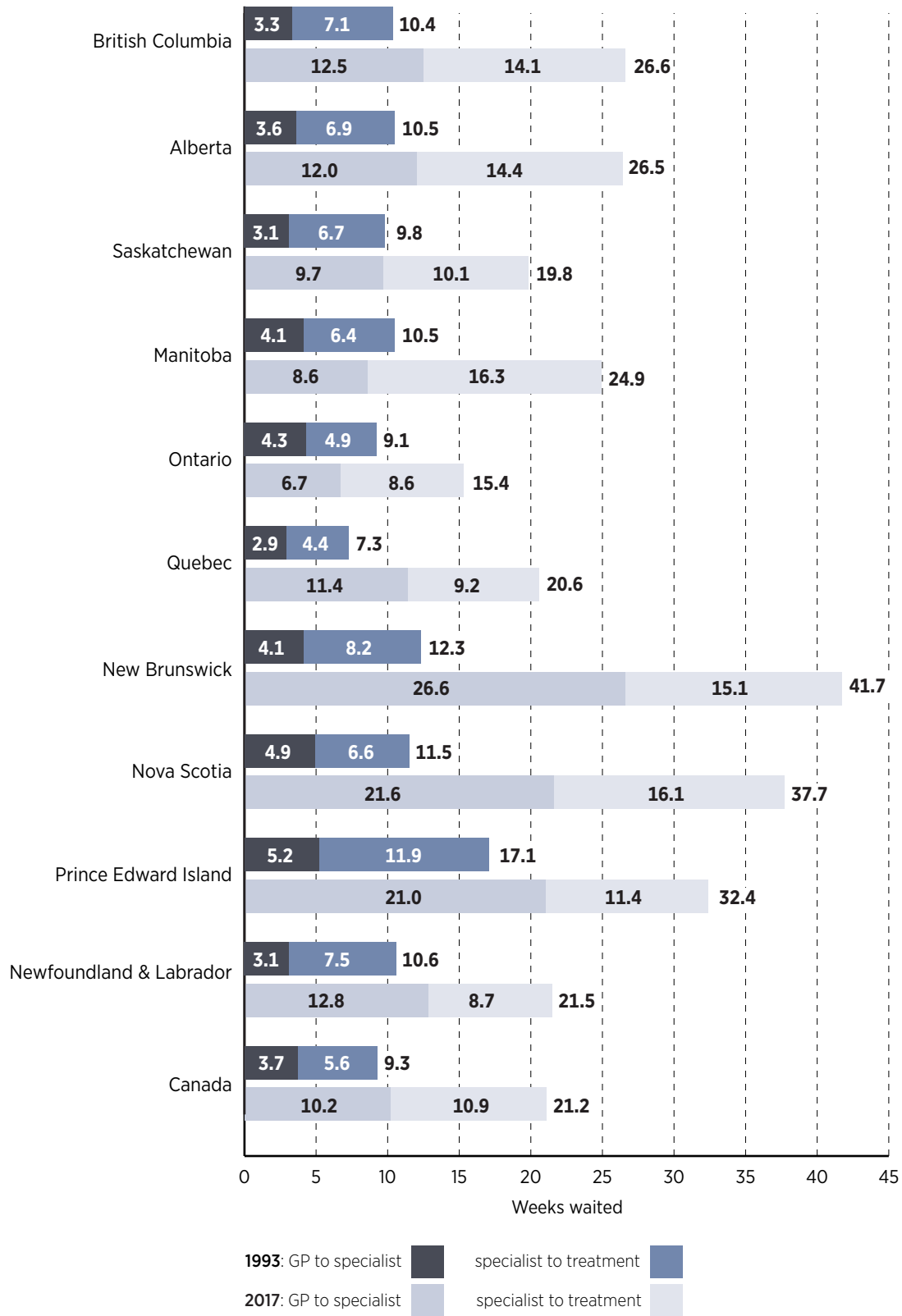
It is estimated that, across the 10 provinces, the total number of procedures for which people are waiting in 2017 is 1,040,791. This means that, assuming that each person waits for only one procedure, 2.9% of Canadians are waiting for treatment in 2017. The proportion of the population waiting for treatment varies from a low of 1.7% in Quebec to a high of 5.7% in Nova Scotia. It is important to note that physicians report that only about 11.5% of their patients are on a waiting list because they requested a delay or postponement.

Patients also experience significant waiting times for various diagnostic technologies across the provinces. This year, Canadians could expect to wait 4.1 weeks for a computed tomography (CT) scan, 10.8 weeks for a magnetic resonance imaging (MRI) scan, and 3.9 weeks for an ultrasound.

Research has repeatedly indicated that wait times for medically necessary treatment are not benign inconveniences. Wait times can, and do, have serious consequences such as increased pain, suffering, and mental anguish. In certain instances, they can also result in poorer medical outcomes—transforming potentially reversible illnesses or injuries into chronic, irreversible conditions, or even permanent disabilities. In many instances, patients may also have to forgo their wages while they wait for treatment, resulting in an economic cost to the individuals themselves and the economy in general.

The results of this year's survey indicate that despite provincial strategies to reduce wait times and high levels of health expenditure, it is clear that patients in Canada continue to wait too long to receive medically necessary treatment.

Median wait from referral by GP to treatment, by province, 1993 and 2017



Source: The Fraser Institute's national waiting list survey, 2017; *Waiting Your Turn*, 1997.

This publication has four series of illustrations and tabular material.

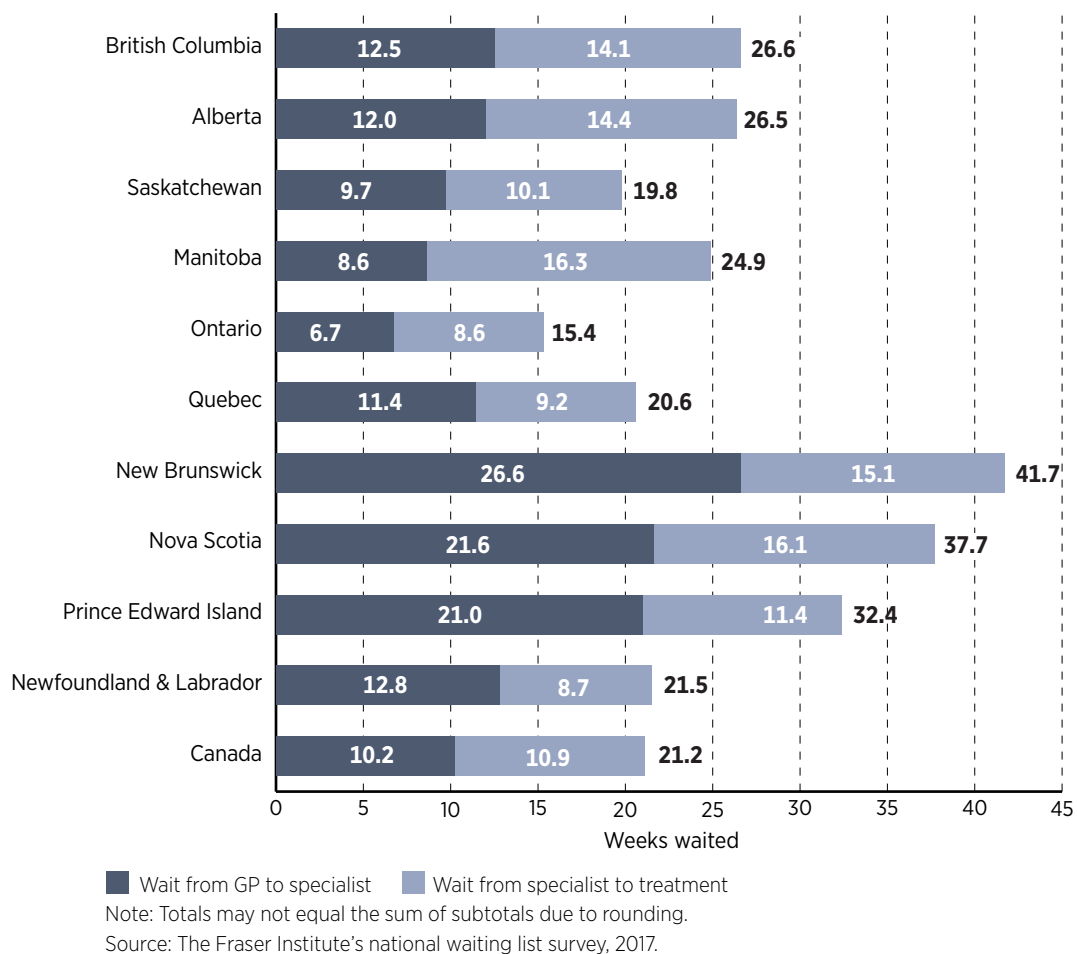
- Charts, which may be graphs or tables, will be found in the main text, pp. 1–17.
- Graphs will be found in “Selected graphs”, pp. 18–32.
- Tables will be found in “Selected tables”, pp. 33–68.
- “Appendix B: Psychiatry Waiting List Survey, 2016 Report”, pp. 71–78, has tables and a graph labeled “B1” and so on.

Findings

Total wait times

The Fraser Institute's twenty-seventh annual waiting list survey finds that wait times [1] for surgical and other therapeutic treatments increased in 2017 (table 2; chart 1). The total waiting time between referral from a general practitioner and delivery of medically necessary elective treatment by a specialist, averaged across all 12 specialties and 10 provinces surveyed, has risen from 20.0 weeks in 2016 to 21.2 weeks in 2017. This

Chart 1: Median wait by province in 2017—weeks waited from referral by GP to treatment



1. For an explanation of how *Waiting Your Turn* measures wait times, see the "Method" section.

year's wait time—the longest ever recorded in the survey's history—is 128% longer than in 1993, when it was just 9.3 weeks. The deterioration in wait- times nationwide reflects increases in British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, New Brunswick, Nova Scotia and Prince Edward Island while concealing improvements in Ontario and Newfoundland & Labrador.

Ontario reports the shortest total wait in 2017 (15.4 weeks), followed by Saskatchewan (19.8 weeks), and Quebec (20.6 weeks). New Brunswick has the longest total wait at 41.7 weeks, followed by Nova Scotia (37.7 weeks), and Prince Edward Island (32.4 weeks).

Wait time by segment

Total wait time can be examined in two consecutive segments:

- 1 from referral by a general practitioner to consultation with a specialist;
- 2 from the consultation with a specialist to point at which patient receives treatment.

The increase in total waiting time between 2016 and 2017 results from an increase in both the first and second segments. The waiting time in the first segment—from referral by a general practitioner to consultation with a specialist—has risen from 9.4 weeks in 2016 to 10.2 weeks in 2017. This wait time is 177% longer than in 1993, when it was 3.7 weeks (**graph 1; graph 2**). The waiting time to see a specialist has increased in seven provinces since 2016, but has fallen in Manitoba, Ontario, and Newfoundland & Labrador (**chart 2**). The shortest waits for specialist consultations are in Ontario (6.7 weeks), Manitoba (8.6 weeks), and Saskatchewan (9.7 weeks). The longest waits for specialist consultations are found in New Brunswick (26.6 weeks), Nova Scotia (21.6 weeks), and Prince Edward Island (21.0 weeks) (see **table 3**).

The waiting time in the second segment—from consultation with a specialist to the point at which the patient receives treatment—has risen from 10.6 weeks in 2016 to 10.9 weeks in 2017 (**chart 3**). This portion of waiting is 95% longer than in 1993 when it was 5.6 weeks (**graph 3; graph 4**). Waiting times from specialist consultation to treatment have increased in six provinces, but decreased in British Columbia, New Brunswick, Nova Scotia, and Newfoundland & Labrador. The shortest specialist-to-treatment waits are found in Ontario (8.6 weeks), Newfoundland & Labrador (8.7 weeks), and Quebec (9.2 weeks), while the longest are in Manitoba (16.3 weeks), Nova Scotia (16.1 weeks), and New Brunswick (15.1 weeks) (**table 4**).

Chart 2: Wait by province in 2016 and 2017—weeks waited from referral by GP to appointment with specialist

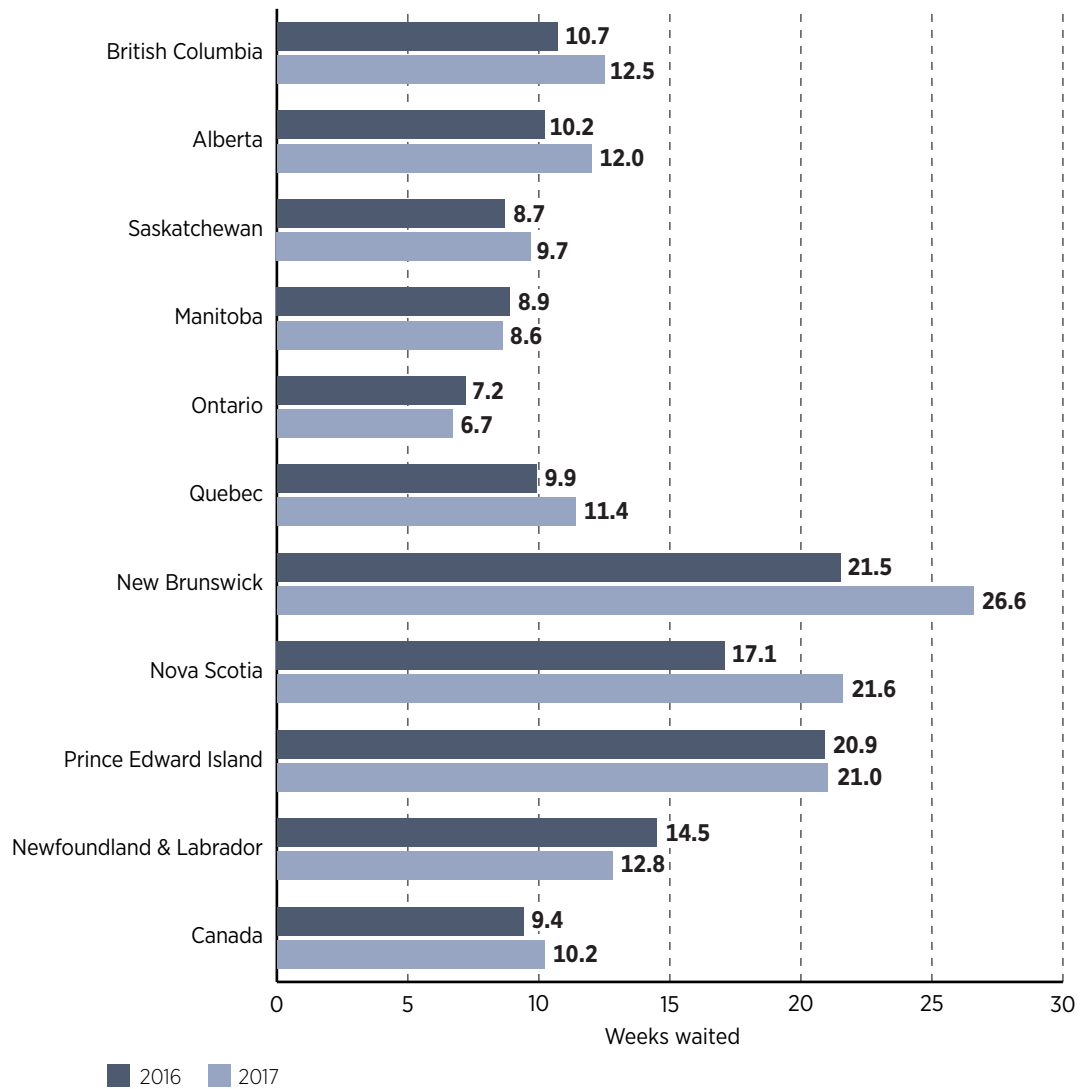
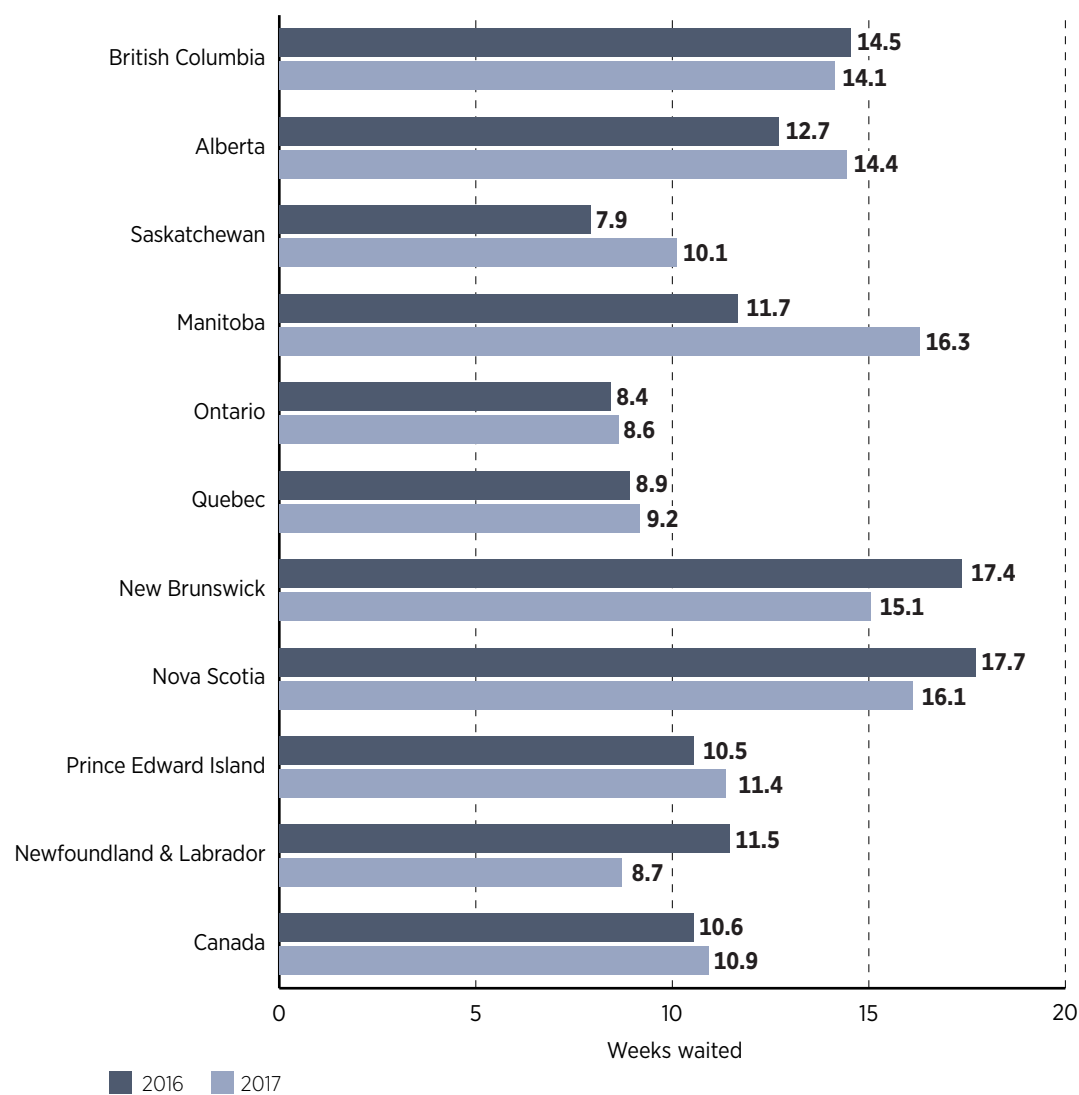


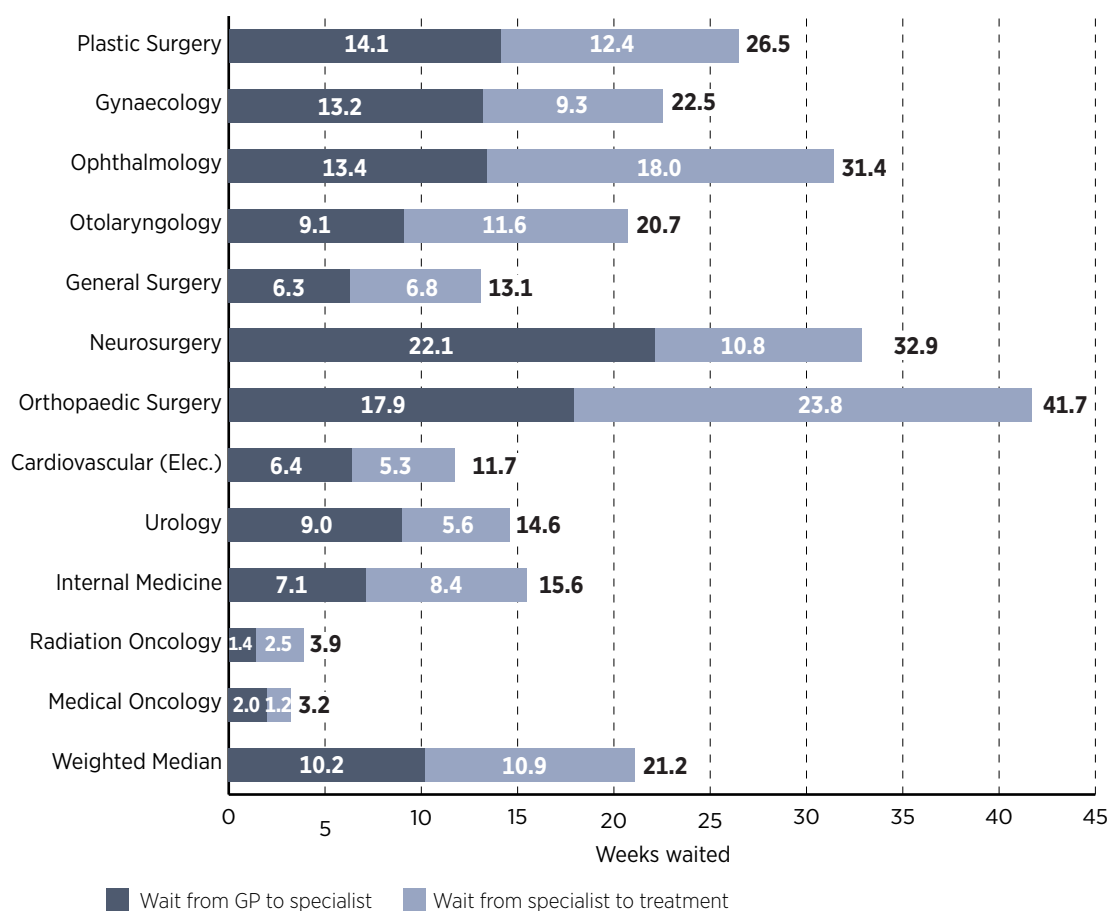
Chart 3: Wait by province in 2016 and 2017—weeks waited from appointment with specialist to treatment



Waiting by specialty

Among the various specialties, the shortest total waits exist for medical oncology (3.2 weeks), radiation oncology (3.9 weeks), and elective cardiovascular surgery (11.7 weeks). Conversely, patients wait longest between a referral by a GP and orthopaedic surgery (41.7 weeks), neurosurgery (32.9 weeks), and ophthalmology (31.4 weeks) (table 2; chart 4). The largest increases in waits between 2016 and 2017 have been for gynaecology (3.7 weeks), orthopaedic surgery (3.7 weeks), and elective cardiovascular surgery (3.2 weeks). Such increases are offset by decreases in wait times for patients receiving treatment in the fields like neurosurgery (–14.0 weeks), otolaryngology (–2.0 weeks) and urology (–1.6 weeks).

Chart 4: Median wait by specialty in 2017—weeks waited from referral by GP to treatment



Breaking waiting time down into its two components, there is also variation among specialties. The shortest waits from referral by a general practitioner to consultation with a specialist are in radiation oncology (1.4 weeks), medical oncology (2.0 weeks), and general surgery (6.3 weeks). The longest waits are for neurosurgery (22.1 weeks), orthopaedic surgery (17.9 weeks), and plastic surgery (14.1 weeks) (**table 3**).

For the second segment—from consultation with a specialist to the point at which the patient receives treatment—patients wait the shortest intervals for medical oncology (1.2 weeks), urgent cardiovascular surgery (1.2 weeks), and radiation oncology (2.5 weeks). They wait longest for orthopaedic surgery (23.8 weeks), ophthalmology (18.0 weeks), and plastic surgery (12.4 weeks) (**table 4**; **chart 5**). Median wait times for specific procedures within a specialty, by province, are shown in **tables 5A–5L**.

Comparison between clinically “reasonable” and actual waiting times

Specialists are also surveyed as to what they regard as clinically “reasonable” waiting times in the second segment covering the time spent from specialist consultation to delivery of treatment. Out of the 108 categories (some comparisons were precluded by missing data), actual waiting time (**table 4**) exceeds reasonable waiting time (**table 8**) in 62% of the comparisons. Averaged across all specialties, Quebec and Saskatchewan have come closest to meeting the standard of “reasonable” wait times. Their actual second-segment waits exceed the corresponding “reasonable” values by only 17% and 34%, respectively. It should be noted, however, that physicians in Prince Edward Island, Newfoundland & Labrador, Ontario, and Manitoba hold relatively more stringent standards as to what is “reasonable” (**table 10**). The greatest difference between these two values across all provinces for a specialty is in orthopaedic surgery, where the actual waiting time is 11.8 weeks longer than what is considered to be “reasonable” by specialists (**chart 6**). [2] Median reasonable wait times for specific procedures within a specialty, by province, are shown in **tables 9A–9L**.

2. The greatest proportional difference for a specialty is in Internal Medicine, where the actual waiting time exceeds the corresponding reasonable value by 122%.

