FRASER INSTITUTE

Waiting Your Turn

Wait Times for Health Care in Canada, 2019 Report

Bacchus Barua and Mackenzie Moir

Waiting Your Turn

Wait Times for Health Care in Canada, 2019 Report

by Bacchus Barua and Mackenzie Moir

Contents

Executive summary

Waiting for treatment has become a defining characteristic of Canadian health care. In order to document the 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 20.9 weeks between referral from a general practitioner and receipt of treatment—longer than the wait of 19.8 weeks reported in 2018. This year's wait time is just shy of the longest wait time recorded in this survey's history (21.2 weeks in 2017) and is 124% 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—16.0 weeks—while Prince Edward Island reports the longest—49.3 weeks. There is also a great deal of variation among specialties. Patients wait longest between a GP referral and orthopaedic surgery (39.1 weeks), while those waiting for medical oncology begin treatment in 4.4 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 8.7 weeks in 2018 to 10.1 weeks in 2019. This wait time is 173% longer than in 1993, when it was 3.7 weeks. The shortest waits for specialist consultations are in Quebec (7.2 weeks) while the longest occur in Prince Edward Island (28.8 weeks).

2 **From the consultation with a specialist to the point at which the patient receives treatment.** The waiting time in this segment decreased from 11.0 weeks in 2018 to 10.8 weeks this year. This wait time is 92% longer than in 1993 when it was 5.6 weeks, and about three and one-half weeks longer than what physicians consider to be clinically "reasonable" (7.2 weeks). The shortest specialist-to-treatment waits are found in Ontario (8.0 weeks), while the longest are in Prince Edward Island (20.5 weeks).

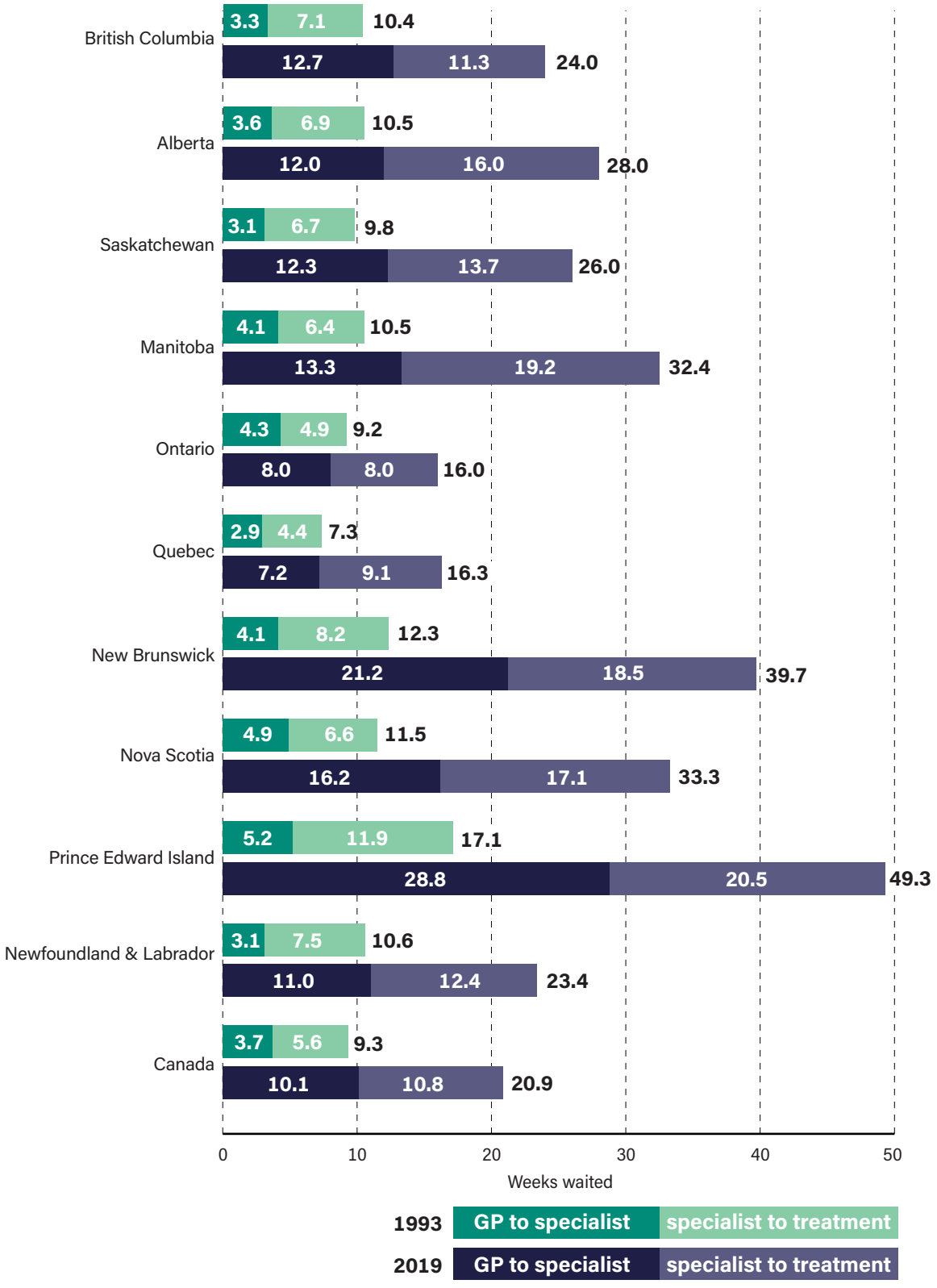
It is estimated that, across the 10 provinces, the total number of procedures for which people are waiting in 2019 is 1,062,286. This means that, assuming that each person waits for only one procedure, 2.9% of Canadians are waiting for treatment in 2019. The proportion of the population waiting for treatment varies from a low of 1.7% in Quebec to a high of 5.8% in Nova Scotia. It is important to note that physicians report that only about 12.1% 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 4.8 weeks for a computed tomography (CT) scan, 9.3 weeks for a magnetic resonance imaging (MRI) scan, and 3.4 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 2019



Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

This publication has four series of illustrations and tabular material.

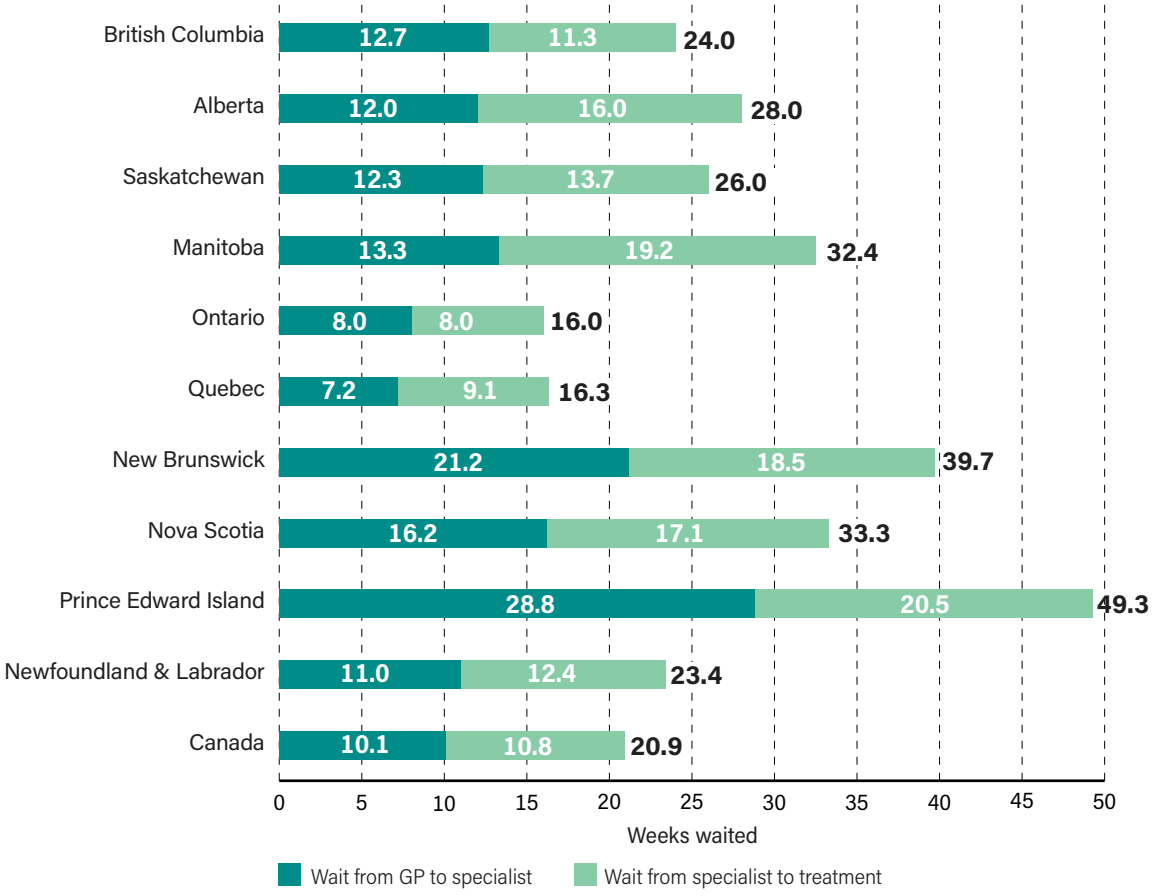
- Charts, which may be graphs or tables, will be found in the main text, pp. 1–17.
- Graphs will be found in "Selected graphs", pp. 18–32.
- Tables will be found in "Selected tables", pp. 33–57.
- "Appendix B: Psychiatry Waiting List Survey, 2018 Report", pp. 59–66, has tables and a graph labeled "B1" and so on.

Findings

Total wait times

The Fraser Institute's twenty-ninth annual waiting list survey finds that wait times [1] for surgical and other therapeutic treatments increased in 2019 (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

Chart 1: Median wait by province in 2019—weeks waited from referral by GP to treatment



Note: Totals may not equal the sum of subtotals due to rounding.
Source: The Fraser Institute's national waiting list survey, 2019.

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

surveyed, has risen from 19.8 weeks in 2018 to 20.9 weeks in 2019. This year's wait time is 124% longer than in 1993, when it was just 9.3 weeks. The retrogression of wait-times nationwide relative to last year reflects increases in nearly every province that masked decreases in New Brunswick and Nova Scotia.

Ontario reports the shortest total wait in 2019 (16.0 weeks), followed by Quebec (16.3 weeks) and Newfoundland & Labrador (23.4 weeks). Prince Edward Island has the longest total wait at 49.3 weeks; New Brunswick (39.7 weeks) and Nova Scotia (33.3 weeks) were slightly better.