Chart 5: Wait by specialty in 2016 and 2017—weeks waited from appointment with specialist to treatment

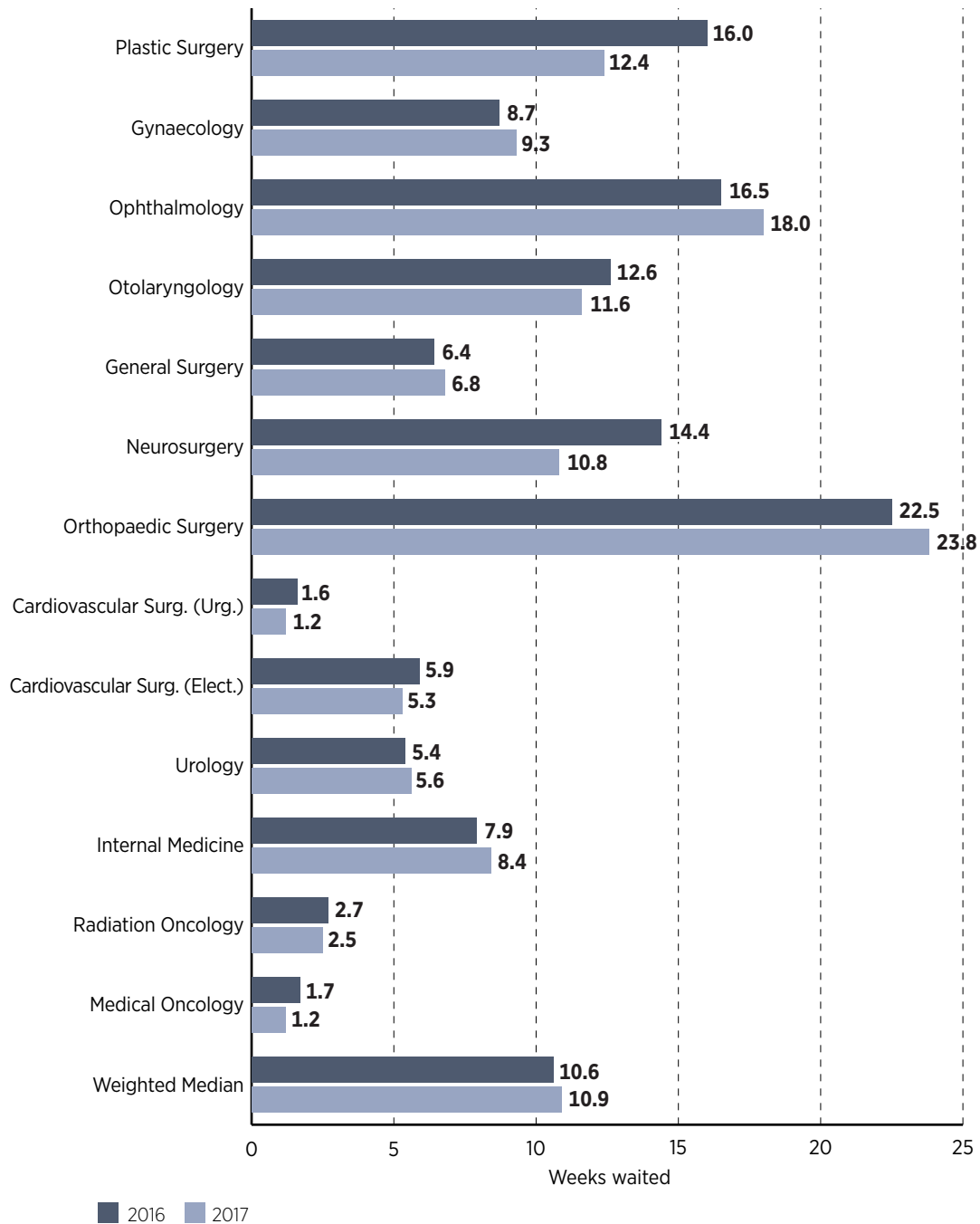
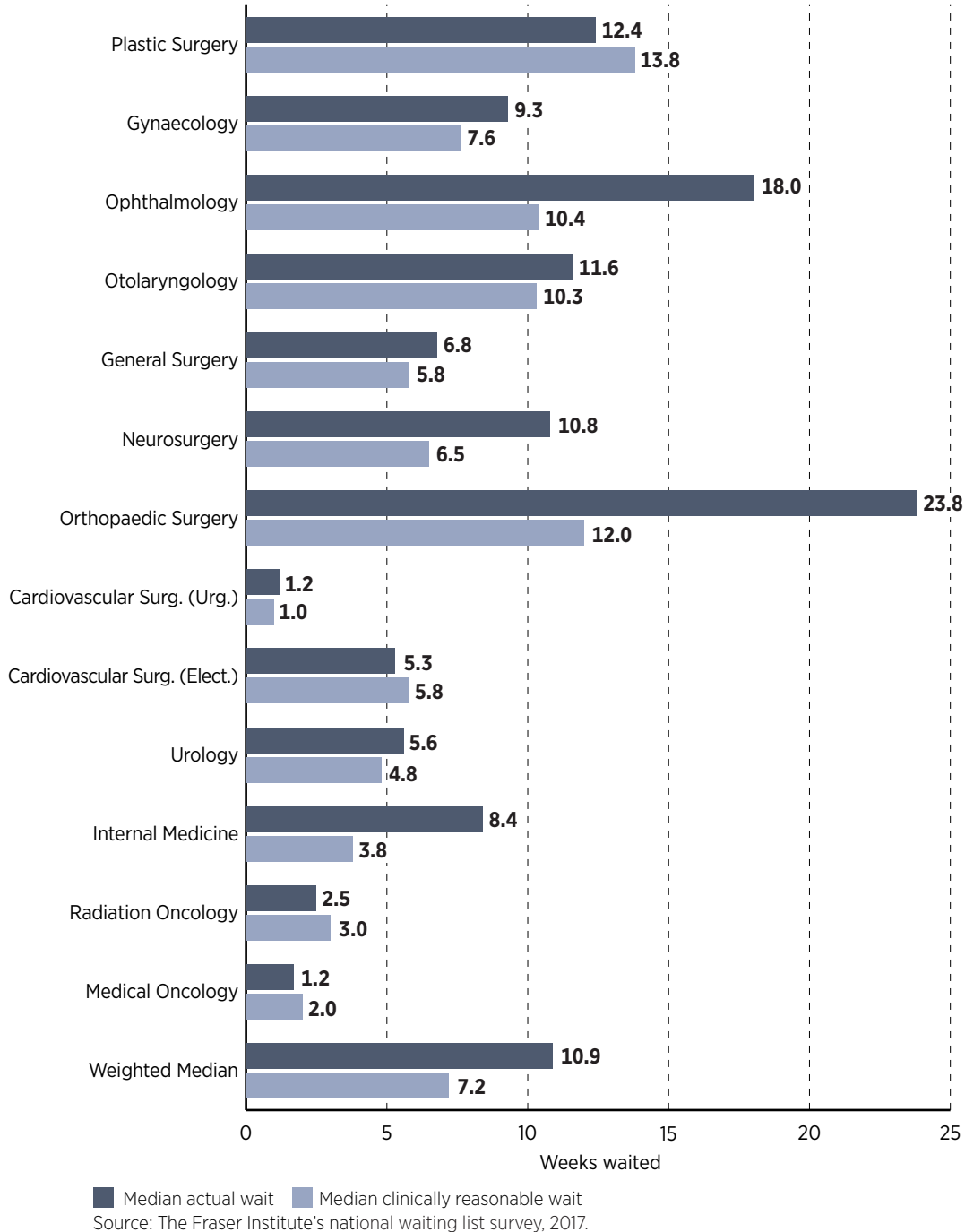


Chart 6: Median actual wait compared to median clinically reasonable wait by specialty in Canada in 2017—weeks waited from appointment with specialist to treatment



Waiting for diagnostic and therapeutic technology

Patients also experience significant waiting times for various diagnostic technologies across the provinces. The wait for a computed tomography (CT) scan has increased to 4.1 weeks in 2017 from 3.7 weeks in 2016. Saskatchewan and Ontario have the shortest wait for a CT scan (3.0 weeks), while the longest waits occur in British Columbia, Alberta, and Nova Scotia (6.0 weeks). The wait for a magnetic resonance imaging (MRI) scan has decreased to 10.8 weeks in 2017 from 11.1 weeks in 2016. Patients in Ontario face the shortest wait for an MRI (6.0 weeks), while residents of British Columbia and Prince Edward Island wait longest (24.0 weeks). Finally, the wait for an ultrasound has decreased to 3.9 weeks in 2017 from 4.0 weeks in 2016 and 2015. Alberta, Saskatchewan, and Ontario have the shortest wait for an ultrasound (2.0 weeks), while Quebec and Nova Scotia have the longest: 8.0 weeks (chart 7).

Chart 7: Waiting for technology: weeks waited to receive selected diagnostic tests in 2017, 2016, and 2015

	CT-Scan			MRI			Ultrasound		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
British Columbia	6.0	5.0	5.0	24.0	24.0	24.0	5.0	5.5	4.0
Alberta	6.0	4.0	4.0	16.0	12.0	12.0	2.0	2.0	2.0
Saskatchewan	3.0	3.0	4.0	12.0	12.0	9.0	2.0	4.0	4.0
Manitoba	5.0	4.0	4.0	13.0	12.0	8.0	5.0	4.5	5.0
Ontario	3.0	3.0	3.0	6.0	6.0	5.0	2.0	2.0	2.0
Quebec	4.0	4.0	5.0	10.0	12.0	12.0	8.0	8.0	8.0
New Brunswick	4.0	4.0	4.0	8.0	8.0	8.0	6.0	6.0	7.0
Nova Scotia	6.0	4.0	5.0	9.0	12.0	12.0	8.0	4.0	5.0
Prince Edward Island	4.0	6.0	6.0	24.0	16.0	12.0	6.0	6.0	42.0
Newfoundland & Labrador	4.0	4.0	4.8	7.0	4.0	6.0	5.9	6.0	6.3
Canada	4.1	3.7	4.0	10.8	11.1	10.4	3.9	4.0	4.0

Note: Links to wait times data published by provincial government agencies can be found in Appendix A.

Numbers of procedures for which people are waiting

This study estimates that, across the 10 provinces, the total number of procedures for which people are waiting in 2017 is 1,040,791 (table 12; table 14 presents the numbers for the provinces on a population-adjusted basis), an increase of 6.9% from the estimated 973,505 procedures in 2016. The estimated number of procedures for which people are waiting increased in all provinces except New Brunswick, Nova Scotia, and Newfoundland & Labrador. Assuming that each person waits for only one procedure, 2.9% of Canadians are waiting for treatment in 2017, which varies from a low of 1.7% of the population in Quebec to a high of 5.7% in Nova Scotia. [3] Tables 13A-13L (pp. 55–60) show the number of procedures for which people are waiting within a specialty, by province.

3. These numbers should be interpreted with caution, especially for Saskatchewan. As a result of discussions with provincial authorities in 2002, counts of “the number of patients waiting for surgery” have been replaced with the “number of procedures for which patients are waiting”. There do not, however, appear to be significant systematic differences between the numbers of “procedures for which people are waiting” estimated in this edition of *Waiting Your Turn* and counts of “patients waiting” reported by provincial ministries.

Method

The data for this issue of *Waiting Your Turn* were collected between January 4 and April 28, 2017. Survey questionnaires [4] were sent to practitioners in 12 medical specialties: plastic surgery, gynaecology, ophthalmology, otolaryngology, general surgery, neurosurgery, orthopaedic surgery, cardiovascular surgery, urology, internal medicine, radiation oncology, and medical oncology. This year, the overall response rate was 21% (table 1). The major findings from the survey responses are summarized in table 2 to table 15.

This study replicates methods used in previous editions but, like the surveys of 2016 and 2015, this year's survey contains fewer questions than in previous years (2014 and earlier). Both versions of the survey are included for comparison (Appendixes C, D). Because data from the eliminated questions were treated independently of calculated medians, there is no reason to believe that their removal will have a material impact on the results contained in this edition of the report.

As with previous editions, this study is designed to estimate the wait for medically necessary elective treatment. [5] Waiting time is calculated as the median of physician responses. The median is calculated by ranking specialists' responses in either ascending or descending order, and determining the middle value. [6]

The provincial weighted medians, for each specialty, reported in the last line of tables 5A–5L, are calculated by multiplying the median wait for each procedure (e.g., mammoplasty or neurolysis for plastic surgery) by a weight—the fraction of all surgeries within that specialty constituted by that procedure. The sum of these multiplied terms forms the weighted median for that province and specialty (an analogous method is used for tables 9A–9L).

-
4. The Cornerstone Group of Companies provided mailing lists, drawn from the Canadian Medical Association's membership rolls. Specialists were offered a chance to a \$2000 cash prize (to be randomly awarded) as an inducement to respond. Physicians were contacted via letter-mail, facsimile, and telephone.
 5. Emergent, urgent, and elective wait times are measured for cardiovascular surgery. The specialties of internal medicine, medical oncology, neurosurgery, and radiation oncology also include non-elective wait times.
 6. For an even-numbered group of respondents, the median is the average of the two middle values.

To obtain the provincial medians (displayed in the last row of tables 2, 3, 4, and 8), the 12 specialty medians are each weighted by a ratio—the number of procedures done in that specialty in the province, divided by the total number of procedures done by specialists of all types in the province. To obtain the national medians (displayed in the last column of tables 2, 3, 4, and 8) we use a similar ratio—the number of procedures done in that specialty in the province, divided by the total number of procedures done by specialists in that specialty across all provinces.

To estimate the number of procedures for which people are waiting, the total annual number of procedures is divided by 52 (weeks per year) and then multiplied by the Fraser Institute’s estimate of the actual provincial average number of weeks waited. This means that a waiting period of one month implies that, on average, patients are waiting one-twelfth of a year for surgery. Therefore, the next person added to the list would find one-twelfth of a year’s patients ahead of him or her in the queue. The main assumption underlying this estimate is that the number of surgeries performed will neither increase nor decrease within the year in response to waiting lists.

The number of non-emergency procedures for which people are waiting that were not included in the survey is also calculated, and is listed in table 12 as the “residual” number of procedures for which people are waiting. To estimate this residual number, the number of non-emergency operations not contained in the survey that are done in each province annually must be used. This residual number of operations (compiled from the CIHI data) is then divided by 52 (weeks) and multiplied by each province’s weighted median waiting time for all specialties.

This study’s weighting of medians and the estimation of the number of procedures for which patients are waiting are based on data for 2015/16 from the Discharge Abstract Database (DAD) (CIHI, 2017a), the National Ambulatory Care Reporting System (NACRS) (CIHI, 2017b), and the Hospital Morbidity Database (HMDB) (CIHI, 2017c) published by the Canadian Institute for Health Information (CIHI). There are a number of minor problems in matching the CIHI’s categories of operations to those reported in the Fraser Institute’s survey. In a few instances, an operation such as rhinoplasty is listed under more than one specialty in *Waiting Your Turn*. In these cases, we divide the number of patients annually undergoing this type of operation among specialties according to the proportion of specialists in each of the overlapping specialties: for example, if plastic surgeons constitute 75% of the group of specialists performing rhinoplasties, then the number of rhinoplasties counted under plastic surgery is the total multiplied by 0.75. A second problem is that, in some cases, an operation listed

in the *Waiting Your Turn* questionnaire has no direct match in the CIHI tabulation. An example is ophthalmological surgery for glaucoma, which is not categorized separately in the CIHI discharge abstract data. In these cases, we make no estimate of the number of patients waiting for these operations.

The Fraser Institute's cardiovascular surgery questionnaire, following the traditional classification by which patients are prioritized, has distinguished among emergent, urgent, and elective patients. However, in discussing the situation with physicians and hospital administrators, it became clear that these classifications are not standardized across provinces. Decisions as to how to group patients were thus left to responding physicians and heart centres. Direct comparisons among provinces using these categories should, therefore, be made tentatively. *The author recommends particular caution this year when interpreting the wait times for emergent cardiovascular treatments.*

Finally, when interpreting median wait-time data for procedures, specialties, and provinces, it is important to take note of the number of responses upon which estimates are based. These are contained in **tables 1a–c**. For example, the number of survey responses in parts of Atlantic Canada are notably lower than in other provinces, which may result in reported median wait times being higher or lower than those actually experienced. *The author recommends particular caution this year when interpreting the wait times for treatment in Prince Edward Island.*

Comparisons of Data from Other Sources

Estimates of wait times measured by provincial governments

On November 16, 2017, we sent preliminary data to provincial ministries of health, and to provincial cancer and cardiac agencies. A list of links to wait-times data published by provincial government agencies can be found in **Appendix A**.

While it is encouraging that provincial governments have gradually come to recognize the value of measuring and reporting wait times for medically necessary procedures and treatments, there are a number of reasons that their estimates should be interpreted with caution.

3 Many provinces still do not measure the wait time between the date a patient receives a referral from a general practitioner and the consultation with a specialist. Although there are some notable exceptions, most provinces focus only on the time between the date on which a treatment was scheduled (or booked) and the date of the treatment. The Fraser Institute intends to assist those seeking treatment, and those evaluating waiting times, by providing comprehensive data on the entire wait a person seeking treatment can expect. Accordingly, the Institute measures the time between the decision of the specialist that treatment is required and treatment being received as well as the time between a referral by a general practitioner and the consultation with a specialist.

4 Even when examining only the waiting time between seeing a specialist and receiving treatment, many provinces only start their wait-time clocks when the operating room booking information for a case is received by the hospital. Using this definition may understate the patient's actual waiting time between seeing a specialist and receiving treatment because it will not include any delays between the decision to treat the patient and the formal booking and recording for that patient. In addition, because some hospitals may only book a few months ahead, this method of measuring waiting lists likely omits a substantial fraction of patients with waits beyond the booking period (Ramsay, 1998).

5 In years past, wait-times data from certain provinces have been found to be remarkably low when compared to the number of procedures they report to have been actually completed and the number of patients reported to be waiting for treatment.

Previous reports by the Fraser Institute (for example, *Waiting Your Turn*, 2009) have consistently demonstrated how, in those provinces, either there had to have been fewer people waiting or significantly more surgeries being completed, or the government's reported wait time must have been incorrect.

6 Because of differences in the number of specialties and procedures included, as well as different definitions of how wait times are measured, estimates from provincial governments are usually not comparable among provinces or across time (usually only going back a few years). The Fraser Institute measures wait times for the same set of specialties across all provinces, employs a consistent methodology, and has published annual estimates for over two decades.

Comprehensive comparisons of wait time estimates from provincial governments with data from the Fraser Institute can be found in previous versions of *Waiting Your Turn*.

Verification and comparison of earlier data with independent sources

The waiting list data can be verified by comparison with independently computed estimates, primarily those found in academic journals. There exist 95 independent waiting-time estimates that can be compared with recent Fraser Institute's figures. In 59 of the 95 cases, the Fraser Institute's figures lie below the comparison values. In only 31 instances does the Institute value exceed the comparison value, and in five cases they are identical. This evidence strongly suggests that the Fraser Institute's measurements are not biased upward but, if anything, may be biased downward, understating actual waiting times. (For further explanation, see *Waiting Your Turn*, 2009).

Pan-Canadian benchmarks

Canada's provincial, territorial, and federal governments agreed to a set of common benchmarks for medically necessary treatment on December 12, 2005 (Ontario Ministry of Health and Long Term Care, 2005). **Chart 8** compares those benchmarks for which a similar comparator exists in *Waiting Your Turn*. Two observations arise from this comparison. First, Canada's physicians tend to have a lower threshold for reasonable wait times than do Canada's provincial, territorial, and federal governments. Second, median wait times for radiation therapy and cardiac bypass surgery in many provinces are already within the benchmarks set by governments in Canada, which means that according to these benchmarks, more than 50% of patients in these provinces are already being

treated in a time frame that provincial governments consider “reasonable”. [7] This year, however, the median wait time for hip and knee replacements as measured by this report (arthroplasty—hip, knee, ankle, shoulder) and cataract surgery exceed the pan-Canadian Benchmark wait time.

Chart 8: Pan-Canadian benchmark wait times and *Waiting Your Turn* 2017

Procedure (Pan-Canadian Benchmark/ <i>Waiting Your Turn</i>)	Pan-Canadian Benchmark Wait Time	National Median Wait Time [1] (Range of Provincial Median Wait Times) in weeks	National Median Reasonable Wait Time [1] (Range of Provincial Reasonable Median Wait Times) in weeks
Radiation Therapy/ Radiation Oncology	within 4 weeks of patients being ready to treat	2.5 (1.0–7.0)	3.0 (2.0–7.9)
Hip Replacements	within 26 weeks	27.5 (18.0–52.0)	12.7 (12.0–26.0)
Knee Replacements	within 26 weeks	27.5 (18.0–52.0)	12.7 (12.0–26.0)
Cataract Surgery	within 16 weeks for patients who are at high risk	20.2 (6.0–41.0)	11.2 (8.0–16.0)
Cardiac Bypass Surgery	Level I within 2 weeks/ Level II within 6 weeks/ Level III within 26 weeks	Emergent: 1.5 (0.0–5.0)/ Urgent: 1.1 (0.1–2.3)/ Elective: 6.1 (2.5–11.5)	Emergent: 0.0 (0.0–0.5)/ Urgent: 0.9 (0.1–1.5)/ Elective: 6.5 (4.0–14.0)

[1] These wait times were produced for individual procedures using the same methodology used to produce national median wait times for medical specialties, described above under “Methodology”. *Wait times for emergent Cardiac Bypass Surgery should be interpreted with caution.*

Sources: Ontario Ministry of Health and Long Term Care, 2005; and The Fraser Institute's National Waiting List Survey, 2017.

7. Note that, although the median wait time is less than the benchmark wait time, this does not mean that provinces have already met their targets. The pan-Canadian benchmark wait times apply to all patient cases, while the median wait time is the time by which 50% of patients have been treated and 50% of patients are still waiting for treatment.

Conclusion

The 2017 *Waiting Your Turn* survey indicates that, at 21.2 weeks, the total waiting time for elective, medically necessary, treatment across the provinces is the longest ever recorded in the history of this survey. Even if one debates the reliability of waiting-list data, this survey also reveals that wait times in Canada are longer than what physicians consider to be clinically reasonable.

From the standpoint of the Canadian economy, a study by Stokes and Somerville (2008) found that the cumulative total lost economic output that represents the cost of waiting longer than medically recommended for treatment for total joint replacement surgery, cataract surgery, coronary artery bypass graft surgery, and MRI scans in 2007 was an estimated \$14.8 billion. More recently, Barua and Ren (2017) estimated the cost of waiting per patient in Canada to be approximately \$1,759 in 2016 if only hours during the normal working week were considered “lost”, and as much as \$5,360 if all hours of the week (excluding eight hours of sleep per night) were considered “lost”.

Further, there is a significant body of medical literature identifying adverse medical consequences from prolonged waiting (Waiting Your Turn, 2009; Day, 2013).

This year’s survey of specialists also found that an estimated 1.3% of patients received elective treatment in another country during 2016/17. Physicians also report that only about 11.5% of their patients are on a waiting list because they requested a delay or postponement, and that 46.3% would agree to have their procedure performed within a week [8] if an opening arose.

Thus, despite provincial strategies to reduce wait times and high levels of expenditure on health care, it is clear that patients in Canada are waiting too long to receive treatment.

8. The survey asks physicians what percentage of their patients currently waiting for treatment would agree to begin treatment tomorrow if an opening were to arise. However, comments by respondents of previous surveys indicate that at least some respondents answer the question as if it were “a few days”.