Wait time by segment

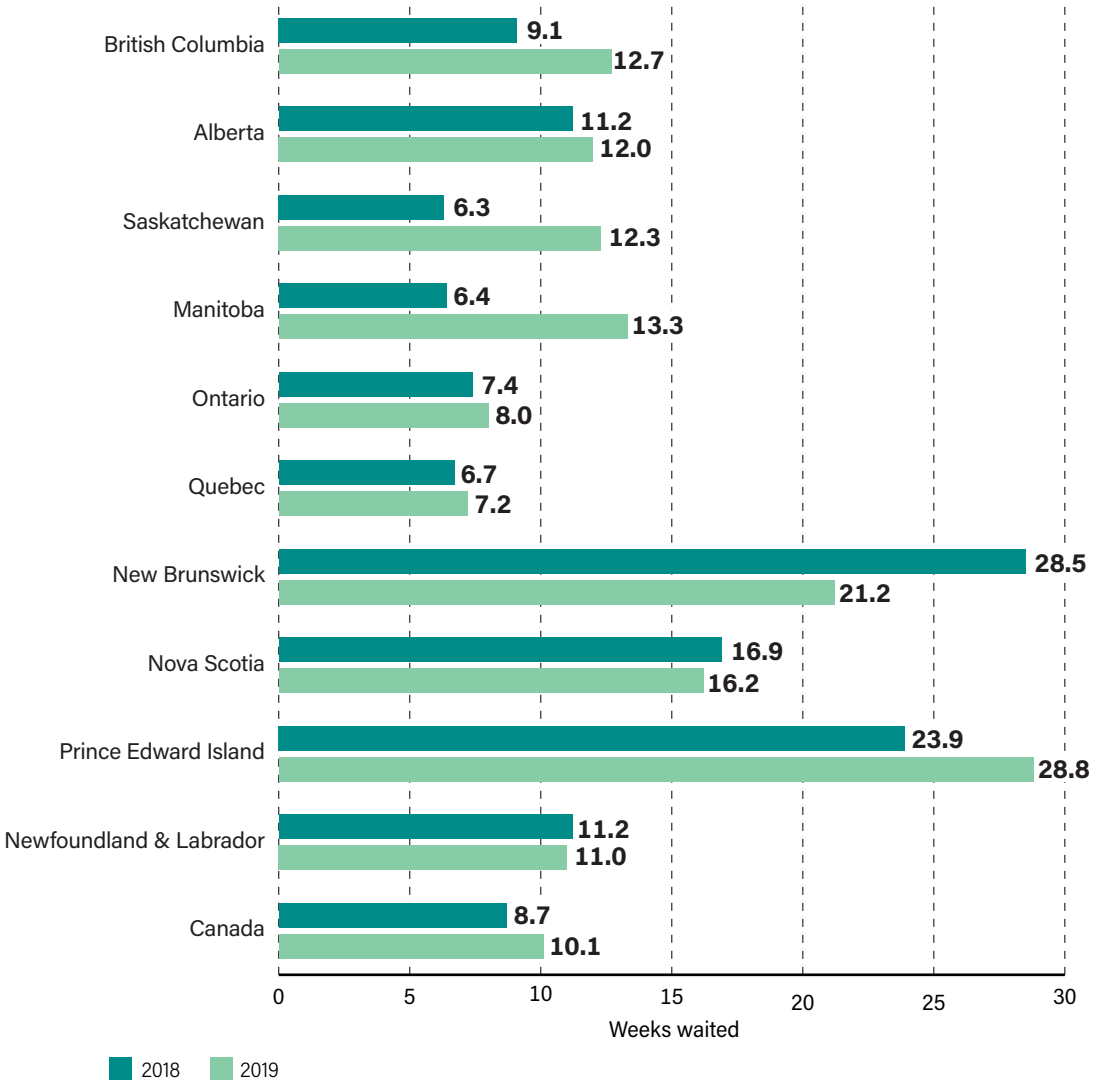
Total wait time can be examined in two consecutive segments:

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 from 2018 to 2019 is the result of an increase in the first segment. The waiting time in the first segment—from referral by a general practitioner to consultation with a specialist—has risen from 8.7 weeks in 2018 to 10.1 weeks in 2019. This wait time is 173% longer than in 1993, when it was 3.7 weeks (graph 1; graph 2). The waiting time to see a specialist increased in seven provinces since 2018, but decreased in New Brunswick, Nova Scotia, and Newfoundland & Labrador (chart 2). The shortest waits for specialist consultations are in Quebec (7.2 weeks), Ontario (8.0 weeks), and Newfoundland & Labrador (11.0 weeks). The longest waits for specialist consultations are found in Prince Edward Island (28.8 weeks), New Brunswick (21.2), and Nova Scotia (16.2 weeks) (table 3).

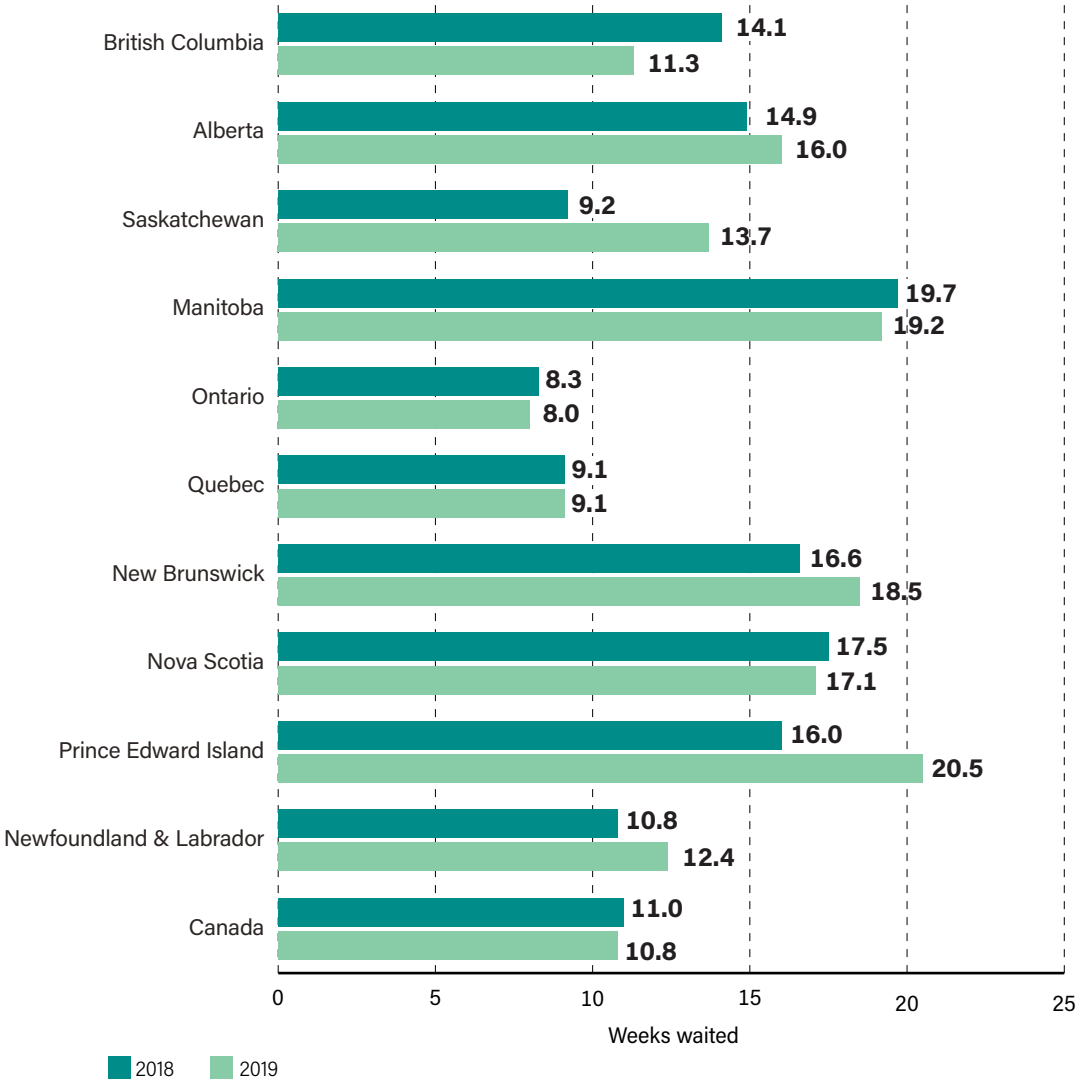
The waiting time in the second segment—from consultation with a specialist to the point at which the patient receives treatment—has dropped slightly from 11.0 weeks in 2018 to 10.8 weeks in 2019 (chart 3). This portion of waiting is 92% longer than in 1993 when it was 5.6 weeks (graph 3; graph 4). Waiting times from specialist consultation to treatment have increased in five provinces but have decreased in British Columbia, Manitoba, Ontario, and Nova Scotia, and remained unchanged in Quebec. The shortest specialist-to-treatment waits are found in Ontario (8.0 weeks), Quebec (9.1 weeks), and British Columbia (11.3 weeks), while the longest are in Prince Edward Island (20.5 weeks), Manitoba (19.2 weeks), and New Brunswick (18.5 weeks) (table 4).

Chart 2: Wait by province in 2018 and 2019—weeks waited from referral by GP to appointment with specialist



Source: The Fraser Institute's national waiting list survey, 2018, 2019.

Chart 3: Wait by province in 2018 and 2019—weeks waited from appointment with specialist to treatment

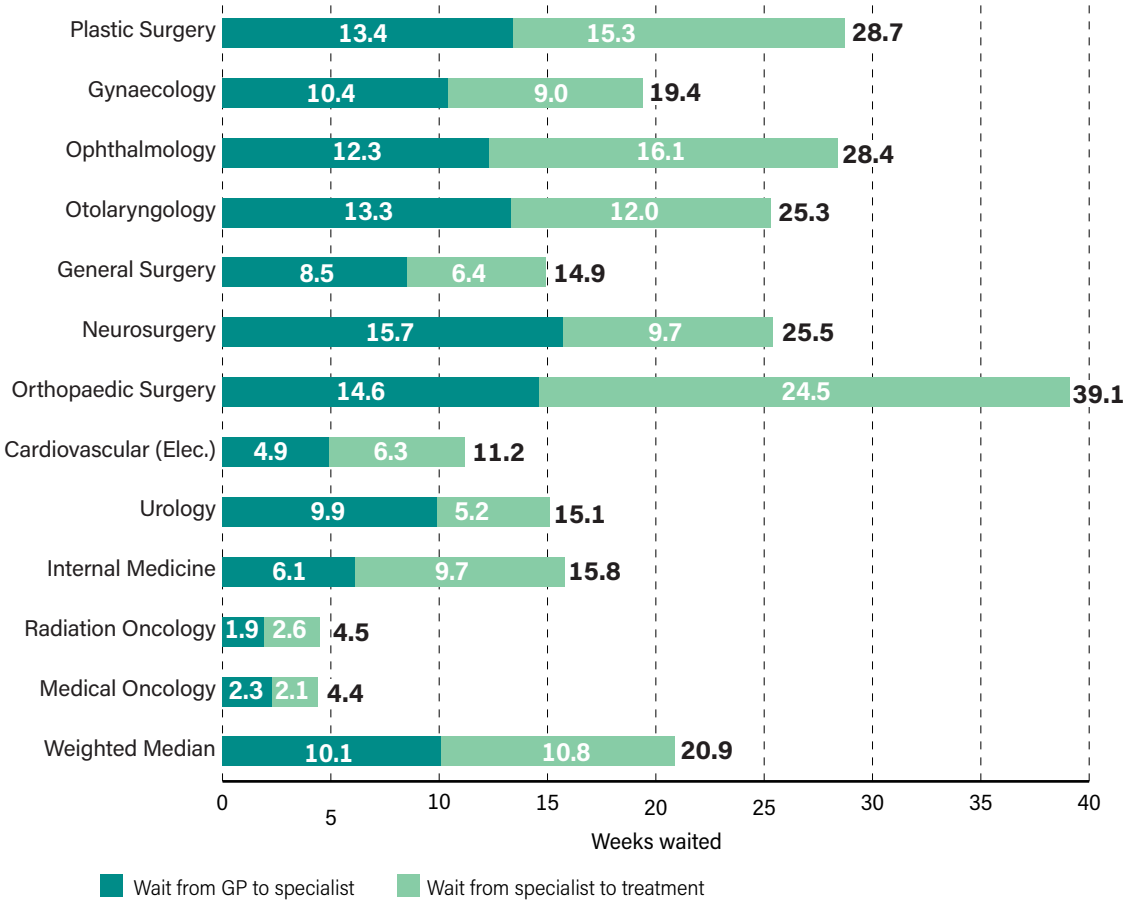


Source: The Fraser Institute's national waiting list survey, 2018, 2019.