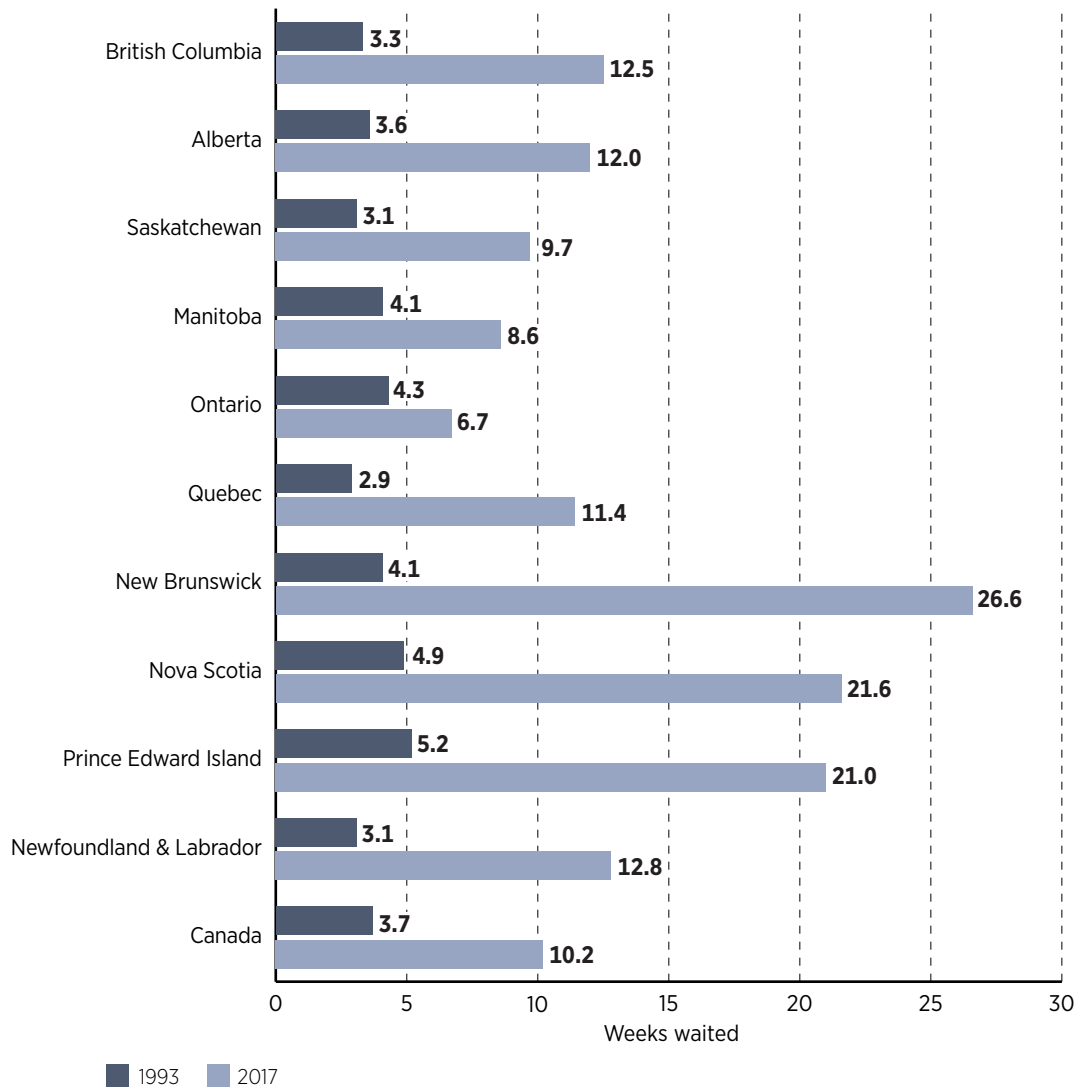
Selected graphs

Graphs 1–6: Median actual waiting times, 1993 and 2017

Graphs 7–8: Median reasonable waiting times, 1994 and 2017

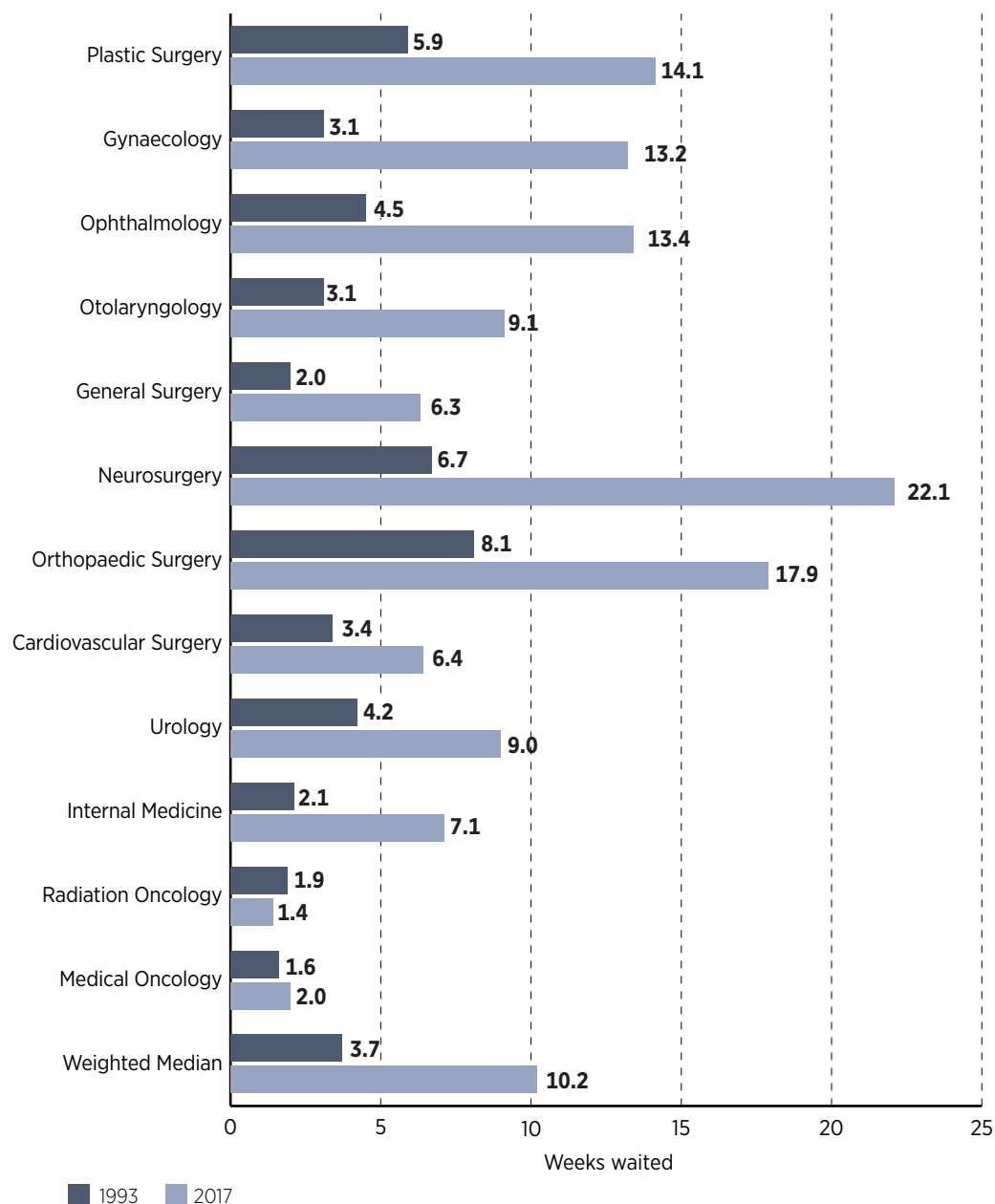
Graphs 9–19: Actual versus reasonable waiting times, 1994 to 2017, by province

Graph 1: Median wait between referral by GP and appointment with specialist, by province, 1993 and 2017

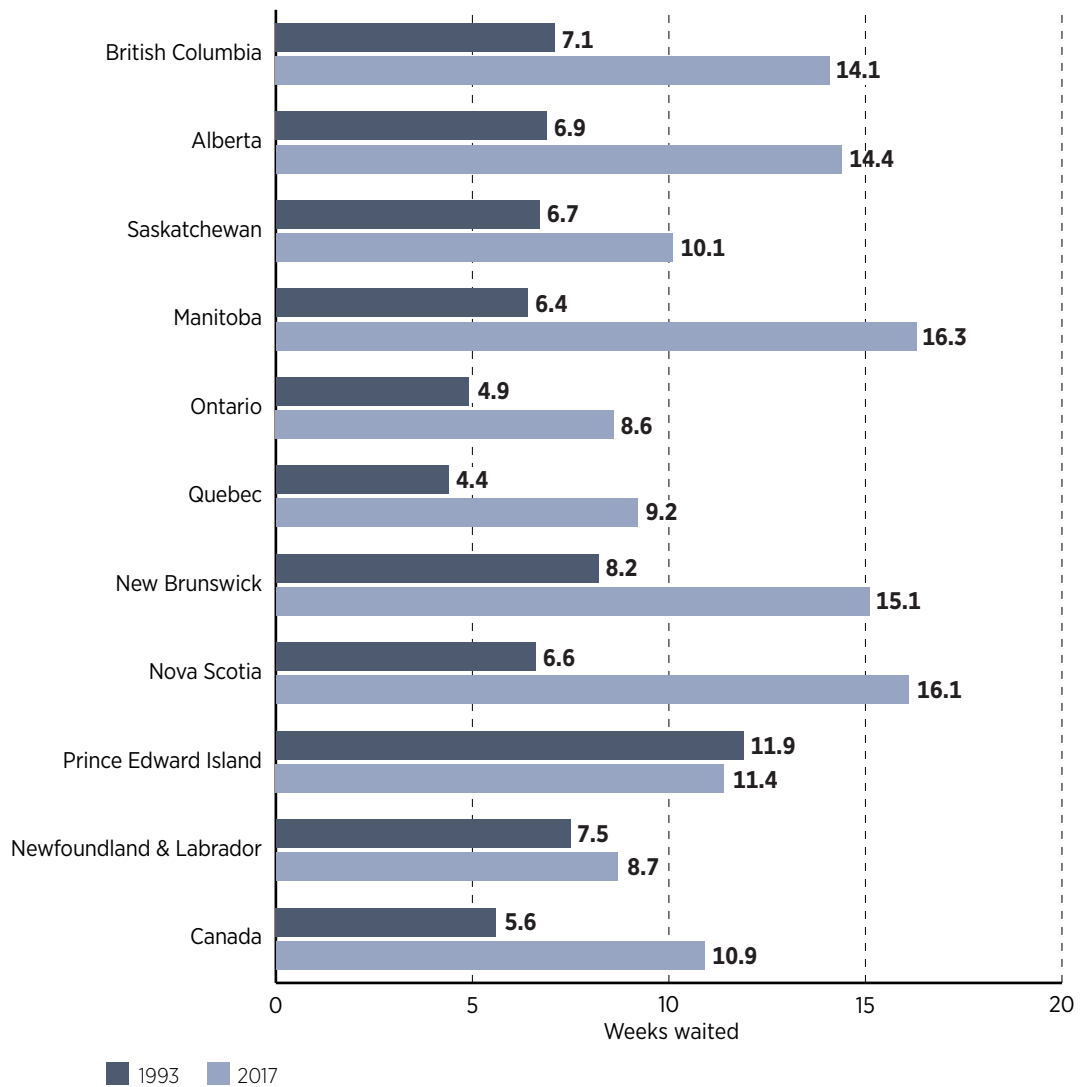


Source: The Fraser Institute's national waiting list survey, 2017; *Waiting Your Turn*, 1997.

Graph 2: Median wait between referral by GP and appointment with specialist, by specialty, 1993 and 2017

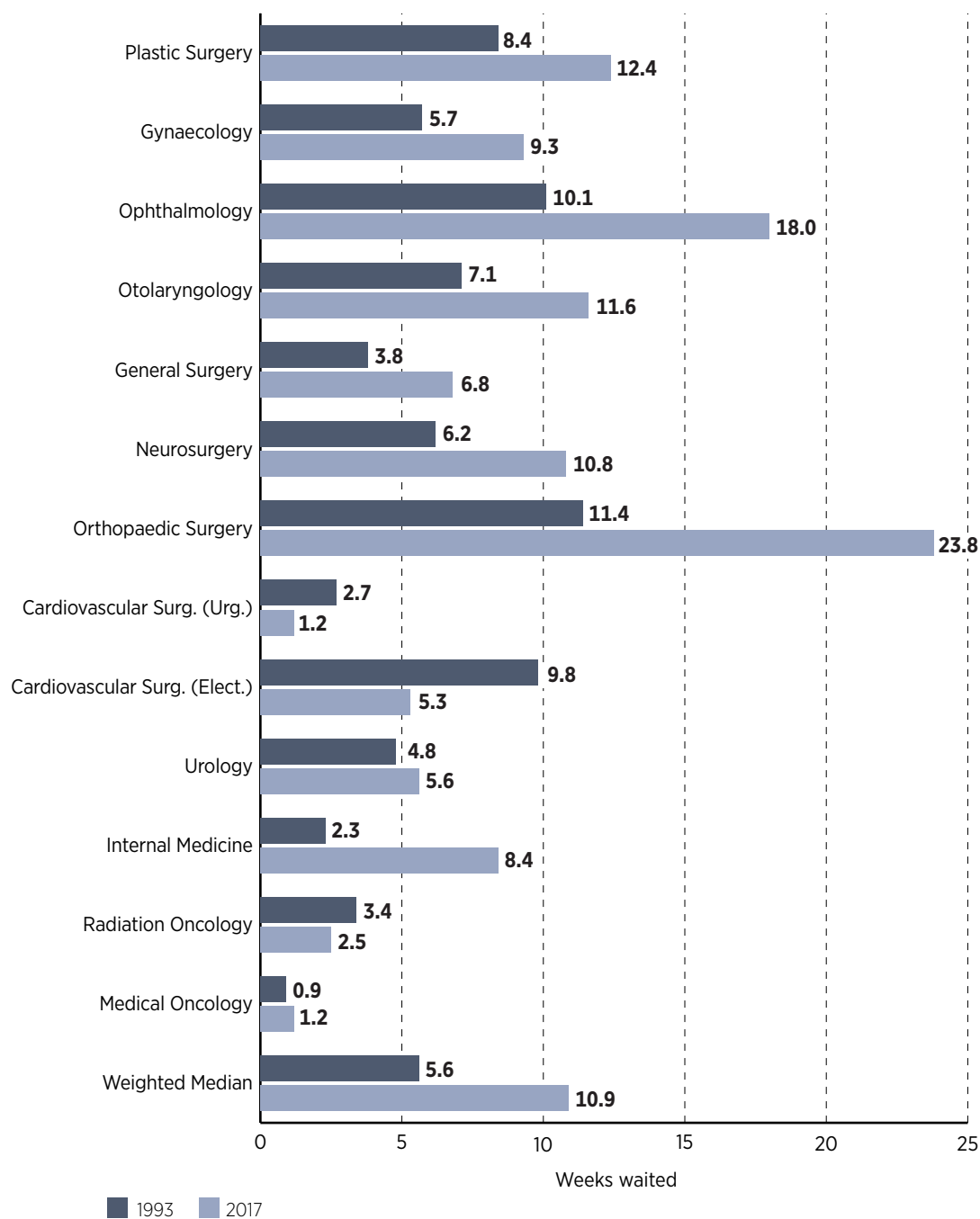


Graph 3: Median wait between appointment with specialist and treatment, by province, 1993 and 2017

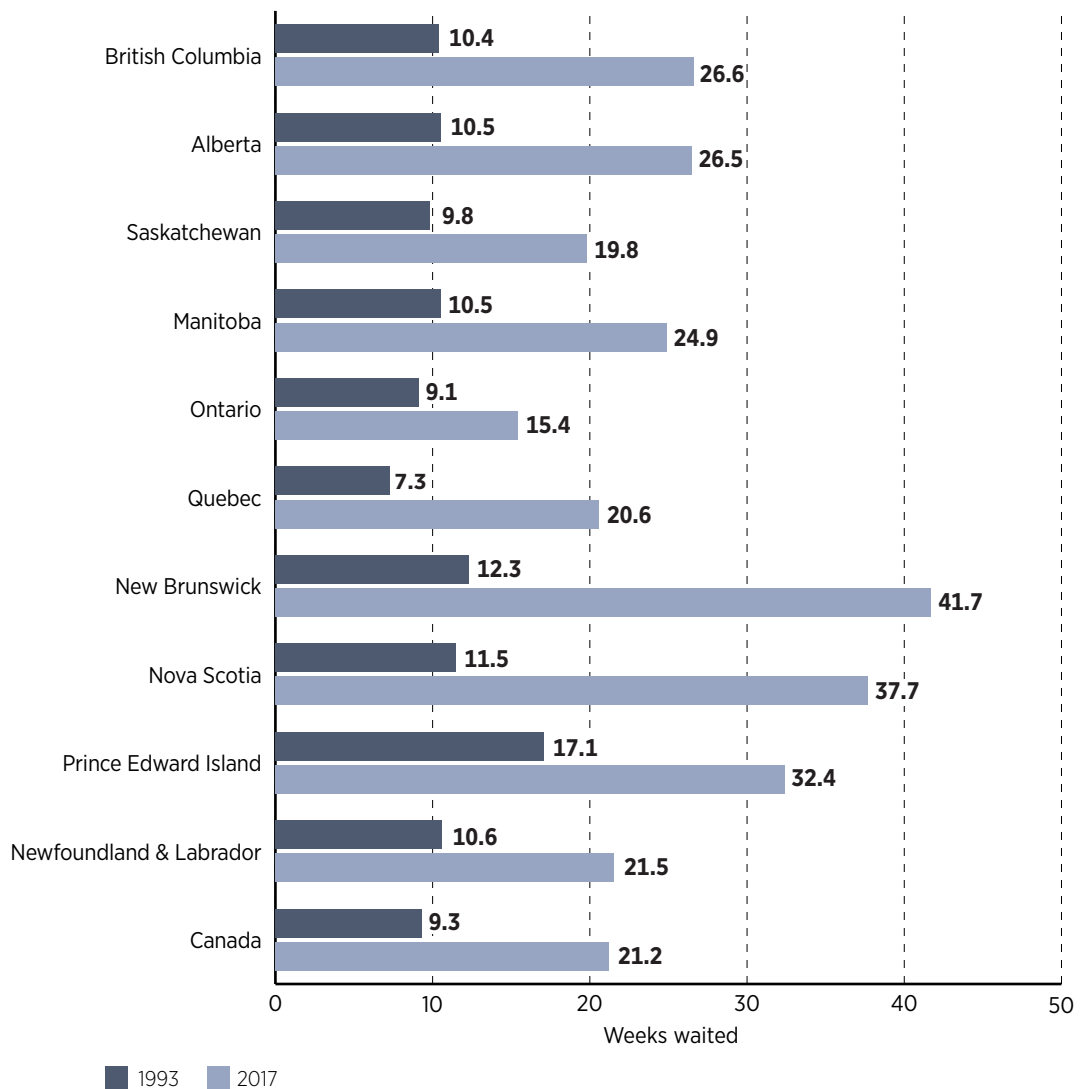


Source: The Fraser Institute's national waiting list survey, 2017; *Waiting Your Turn*, 1997.

Graph 4: Median wait between appointment with specialist and treatment, by specialty, 1993 and 2017

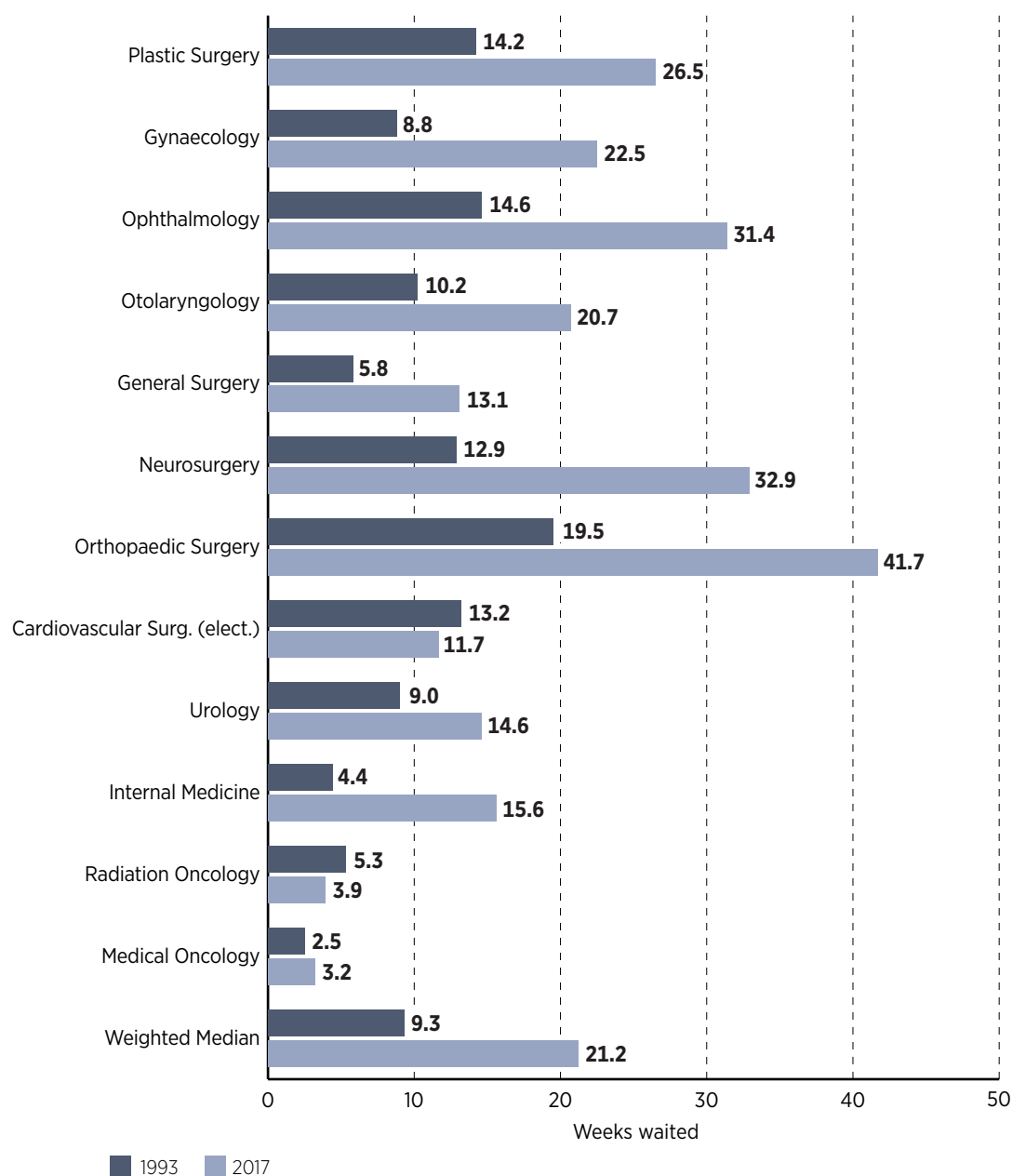


Graph 5: Median wait between referral by GP and treatment, by province, 1993 and 2017

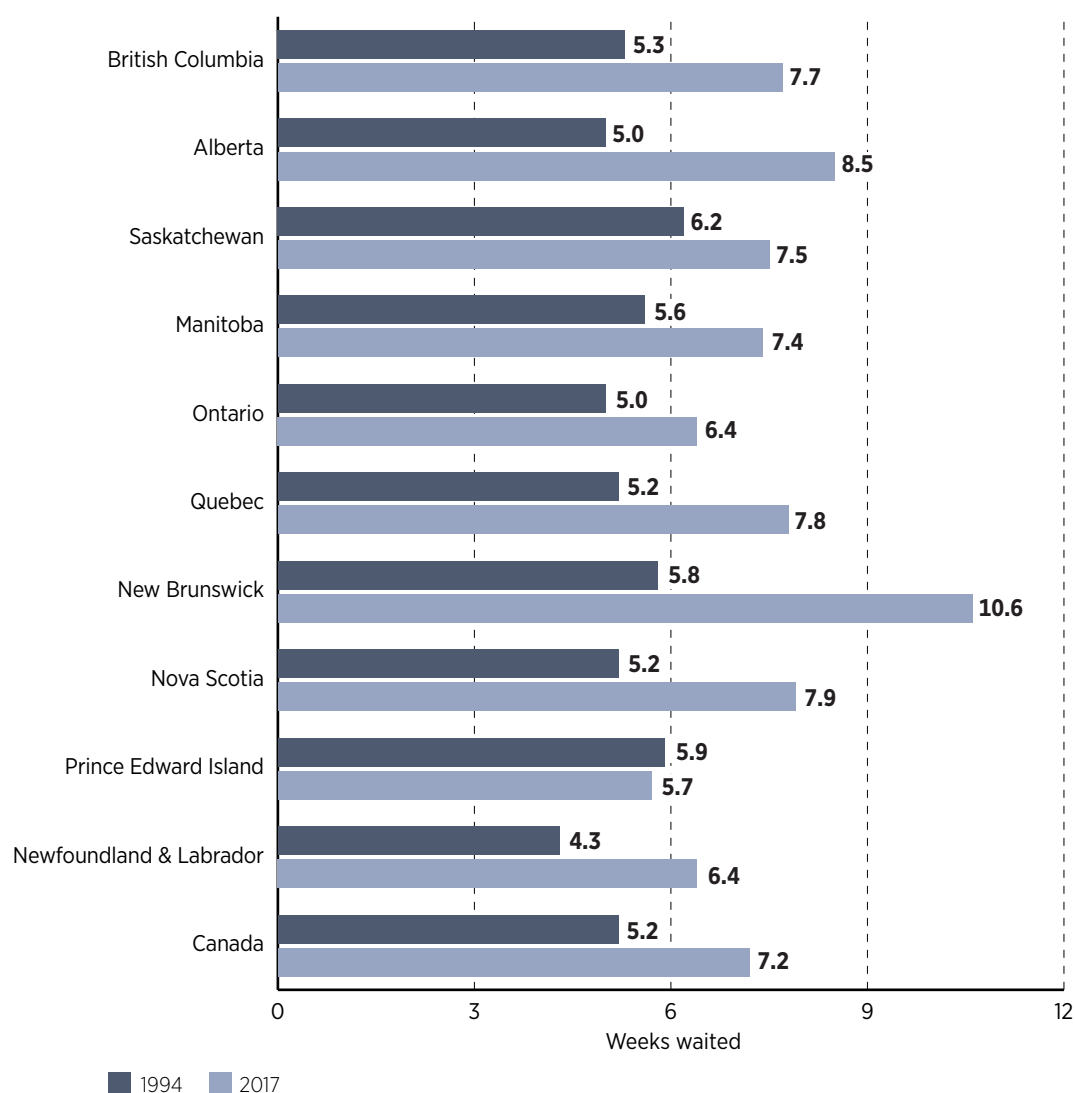


Source: The Fraser Institute's national waiting list survey, 2017; *Waiting Your Turn*, 1997.