Waiting by specialty

Among the various specialties, the shortest total waits exist for medical oncology (4.4 weeks), radiation oncology (4.5 weeks), and elective cardiovascular surgery (11.2 weeks). Conversely, patients wait longest between a referral by a GP and orthopaedic surgery (39.1 weeks), plastic surgery (28.7 weeks), and ophthalmology (28.4 weeks) (table 2; chart 4). The largest increases in waits between 2018 and 2019 have been for otolaryngology (+3.0 weeks), internal medicine (+2.5 weeks), and general surgery (+2.0 weeks). Such increases are partially offset by decreases in wait times for patients receiving treatment in fields like gynecology (−1.5 weeks), neurosurgery (−0.8 weeks), and urology (−0.2 weeks).

Chart 4: Median wait by specialty in 2019—weeks waited from referral by GP to treatment



Note: Totals may not equal the sum of subtotals because of rounding.
Source: The Fraser Institute's national waiting list survey, 2019.

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 (1.9 weeks), medical oncology (2.3 weeks), and cardiovascular surgery (4.9 weeks). The longest waits are for neurosurgery (15.7 weeks), orthopaedic surgery (14.6 weeks), and plastic surgery (13.4 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 urgent cardiovascular surgery (1.1 weeks), medical oncology (2.1 weeks), and radiation oncology (2.6 weeks). They wait longest for orthopaedic surgery (24.5 weeks), ophthalmology (16.1 weeks), and plastic surgery (15.3 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

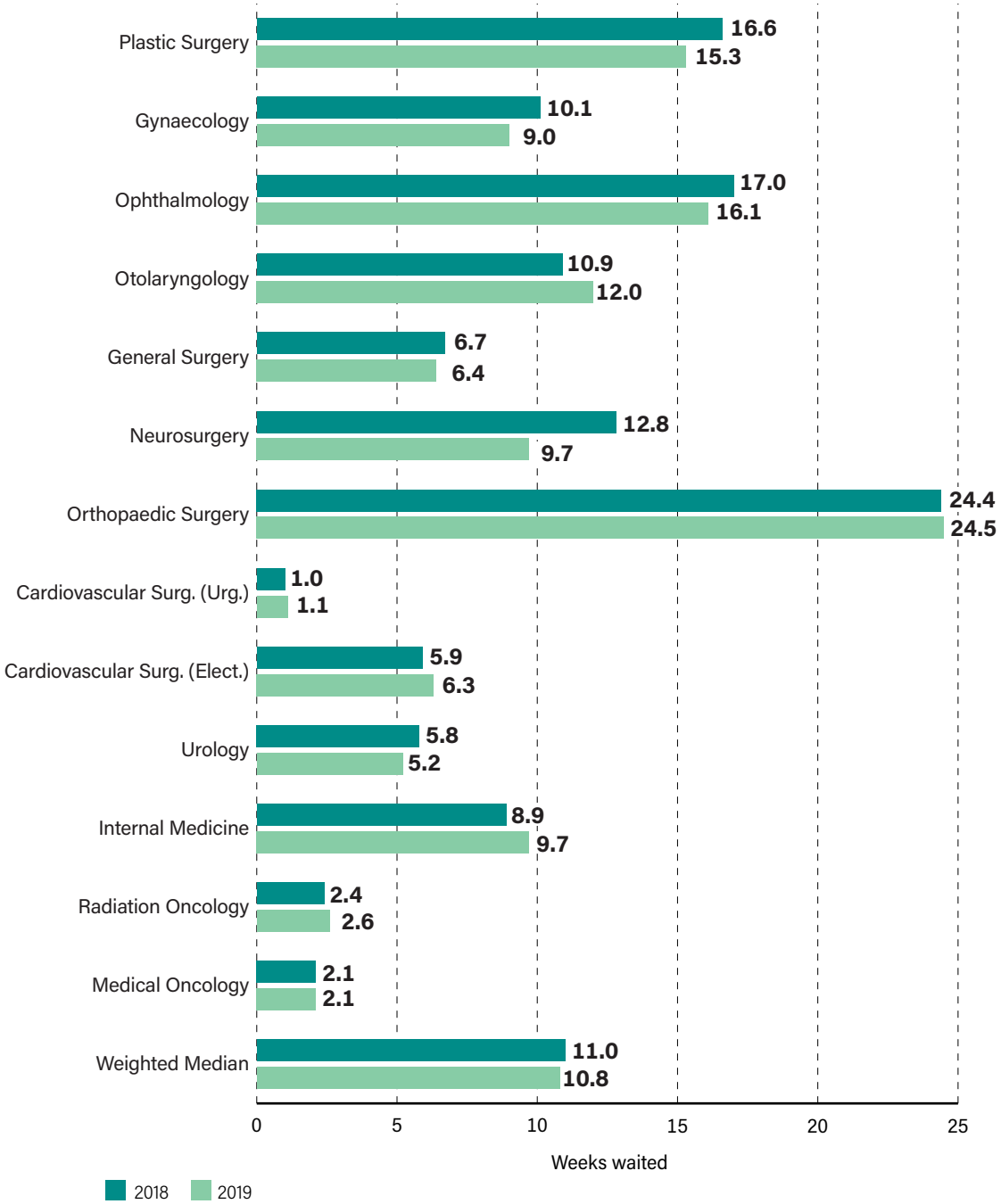
Specialists are also surveyed as to what they regard as clinically "reasonable" waiting times in the second segment covering the time spent from specialist consultation to delivery of treatment. Out of the 110 categories (some comparisons were precluded by missing data), actual waiting time (table 4) exceeds reasonable waiting time (table 8) in 77% of the comparisons. Averaged across all specialties, Quebec and Ontario have come closest to meeting the standard of "reasonable" wait times. However, their actual second-segment waits exceed the corresponding "reasonable" values by substantial percentages, 28% and 37%, respectively. It should be noted, however, that physicians in Quebec and Ontario reported relatively more stringent standards as to what was "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 10.6 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.

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 4.8 weeks in 2019 from 4.3 weeks in 2018. Saskatchewan has the shortest wait for a CT scan (2.5 weeks), while the longest waits occur in Alberta (7.0 weeks). The wait for a magnetic

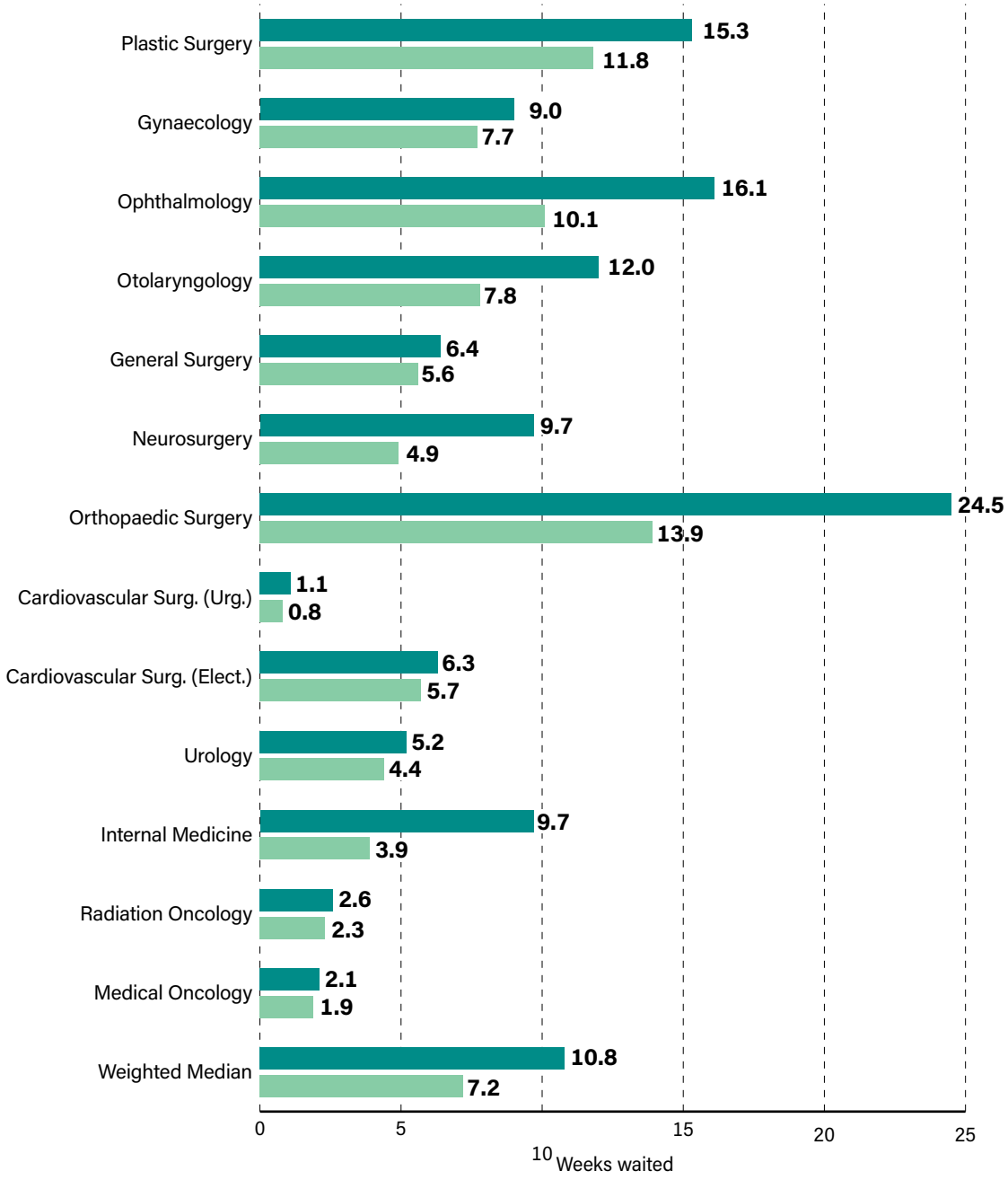
2. The greatest proportional difference for a specialty is in Internal Medicine, where the actual waiting time exceeds the corresponding reasonable value by 148%.

Chart 5: Wait by specialty in 2018 and 2019—weeks waited from appointment with specialist to treatment



Source: The Fraser Institute's national waiting list survey, 2018, 2019.

Chart 6: Median actual wait compared to median clinically reasonable wait, by specialty, in Canada in 2019—weeks waited from appointment with specialist to treatment



Source: The Fraser Institute's national waiting list survey, 2019.

resonance imaging (MRI) scan has decreased to 9.3 weeks in 2019 from 10.6 weeks in 2018. Patients in Saskatchewan face the shortest wait for an MRI (6.0 weeks), while residents of Prince Edward Island wait longest (18.0 weeks). Finally, the wait for an ultrasound decreased in 2019 to 3.4 weeks from 3.9 weeks in 2018. Alberta, Saskatchewan, and Ontario have the shortest wait for an ultrasound (2.0 weeks), while Nova Scotia has the longest: 10.0 weeks (chart 7).

Chart 7: Waiting for technology: weeks waited to receive selected diagnostic tests in 2019, 2018, and 2017

	CT-Scan			MRI			Ultrasound		
	2019	2018	2017	2019	2018	2017	2019	2018	2017
British Columbia	6.5	6.0	6.0	12.0	20.0	24.0	4.0	4.0	5.0
Alberta	7.0	6.0	6.0	15.0	16.0	16.0	2.0	2.0	2.0
Saskatchewan	2.5	2.8	3.0	6.0	11.0	12.0	2.0	1.1	2.0
Manitoba	4.5	5.0	5.0	10.0	12.0	13.0	5.0	6.3	5.0
Ontario	4.0	3.5	3.0	7.0	6.0	6.0	2.0	2.0	2.0
Quebec	4.0	4.0	4.0	8.0	10.5	10.0	5.0	8.0	8.0
New Brunswick	6.0	6.0	4.0	10.0	12.0	8.0	7.0	8.0	6.0
Nova Scotia	5.0	4.0	6.0	16.0	18.0	9.0	10.0	8.0	8.0
Prince Edward Island	5.0	3.0	4.0	18.0	8.0	24.0	5.0	3.5	6.0
Newfoundland & Labrador	4.0	5.0	4.0	7.0	10.0	7.0	6.0	10.5	5.9
Canada	4.8	4.3	4.1	9.3	10.6	10.8	3.4	3.9	3.9

Source: The Fraser Institute's national waiting list survey, 2019.

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 2019 is 1,064,286 (table 12; table 14 presents the numbers for the provinces on a population-adjusted basis), a decrease of 1.7% from the estimated 1,082,541 procedures in 2018. The estimated number of procedures for which people are waiting decreased in five provinces but increased in Alberta, Saskatchewan, New Brunswick, Prince Edward Island, and Newfoundland & Labrador. Assuming that each person waits for only one procedure, 2.9% of Canadians are waiting for treatment in 2019, which varies from a low of 1.7% of the population in Quebec to a high of 5.85% 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 9 and April 26, 2019. 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 17% (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 2015 to 2018, 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

4. Deloitte Touche Tohmatsu Limited provided mailing lists, drawn from the Canadian Medical Association's membership rolls. Unlike lists of past years, this year's list included doctors with multiple specialties, many of which are outside the purview of the 12 specialties the *Waiting Your Turn* questionnaire is designed for. In order to stay consistent with previous surveys, we include only doctors associated exclusively with the 12 specialties for which the *Waiting Your Turn* questionnaire is designed. For instances where doctors in this year's list were associated with more than one of the 12 specialties included in our survey design, the unique specialty they were associated with previously was used. 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.

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).

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 the Canadian Institute for Health Information's 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 from the Canadian Cancer Society's Advisory Committee on Cancer Statistics (2019) as well as, for 2017/18, from the Discharge Abstract Database (DAD) (CIHI, 2019a), the National Ambulatory Care Reporting System (NACRS) (CIHI, 2019b), and the Hospital Morbidity Database (HMDB) (CIHI, 2019c) 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.

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 authors recommend particular caution this year when interpreting the wait times for treatment in Saskatchewan and Prince Edward Island*.

Comparisons of Data from Other Sources

Estimates of wait times measured by provincial governments

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.

1. 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, many 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.

2. 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).

3. 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.

4 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. A previous analysis examined 95 independent waiting-time estimates comparable with the Fraser Institute's figures. In 59 of the 95 cases, the Fraser Institute's figures lay below the comparison values. In only 31 instances did the Institute value exceed the comparison value, and in five cases they were 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* 2019

Procedure (Pan-Canadian Benchmark/ Waiting Your Turn)	Pan-Canadian Benchmark wait time	National Median Wait Time [1] (range of provincial median wait times) in weeks	National Median Reasonable Wait Time (range of provincial reasonable median wait times) in weeks
Radiation Therapy/ Radiation Oncology	within 4 weeks of patients being ready to treat	2.6 (1.6–4.9)	2.3 (1.5–4.0)
Hip Replacements	within 26 weeks	28.6 (18.0–57.0)	14.6 (9.0–24.0)
Knee Replacements	within 26 weeks	28.6 (18.0–57.0)	14.6 (9.0–24.0)
Cataract Surgery	within 16 weeks for patients who are at high risk	18.0 (10.0–58.0)	11.2 (9.0–16.0)
Cardiac Bypass Surgery	Level I within 2 weeks/ Level II within 6 weeks/ Level III within 26 weeks	Emergent: 0.3 (0.0–0.5)/ Urgent: 1.0 (0.5–3.5)/ Elective: 8.6 (3.8–26.0)	Emergent: 0.3 (0.0–0.5)/ Urgent: 1.0 (0.8–1.5)/ Elective: 8.6 (6.0–10.0)

Note 1: These wait times for individual procedures were produced using the same methodology used to produce national median wait times for medical specialties, described above under "Methodology".

Sources: Ontario Ministry of Health and Long Term Care, 2005; and The Fraser Institute's National Waiting List Survey, 2019.

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 2019 *Waiting Your Turn* survey indicates that, at 20.9 weeks, the total waiting time for elective, medically necessary, treatment across the provinces is higher than last year's 19.8-week wait time. This year marks the second-highest overall wait time in the survey's history. 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 Jaccques (2019) estimated the cost of waiting per patient in Canada to be approximately $1,924 in 2018 if only hours during the normal working week were considered "lost", and as much as $5,860 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 1.5% of patients received elective treatment in another country during 2018/19. Physicians also report that only about 12.1% of their patients are on a waiting list because they requested a delay or postponement, and that 43.9% 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".