Graph 6: Median wait between referral by GP and treatment, by specialty, 1993 and 2017

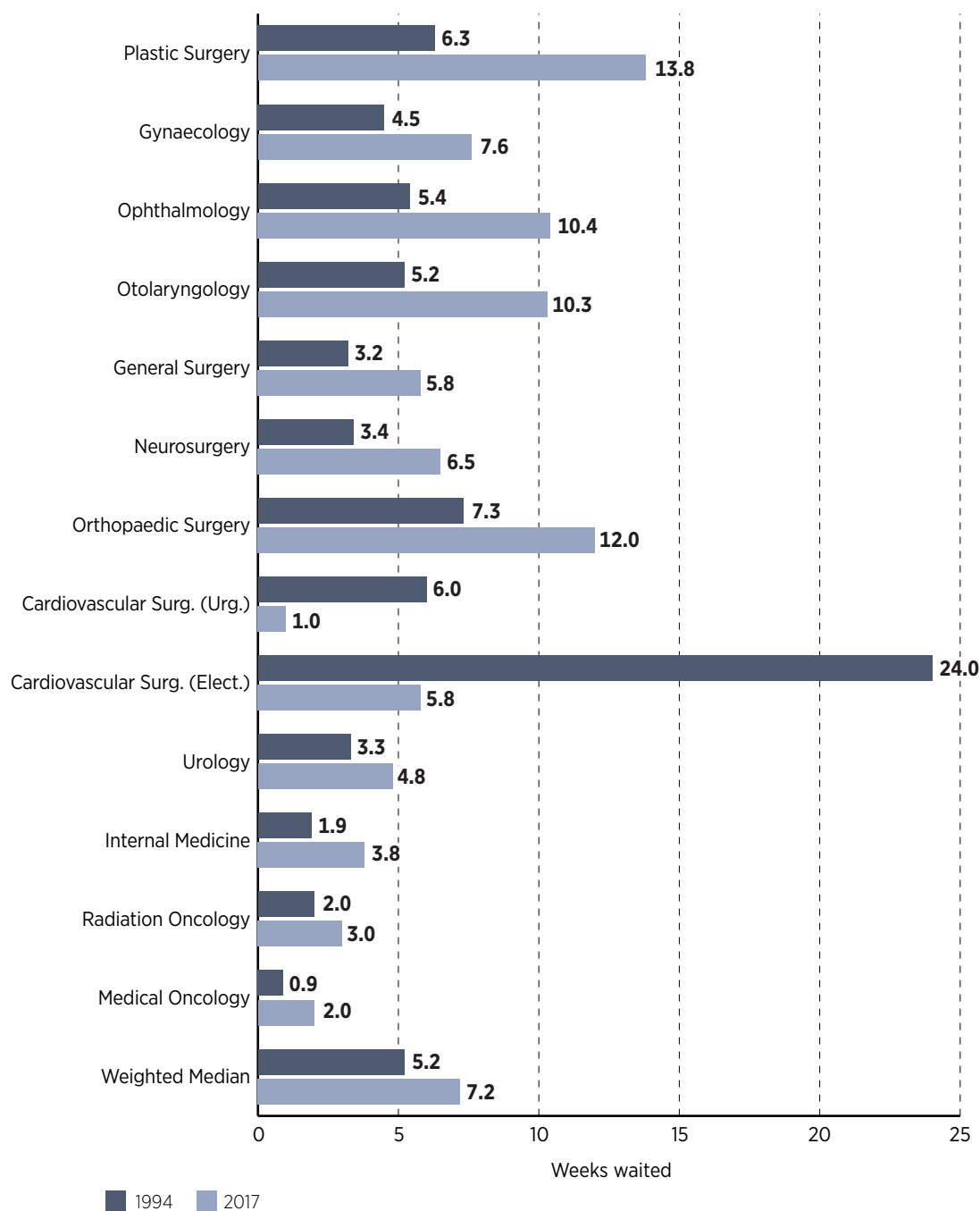


Graph 7: Median reasonable wait between appointment with specialist and treatment, by province, 1994 and 2017

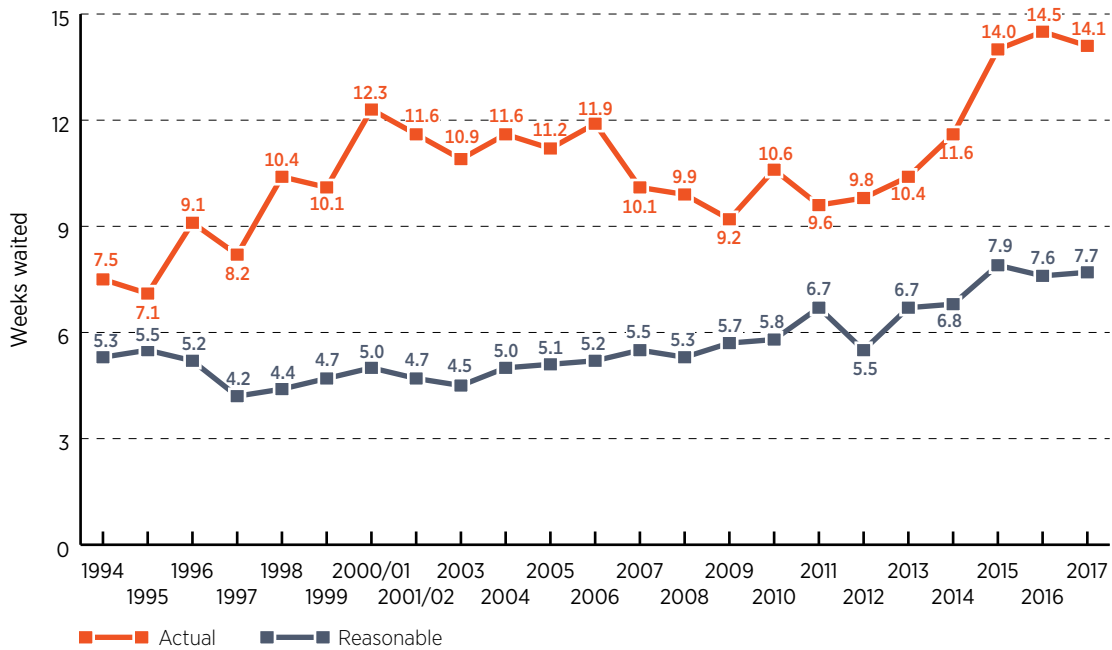


Source: The Fraser Institute's national waiting list survey, 2017; *Waiting Your Turn*, 1997.

Graph 8: Median reasonable wait between appointment with specialist and treatment, by specialty, 1994 and 2017

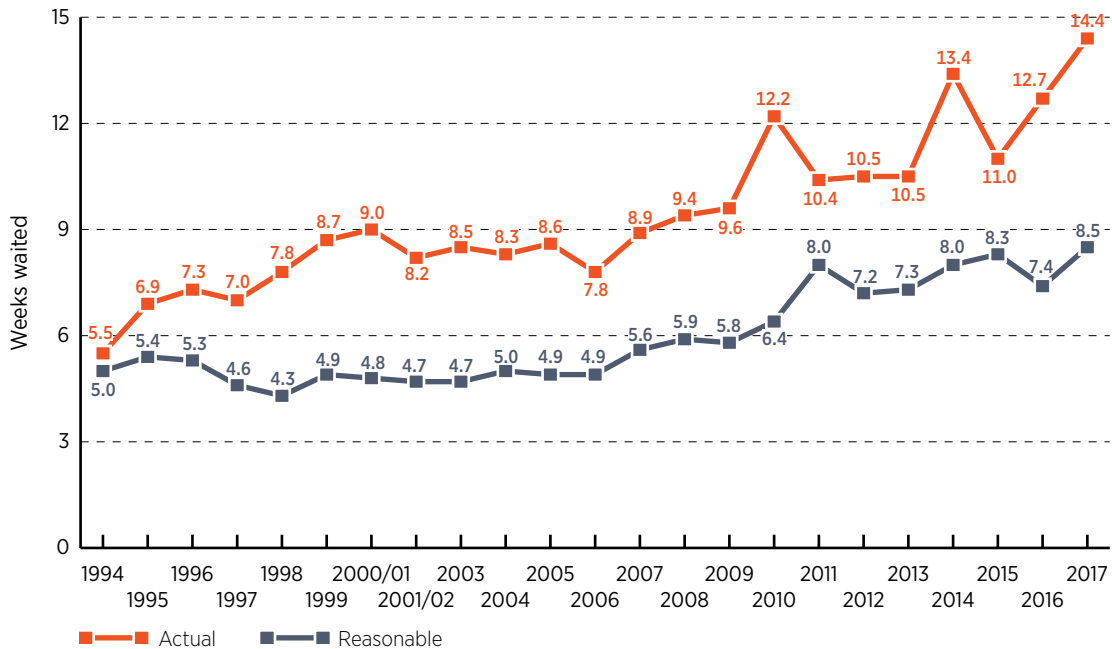


Graph 9: British Columbia—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



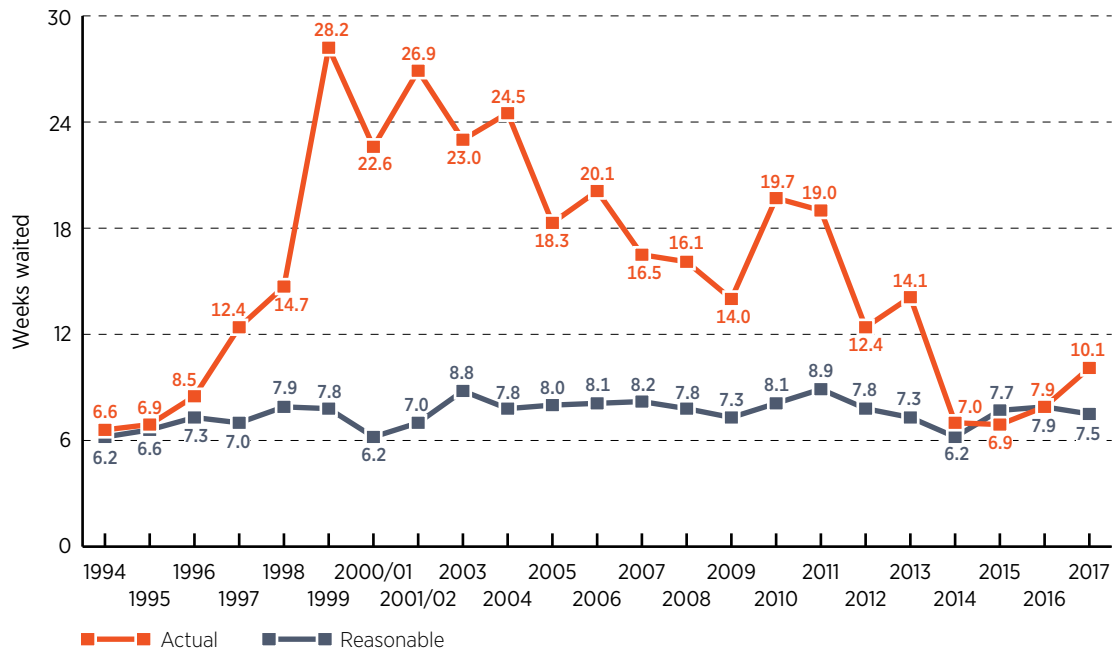
Source: The Fraser Institute's national waiting list surveys, 1995–2017.

Graph 10: Alberta—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017

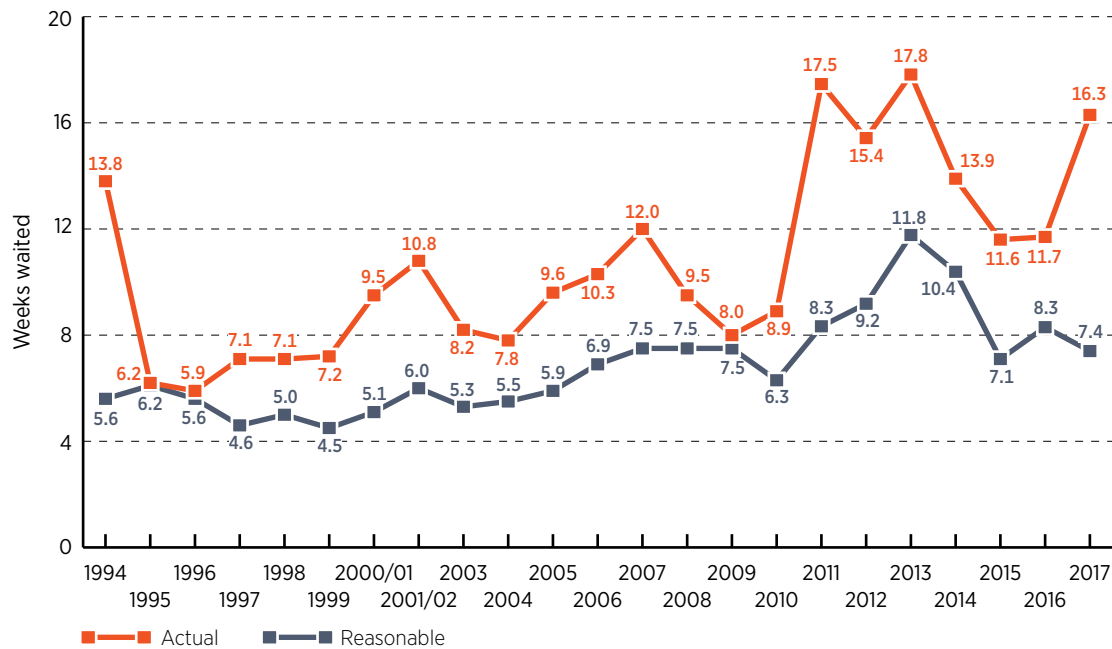


Source: The Fraser Institute's national waiting list surveys, 1995–2017.

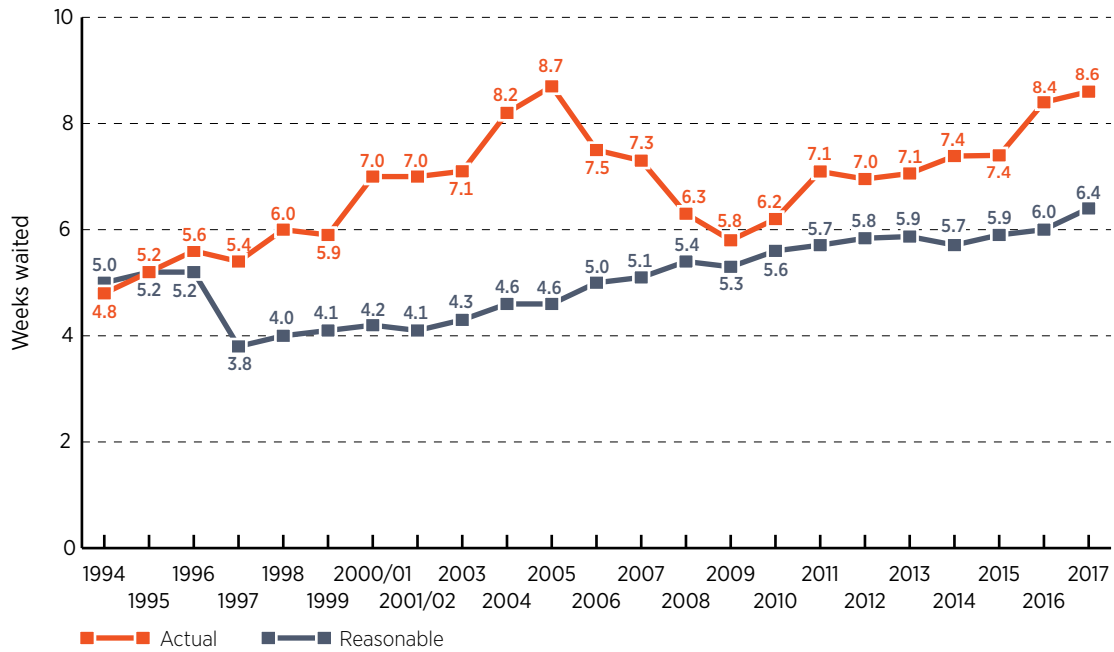
Graph 11: Saskatchewan—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



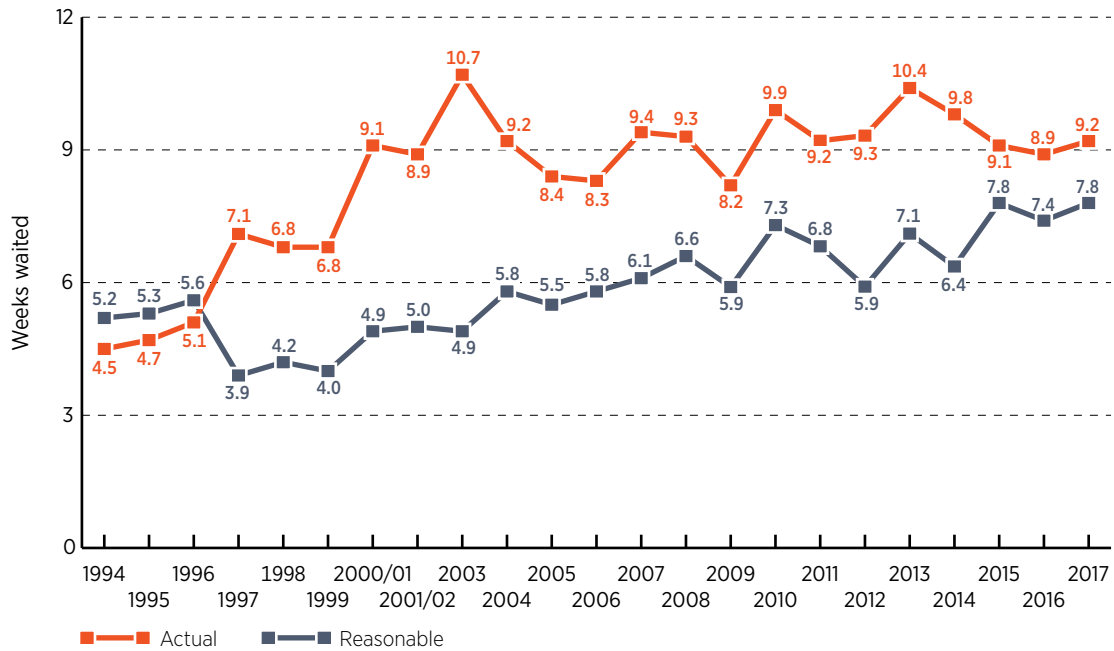
Graph 12: Manitoba—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



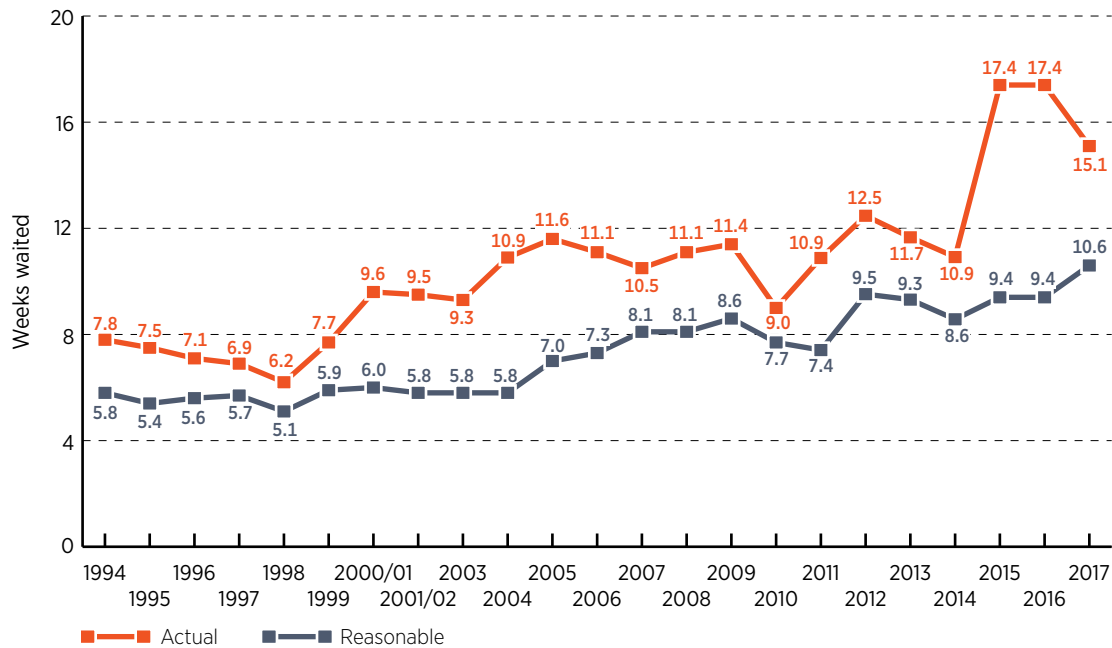
Graph 13: Ontario—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



Graph 14: Quebec—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017

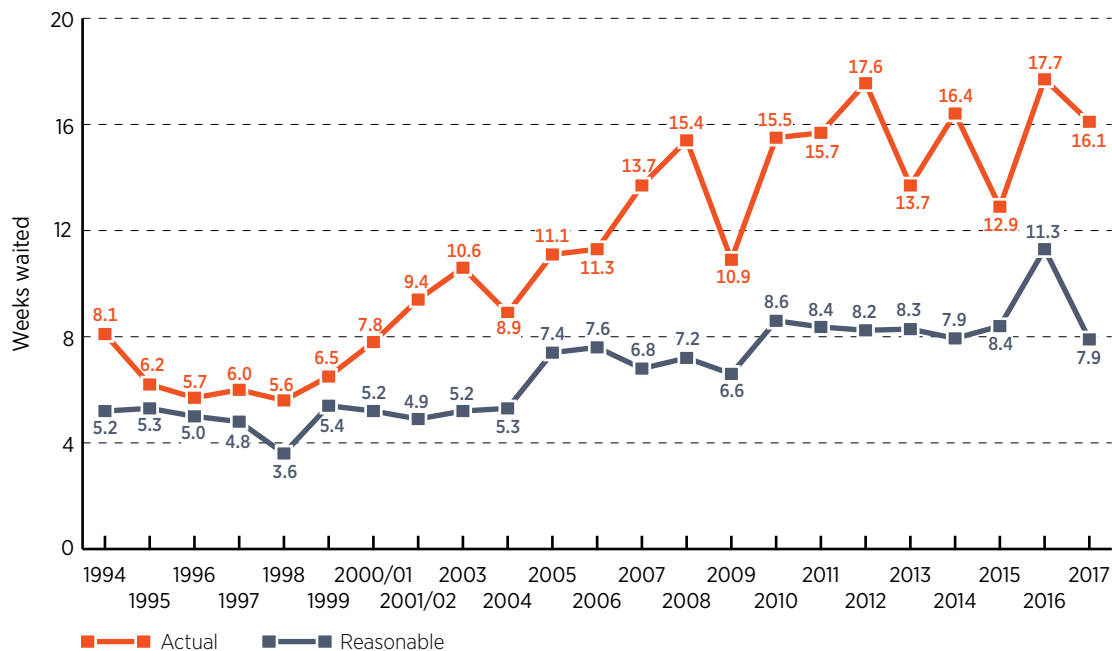


Graph 15: New Brunswick—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



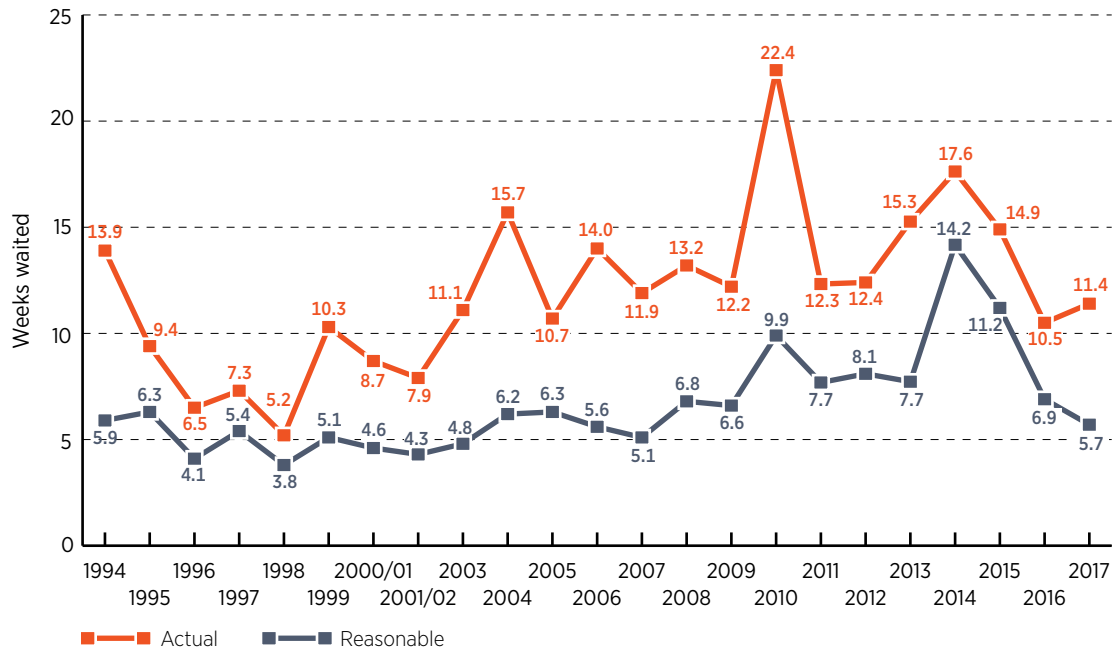
Source: The Fraser Institute's national waiting list surveys, 1995–2017.

Graph 16: Nova Scotia—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



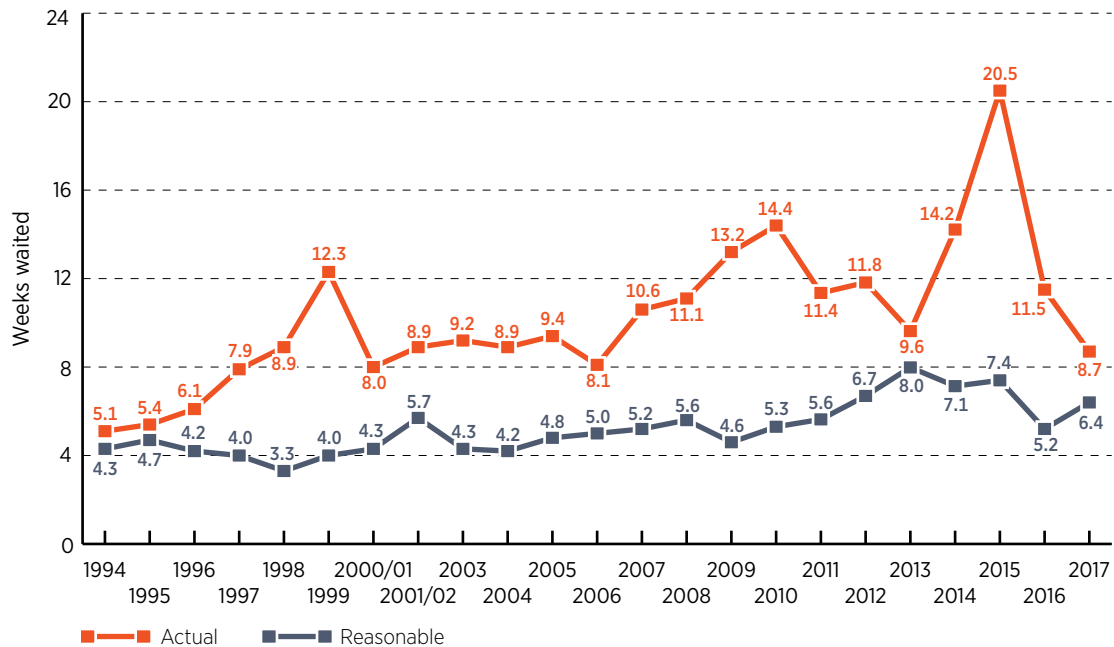
Source: The Fraser Institute's national waiting list surveys, 1995–2017.

Graph 17: Prince Edward Island—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



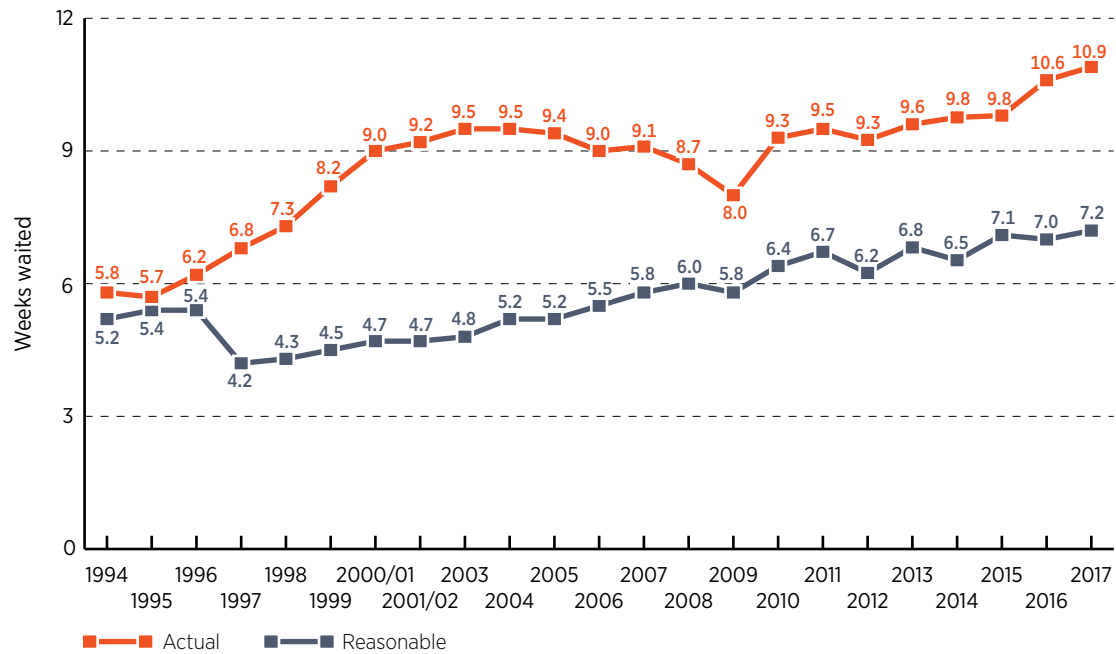
Source: The Fraser Institute's national waiting list surveys, 1995–2017.

Graph 18: Newfoundland & Labrador—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



Source: The Fraser Institute's national waiting list surveys, 1995–2017.

Graph 19: Canada—actual versus reasonable waits between appointment with specialist and treatment, 1994 to 2017



Source: The Fraser Institute's national waiting list surveys, 1995–2017.

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Table 1A: Summary of responses, 2017—response rates (percentages)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	25%	23%	21%	45%	17%	27%	36%	36%	100%	40%	23%
Gynaecology	22%	20%	29%	28%	17%	22%	36%	38%	50%	26%	21%
Ophthalmology	28%	31%	63%	48%	18%	19%	30%	25%	33%	25%	23%
Otolaryngology	29%	21%	27%	64%	17%	17%	23%	27%	100%	50%	22%
General Surgery	21%	25%	26%	26%	16%	18%	31%	28%	29%	23%	19%
Neurosurgery	22%	23%	27%	21%	27%	37%	25%	30%	—	33%	28%
Orthopaedic Surgery	22%	28%	41%	26%	19%	19%	27%	22%	—	67%	22%
Cardiovascular Surgery	25%	26%	33%	30%	24%	25%	29%	27%	—	14%	25%
Urology	27%	28%	75%	41%	18%	19%	28%	22%	—	29%	22%
Internal Medicine	19%	23%	39%	23%	15%	17%	25%	34%	63%	23%	19%
Radiation Oncology	8%	15%	18%	33%	22%	17%	55%	7%	50%	20%	19%
Medical Oncology	15%	20%	100%	7%	15%	16%	100%	20%	33%	20%	17%
Total	22%	24%	36%	31%	17%	19%	33%	28%	50%	30%	21%

Table 1B: Summary of responses, 2017—number of responses

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	17	12	3	5	32	29	5	5	1	2	111
Gynaecology	48	42	17	20	113	102	14	20	1	8	385
Ophthalmology	45	33	15	15	70	57	6	9	1	3	254
Otolaryngology	22	12	3	14	40	37	3	6	2	6	145
General Surgery	42	34	14	12	91	80	10	12	2	7	304
Neurosurgery	8	8	3	3	25	30	2	3	—	1	83
Orthopaedic Surgery	45	42	17	12	97	62	8	10	—	12	305
Cardiovascular Surgery	16	11	5	3	32	26	2	4	—	1	100
Urology	23	16	3	7	46	31	5	4	—	2	137
Internal Medicine	58	63	28	18	150	94	9	22	5	7	454
Radiation Oncology	6	8	2	5	44	22	6	1	1	2	97
Medical Oncology	13	10	3	1	32	27	8	3	1	2	100
Total	343	291	113	115	772	597	78	99	14	53	2,475

Table 1C: Summary of responses, 2017—number of questionnaires mailed out

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	68	53	14	11	193	106	14	14	1	5	479
Gynaecology	215	206	58	72	684	473	39	52	2	31	1,832
Ophthalmology	162	107	24	31	399	308	20	36	3	12	1,102
Otolaryngology	76	56	11	22	236	221	13	22	2	12	671
General Surgery	204	137	53	47	577	446	32	43	7	30	1,576
Neurosurgery	37	35	11	14	94	81	8	10	—	3	293
Orthopaedic Surgery	205	149	41	47	522	333	30	46	—	18	1,391
Cardiovascular Surgery	65	43	15	10	135	105	7	15	—	7	402
Urology	86	57	4	17	250	164	18	18	—	7	621
Internal Medicine	298	277	72	77	1,006	542	36	65	8	30	2,411
Radiation Oncology	71	53	11	15	199	130	11	14	2	10	516
Medical Oncology	89	49	3	14	214	173	8	15	3	10	578
Total	1,576	1,222	317	377	4,509	3,082	236	350	28	175	11,872

Table 2: Median total expected waiting time from referral by GP to treatment, by specialty, 2017 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	38.8	18.3	40.6	27.5	22.7	15.7	57.8	107.8	28.0	27.6	26.5
Gynaecology	20.7	32.1	17.3	16.3	18.6	14.6	77.4	27.1	—	20.0	22.5
Ophthalmology	38.7	22.6	13.1	43.3	27.1	34.4	30.5	40.2	42.0	63.9	31.4
Otolaryngology	33.1	30.8	24.4	33.0	15.8	14.9	40.7	26.8	47.7	15.2	20.7
General Surgery	18.8	21.1	13.5	16.0	8.6	7.2	20.3	31.4	15.1	6.9	13.1
Neurosurgery	64.7	43.5	27.4	11.7	21.8	11.1	—	62.2	—	56.0	32.9
Orthopaedic Surgery	66.1	45.0	32.8	53.8	31.9	30.9	68.3	90.9	—	48.6	41.7
Cardiovascular Surg. (Elec.)	12.8	9.9	4.2	8.5	8.1	14.5	—	16.0	—	8.8	11.7
Urology	16.8	25.0	14.7	16.2	11.7	16.6	31.1	16.8	—	6.8	14.6
Internal Medicine	14.3	27.0	35.8	13.4	8.0	12.7	13.7	36.2	32.7	33.9	15.6
Radiation Oncology	14.5	4.9	4.2	—	3.0	4.2	—	—	3.0	3.1	3.9
Medical Oncology	4.6	4.3	4.1	—	3.0	2.5	2.5	3.3	6.0	3.0	3.2
Weighted Median	26.6	26.5	19.8	24.9	15.4	20.6	41.7	37.7	32.4	21.5	21.2

* Totals may not equal the sum of subtotals as a result of rounding.

Table 3: Median patient wait to see a specialist after referral from a GP, by specialty, 2017 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	16.0	11.0	20.0	12.0	12.0	8.5	44.0	73.3	4.0	7.8	14.1
Gynaecology	12.0	18.0	7.5	7.0	10.0	8.5	65.5	18.0	78.0	11.0	13.2
Ophthalmology	12.0	7.0	6.0	12.0	8.0	21.0	10.0	30.0	30.0	45.0	13.4
Otolaryngology	13.0	12.0	1.5	9.0	8.0	7.5	25.0	12.0	27.0	5.0	9.1
General Surgery	12.0	8.5	5.0	5.0	4.0	2.5	12.0	12.0	4.0	4.0	6.3
Neurosurgery	48.0	27.8	15.0	8.0	11.5	6.0	152.0	47.5	—	52.0	22.1
Orthopaedic Surgery	28.0	24.0	12.0	24.0	12.0	12.0	36.0	52.0	—	12.0	17.9
Cardiovascular Surgery	4.8	2.0	2.0	3.5	3.8	10.0	30.0	12.0	—	4.0	6.4
Urology	9.5	16.5	12.0	8.0	7.0	11.0	24.0	8.0	—	3.8	9.0
Internal Medicine	5.0	8.0	24.0	4.0	4.0	7.0	6.0	20.0	25.0	22.0	7.1
Radiation Oncology	7.5	2.5	1.8	—	1.0	1.3	—	—	2.0	1.5	1.4
Medical Oncology	2.5	2.5	3.1	—	2.0	1.5	2.0	2.0	3.0	1.8	2.0
Weighted Median	12.5	12.0	9.7	8.6	6.7	11.4	26.6	21.6	21.0	12.8	10.2

Table 4: Median patient wait for treatment after appointment with specialist, by specialty, 2017 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	22.8	7.3	20.6	15.5	10.7	7.2	13.8	34.6	24.0	19.9	12.4
Gynaecology	8.7	14.1	9.8	9.3	8.6	6.1	11.9	9.1	—	9.0	9.3
Ophthalmology	26.7	15.6	7.1	31.3	19.1	13.4	20.5	10.2	12.0	18.9	18.0
Otolaryngology	20.1	18.8	22.9	24.0	7.8	7.4	15.7	14.8	20.7	10.2	11.6
General Surgery	6.8	12.6	8.5	11.0	4.6	4.7	8.3	19.4	11.1	2.9	6.8
Neurosurgery	16.7	15.8	12.3	3.7	10.3	5.1	—	14.7	—	4.0	10.8
Orthopaedic Surgery	38.1	21.0	20.8	29.8	19.9	18.9	32.3	38.9	—	36.6	23.8
Cardiovascular Surg. (Urg.)	2.3	1.7	1.2	0.5	1.3	0.5	—	0.1	—	1.0	1.2
Cardiovascular Surg. (Elec.)	8.1	7.9	2.2	5.0	4.4	4.5	—	4.0	—	4.8	5.3
Urology	7.3	8.5	2.7	8.2	4.7	5.6	7.1	8.8	—	3.0	5.6
Internal Medicine	9.3	19.0	11.8	9.4	4.0	5.7	7.7	16.2	7.7	11.9	8.4
Radiation Oncology	7.0	2.4	2.5	1.0	2.0	2.9	2.0	2.8	1.0	1.6	2.5
Medical Oncology	2.1	1.8	1.1	1.5	1.0	1.0	0.5	1.3	3.0	1.3	1.2
Weighted Median	14.1	14.4	10.1	16.3	8.6	9.2	15.1	16.1	11.4	8.7	10.9

Table 5A: Plastic surgery (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	26.0	7.0	14.0	11.0	13.0	6.5	14.0	45.5	24.0	18.0
Neurolisis	16.0	6.3	—	12.0	8.0	11.0	11.0	15.0	24.0	39.0
Blepharoplasty	24.0	8.0	27.0	4.0	8.0	4.0	26.0	27.0	24.0	16.0
Rhinoplasty	23.5	5.5	27.0	5.5	7.0	5.0	26.0	56.0	24.0	8.0
Scar Revision	23.0	8.0	24.5	24.0	12.0	6.0	14.0	31.5	24.0	5.0
Hand Surgery	17.8	9.0	24.0	21.0	10.0	8.0	7.0	25.0	24.0	12.5
Craniofacial Procedures	18.0	15.0	22.5	9.5	4.3	38.0	—	104.0	24.0	5.0
Skin Cancers and other Tumors	5.0	4.5	22.8	6.0	4.0	3.5	3.0	3.5	50.0	4.0
Weighted Median	22.8	7.3	20.6	15.5	10.7	7.2	13.8	34.6	24.0	19.9

Note: Weighted median does not include craniofacial procedures or skin cancers and other tumors.

Table 5B: Gynaecology (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	6.0	8.0	6.0	8.0	4.0	2.5	8.5	3.8	—	10.0
Tubal Ligation	10.0	20.0	10.0	8.0	10.0	6.0	24.0	10.0	—	12.5
Hysterectomy (Vaginal/Abdominal)	12.0	18.0	12.0	12.0	12.0	8.0	9.5	11.0	—	12.0
Vaginal Repair	12.0	16.0	12.0	12.0	12.0	6.0	9.5	11.0	—	12.0
Tuboplasty	6.0	18.0	7.8	8.0	11.0	15.0	18.5	12.0	—	18.0
Laparoscopic Procedures	8.5	16.0	11.0	8.0	10.5	8.0	9.0	10.0	—	12.0
Hysteroscopic Procedures	8.0	13.0	10.0	8.0	9.0	6.0	9.0	10.0	—	6.0
Weighted Median	8.7	14.1	9.8	9.3	8.6	6.1	11.9	9.1	—	9.0

Table 5C: Ophthalmology (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	30.0	20.0	6.0	41.0	23.0	12.0	21.0	12.0	12.0	20.0
Cornea Transplant	40.0	23.0	—	52.0	38.0	28.0	10.0	—	—	—
Cornea - Pterygium	12.0	13.0	9.0	8.0	12.0	11.0	9.0	7.0	—	—
Iris, Ciliary Body, Sclera, Anterior Chamber	4.0	7.0	—	4.0	12.0	8.0	9.0	1.0	—	10.0
Retina, Choroid, Vitreous	20.0	4.0	12.0	4.0	2.0	20.0	—	4.8	—	—
Lacrimal Duct	14.0	14.0	6.0	20.0	12.0	12.0	30.0	14.0	—	3.0
Strabismus	16.0	14.0	12.0	24.0	16.0	25.0	17.5	16.0	—	—
Operations on Eyelids	10.0	12.0	7.0	14.0	12.0	18.5	6.0	14.0	—	3.0
Glaucoma	4.0	8.0	4.0	4.8	6.0	7.5	6.0	1.5	—	—
Weighted Median	26.7	15.6	7.1	31.3	19.1	13.4	20.5	10.2	12.0	18.9

Note: Weighted median does not include treatment for glaucoma.

Table 5D: Otolaryngology (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	24.0	6.0	3.0	24.0	6.0	5.5	8.0	6.0	6.0	11.0
Tympanoplasty	25.0	4.0	26.0	24.0	7.0	10.0	30.0	32.5	30.0	11.0
Thyroid, Parathyroid, and Other Endocrine Glands	12.0	11.5	4.8	24.0	8.0	6.3	12.0	3.5	—	5.0
Tonsillectomy and/or Adenoidectomy	16.0	32.0	38.0	24.0	8.0	8.0	20.0	24.0	31.0	11.0
Rhinoplasty and/or Septal Surgery	24.0	32.0	38.0	24.0	9.0	11.0	20.0	26.0	31.0	11.0
Operations on Nasal Sinuses	24.0	12.0	38.0	24.0	9.5	11.0	20.0	12.0	31.0	11.0
Weighted Median	20.1	18.8	22.9	24.0	7.8	7.4	15.7	14.8	20.7	10.2

Table 5E: General surgery (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	10.0	25.5	15.0	20.0	5.0	6.0	9.0	4.0	8.0	6.0
Cholecystectomy	10.0	24.0	12.0	15.5	5.0	4.0	8.0	4.0	8.0	5.0
Colonoscopy	10.0	8.0	9.0	12.0	6.0	10.0	12.0	21.0	17.0	3.0
Intestinal Operations	4.0	7.0	6.0	6.0	4.0	4.0	5.5	30.0	8.0	2.0
Haemorrhoidectomy	12.0	24.0	12.0	30.0	6.0	7.0	24.0	5.0	8.0	5.0
Breast Biopsy	3.5	2.5	2.0	3.3	2.0	3.5	4.0	2.5	5.0	1.3
Mastectomy	3.0	2.5	3.0	3.3	3.0	3.0	4.0	2.5	8.0	1.5
Bronchus and Lung	12.0	—	—	—	3.5	2.0	—	12.0	—	—
Aneurysm Surgery	18.0	—	—	—	12.5	0.5	—	—	—	—
Varicose Veins	11.5	42.0	6.0	7.0	6.8	5.0	24.0	4.5	—	52.0
Weighted Median	6.8	12.6	8.5	11.0	4.6	4.7	8.3	19.4	11.1	2.9

Table 5F: Neurosurgery (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Neurolisis	14.0	12.0	52.0	3.0	9.0	—	—	11.0	—	—
Disc Surgery/ Laminectomy	28.0	28.0	18.0	3.0	16.0	6.0	—	14.0	—	7.0
Elective Cranial Bone Flap	6.0	12.0	4.0	4.0	8.0	5.0	—	16.0	—	2.5
Aneurysm Surgery	7.0	12.0	2.0	4.5	26.0	—	—	19.0	—	—
Carotid endarterectomy	—	2.0	—	2.5	8.0	1.0	—	8.0	—	—
Weighted Median	16.7	15.8	12.3	3.7	10.3	5.1	—	14.7	—	4.0

Table 5G: Orthopaedic surgery (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	18.0	16.0	12.0	16.0	12.0	12.0	12.0	24.0	—	16.0
Removal of Pins	24.0	14.0	13.0	18.0	12.0	20.5	16.0	19.5	—	10.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	49.0	20.0	24.0	36.0	24.0	18.0	24.0	52.0	—	41.7
Arthroplasty (Interphalangeal, Metatarsophalangeal)	37.0	26.0	7.0	—	12.0	16.0	—	25.0	—	—
Hallux Valgus/Hammer Toe	28.0	20.0	10.0	19.0	12.0	20.0	100.0	28.0	—	20.0
Digit Neuroma	14.0	8.0	7.0	7.0	10.0	26.0	100.0	24.0	—	—
Rotator Cuff Repair	26.0	20.0	12.0	16.0	13.3	16.0	20.0	26.0	—	42.5
Ostectomy (All Types)	23.0	40.0	12.0	30.0	15.0	26.0	58.0	18.0	—	—
Routine Spinal Instability	26.0	40.0	48.0	—	14.0	24.0	46.0	19.0	—	—
Weighted Median	38.1	21.0	20.8	29.8	19.9	18.9	32.3	38.9	—	36.6

Table 5H: Cardiovascular surgery (2017)—median patient wait for treatment after appointment with specialist (in weeks)

	Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	1.8	5.0	0.1	—	2.0	0.0	—	0.8	—	0.5
	Valves & Septa of the Heart	1.0	4.3	0.1	—	2.0	0.0	—	0.0	—	0.5
	Aneurysm Surgery	1.0	3.0	0.0	0.5	0.2	0.0	—	0.8	—	0.5
	Carotid Endarterectomy	3.3	3.0	0.2	0.5	0.0	0.0	—	1.5	—	0.5
	Pacemaker Operations	1.0	0.2	0.0	—	0.1	0.0	—	0.0	—	—
	Weighted Median	1.3	2.7	0.1	0.5	1.2	0.0	—	0.2	—	0.5
Urgent	Coronary Artery Bypass	1.5	2.3	1.5	—	1.0	0.8	—	0.1	—	1.0
	Valves & Septa of the Heart	1.5	1.4	1.5	—	0.8	0.8	—	0.1	—	1.0
	Aneurysm Surgery	3.5	0.7	2.0	0.5	1.0	1.3	—	1.5	—	1.5
	Carotid Endarterectomy	2.5	3.3	2.0	0.5	1.0	1.5	—	0.8	—	0.5
	Pacemaker Operations	3.0	1.5	1.0	—	2.0	0.2	—	0.1	—	—
	Weighted Median	2.3	1.7	1.2	0.5	1.3	0.5	—	0.1	—	1.0
Elective	Coronary Artery Bypass	11.5	6.8	2.5	—	4.0	7.0	—	4.0	—	5.0
	Valves & Septa of the Heart	10.0	8.0	2.5	—	4.0	7.0	—	4.0	—	5.0
	Aneurysm Surgery	5.0	10.0	4.5	5.0	4.0	5.0	—	5.0	—	5.0
	Carotid Endarterectomy	4.5	14.0	1.4	5.0	4.0	5.0	—	5.0	—	2.0
	Pacemaker Operations	6.0	8.0	2.0	—	5.0	1.5	—	4.0	—	—
	Weighted Median	8.1	7.9	2.2	5.0	4.4	4.5	—	4.0	—	4.8

Table 5I: Urology (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	7.5	8.0	3.5	8.0	6.0	6.0	10.0	12.0	—	13.5
Radical Prostatectomy	6.0	10.0	3.5	18.0	6.0	4.5	5.0	12.0	—	4.5
Transurethral Resection - Bladder	5.0	4.0	3.5	6.0	4.0	4.0	6.0	5.0	—	2.5
Radical Cystectomy	4.0	5.5	—	5.0	6.0	2.5	5.5	8.0	—	4.0
Cystoscopy	7.0	9.0	2.3	8.0	4.0	7.0	5.0	8.0	—	1.8
Hernia/Hydrocele	14.0	12.0	6.0	12.0	8.5	8.0	15.0	23.5	—	20.0
Bladder Fulguration	6.0	5.0	4.0	6.0	6.0	3.0	6.0	4.3	—	3.5
Ureteral Reimplantation for Reflux	3.5	6.0	—	12.0	7.0	5.5	7.0	12.0	—	12.0
Weighted Median	7.3	8.5	2.7	8.2	4.7	5.6	7.1	8.8	—	3.0

Table 5J: Internal medicine (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	11.0	23.0	12.0	12.0	4.3	13.0	12.0	20.2	8.0	14.0
Angiography/ Angioplasty	4.0	5.0	12.0	2.5	3.0	4.0	5.0	6.0	3.5	8.0
Bronchoscopy	3.0	7.0	3.5	1.8	4.0	2.0	7.5	1.0	1.0	3.0
Gastroscopy	7.0	12.0	12.0	2.5	4.0	6.0	11.5	6.2	4.0	9.8
Weighted Median	9.3	19.0	11.8	9.4	4.0	5.7	7.7	16.2	7.7	11.9

Table 5K: Radiation oncology (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of The Larynx	3.0	2.0	0.5	1.0	2.0	1.5	2.0	2.0	1.0	1.0
Cancer of The Cervix	4.0	2.0	0.5	1.0	2.0	1.5	2.0	2.0	1.0	1.0
Lung Cancer	5.0	2.0	2.3	1.0	2.0	1.7	2.0	2.0	1.0	1.0
Prostate Cancer	7.0	3.0	2.8	1.0	2.0	4.0	2.0	4.0	1.0	2.5
Breast Cancer	9.0	2.3	2.8	1.0	2.0	4.0	2.0	3.0	1.0	—
Early Side Effects from Treatment	1.5	0.8	0.3	—	0.1	0.5	0.0	2.0	—	1.0
Late Side Effects from Treatment	4.0	2.0	1.3	—	0.1	1.0	0.0	2.0	—	2.3
Weighted Median	7.0	2.4	2.5	1.0	2.0	2.9	2.0	2.8	1.0	1.6

Note: Weighted median does not include early or late side effects from treatment.

Table 5L: Medical oncology (2017)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.5	1.0	1.1	—	2.0	1.0	0.5	1.8	3.0	1.8
Cancer of the Cervix	1.5	1.0	1.1	—	1.0	1.0	0.5	1.3	3.0	1.8
Lung Cancer	2.3	1.8	1.1	—	1.0	1.0	0.5	1.5	3.0	1.3
Breast Cancer	2.0	2.0	1.1	1.5	1.0	1.0	0.5	1.0	3.0	1.3
Side Effects from Treatment	0.3	0.5	0.0	—	0.5	0.5	0.0	0.2	0.2	0.8
Weighted Median	2.1	1.8	1.1	1.5	1.0	1.0	0.5	1.3	3.0	1.3

Note: Weighted median does not include side effects from treatment.