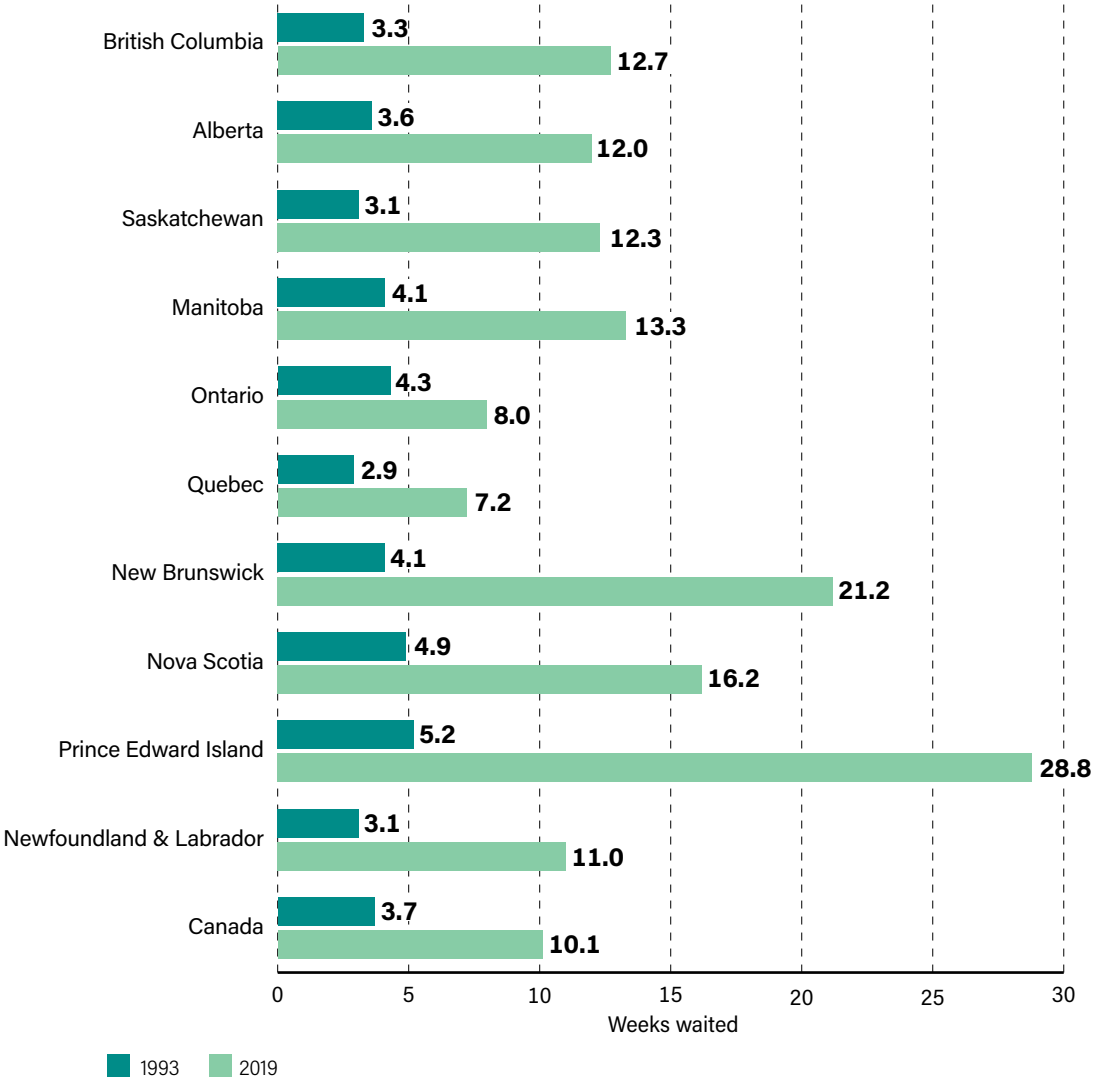
Selected graphs

Graphs 1–6: Median actual waiting times, 1993 and 2019

Graphs 7–8: Median reasonable waiting times, 1994 and 2019

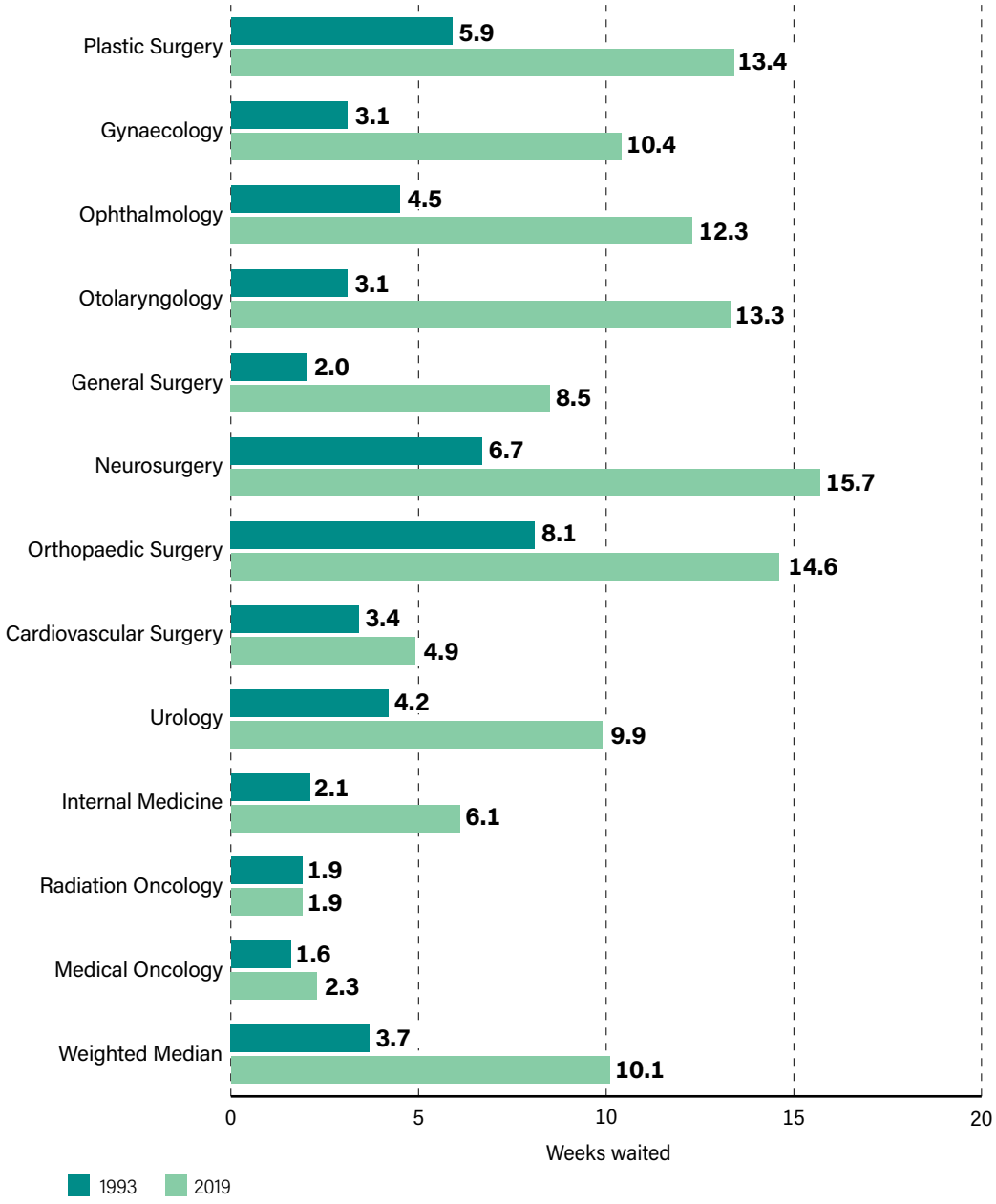
Graphs 9–19: Actual compared to reasonable waiting times, 1994 to 2019, by province

Graph 1: Median wait between referral by GP and appointment with specialist, by province, 1993 and 2019



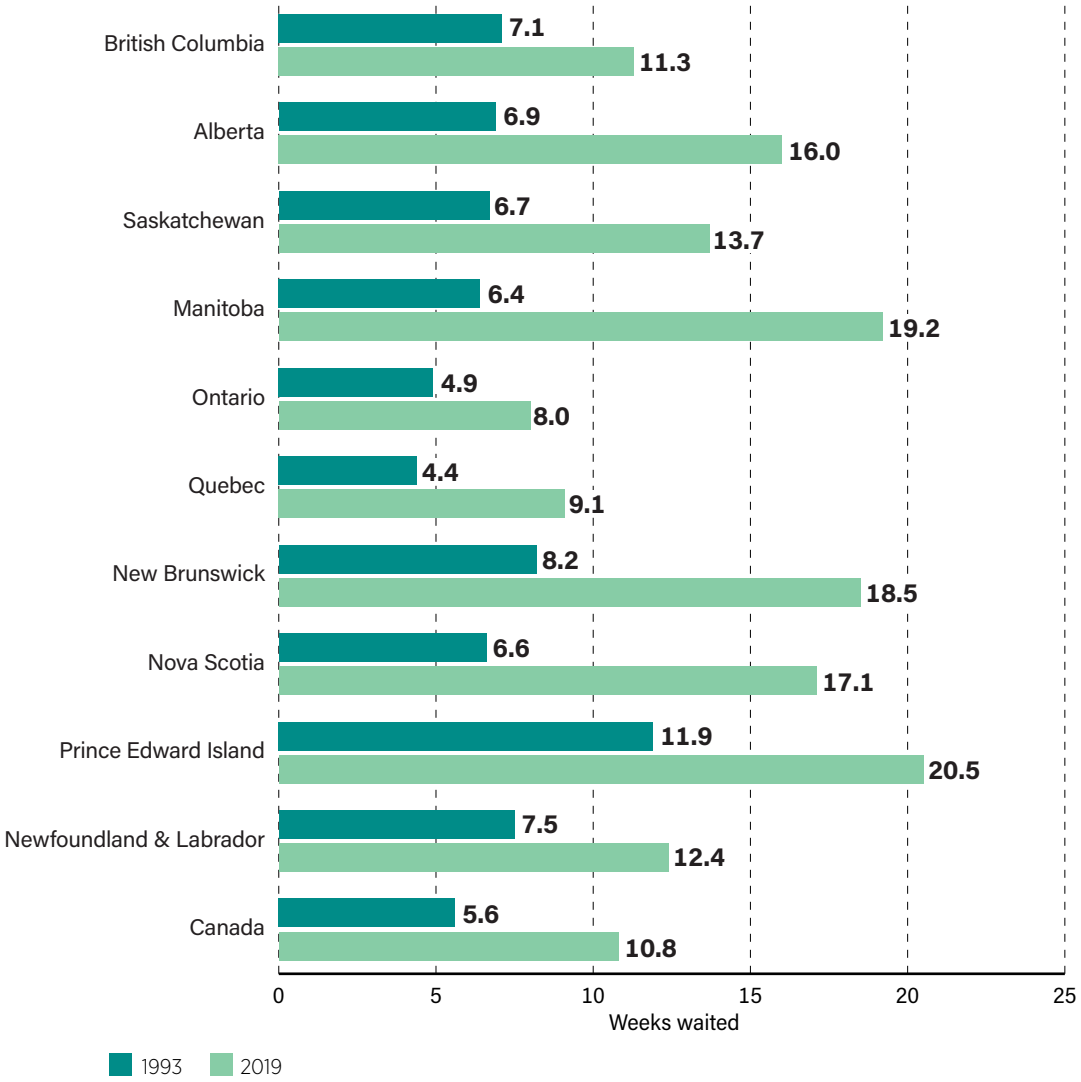
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 2: Median wait between referral by GP and appointment with specialist, by specialty, 1993 and 2019



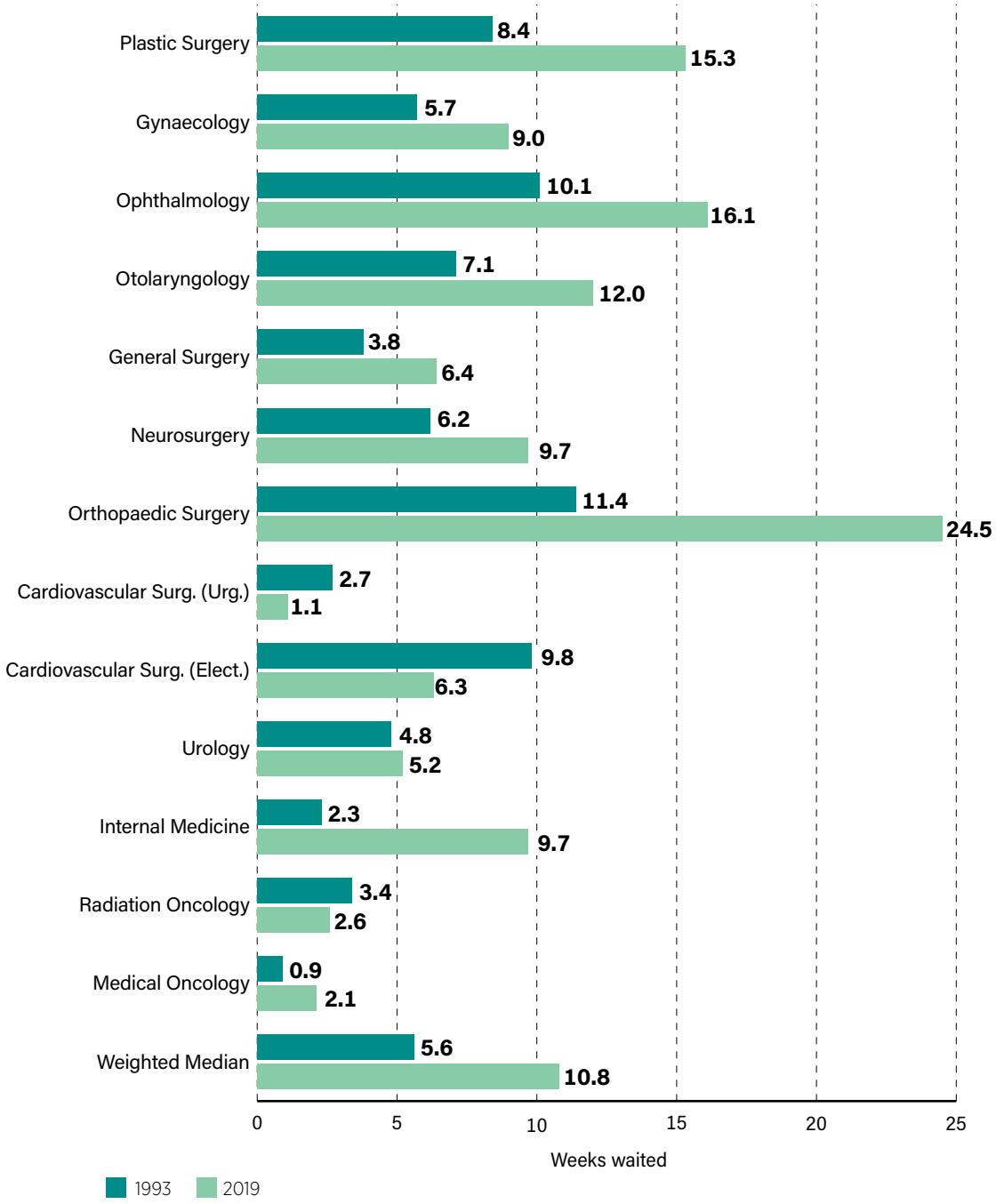
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 3: Median wait between appointment with specialist and treatment, by province, 1993 and 2019