Table 6: Comparison of median weeks waited to receive treatment after appointment with specialist, by selected specialties, 2017 and 2016

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg
Plastic Surgery	22.8	35.2	-35%	7.3	32.4	-78%	20.6	17.9	15%	15.5	16.7	-8%	10.7	5.4	99%
Gynaecology	8.7	11.7	-25%	14.1	10.2	39%	9.8	6.2	59%	9.3	6.3	47%	8.6	7.7	12%
Ophthalmology	26.7	21.3	26%	15.6	17.8	-12%	7.1	9.4	-24%	31.3	30.0	4%	19.1	19.4	-1%
Otolaryngology	20.1	19.6	3%	18.8	17.5	8%	22.9	8.8	159%	24.0	23.2	3%	7.8	12.3	-37%
General Surgery	6.8	7.3	-8%	12.6	7.2	75%	8.5	4.6	87%	11.0	4.0	177%	4.6	4.1	14%
Neurosurgery	16.7	12.4	35%	15.8	25.1	-37%	12.3	9.3	32%	3.7	3.1	18%	10.3	12.8	-19%
Orthopaedic Surgery	38.1	39.3	-3%	21.0	21.9	-4%	20.8	17.4	20%	29.8	20.1	48%	19.9	17.7	12%
Cardiovascular Surgery (Urgent)	2.3	2.3	1%	1.7	1.3	29%	1.2	6.0	-79%	0.5	—	—	1.3	1.0	33%
Cardiovascular Surgery (Elective)	8.1	7.3	11%	7.9	2.5	215%	2.2	—	—	5.0	—	—	4.4	3.2	36%
Urology	7.3	7.4	0%	8.5	5.2	63%	2.7	3.9	-31%	8.2	5.9	39%	4.7	3.9	21%
Internal Medicine	9.3	13.1	-29%	19.0	10.6	80%	11.8	7.2	65%	9.4	7.0	34%	4.0	5.2	-24%
Radiation Oncology	7.0	10.3	-32%	2.4	2.0	21%	2.5	2.1	18%	1.0	2.6	-62%	2.0	2.0	0%
Medical Oncology	2.1	3.7	-44%	1.8	3.9	-52%	1.1	—	—	1.5	—	—	1.0	1.1	-9%
Weighted Median	14.1	14.5	-3%	14.4	12.7	14%	10.1	7.9	28%	16.3	11.7	40%	8.6	8.4	2%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table 6, continued: Comparison of median weeks waited to receive treatment after appointment with specialist, by selected specialties, 2017 and 2016

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg	2016	2015	% chg	2016	2015	% chg
Plastic Surgery	7.2	9.9	-27%	13.8	6.8	103%	34.6	69.3	-50%	24.0	—	—	19.9	—	—
Gynaecology	6.1	8.8	-30%	11.9	—	—	9.1	10.5	-14%	—	4.0	—	9.0	6.4	41%
Ophthalmology	13.4	10.6	27%	20.5	19.9	3%	10.2	8.5	21%	12.0	11.8	2%	18.9	8.7	117%
Otolaryngology	7.4	7.3	1%	15.7	15.0	5%	14.8	13.7	8%	20.7	17.8	16%	10.2	16.0	-36%
General Surgery	4.7	5.6	-16%	8.3	13.5	-38%	19.4	25.0	-22%	11.1	12.6	-12%	2.9	14.0	-79%
Neurosurgery	5.1	18.0	-72%	—	29.1	—	14.7	7.0	108%	—	—	—	4.0	0.0	—
Orthopaedic Surgery	18.9	17.2	10%	32.3	30.2	7%	38.9	49.3	-21%	—	—	—	36.6	28.8	27%
Cardiovascular Surgery (Urgent)	0.5	0.7	-28%	—	14.5	—	0.1	8.0	-99%	—	—	—	1.0	1.0	1%
Cardiovascular Surgery (Elective)	4.5	7.8	-43%	—	29.0	—	4.0	12.0	-66%	—	—	—	4.8	6.5	-26%
Urology	5.6	8.7	-36%	7.1	12.3	-43%	8.8	9.4	-6%	—	—	—	3.0	6.4	-53%
Internal Medicine	5.7	3.7	53%	7.7	4.9	55%	16.2	11.6	39%	7.7	7.7	-1%	11.9	9.4	27%
Radiation Oncology	2.9	3.3	-12%	2.0	—	—	2.8	2.2	27%	1.0	2.0	-50%	1.6	2.0	-16%
Medical Oncology	1.0	1.0	0%	0.5	—	—	1.3	2.1	-39%	3.0	2.0	50%	1.3	1.7	-25%
Weighted Median	9.2	8.9	3%	15.1	17.4	-13%	16.1	17.7	-9%	11.4	10.5	8%	8.7	11.5	-24%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table 7: Frequency distribution of waiting times (specialist to treatment) by province, 2017—proportion of survey waiting times that fall within given ranges

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0–3.99 Weeks	17.5%	16.5%	25.8%	16.1%	31.7%	34.2%	28.2%	22.8%	31.8%	32.8%
4–7.99 Weeks	25.4%	20.6%	26.9%	25.2%	25.0%	24.4%	18.5%	18.9%	6.8%	20.8%
8–12.99 Weeks	16.5%	21.7%	24.2%	19.5%	22.7%	17.9%	23.4%	25.4%	22.7%	26.0%
13–25.99 Weeks	20.4%	22.0%	10.4%	26.1%	11.8%	10.3%	13.3%	13.9%	18.2%	11.5%
26–51.99 Weeks	11.9%	12.7%	7.7%	6.5%	5.4%	10.7%	11.0%	12.1%	20.5%	3.1%
1 year plus	8.3%	6.5%	5.1%	6.5%	3.4%	2.5%	5.5%	6.8%	0.0%	5.7%

Note: Columns do not necessarily sum to 100 as a result of rounding.

Table 8: Median reasonable patient wait for treatment after appointment with specialist, 2017 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	20.8	15.3	—	—	10.1	14.8	13.0	—	12.0	24.1	13.8
Gynaecology	5.9	9.2	6.7	8.9	6.4	8.3	15.6	9.1	—	8.2	7.6
Ophthalmology	11.6	11.3	16.7	13.1	10.2	8.4	10.1	10.1	—	8.0	10.4
Otolaryngology	11.8	16.2	8.4	10.0	10.3	8.1	10.7	12.2	8.4	7.1	10.3
General Surgery	7.1	5.0	5.9	4.7	5.2	7.5	8.8	2.2	—	4.3	5.8
Neurosurgery	6.0	7.8	6.7	4.5	6.7	4.3	—	17.8	—	—	6.5
Orthopaedic Surgery	12.2	11.7	10.4	14.0	10.7	13.1	18.6	11.9	—	28.0	12.0
Cardiovascular Surg. (Urg.)	1.3	0.9	1.5	—	1.1	0.8	—	0.1	—	1.0	1.0
Cardiovascular Surg. (Elec.)	9.8	7.4	4.9	—	4.4	5.6	—	4.0	—	4.8	5.8
Urology	4.9	6.3	2.7	5.9	4.3	4.9	5.5	7.5	—	5.1	4.8
Internal Medicine	3.6	5.9	3.8	2.7	3.4	3.9	4.2	4.0	4.0	3.3	3.8
Radiation Oncology	4.2	3.3	7.9	—	2.9	3.1	—	2.5	—	2.0	3.0
Medical Oncology	2.1	2.0	—	—	2.0	2.0	2.5	2.0	4.0	1.8	2.0
Weighted Median	7.7	8.5	7.5	7.4	6.4	7.8	10.6	7.9	5.7	6.4	7.2

Table 9A: Plastic surgery (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	25.0	16.0	—	—	12.0	16.0	17.0	—	12.0	26.5
Neurolysis	7.5	12.0	—	—	8.0	12.0	15.0	—	12.0	21.0
Blepharoplasty	24.0	16.0	—	—	8.0	8.0	3.0	—	12.0	25.5
Rhinoplasty	24.0	16.0	—	—	12.0	17.0	8.0	—	12.0	34.0
Scar Revision	24.0	16.0	—	—	9.0	22.0	7.0	—	12.0	29.8
Hand Surgery	12.0	11.0	—	—	6.5	8.0	7.0	—	12.0	12.5
Craniofacial Procedures	10.0	—	—	—	6.0	10.0	—	—	12.0	13.0
Skin Cancers and other Tumors	4.5	4.0	—	—	4.0	4.0	2.5	—	12.0	6.5
Weighted Median	20.8	15.3	—	—	10.1	14.8	13.0	—	12.0	24.1

Note: Weighted median does not include craniofacial procedures or skin cancers and other tumors.

Table 9B: Gynaecology (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	4.0	5.0	3.0	4.0	4.0	3.0	12.0	5.0	—	6.0
Tubal Ligation	8.0	12.0	10.0	10.0	8.0	12.0	12.0	10.0	—	12.0
Hysterectomy (Vaginal/Abdominal)	9.0	12.0	9.0	12.0	8.0	9.0	24.0	12.0	—	12.0
Vaginal Repair	8.0	14.0	8.0	12.0	8.0	12.0	24.0	12.0	—	12.0
Tuboplasty	8.0	16.0	12.0	11.0	8.0	12.0	—	14.0	—	12.0
Laparoscopic Procedures	8.0	12.0	8.0	11.0	8.0	8.0	24.0	12.0	—	8.0
Hysteroscopic Procedures	4.0	8.0	3.5	10.0	6.0	8.0	12.0	7.0	—	8.0
Weighted Median	5.9	9.2	6.7	8.9	6.4	8.3	15.6	9.1	—	8.2

Table 9C: Ophthalmology (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	13.0	12.0	15.0	16.0	12.0	8.0	10.0	12.0	—	8.0
Cornea Transplant	19.0	20.0	—	20.0	12.0	18.0	6.0	—	—	—
Cornea - Pterygium	12.0	22.0	18.0	11.5	10.0	8.0	10.0	6.0	—	—
Iris, Ciliary Body, Sclera, Anterior Chamber	4.0	8.0	—	3.0	9.0	8.0	10.0	1.0	—	—
Retina, Choroid, Vitreous	6.0	6.5	24.0	4.0	1.0	8.0	4.0	6.0	—	—
Lacrimal Duct	12.0	16.0	18.0	16.0	8.0	14.0	10.0	—	—	—
Strabismus	8.0	12.0	—	16.0	12.0	12.0	16.0	6.0	—	—
Operations on Eyelids	8.0	15.0	18.0	14.0	8.0	16.0	12.0	—	—	—
Glaucoma	3.5	8.0	—	4.5	7.0	6.3	8.0	1.5	—	—
Weighted Median	11.6	11.3	16.7	13.1	10.2	8.4	10.1	10.1	—	8.0

Note: Weighted median does not include treatment for glaucoma.

Table 9D: Otolaryngology (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	10.0	6.0	3.0	4.0	7.0	5.8	9.0	9.0	6.0	4.0
Tympanoplasty	14.0	10.0	12.0	9.5	10.0	12.0	9.0	26.0	10.0	4.0
Thyroid, Parathyroid, and other Endocrine Glands	12.0	12.0	5.0	8.5	8.0	6.5	11.0	8.0	—	—
Tonsillectomy and/or Adenoidectomy	12.0	25.0	12.0	13.0	12.0	9.0	12.0	12.0	10.0	12.0
Rhinoplasty and/or Septal Surgery	12.0	25.0	12.0	13.0	15.0	12.0	12.0	19.0	10.0	8.0
Operations on Nasal Sinuses	12.0	12.0	12.0	11.0	12.0	12.0	12.0	12.0	10.0	8.0
Weighted Median	11.8	16.2	8.4	10.0	10.3	8.1	10.7	12.2	8.4	7.1

Table 9E: General surgery (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	10.0	8.0	9.0	7.0	8.0	12.0	10.0	—	—	8.0
Cholecystectomy	6.0	8.0	8.0	6.0	6.0	8.0	10.0	—	—	6.0
Colonoscopy	8.0	4.0	4.0	4.0	6.0	9.0	8.0	—	—	5.0
Intestinal Operations	6.0	4.0	5.0	4.0	4.0	4.0	6.0	—	—	3.0
Haemorrhoidectomy	12.0	6.0	10.0	8.0	9.5	11.0	18.0	—	—	9.0
Breast Biopsy	3.0	2.0	3.0	5.0	3.0	2.5	4.5	2.5	—	2.5
Mastectomy	3.0	2.0	3.0	5.0	3.0	4.0	5.0	2.0	—	3.0
Bronchus and Lung	15.0	0.0	12.0	—	4.5	4.0	—	—	—	—
Aneurysm Surgery	18.0	0.0	32.0	—	5.5	4.0	—	—	—	—
Varicose Veins	20.0	7.0	28.5	—	10.5	9.0	24.0	—	—	—
Weighted Median	7.1	5.0	5.9	4.7	5.2	7.5	8.8	2.2	—	4.3

Table 9F: Neurosurgery (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	4.5	8.0	12.0	4.0	8.0	—	—	16.0	—	—
Disc Surgery/ Laminectomy	7.0	8.0	12.0	4.0	8.0	5.0	—	14.0	—	—
Elective Cranial Bone Flap	5.0	8.0	4.0	5.0	6.0	4.0	—	20.0	—	—
Aneurysm Surgery	6.0	6.0	—	6.0	8.0	—	—	21.0	—	—
Carotid endarterectomy	9.0	2.0	—	1.5	4.0	—	—	14.0	—	—
Weighted Median	6.0	7.8	6.7	4.5	6.7	4.3	—	17.8	—	—

Table 9G: Orthopaedic surgery (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	7.5	9.0	4.0	9.0	6.0	12.0	12.0	11.0	—	16.0
Removal of Pins	12.0	12.0	10.0	9.0	6.0	12.0	20.0	12.0	—	52.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	13.0	12.0	12.0	16.0	12.0	12.0	19.0	12.0	—	26.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	12.0	12.0	8.0	—	8.0	12.0	—	12.0	—	—
Hallux Valgus/Hammer Toe	12.0	12.0	8.0	9.0	12.0	16.0	26.0	12.0	—	52.0
Digit Neuroma	12.0	12.0	4.0	—	9.0	18.0	26.0	12.0	—	—
Rotator Cuff Repair	10.0	10.0	7.0	9.0	8.0	12.0	12.0	11.0	—	—
Ostectomy (All Types)	14.0	12.0	12.0	6.0	12.0	20.0	19.0	12.0	—	—
Routine Spinal Instability	8.0	12.0	13.0	—	10.0	12.0	15.5	11.0	—	—
Weighted Median	12.2	11.7	10.4	14.0	10.7	13.1	18.6	11.9	—	28.0

Table 9H: Cardiovascular surgery (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

	Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	0.0	—	0.0	—	0.0	0.0	—	0.0	—	0.5
	Valves & Septa of the Heart	0.0	—	0.0	—	0.0	0.0	—	0.0	—	0.5
	Aneurysm Surgery	0.0	0.3	0.0	—	0.0	0.0	—	0.3	—	0.5
	Carotid Endarterectomy	0.0	0.3	1.0	—	0.0	0.0	—	0.5	—	0.5
	Pacemaker Operations	0.0	—	0.0	—	0.3	0.0	—	0.0	—	—
	Weighted Median	0.0	0.3	0.0	—	0.1	0.0	—	0.0	—	0.5
Urgent	Coronary Artery Bypass	1.5	—	1.5	—	0.8	1.0	—	0.1	—	1.0
	Valves & Septa of the Heart	1.5	—	1.5	—	1.0	1.5	—	0.1	—	1.0
	Aneurysm Surgery	4.0	1.3	1.5	—	0.8	1.5	—	0.5	—	1.0
	Carotid Endarterectomy	2.0	0.8	1.3	—	1.0	0.4	—	1.0	—	0.5
	Pacemaker Operations	1.0	—	1.5	—	1.5	0.4	—	0.1	—	—
	Weighted Median	1.3	0.9	1.5	—	1.1	0.8	—	0.1	—	1.0
Elective	Coronary Artery Bypass	14.0	—	5.0	—	4.0	7.0	—	4.0	—	5.0
	Valves & Septa of the Heart	10.0	—	5.0	—	4.0	7.0	—	4.0	—	5.0
	Aneurysm Surgery	7.0	5.0	5.0	—	4.5	7.0	—	4.5	—	5.0
	Carotid Endarterectomy	2.0	8.0	1.4	—	4.0	4.0	—	5.0	—	2.0
	Pacemaker Operations	8.5	—	5.0	—	5.0	4.0	—	4.0	—	—
	Weighted Median	9.8	7.4	4.9	—	4.4	5.6	—	4.0	—	4.8

Table 9I: Urology (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	7.0	4.0	6.0	7.0	4.0	7.0	8.0	9.0	—	15.0
Radical Prostatectomy	4.5	4.0	8.0	12.0	6.0	4.0	5.0	9.0	—	5.0
Transurethral Resection - Bladder	4.0	4.0	4.0	4.0	4.0	4.0	4.0	3.0	—	2.0
Radical Cystectomy	4.0	4.0	—	4.0	4.0	4.0	3.0	6.0	—	4.0
Cystoscopy	4.0	7.0	2.0	3.5	4.0	2.5	4.0	8.0	—	4.5
Hernia/Hydrocele	11.0	8.0	12.0	14.0	8.0	8.0	12.0	12.0	—	21.0
Bladder Fulguration	5.0	4.0	2.0	4.0	4.0	3.0	4.0	4.0	—	3.0
Ureteral Reimplantation for Reflux	12.0	4.0	—	18.0	10.0	4.0	8.0	12.0	—	16.0
Weighted Median	4.9	6.3	2.7	5.9	4.3	4.9	5.5	7.5	—	5.1

Table 9J: Internal medicine (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	4.0	7.0	4.0	3.0	4.0	4.0	6.0	4.0	4.0	3.3
Angiography/ Angioplasty	2.3	2.0	3.0	2.0	2.0	4.0	3.0	4.0	3.5	4.0
Bronchoscopy	2.0	2.8	2.0	2.3	2.0	3.3	4.0	4.0	4.0	2.0
Gastroscopy	4.0	4.0	4.0	2.3	3.0	4.0	6.0	3.5	4.0	2.8
Weighted Median	3.6	5.9	3.8	2.7	3.4	3.9	4.2	4.0	4.0	3.3

Table 9K: Radiation oncology (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	3.0	2.0	0.0	—	2.0	2.0	—	2.0	—	—
Cancer of the Cervix	2.0	2.0	0.0	—	2.0	2.0	—	2.0	—	2.0
Lung Cancer	2.5	2.0	1.0	—	2.0	2.0	—	2.0	—	2.0
Prostate Cancer	4.0	4.0	8.0	—	4.0	4.0	—	4.0	—	—
Breast Cancer	6.0	4.0	16.0	—	3.0	4.0	—	2.0	—	—
Early Side Effects from Treatment	1.0	1.0	1.0	—	1.0	1.0	—	1.0	—	1.0
Late Side Effects from Treatment	2.0	2.0	6.0	—	2.0	1.5	—	2.0	—	2.0
Weighted Median	4.2	3.3	7.9	—	2.9	3.1	—	2.5	—	2.0

Note: Weighted median does not include early or late side effects from treatment.

Table 9L: Medical oncology (2017)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.0	1.5	—	—	2.0	2.0	2.0	1.8	4.0	1.8
Cancer of the Cervix	1.5	1.5	—	—	1.8	2.0	2.0	2.0	4.0	1.8
Lung Cancer	2.0	2.0	—	—	2.0	2.0	3.0	2.0	4.0	1.8
Breast Cancer	2.3	2.0	—	—	2.0	2.0	2.0	—	4.0	1.8
Side Effects from Treatment	0.5	0.5	—	—	0.6	1.0	0.5	0.4	0.2	0.8
Weighted Median	2.1	2.0	—	—	2.0	2.0	2.5	2.0	4.0	1.8

Note: Weighted median does not include side effects from treatment.

Table 10: Comparison between median actual weeks waited and median reasonable number of weeks to wait for treatment after appointment with specialist, by selected specialties, 2017

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.
Plastic Surgery	22.8	20.8	9%	7.3	15.3	-52%	20.6	—	—	15.5	—	—	10.7	10.1	6%
Gynaecology	8.7	5.9	47%	14.1	9.2	54%	9.8	6.7	48%	9.3	8.9	4%	8.6	6.4	34%
Ophthalmology	26.7	11.6	131%	15.6	11.3	38%	7.1	16.7	-57%	31.3	13.1	139%	19.1	10.2	87%
Otolaryngology	20.1	11.8	70%	18.8	16.2	16%	22.9	8.4	171%	24.0	10.0	139%	7.8	10.3	-24%
General Surgery	6.8	7.1	-5%	12.6	5.0	155%	8.5	5.9	44%	11.0	4.7	132%	4.6	5.2	-11%
Neurosurgery	16.7	6.0	179%	15.8	7.8	101%	12.3	6.7	84%	3.7	4.5	-19%	10.3	6.7	54%
Orthopaedic Surgery	38.1	12.2	213%	21.0	11.7	80%	20.8	10.4	99%	29.8	14.0	112%	19.9	10.7	86%
Cardiovascular Surgery (Urgent)	2.3	1.3	82%	1.7	0.9	93%	1.2	1.5	-17%	0.5	—	—	1.3	1.1	18%
Cardiovascular Surgery (Elective)	8.1	9.8	-18%	7.9	7.4	7%	2.2	4.9	-55%	5.0	—	—	4.4	4.4	0%
Urology	7.3	4.9	49%	8.5	6.3	36%	2.7	2.7	0%	8.2	5.9	41%	4.7	4.3	9%
Internal Medicine	9.3	3.6	158%	19.0	5.9	222%	11.8	3.8	214%	9.4	2.7	243%	4.0	3.4	17%
Radiation Oncology	7.0	4.2	66%	2.4	3.3	-28%	2.5	7.9	-69%	1.0	—	—	2.0	2.9	-31%
Medical Oncology	2.1	2.1	0%	1.8	2.0	-7%	1.1	—	—	1.5	—	—	1.0	2.0	-49%
Weighted Median	14.1	7.7	84%	14.4	8.5	69%	10.1	7.5	34%	16.3	7.4	121%	8.6	6.4	36%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table 10, continued: Comparison between median actual weeks waited and median reasonable number of weeks to wait for treatment after appointment with specialist, by selected specialties, 2017

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.
Plastic Surgery	7.2	14.8	-52%	13.8	13.0	6%	34.6	—	—	24.0	12.0	100%	19.9	24.1	-18%
Gynaecology	6.1	8.3	-26%	11.9	15.6	-24%	9.1	9.1	-1%	—	—	—	9.0	8.2	10%
Ophthalmology	13.4	8.4	59%	20.5	10.1	103%	10.2	10.1	1%	12.0	—	—	18.9	8.0	136%
Otolaryngology	7.4	8.1	-8%	15.7	10.7	46%	14.8	12.2	21%	20.7	8.4	147%	10.2	7.1	44%
General Surgery	4.7	7.5	-37%	8.3	8.8	-5%	19.4	2.2	767%	11.1	—	—	2.9	4.3	-32%
Neurosurgery	5.1	4.3	19%	—	—	—	14.7	17.8	-17%	—	—	—	4.0	—	—
Orthopaedic Surgery	18.9	13.1	44%	32.3	18.6	73%	38.9	11.9	228%	—	—	—	36.6	28.0	31%
Cardiovascular Surgery (Urgent)	0.5	0.8	-35%	—	—	—	0.1	0.1	-3%	—	—	—	1.0	1.0	0%
Cardiovascular Surgery (Elective)	4.5	5.6	-20%	—	—	—	4.0	4.0	0%	—	—	—	4.8	4.8	0%
Urology	5.6	4.9	14%	7.1	5.5	29%	8.8	7.5	17%	—	—	—	3.0	5.1	-41%
Internal Medicine	5.7	3.9	46%	7.7	4.2	85%	16.2	4.0	308%	7.7	4.0	93%	11.9	3.3	259%
Radiation Oncology	2.9	3.1	-5%	2.0	—	—	2.8	2.5	12%	1.0	—	—	1.6	2.0	-18%
Medical Oncology	1.0	2.0	-50%	0.5-	2.5	-80%	1.3	2.0	-35%	3.0	4.0	-25%	1.3	1.8	-27%
Weighted Median	9.2	7.8	17%	15.1	10.6	42%	16.1	7.9	104%	11.4	5.7	101%	8.7	6.4	37%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table 11: Average percentage of patients receiving treatment outside Canada, 2017

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	1.2%	1.0%	0.0%	—	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.5%
Gynaecology	2.1%	1.4%	1.0%	0.7%	1.5%	1.5%	0.0%	0.3%	—	0.0%	1.4%
Ophthalmology	0.8%	1.1%	0.1%	1.3%	1.5%	1.0%	0.3%	0.5%	—	3.0%	1.1%
Otolaryngology	1.1%	1.3%	0.0%	1.6%	1.9%	0.4%	0.5%	0.3%	0.0%	2.0%	1.1%
General Surgery	1.2%	1.5%	0.7%	0.5%	1.0%	0.3%	0.3%	3.0%	—	0.0%	0.9%
Neurosurgery	1.0%	1.8%	3.0%	2.5%	2.2%	0.0%	0.0%	3.3%	—	0.0%	1.9%
Orthopaedic Surgery	1.6%	1.8%	2.4%	1.9%	1.8%	0.0%	1.2%	2.1%	—	0.3%	1.5%
Cardiovascular Surgery	1.7%	0.7%	0.5%	0.0%	1.4%	0.9%	—	1.0%	—	5.0%	1.2%
Urology	1.6%	1.6%	5.0%	1.8%	1.1%	1.2%	2.3%	0.0%	—	0.3%	1.4%
Internal Medicine	2.1%	2.2%	0.4%	0.3%	3.2%	0.2%	1.2%	1.2%	0.5%	0.0%	2.1%
Radiation Oncology	1.2%	1.5%	1.5%	—	0.4%	0.1%	0.0%	0.0%	—	0.0%	0.6%
Medical Oncology	2.1%	0.5%	0.0%	—	1.2%	0.0%	1.0%	0.0%	1.0%	0.5%	1.0%
All Specialties	1.5%	1.5%	1.3%	1.2%	1.6%	0.6%	1.0%	1.1%	0.3%	0.8%	1.3%

Table 12: Estimated number of procedures for which patients are waiting after appointment with specialist, by specialty, 2017

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	3,566	1,072	642	516	5,010	1,793	468	940	137	381
Gynaecology	3,311	6,644	1,233	1,151	9,954	3,105	1,004	831	—	1,067
Ophthalmology	38,122	17,297	2,329	9,562	62,194	33,567	3,382	3,634	390	2,731
Otolaryngology	5,333	4,833	2,418	2,184	8,243	5,121	1,057	1,024	185	536
General Surgery	17,423	15,491	4,930	6,399	26,255	7,170	1,406	10,005	928	1,255
Neurosurgery	2,388	1,611	374	101	4,136	909	—	350	—	42
Orthopaedic Surgery	29,728	13,994	4,902	6,347	46,456	22,229	4,961	7,384	—	2,089
Cardiovascular Surgery	552	213	56	1	715	220	—	5	—	12
Urology	7,672	5,111	666	1,152	18,320	3,568	1,064	2,231	—	644
Internal Medicine	12,508	14,425	3,295	3,364	10,445	2,982	544	4,235	271	2,380
Radiation Oncology	108	34	3	1	387	189	22	26	1	9
Medical Oncology	151	102	22	18	406	153	9	23	3	13
Residual	79,581	62,488	16,049	24,683	163,375	62,265	12,112	23,476	1,547	10,655
Total	200,443	143,315	36,919	55,477	355,896	143,271	26,030	54,163	3,463	21,814
Proportion of Population	4.21%	3.38%	3.21%	4.21%	2.55%	1.72%	3.44%	5.71%	2.32%	4.11%

Canada: Total number of procedures for which patients are waiting in 2017 — **1,040,791**

Percentage of Population — **2.87%**

Notes: Totals may not match sums of numbers for individual procedures as a result of rounding. • All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 13A: Plastic surgery (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	1,614	433	184	149	2,383	625	229	355	16	154
Neurolysis	325	78	—	35	646	477	56	52	28	169
Blepharoplasty	217	86	79	1	164	48	20	17	1	5
Rhinoplasty	495	75	126	17	403	93	78	164	4	8
Scar Revision	579	294	106	225	898	254	48	207	19	12
Hand Surgery	336	104	146	90	515	296	37	145	68	33
Total	3,566	1,072	642	516	5,010	1,793	468	940	137	381

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13B: Gynaecology (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	727	1,051	154	287	1,391	238	162	73	—	430
Tubal Ligation	210	1,554	267	157	1,830	522	390	137	—	143
Hysterectomy (Vaginal/Abdominal)	1,185	1,818	389	389	3,581	1,346	190	312	—	155
Vaginal Repair	255	466	68	88	613	170	33	84	—	44
Tuboplasty	16	22	4	2	23	15	2	1	—	4
Laparoscopic Procedures	132	186	68	37	652	250	17	28	—	22
Hysteroscopic Procedures	786	1,547	283	191	1,864	564	210	197	—	269
Total	3,311	6,644	1,233	1,151	9,954	3,105	1,004	831	—	1,067

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13C: Ophthalmology (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	32,261	14,155	1,468	8,889	55,913	23,495	3,261	3,039	390	2,693
Cornea Transplant	396	220	—	101	759	414	0	—	—	—
Cornea - Pterygium	141	151	15	5	319	216	10	13	—	—
Iris, Ciliary Body, Sclera, Anterior Chamber	127	262	—	36	1,516	500	14	19	—	12
Retina, Choroid, Vitreous	3,987	849	639	253	872	6,083	—	309	—	—
Lacrimal Duct	233	395	25	53	518	259	44	29	—	8
Strabismus	445	386	63	176	1,224	1,079	26	142	—	—
Operations on Eyelids	532	880	120	48	1,072	1,521	27	83	—	18
Total	38,122	17,297	2,329	9,562	62,194	33,567	3,382	3,634	390	2,731

Note: Totals may not match sums of individual procedures as a result of rounding. • The procedure data reported generally includes only those procedures performed in public facilities. A large number of ophthalmological surgeries are performed in private facilities. The distribution of surgeries between public and private facilities varies significantly among provinces. There are also differences among provinces regarding payment or reimbursement for ophthalmological surgery at a private facility.

Table 13D: Otolaryngology (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	1,008	307	103	408	1,520	1,426	177	123	22	186
Tympanoplasty	375	54	152	111	322	307	113	209	15	65
Thyroid, Parathyroid, and other Endocrine Glands	471	472	47	293	1,359	573	98	38	—	37
Tonsillectomy and/or Adenoidectomy	1,153	3,034	1,287	667	2,583	1,555	448	424	89	133
Rhinoplasty and/or Septal Surgery	565	463	140	144	634	426	56	119	11	27
Operations on Nasal Sinuses	1,761	503	690	560	1,825	835	166	111	48	89
Total	5,333	4,833	2,418	2,184	8,243	5,121	1,057	1,024	185	536

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13E: General surgery (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	2,053	4,592	1,006	1,245	3,292	2,420	336	191	65	167
Cholecystectomy	1,583	3,897	644	1,015	2,686	1,258	343	208	52	135
Colonoscopy	6,909	2,270	1,407	1,908	6,194	883	213	2,688	491	416
Intestinal Operations	5,188	3,385	1,479	1,471	11,410	1,415	237	6,656	289	395
Haemorrhoidectomy	688	623	287	647	1,018	281	75	37	4	43
Breast Biopsy	12	3	1	2	21	17	3	58	1	21
Mastectomy	337	191	68	73	926	629	77	63	27	23
Bronchus and Lung	292	—	—	—	300	144	—	95	—	—
Aneurysm Surgery	76	—	—	—	164	4	—	—	—	—
Varicose Veins	286	531	37	39	246	119	122	9	—	55
Total	17,423	15,491	4,930	6,399	26,255	7,170	1,406	10,005	928	1,255

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13F: Neurosurgery (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	155	99	168	11	354	—	—	27	—	—
Disc Surgery/ Laminectomy	1,837	717	126	9	1,710	266	—	89	—	25
Elective Cranial Bone Flap	392	781	80	75	1,934	635	—	224	—	18
Aneurysm Surgery	5	8	0	1	56	—	—	3	—	—
Carotid endarterectomy	—	5	—	4	84	8	—	7	—	—
Total	2,388	1,611	374	101	4,136	909	—	350	—	42

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13G: Orthopaedic surgery (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	915	675	158	156	1,404	1,793	125	175	—	71
Removal of Pins	1,809	1,016	263	248	1,968	2,500	180	275	—	53
Arthroplasty (Hip, Knee, Ankle, Shoulder)	22,106	7,426	3,362	5,201	36,134	10,211	2,235	5,527	—	1,731
Arthroplasty (Interphalangeal, Metatarsophalangeal)	1,397	599	58	—	863	491	—	142	—	—
Hallux Valgus/Hammer Toe	217	165	21	75	281	352	173	64	—	9
Digit Neuroma	799	260	125	129	1,394	3,021	1,143	456	—	—
Rotator Cuff Repair	940	808	129	173	1,453	951	134	330	—	226
Ostectomy (All Types)	933	1,785	114	365	1,875	1,748	472	261	—	—
Routine Spinal Instability	612	1,262	672	—	1,086	1,163	499	155	—	—
Total	29,728	13,994	4,902	6,347	46,456	22,229	4,961	7,384	—	2,089

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13H: Cardiovascular surgery (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Coronary Artery Bypass	82	64	19	—	160	88	—	1	—	7
Valves & Septa of the Heart	77	58	11	—	109	74	—	1	—	5
Aneurysm Surgery	5	1	0	0	3	2	—	0	—	0
Carotid Endarterectomy	22	10	2	1	15	16	—	1	—	0
Pacemaker Operations	366	81	24	—	427	39	—	2	—	—
Total	552	213	56	1	715	220	—	5	—	12

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13I: Urology (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	667	397	51	88	1,094	538	128	151	—	112
Radical Prostatectomy	105	132	13	53	285	129	15	31	—	11
Transurethral Resection - Bladder	443	210	58	96	1,055	591	102	90	—	33
Radical Cystectomy	20	18	—	3	66	19	4	8	—	2
Cystoscopy	4,765	3,169	416	470	10,571	800	378	1,340	—	281
Hernia/Hydrocele	1,211	899	30	270	2,424	1,186	315	471	—	130
Bladder Fulguration	454	268	98	166	2,794	280	120	134	—	72
Ureteral Reimplantation for Reflux	6	19	—	6	29	24	1	6	—	3
Total	7,672	5,111	666	1,152	18,320	3,568	1,064	2,231	—	644

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13J: Internal medicine (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	11,101	13,195	2,549	3,125	7,649	1,395	240	3,902	264	1,942
Angiography /Angioplasty	1,079	448	636	201	1,467	1,304	198	235	1	342
Bronchoscopy	106	490	20	14	873	131	42	15	1	35
Gastroscopy	222	292	89	24	455	153	63	83	5	62
Total	12,508	14,425	3,295	3,364	10,445	2,982	544	4,235	271	2,380

Note: Totals may not match sums of individual procedures as a result of rounding.

Table 13K: Radiation oncology (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Radiotherapy	108	34	3	1	387	189	22	26	1	9

Note: All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 13L: Medical oncology (2017)—estimated number of procedures for which patients are waiting after appointment with specialist

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Chemotherapy	151	102	22	18	406	153	9	23	3	13

Note: All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 14: Estimated number of procedures for which patients are waiting after appointment with specialist (2017)—procedures per 100,000 population

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	75	25	56	39	36	22	62	99	92	72
Gynaecology	70	157	107	87	71	37	133	88	—	201
Ophthalmology	801	408	203	725	445	403	447	383	261	515
Otolaryngology	112	114	210	166	59	62	140	108	124	101
General Surgery	366	366	429	485	188	86	186	1,055	621	237
Neurosurgery	50	38	33	8	30	11	—	37	—	8
Orthopaedic Surgery	625	330	427	482	332	267	655	778	—	394
Cardiovascular Surgery	12	5	5	—	5	3	—	1	—	2
Urology	161	121	58	87	131	43	140	235	—	121
Internal Medicine	263	340	287	255	75	36	72	446	181	449
Radiation Oncology	2	1	—	—	3	2	3	3	1	2
Medical Oncology	3	2	2	1	3	2	1	2	2	2

Note: All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 15: Comparison of estimated number of procedures for which patients are waiting after appointment with specialist, by selected specialties, 2017 and 2016

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg
Plastic Surgery	3,566	5,778	-38%	1,072	4,788	-78%	642	544	18%	516	540	-4%	5,010	2,409	108%
Gynaecology	3,311	4,603	-28%	6,644	4,666	42%	1,233	867	42%	1,151	775	48%	9,954	8,905	12%
Ophthalmology	38,122	28,398	34%	17,297	19,704	-12%	2,329	3,351	-30%	9,562	7,312	31%	62,194	62,902	-1%
Otolaryngology	5,333	5,108	4%	4,833	4,649	4%	2,418	921	163%	2,184	2,066	6%	8,243	12,772	-35%
General Surgery	17,423	17,658	-1%	15,491	8,679	78%	4,930	2,668	85%	6,399	2,278	181%	26,255	22,316	18%
Neurosurgery	2,388	1,826	31%	1,611	2,766	-42%	374	293	27%	101	75	34%	4,136	5,298	-22%
Orthopaedic Surgery	29,728	30,753	-3%	13,994	14,145	-1%	4,902	4,250	15%	6,347	4,726	34%	46,456	41,139	13%
Cardiovascular Surgery	552	532	4%	213	165	30%	56	7	737%	1	—	—	715	526	36%
Urology	7,672	7,406	4%	5,111	2,872	78%	666	844	-21%	1,152	819	41%	18,320	14,872	23%
Internal Medicine	12,508	17,098	-27%	14,425	7,570	91%	3,295	2,075	59%	3,364	2,331	44%	10,445	13,931	-25%
Radiation Oncology	108	150	-28%	34	27	28%	3	2	102%	1	5	-79%	387	402	-4%
Medical Oncology	151	255	-41%	102	319	-68%	22	—	—	18	—	—	406	404	1%
Residual	79,581	78,995	1%	62,488	56,851	10%	16,049	12,533	28%	24,683	17,084	44%	163,375	151,155	8%
Total	200,443	198,558	1%	143,315	127,200	13%	36,919	28,354	30%	55,477	38,012	46%	355,896	337,030	6%

Notes: Percentage changes are calculated from exact weighted medians, which have been rounded for inclusion in the table. • All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 15, continued: Comparison of estimated number of procedures for which patients are waiting after appointment with specialist, by selected specialties, 2017 and 2016

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg	2017	2016	% chg
Plastic Surgery	1,793	2,494	-28%	468	239	96%	940	1,342	-30%	137	—	—	381	—	—
Gynaecology	3,105	4,405	-30%	1,004	—	—	831	997	-17%	—	67	—	1,067	459	133%
Ophthalmology	33,567	26,214	28%	3,382	3,246	4%	3,634	2,939	24%	390	430	-9%	2,731	1,154	137%
Otolaryngology	5,121	5,166	-1%	1,057	953	11%	1,024	977	5%	185	150	23%	536	772	-31%
General Surgery	7,170	8,051	-11%	1,406	2,431	-42%	10,005	10,753	-7%	928	911	2%	1,255	5,616	-78%
Neurosurgery	909	764	19%	—	570	—	350	168	108%	—	—	—	42	—	—
Orthopaedic Surgery	22,229	19,676	13%	4,961	4,568	9%	7,384	7,853	-6%	—	—	—	2,089	2,087	0%
Cardiovascular Surgery	220	302	-27%	—	267	—	5	377	-99%	—	—	—	12	11	7%
Urology	3,568	5,347	-33%	1,064	1,699	-37%	2,231	2,335	-4%	—	—	—	644	1,245	-48%
Internal Medicine	2,982	1,977	51%	544	322	69%	4,235	2,881	47%	271	323	-16%	2,380	1,904	25%
Radiation Oncology	189	229	-17%	22	—	—	26	20	29%	1	4	-61%	9	12	-26%
Medical Oncology	153	152	1%	9	—	—	23	34	-33%	3	3	21%	13	19	-34%
Residual	62,265	57,309	9%	12,112	13,082	-7%	23,476	24,430	-4%	1,547	1,311	18%	10,655	13,307	-20%
Total	143,271	132,084	8%	26,030	27,377	-5%	54,163	55,106	-2%	3,463	3,198	8%	21,814	26,586	-18%

Notes: Percentage changes are calculated from exact weighted medians, which have been rounded for inclusion in the table. • All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 16A: Acute inpatient procedures, 2015–2016

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	16,858	13,453	4,715	4,541	51,404	24,044	3,411	4,108	630	1,888
Arthroplasty (Interphalangeal/Metatarsophalangeal)	527	478	142	94	699	347	74	39	8	23
Hallux Valgus/Hammer Toe	83	120	16	21	84	70	11	6	2	0
Meniscectomy/Arthroscopy	144	213	46	79	497	392	29	39	2	16
Ostectomy	1,044	1,316	245	282	2,995	2,011	154	365	35	92
Removal of Pins	967	1,190	278	246	2,575	1,662	233	243	43	106
Rotator Cuff Repair	742	963	204	223	2,167	1,091	97	209	8	76
Routine Spinal Instability	1,186	1,637	727	502	3,971	2,483	546	424	0	229
Bladder Fulguration	1,505	1,331	347	280	5,992	2,922	354	500	49	251
Cystoscopy	3,330	3,799	665	204	9,630	4,298	636	1,210	61	604
Non-radical Prostatectomy	3,511	2,342	518	256	6,936	3,865	380	626	110	410
Radical Cystectomy	254	167	37	29	573	388	40	53	0	27
Radical Prostatectomy	911	685	199	154	2,467	1,482	154	134	3	126
Transurethral Resection—Bladder	1,171	1,629	305	272	4,726	2,495	260	205	82	455
Ureteral Reimplantation for Reflux	50	71	27	12	157	155	10	19	0	4
Cataract Removal	52	206	64	91	120	246	9	49	2	3
Cornea Transplant	12	70	47	20	28	220	0	14	0	0
Cornea—Pterygium	2	14	2	1	3	16	0	2	0	1
Iris, Ciliary Body, Sclera, Anterior Chamber	80	246	61	53	127	247	11	64	1	4
Lacrimal Duct Surgery	33	68	15	8	57	77	6	9	0	12
Operations on Eyelids	121	180	45	40	336	256	13	81	0	3
Retina, Choroid, Vitreous	437	2,056	479	861	919	583	1	179	1	9

Table 16A, continued: Acute inpatient procedures, 2015–2016

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Strabismus Surgery	22	26	2	1	47	29	0	4	0	0
Myringotomy	241	247	67	106	1060	1165	77	90	20	49
Operations on Nasal Sinuses	675	421	45	377	1134	713	48	122	3	98
Thyroid, Parathyroid, and Other Endocrine Glands	1,561	1,949	472	496	7,339	4,266	415	547	30	382
Tonsillectomy and/or Adenoidectomy	978	987	394	460	3,510	2,066	263	251	105	342
Tympanoplasty	85	101	10	9	271	191	18	155	1	5
Radiotherapy	431	724	26	57	9,859	2,677	389	482	74	278
Chemotherapy	3,486	2,458	895	599	15,408	7,273	897	902	50	516
Breast Biopsy	95	47	21	10	263	175	26	7	2	12
Bronchus and Lung	1,200	1107	213	414	4,338	3,672	384	404	1	166
Cholecystectomy	3,433	4,315	1,333	1,662	8,287	7,379	967	1,392	165	460
Haemorrhoidectomy	65	97	54	56	191	133	15	25	0	21
Intestinal Operations	9,454	7,189	2,356	2,310	25,706	16,858	1,791	2,513	317	1,516
Mastectomy	1,819	1,795	542	289	3,125	2,157	203	442	58	353
Varicose Veins	71	9	15	46	41	34	4	4	0	10
Disk Surgery/Laminectomy	1,529	1,129	269	131	4,494	1,885	246	247	0	181
Elective Cranial Bone Flap	3,337	3,349	1,026	956	12,411	6,445	440	712	2	370
Blepharoplasty	9	6	0	1	26	13	0	7	0	0
Mammoplasty	383	1,054	83	294	1,315	685	167	136	24	123
Scar Revision	770	1,384	145	332	1,616	1,317	98	198	7	94
Coronary Artery Bypass	2,826	1,485	642	632	8,340	6,113	548	661	0	372
Pacemaker Operations	2,879	1,914	800	778	7,053	8,776	963	576	110	295

Table 16A, continued: Acute inpatient procedures, 2015–2016

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Valves & Septa of the Heart	2,666	2,206	383	532	7,545	5,163	393	617	0	241
Angiography/Angioplasty	5,368	3,796	1,893	991	24,406	16,851	1,495	1,844	1	748
Bronchoscopy	1,054	1,524	161	208	6,812	32,05	182	524	10	240
Gastrosocopy	582	702	139	143	2,611	1,255	218	244	22	116
Dilation and Curettage	311	269	42	108	486	299	11	21	7	30
Hysterectomy	4,966	5,209	1,409	1,633	14,529	8,492	1,038	1,471	254	669
Hysteroscopic Procedures	137	208	49	36	256	199	14	20	4	28
Laparoscopic Procedures	321	232	100	53	1,409	898	43	59	8	30
Tubal Ligation	561	2,237	603	554	4,434	1,982	346	219	71	213
Tuboplasty	27	41	12	10	48	33	2	1	0	5
Vaginal Repair	785	1,301	207	327	1,824	1,036	144	352	17	157
Rhinoplasty and/or Septal Surgery	370	289	17	116	652	442	46	87	1	64
Hernia/Hydrocele	4,063	4,129	1,200	1,556	19,383	6,922	948	1,352	119	571
Carotid Endarterectomy	728	302	104	154	1,326	988	162	121	0	54
Hand Surgery/Digit Neuroma	281	353	81	109	626	605	35	49	12	29
Neurolisis/Peripheral Nerve	316	382	67	103	17,86	2,304	98	135	45	24
Colonoscopy	3,245	3,052	1,419	873	9,272	7,768	694	756	62	539
Aneurysm Surgery	328	225	33	67	951	590	55	55	0	34
Residual	117,463	120,467	30,202	31,400	353,892	205,562	22,598	30,092	2,346	15,565
Total	211,941	210,951	56,715	57,258	664,545	387,966	42,910	56,474	4,985	29,339

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2014-15 and Fiscal 2009/10 CCI to CCP Conversion Tables; and the 2012 and 2015 ICD-10-CA and CCI Evolution Tables.

Table 16B: Same day procedures, 2015–2016

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	6,601	5,854	2,569	2,972	26,886	5,453	1,431	1,419	318	272
Arthroplasty (Interphalangeal/Metatarsophalangeal)	1,437	719	292	259	3,041	1,250	171	256	45	94
Hallux Valgus/Hammer Toe	320	308	91	184	1,132	846	79	112	40	23
Meniscectomy/Arthroscopy	2,499	1,980	639	429	5,585	7,376	514	341	65	215
Ostectomy	1,066	1,004	250	351	3,504	1,484	269	389	43	80
Removal of Pins	2,953	2,583	775	469	5,951	4,680	352	489	78	170
Rotator Cuff Repair	1,138	1,139	356	339	3,534	2,000	252	450	37	200
Routine Spinal Instability	37	3	1	12	64	36	18	1	0	1
Bladder Fulguration	2,433	1,453	929	1,155	18,221	1,936	689	1,140	98	817
Cystoscopy	32,066	14,510	8,947	2,853	127,799	1,643	3,298	7,499	977	7,756
Non-radical Prostatectomy	1,112	237	234	314	2,549	800	285	30	2	21
Radical Prostatectomy	1	0	0	0	2	11	0	0	0	1
Transurethral Resection—Bladder	3,441	1,102	555	562	8,995	5,191	628	727	39	224
Ureteral Reimplantation for Reflux	45	91	16	12	61	72	0	6	0	7
Cataract Removal	55,867	36,597	12,659	11,183	126,293	101,566	8,067	13,122	1,687	7,000
Cornea Transplant	503	428	1	81	1,011	548	0	146	0	0
Cornea—Pterygium	609	588	83	34	1,379	1,004	56	92	12	25
Iris, Ciliary Body, Sclera, Anterior Chamber	1,568	1,698	395	415	6,443	3,004	68	940	8	57
Lacrimal Duct Surgery	834	1,399	202	131	2,189	1,045	71	99	3	126
Operations on Eyelids	2,645	3,632	844	139	4,308	4,020	222	228	34	301
Retina, Choroid, Vitreous	9,930	8,986	2,292	2,423	21,761	15,233	38	3,201	6	1,040

Table 16B, continued: Same day procedures, 2015–2016

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Strabismus Surgery	1,424	1,407	269	380	3,930	2,216	77	457	9	114
Myringotomy	1,943	2,417	1,713	779	12,113	12,313	1071	974	171	828
Operations on Nasal Sinuses	3,141	1,757	899	837	8,853	3,232	383	360	77	325
Thyroid, Parathyroid, and Other Endocrine Glands	479	186	44	138	1,493	499	10	23	0	2
Tonsillectomy and/or Adenoidectomy	2,769	3,943	1,367	985	13,280	8,043	902	667	45	286
Tympanoplasty	695	603	293	232	2,124	1,403	178	179	25	300
Radiotherapy	373	13	39	0	211	674	195	0	0	6
Chemotherapy	228	425	153	18	5,325	662	26	25	8	6
Breast Biopsy	86	24	12	21	278	78	8	1,196	4	849
Bronchus and Lung	66	29	22	2	121	83	1	7	1	2
Cholecystectomy	4,800	4,128	1,456	1,742	19,646	8,969	1,263	1,306	175	944
Haemorrhoidectomy	2,917	1,252	1,191	1,065	8,628	1,953	148	364	26	426
Intestinal Operations	57,985	17,955	10,462	10,436	122,620	1,541	453	9,024	1,564	8,744
Mastectomy	4,017	2,175	645	880	12,928	8,751	794	871	117	458
Varicose Veins	1,222	648	306	245	1,852	1,208	261	97	6	45
Disk Surgery/Laminectomy	1,882	203	95	26	1,062	422	74	82	0	1
Elective Cranial Bone Flap	56	35	14	18	157	156	7	15	1	3
Blepharoplasty	462	556	153	15	1,040	608	39	25	2	15
Mammoplasty	2,844	2,164	602	409	8,216	4,317	684	270	11	323
Scar Revision	540	529	80	155	2,275	881	82	144	35	26
Pacemaker Operations	3,470	879	464	479	4,055	838	256	670	44	462

Table 16B, continued: Same day procedures, 2015–2016

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Valves & Septa of the Heart	4	2	0	0	0	0	0	0	0	0
Angiography/Angioplasty	8,655	868	865	3,182	1,029	103	568	190	21	1,472
Bronchoscopy	790	2,113	139	194	4,541	194	108	264	18	363
Gastroscopy	1,069	562	248	363	3,305	70	69	457	42	214
Dilation and Curettage	5,987	6,562	1,293	1,756	17,594	4,656	982	995	270	2,204
Hysterectomy	169	42	276	53	988	259	3	2	1	2
Hysteroscopic Procedures	4,975	5,980	1,422	1,206	10,514	4,689	1,198	1,002	245	2,304
Laparoscopic Procedures	489	374	220	189	1,822	730	58	86	24	64
Tubal Ligation	531	1,803	785	464	5,083	2,542	498	493	83	383
Tuboplasty	111	23	15	3	61	18	3	2	2	7
Vaginal Repair	318	212	89	55	831	433	36	44	7	33
Rhinoplasty and/or Septal Surgery	1,948	1,175	417	352	6,009	2,540	255	304	26	116
Hernia/Hydrocele	11,110	9,131	2,551	2,853	29,682	21,760	2,083	2,179	301	12,18
Hand Surgery/Digit Neuroma	3,669	1,941	1,160	1,072	9,300	7,361	837	1,240	136	607
Neurolysis/Peripheral Nerve	1,317	698	314	240	4,460	1,677	317	174	16	336
Colonoscopy	85,157	41,535	17,758	20,936	137,991	2,401	1,271	15,959	3,154	13,889
Aneurysm Surgery	2	1	0	0	2	1	0	0	0	0
Residual	171,605	102,084	50,832	47,316	617,585	138,849	19,216	44,129	4,728	47,711
Total	516,410	300,745	130,793	123,413	1,451,712	406,328	50,922	114,963	14,887	103,518

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2015-16; Fiscal 2009/10 CCI to CCP Conversion Tables; and the 2012 and 2015 ICD-10-CA and CCI Evolution Tables.