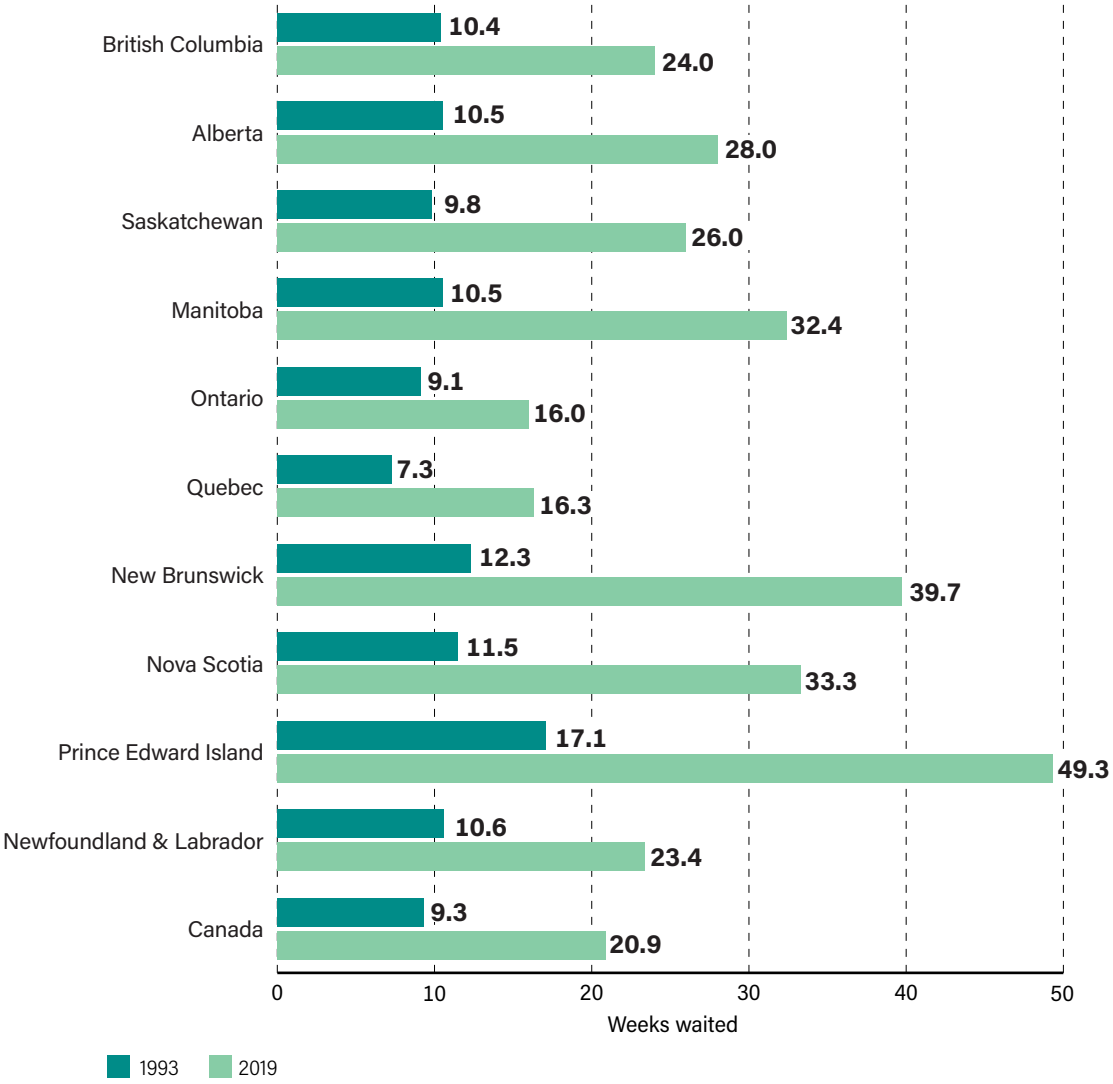
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 4: Median wait between appointment with specialist and treatment, by specialty, 1993 and 2019



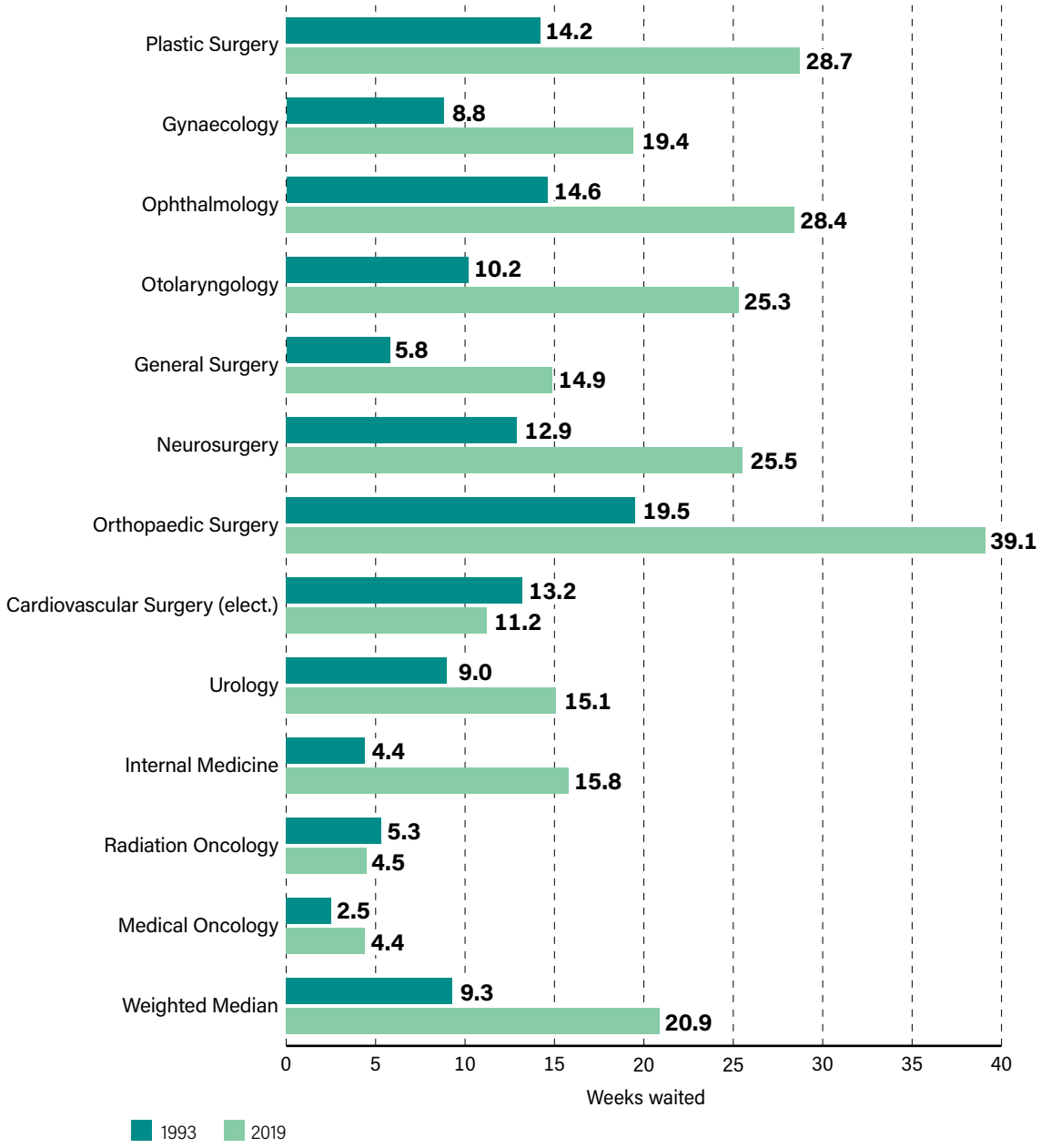
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 5: Median wait between referral by GP and treatment, by province, 1993 and 2019



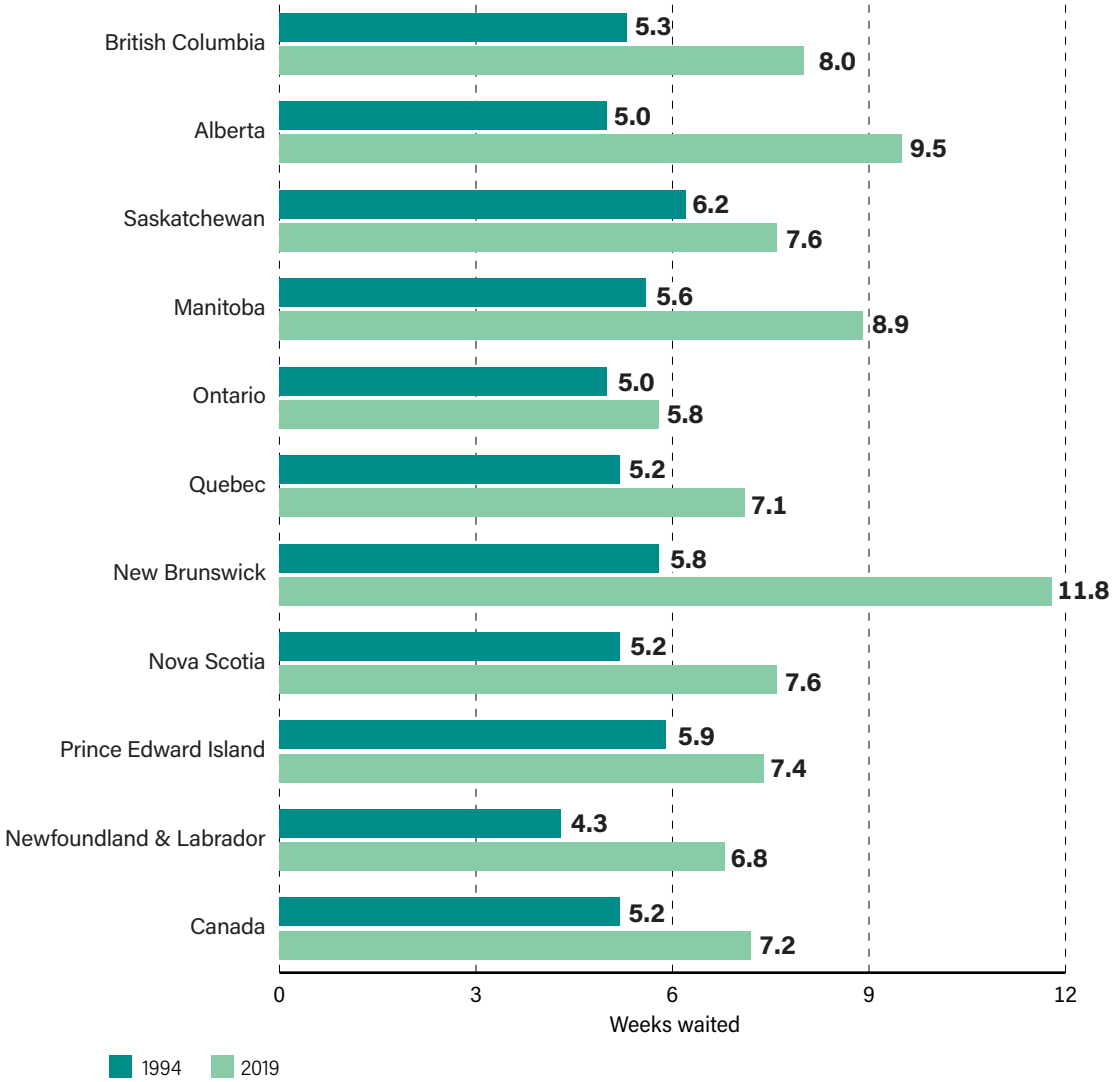
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 6: Median wait between referral by GP and treatment, by specialty, 1993 and 2019



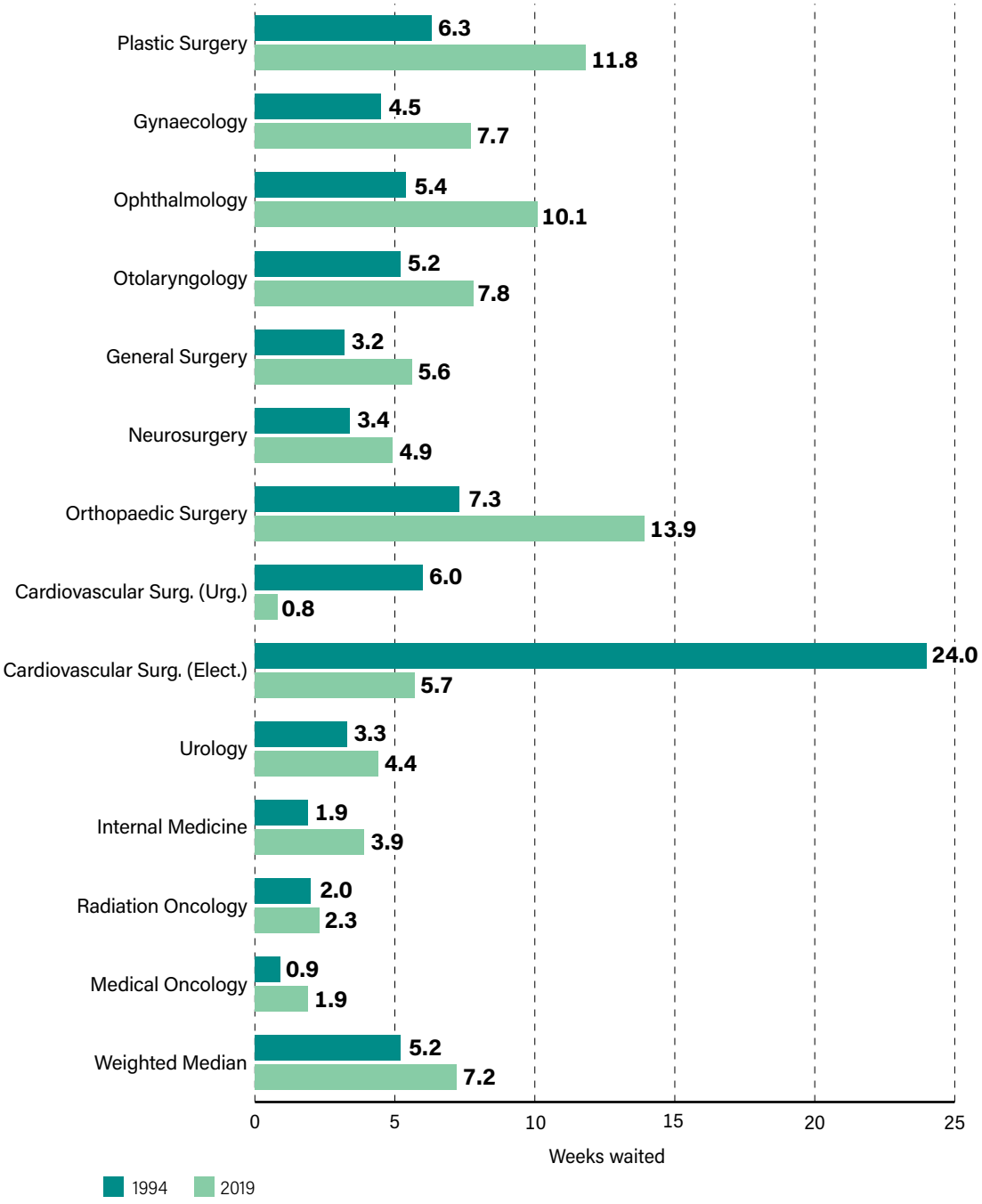
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 7: Median reasonable wait between appointment with specialist and treatment, by province, 1994 and 2019



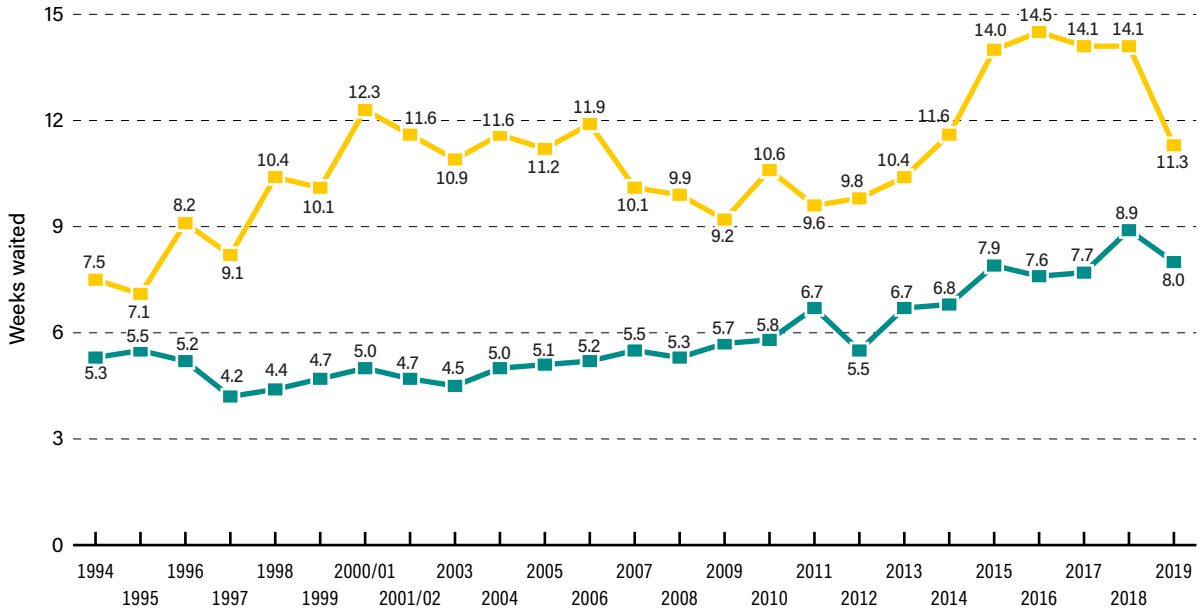
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 8: Median reasonable wait between appointment with specialist and treatment, by specialty, 1994 and 2019



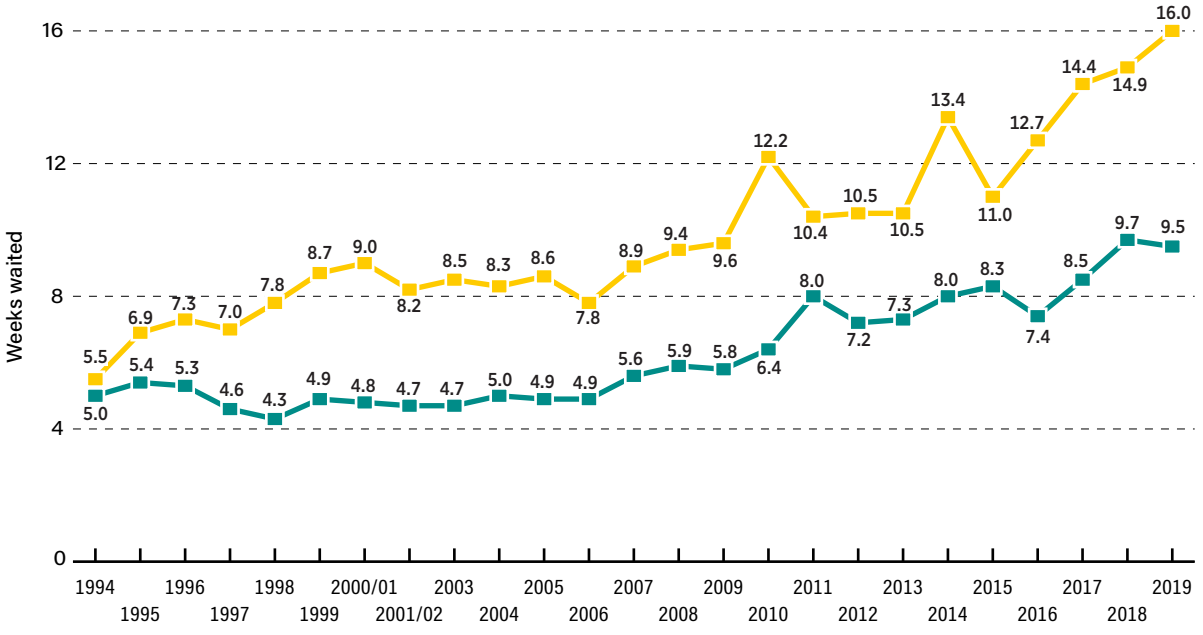
Sources: The Fraser Institute's national waiting list survey, 2019; *Waiting Your Turn*, 1997.

Graph 9: British Columbia—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



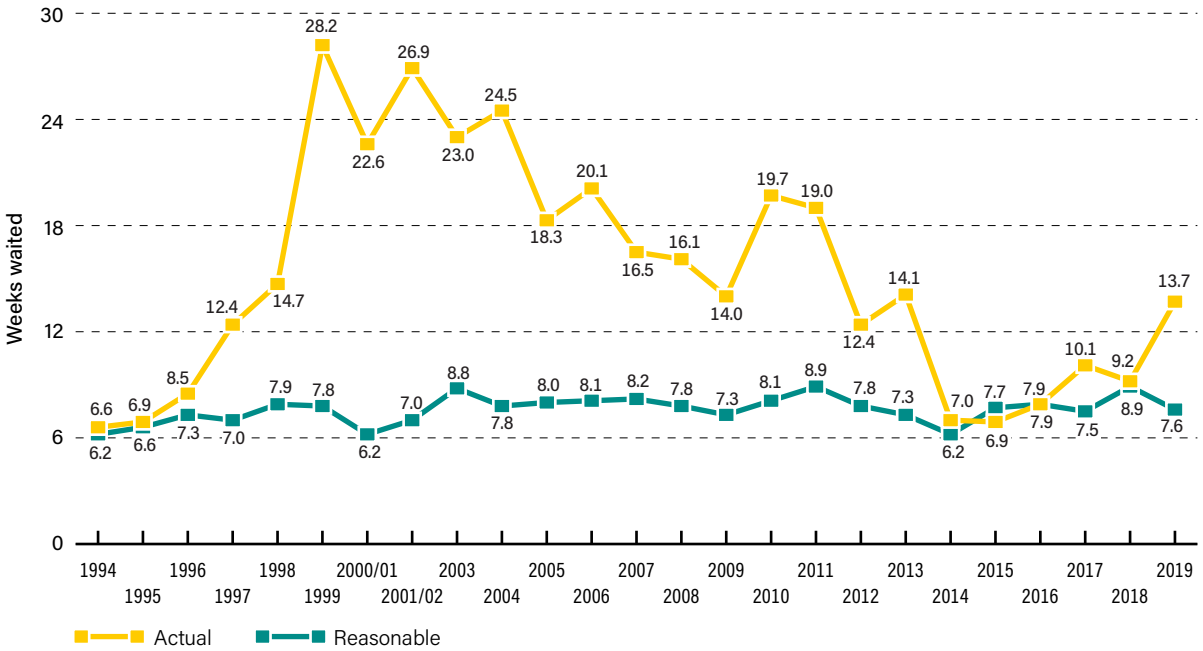
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 10: Alberta—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