Appendix A: Links to Wait Times Data Published by Provincial Government Agencies

Alberta Alberta Wait Times Reporting web site,
<<http://waittimes.alberta.ca/>>

British Columbia British Columbia Ministry of Health,
<<https://swt.hlth.gov.bc.ca/>>

Saskatchewan Saskatchewan Surgical Care Network, <<http://www.sasksurgery.ca/>>
Saskatchewan Specialist Directory, <<http://specialists.health.gov.sk.ca/>>
Saskatchewan Cancer Agency, <www.saskcancer.ca>

Manitoba Manitoba Ministry of Health,
<<http://www.gov.mb.ca/health/waittime/>>

Ontario Ontario Ministry of Health and Long-Term Care,
<<http://www.health.gov.on.ca/en/public/programs/waittimes/>>

Quebec Quebec Ministry of Health and Social Services,
<<http://wpp01.msss.gouv.qc.ca/appl/g74web/default.asp>>

New Brunswick New Brunswick Department of Health,
<<http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx>>

Nova Scotia Nova Scotia Department of Health,
<<https://waittimes.novascotia.ca/>>

Prince Edward Island Prince Edward Island Department of Health,
<<http://www.healthpei.ca/waittimes>>

Newfoundland & Labrador Newfoundland & Labrador Department of Health
and Community Services,
<http://www.health.gov.nl.ca/health/wait_times/data.html>

Appendix B: Psychiatry Waiting List Survey, 2017 Report

The psychiatry waiting list survey was conducted between January 4 and April 28, 2017. Surveys were sent to all specialists in the psychiatry category of the Canadian Medical Association’s membership rolls who have allowed their names to be provided by Cornerstone List Fulfillment. This year, the overall response rate to the psychiatry survey was 5.7% (table B1). As a result of the low response rate, results should be interpreted with caution.

Table B1: Psychiatry (2017)—summary of responses, 2017

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	646	404	78	166	1,825	1,104	42	120	9	53	4,447
Number of Responses	41	28	5	14	103	42	6	10	1	3	253
Response Rates	6.3%	6.9%	6.4%	8.4%	5.6%	3.8%	14.3%	8.3%	11.1%	5.7%	5.7%

The treatments identified in the following tables represent a cross-section of common treatments carried out by psychiatrists. The list of treatments was developed in consultation with the Canadian Psychiatric Association, who also assisted in making adjustments to the standard survey form to reflect differences between psychiatric practices and practices in the other specialties presented in this document.

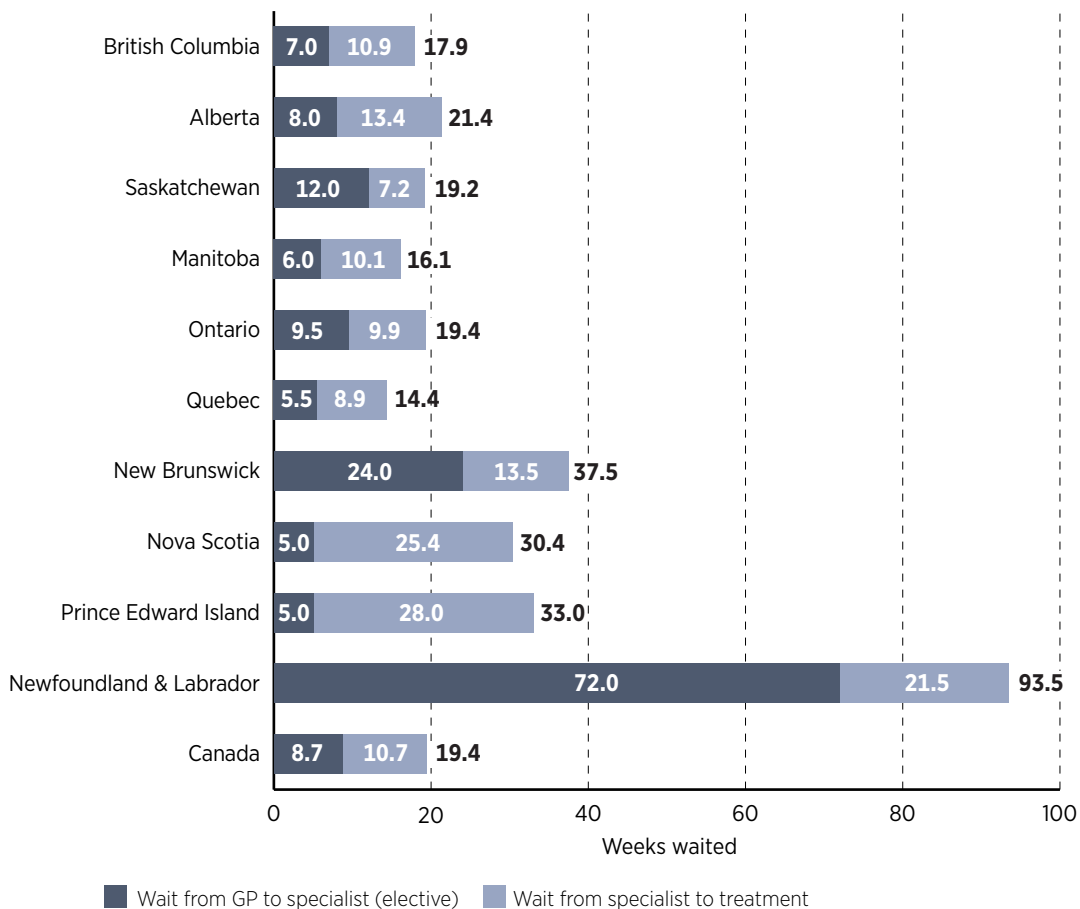
Unlike other specialties discussed in *Waiting Your Turn*, in which the waiting times are weighted by the total number of such procedures that have been done by all physicians, the overall median for psychiatry is presented as an unweighted measure (see the section, “Method” (pp. 11–13), for a clear description of the Fraser Institute’s weighting procedures). All of the median measures that make up the final specialty median are given equal weight. This alteration to the standard methodology results from a lack of data counting the number of patients treated by psychiatrists, separated by treatment. We hope, in the coming years, to develop a weighting system for psychiatric treatments to allow a weighted average for this specialty to be calculated. In the current estimates, national medians are developed through a weighting system that bases the weight of each provincial median on the number of specialists contacted in that province.

Findings

Total wait times

Across the provinces, the total wait time (between referral by a general practitioner and the time that the required elective treatment begins) for psychiatry has fallen from 20.8 weeks in 2016 to 19.4 weeks in 2017 (**graph B1**). The shortest waiting times are in Quebec (14.4 weeks), Manitoba (16.1 weeks), and British Columbia (17.9 weeks). The longest total waits are in Newfoundland & Labrador (93.5 weeks), New Brunswick (37.5 weeks), and Prince Edward Island (33.0 weeks).

Graph B1: Psychiatry—weeks waited from referral by GP to treatment, by province, 2017



Note: Totals may not equal the sum of subtotals as a result of rounding.

Source: The Fraser Institute's national waiting list survey, 2017.

Wait time by segment and specialty

Total wait time for psychiatric treatment can be examined in two consecutive segments:

- 1 from referral by a general practitioner to consultation with a psychiatrist;
- 2 from the consultation with a psychiatrist to the point at which treatment begins.

Table B2 indicates the number of weeks that patients wait for initial appointments with psychiatrists after referral from their general practitioners or from other specialists. The waiting time to see a psychiatrist on an urgent basis across the provinces is 2.1 weeks, ranging from 1.5 weeks in Quebec to 22.0 weeks in Prince Edward Island. The waiting time for referrals on an elective basis across the provinces is 8.7 weeks. The provinces with the longest wait times for elective referrals are Newfoundland & Labrador (72.0 weeks) and New Brunswick (24.0 weeks). On the other hand, Nova Scotia and Prince Edward Island (both 5.0 weeks), and Quebec (5.5 weeks) have the shortest wait times for elective referrals.

Table B2: Psychiatry (2017)—median patient wait to see a specialist after referral from a GP

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Urgent	2.0	2.5	2.3	1.8	2.0	1.5	5.0	3.5	22.0	6.0	2.1
Elective	7.0	8.0	12.0	6.0	9.5	5.5	24.0	5.0	5.0	72.0	8.7

Table B3 summarizes the waiting time for certain elective psychiatric treatments after an appointment with a specialist. The longest waiting times for this second segment of the total waiting time are in Prince Edward Island (28.0 weeks), Nova Scotia (25.4 weeks), and Newfoundland & Labrador (21.5 weeks). The shortest waits are in Saskatchewan (7.2 weeks), Quebec (8.9 weeks), and Ontario (9.9 weeks). Among the treatments, patients wait longest for access to a housing program (17.8 weeks) and to initiate a course of long-term psychotherapy (14.8 weeks), while wait times are shortest for pharmacotherapy (3.2 weeks) and to initiate a course of brief psychotherapy (7.9 weeks).

Table B4 presents a frequency distribution of the survey responses by province. The wait (after an appointment with a specialist) for the majority of treatments is less than 13 weeks in all provinces except Newfoundland & Labrador. Waits of 26 weeks or more are least frequent in Saskatchewan (5.3%), and most frequent in Nova Scotia (31.7%).

Table B3: Psychiatry (2017)—median patient wait for treatment after appointment with specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	6.0	8.0	4.0	7.0	8.0	8.0	8.0	12.0	22.0	24.0	7.9
Initiate a course of long-term psychotherapy	12.0	12.0	24.0	12.0	15.0	16.0	15.0	18.0	22.0	24.0	14.8
Initiate a course of pharmacotherapy	4.0	4.0	8.0	2.5	3.0	2.0	1.0	3.3	22.0	12.0	3.2
Initiate a course of couple/marital therapy	8.0	8.0	14.0	12.0	6.0	7.0	8.0	16.0	—	62.0	8.0
Initiate cognitive behaviour therapy	6.0	10.0	8.0	5.0	10.0	12.0	8.0	4.0	52.0	24.0	9.8
Access a day program	12.0	12.0	2.0	6.0	8.0	4.0	6.0	32.0	—	31.0	8.7
Access an eating disorders program	12.0	20.0	4.0	12.0	12.0	12.0	26.0	32.0	22.0	20.0	13.4
Access a housing program	40.0	24.0	5.0	20.0	14.0	9.0	12.0	30.0	—	3.5	17.8
Access an evening program	8.0	16.0	3.0	6.0	9.0	8.0	32.0	104.0	—	10.0	11.8
Access a sleep disorders program	8.0	26.0	4.0	17.0	8.0	14.0	25.0	12.0	—	—	11.7
Access assertive community treatment or similar program	4.0	7.0	3.3	12.0	16.0	6.0	8.0	16.5	—	4.0	10.4
Unweighted Median	10.9	13.4	7.2	10.1	9.9	8.9	13.5	25.4	28.0	21.5	10.7

Table B4: Psychiatry (2017)—frequency distribution of survey waiting times (specialist to treatment), by province, 2017

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0–3.99 Weeks	26%	21%	32%	31%	23%	23%	16%	24%	0%	13%
4–7.99 Weeks	23%	16%	34%	20%	19%	22%	23%	17%	0%	17%
8–12.99 Weeks	21%	21%	21%	20%	26%	28%	25%	15%	0%	4%
13–25.99 Weeks	14%	21%	8%	21%	18%	11%	14%	12%	80%	38%
26–51.99 Weeks	8%	11%	5%	3%	7%	9%	16%	10%	0%	13%
1 year plus	7%	11%	0%	5%	7%	7%	7%	22%	20%	17%

Note: Columns do not necessarily sum to 100 due to rounding.

Table B5 compares the 2016 and 2017 waiting times for treatment (after an appointment with a specialist). This year's study indicates an overall decrease in the waiting time between consultation with a specialist and elective treatment in six provinces. However, three provinces experienced an increase: British Columbia (6%), Alberta (3%), and Nova Scotia (83%).

Table B5: Psychiatry—comparison of median weeks waited to receive treatment after appointment with specialist, by province, 2017 and 2016

	2017	2016	% change
British Columbia	10.9	10.3	6%
Alberta	13.4	13.0	3%
Saskatchewan	7.2	9.1	-21%
Manitoba	10.1	11.4	-11%
Ontario	9.9	12.3	-20%
Quebec	8.9	10.8	-17%
New Brunswick	13.5	34.8	-61%
Nova Scotia	25.4	13.9	83%
Prince Edward Island	28.0	—	—
Newfoundland & Labrador	21.5	47.0	-54%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Comparison between clinically reasonable and actual wait times

Physicians responding to the survey are also asked to provide a clinically reasonable waiting time for the various treatments. Specialists generally indicate a period of time substantially shorter than the median number of weeks patients actually wait for treatment (see tables B6 and B7). **Table B6** summarizes the reasonable waiting times for psychiatric treatments and is based on the same methodology used to create table B3. **Table B7** summarizes the differences between the median reasonable and actual waiting times across the provinces for treatment after an appointment with a specialist and shows that, in 92% of cases, the actual waiting time for treatment (table B3) is greater than the clinically reasonable median waiting time (table B6). In Newfoundland & Labrador the wait time for treatment (after an appointment with a specialist) is 402% longer than the median considered reasonable; however, as mentioned previously this result should be treated with caution because of the low number

Table B6: Psychiatry (2017)—median reasonable patient wait for treatment after appointment with specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	3.0	4.0	5.0	4.0	4.0	4.0	2.0	5.3	—	4.0	3.9
Initiate a course of long-term psychotherapy	4.0	7.0	6.0	6.0	8.0	8.0	4.0	8.0	—	10.0	7.2
Initiate a course of pharmacotherapy	2.0	2.0	2.5	2.0	2.0	1.0	1.0	2.3	—	1.0	1.7
Initiate a course of couple/marital therapy	3.8	4.0	4.0	4.0	4.0	4.0	3.0	8.0	—	4.0	4.1
Initiate cognitive behaviour therapy	3.0	4.0	4.0	4.0	4.0	4.0	4.0	6.0	—	4.0	3.9
Access a day program	3.0	3.3	2.0	3.8	4.0	2.0	4.0	6.0	—	4.0	3.3
Access an eating disorders program	4.0	4.0	2.5	4.0	4.0	4.0	4.0	6.0	—	4.0	4.0
Access a housing program	8.0	3.0	3.5	7.0	4.0	4.0	2.0	7.0	—	3.0	4.6
Access an evening program	4.0	4.0	4.0	6.0	4.0	8.0	4.0	7.0	—	4.0	5.2
Access a sleep disorders program	4.0	6.0	4.0	4.0	4.0	8.0	4.0	5.0	—	6.0	5.2
Access assertive community treatment or similar program	2.0	2.0	2.0	5.0	4.0	4.0	4.0	6.0	—	3.0	3.6
Unweighted Median	3.7	3.9	3.6	4.5	4.2	4.6	3.3	6.0	—	4.3	4.2

of responses in the province in this and previous years. The actual overall median specialist-to-treatment waits in Quebec exceeds the corresponding “reasonable” value by 92%, a smaller gap than in the other provinces. However, the “reasonable” wait time in Quebec is the second longest in Canada.

Finally, patients also prefer earlier treatment. On average, only 7.1% of patients are on waiting lists because they have requested a delay or postponement of their treatment. Conversely, the proportion of patients who would have begun their treatment within the week, [1] if it were available, is 74.7%.

1. The survey asks psychiatrists what percentage of their patients currently waiting for treatment would agree to begin treatment tomorrow if an opening were to arise. However, comments by respondents of previous surveys indicate that at least some respondents answer the question as if it were “a few days”.

Table B7: Psychiatry (2017)—difference between actual and reasonable patient waits for treatment after appointment with specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	100%	100%	-20%	75%	100%	100%	300%	129%	—	500%	104%
Initiate a course of long-term psychotherapy	200%	71%	300%	100%	88%	100%	275%	125%	—	140%	105%
Initiate a course of pharmacotherapy	100%	100%	220%	25%	50%	100%	0%	44%	—	1100%	83%
Initiate a course of couple/marital therapy	113%	100%	250%	200%	50%	75%	167%	100%	—	1450%	98%
Initiate cognitive behaviour therapy	100%	150%	100%	25%	150%	200%	100%	-33%	—	500%	150%
Access a day program	300%	269%	0%	60%	100%	100%	50%	433%	—	675%	163%
Access an eating disorders program	200%	400%	60%	200%	200%	200%	550%	433%	—	400%	232%
Access a housing program	400%	700%	43%	186%	250%	125%	500%	329%	—	17%	283%
Access an evening program	100%	300%	-25%	0%	125%	0%	700%	1386%	—	150%	130%
Access a sleep disorders program	100%	333%	0%	325%	100%	75%	525%	140%	—	—	124%
Access assertive community treatment or similar program	100%	250%	63%	140%	300%	50%	100%	175%	—	33%	190%
Weighted Median	194%	240%	101%	124%	137%	92%	314%	321%	—	402%	152%

Waiting for diagnostic and therapeutic technology

Table B8 displays the median number of weeks patients must wait for access to a computed tomography (CT) or magnetic resonance imaging (MRI) scanner, or an electroencephalogram (EEG). Compared to 2016, the national waiting times for CT scans have increased in 2017. The median wait for a CT scan across the provinces is 4.4 weeks, ranging from a high of 8.0 weeks (New Brunswick) to a low of 1.5 weeks (Prince Edward Island). In 2017, the median wait for an MRI across the provinces is 10.8 weeks, shorter than it was in 2016 (11.5 weeks). Patients in Saskatchewan wait the longest (23.0 weeks), while patients in Ontario wait the least amount of time (7.0 weeks). Finally, the median wait for an EEG across the provinces has decreased from 4.0 weeks in 2016, to

Table B8: Psychiatry (2017)—waiting for technology: weeks waited to receive selected diagnostic tests in 2017, 2016, and 2015

	CT-Scan			MRI			EEG		
	2017	2016	2015	2017	2016	2015	2017	2016	2015
British Columbia	5.0	5.0	5.0	18.0	24.0	18.0	3.0	4.0	4.0
Alberta	7.0	4.0	4.0	17.0	6.0	12.0	4.0	4.0	5.3
Saskatchewan	4.0	3.0	4.0	23.0	9.0	11.5	4.3	5.0	4.5
Manitoba	5.0	8.0	3.0	10.0	10.0	8.0	5.0	5.0	2.0
Ontario	3.8	4.0	4.0	7.0	8.0	6.0	4.0	4.0	3.0
Quebec	4.0	4.0	6.0	9.0	13.0	18.0	3.0	4.0	4.0
New Brunswick	8.0	2.0	7.0	16.0	4.0	11.0	8.0	3.0	7.5
Nova Scotia	6.0	3.5	3.0	12.0	8.0	5.0	7.0	2.5	6.0
Prince Edward Island	1.5	—	—	22.0	—	—	3.0	—	—
Newfoundland & Labrador	4.0	4.0	1.0	20.0	—	12.0	12.0	4.0	1.0
Canada	4.4	4.2	4.6	10.8	11.5	11.5	3.9	4.0	3.7

3.9 weeks this year. Residents of British Columbia, Quebec, and Prince Edward Island face the shortest waits for an EEG (3.0 weeks), while residents of Newfoundland & Labrador wait longest (12.0 weeks). [2]

Conclusion

The information documented here suggests that patients seeking mental health treatment are likely to be disappointed with their access. With a waiting time of 19.4 weeks from referral by a general practitioner to elective treatment, and with wait times from meeting with a specialist to elective treatment that are 152% longer than specialists feel is appropriate, it is clear that many patients in need of psychiatric attention are facing the effects of rationing in our health-care system.

2. For comparison, the overall Canadian median waiting time for CT scans was 4.1 weeks in the traditional twelve specialties and 4.4 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 1.0 weeks across nine provinces. The overall Canadian median waiting time for MRIs in the psychiatry survey was 10.8 weeks, the same as the wait for the other twelve specialties. The mean absolute difference in this case, however, was 4.9 weeks.

Appendix C: The Fraser Institute National Waiting List Survey questionnaire (2014)

General Surgery

Please circle the province in which your office is located:

AB BC MB NB NL NS NT NU ON PE QC SK YT

1. From today, how long (in weeks) would a new patient have to wait for a routine office consultation with you? _____ week(s)

2. Do you restrict the number of patients waiting to see you in any manner? (i.e. Do you accept referrals only at certain times of the year?)

☐ Yes ☐ No

3. Over the past 12 months, what percentage of the surgical procedures you performed were done on a day surgery basis? _____ %

4. From today, how long (in weeks) would a new patient have to wait for the following types of elective surgery or diagnostic procedures? What would you consider to be a clinically reasonable waiting time for these types of surgery and procedures?

Surgery or procedure	Number of weeks to wait	Reasonable number of weeks to wait
Hernia repair (all types) / hydrocele		
Cholecystectomy		
Colonoscopy (diagnosis)		
Incision, excision, anastomosis of intestine and other operations on intestine		
Hemorrhoidectomy / other anal surgery		
Breast biopsy		
Mastectomy / segmental resection		
Operations on bronchus and lung		
Incidentally discovered and unruptured aneurysms		
Varicose vein surgery		

5. Has the length of your waiting lists changed since last year at this time?

☐ Increased ☐ Decreased ☐ Remained the Same

6. If the length of your waiting lists has changed, what are the major reasons for the change? (Check all which may be applicable.)

- ☐ Availability of O/R nurses
☐ Availability of other technical staff
☐ Availability of beds
☐ Availability of O/R time
☐ Change in patient load
☐ Availability of ancillary investigations or consultations (i.e. MRI, CT scans)
☐ Other

7. What percentage of your patients currently waiting for surgery are on a waiting list primarily because they requested a delay or postponement? _____ %

8. What percentage of your patients currently waiting for surgery do you think would agree to having their procedure performed tomorrow if an opening arose?
_____ %

9. To the best of your knowledge, what percentage of your patients that are listed on hospital waiting lists might also be listed by other physicians for the same procedure?
_____ %

10. Do you use the following types of diagnostic tests? If so, how long (in weeks) would a new patient have to wait for these tests?

Do you use the diagnostic test?	Yes	No	Infrequently	Number of weeks patients wait
CT Scan				
MRI				
Ultrasound				

11. Approximately what percentage of your patients inquired in the past 12 months about the availability of medical services:

In another province? _____ % Outside of Canada? _____ %

12. Approximately what percentage of your patients received non-emergency medical treatment in the past 12 months:

In another province? _____ % Outside of Canada? _____ %

Thank you very much for your assistance.

Appendix D: The Fraser Institute Annual Study of Wait Times for Health Care in Canada (2017)

General Surgery

In which province is your office is located? _____

1. From today, how long (in weeks) would a new patient have to wait for a routine office consultation with you? _____ week(s)
2. From today, how long (in weeks) would a new patient have to wait for the following types of elective surgery or diagnostic procedures? What would you consider to be a clinically reasonable waiting time for these types of surgery and procedures?

Surgery or procedure	Number of weeks to wait	Reasonable number of weeks to wait
Hernia repair (all types) / hydrocele		
Cholecystectomy		
Colonoscopy (diagnosis)		
Incision, excision, anastomosis of intestine and other operations on intestine		
Hemorrhoidectomy / other anal surgery		
Breast biopsy		
Mastectomy / segmental resection		
Operations on bronchus and lung		
Incidentally discovered and unruptured aneurysms		
Varicose vein surgery		

3. What percentage of your patients currently waiting for surgery are on a waiting list primarily because *they* requested a delay or postponement? _____ %
4. What percentage of your patients currently waiting for surgery do you think would agree to having their procedure performed tomorrow if an opening arose? _____ %
5. How long (in weeks) would a new patient have to wait for these tests?
CT scan _____ weeks MRI _____ weeks Ultrasound _____ weeks
6. Approximately what percentage of your patients received non-emergency medical treatment in the past 12 months: In another province? ____ % Outside Canada? ____ %

Thank you very much for your assistance.

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About the Author

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Bacchus Barua is the Associate Director of the Fraser Institute's Centre for Health Policy Studies. He completed his B.A. (Honours) in Economics at the University of Delhi (Ramjas College) and received an M.A. in Economics from Simon Fraser University. Mr Barua has conducted research on a range of key health-care topics including hospital performance, access to new pharmaceuticals, the sustainability of health-care spending, and international comparisons of health-care systems. He also designed the *Provincial Healthcare Index* (2013) and is the lead author of *The Effect of Wait Times on Mortality in Canada*, and *Waiting Your Turn: Wait Times for Health Care in Canada* (2010–2016). Mr. Barua is a frequent commentator on radio and television, and his articles have appeared in well-known news outlets including the *National Post*, *Financial Post*, *Vancouver Sun*, *Toronto Sun*, *Ottawa Citizen*, and *forbes.com*.



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Any remaining errors or oversights are the sole responsibility of the author. As the researcher has worked independently, the views and conclusions expressed in this paper do not necessarily reflect those of the Board of Directors of the Fraser Institute, the staff, or supporters.

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