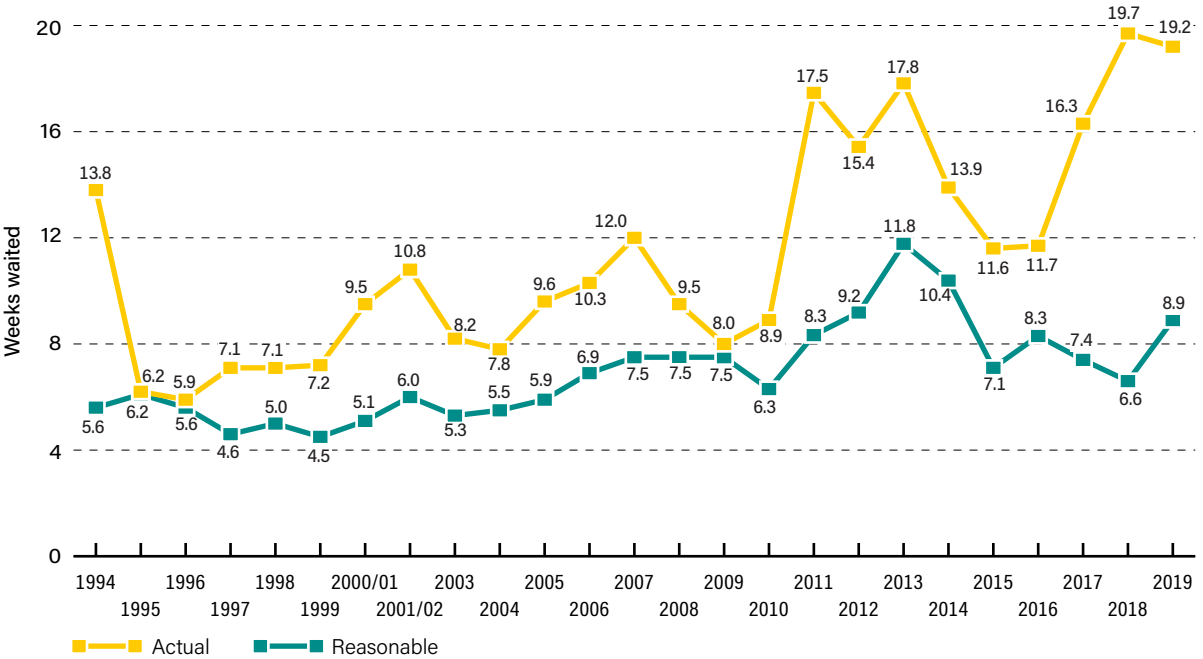
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 11: Saskatchewan—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



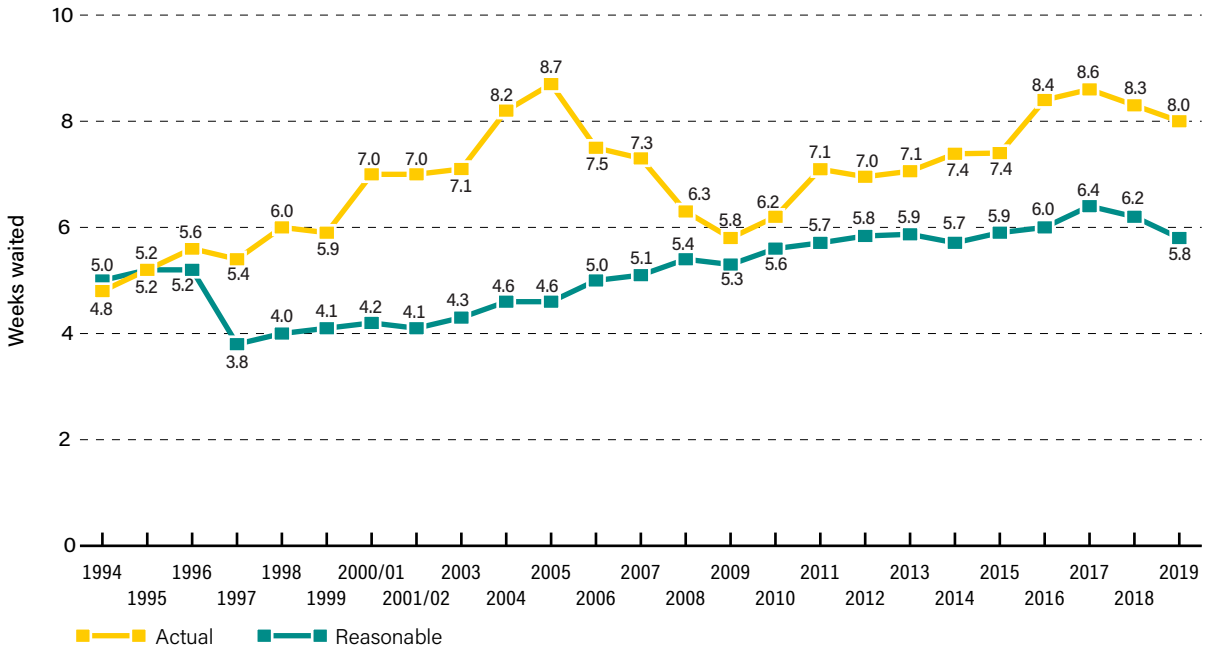
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 12: Manitoba—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



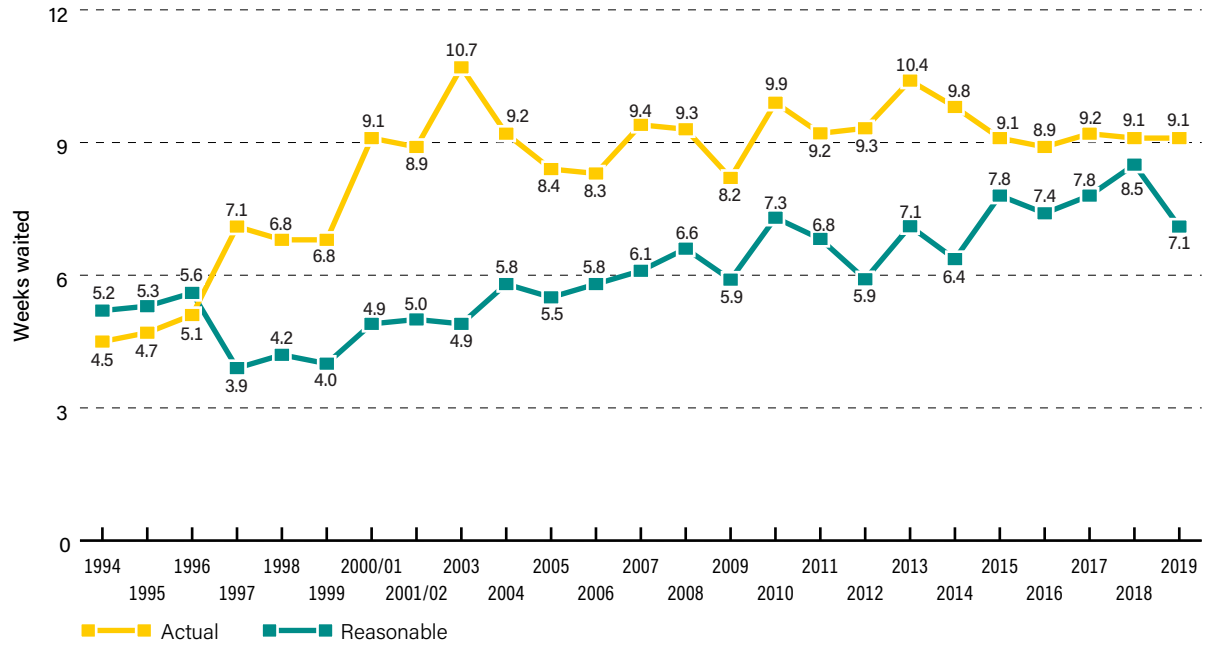
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 13: Ontario—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



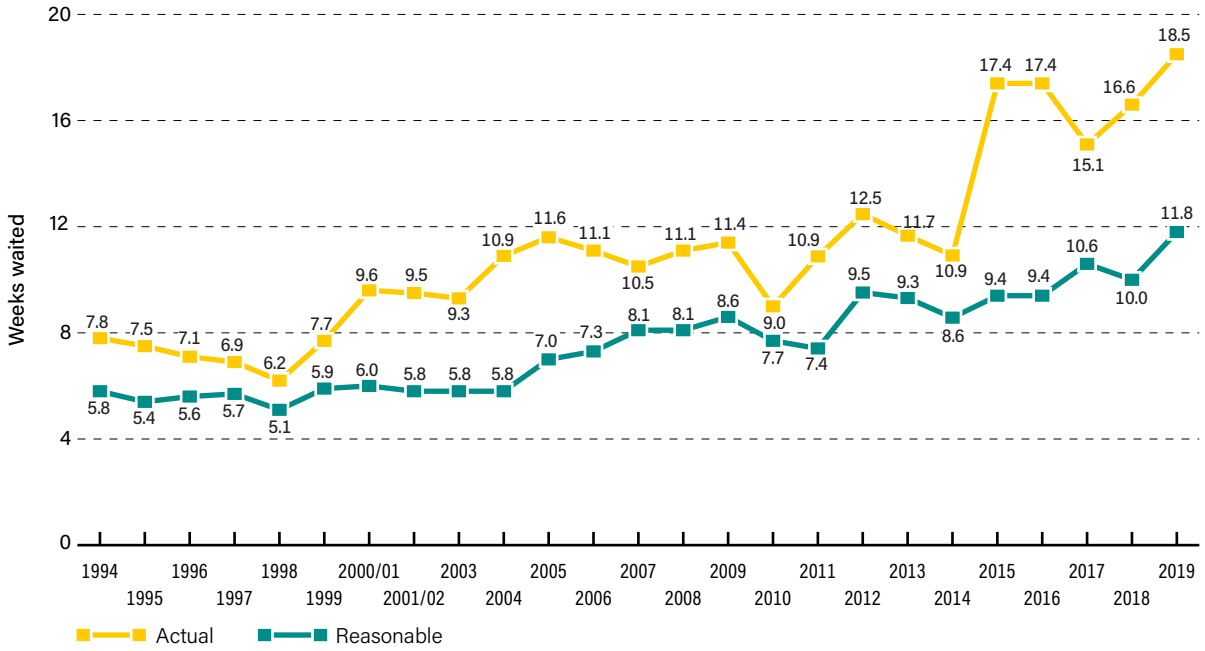
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 14: Quebec—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



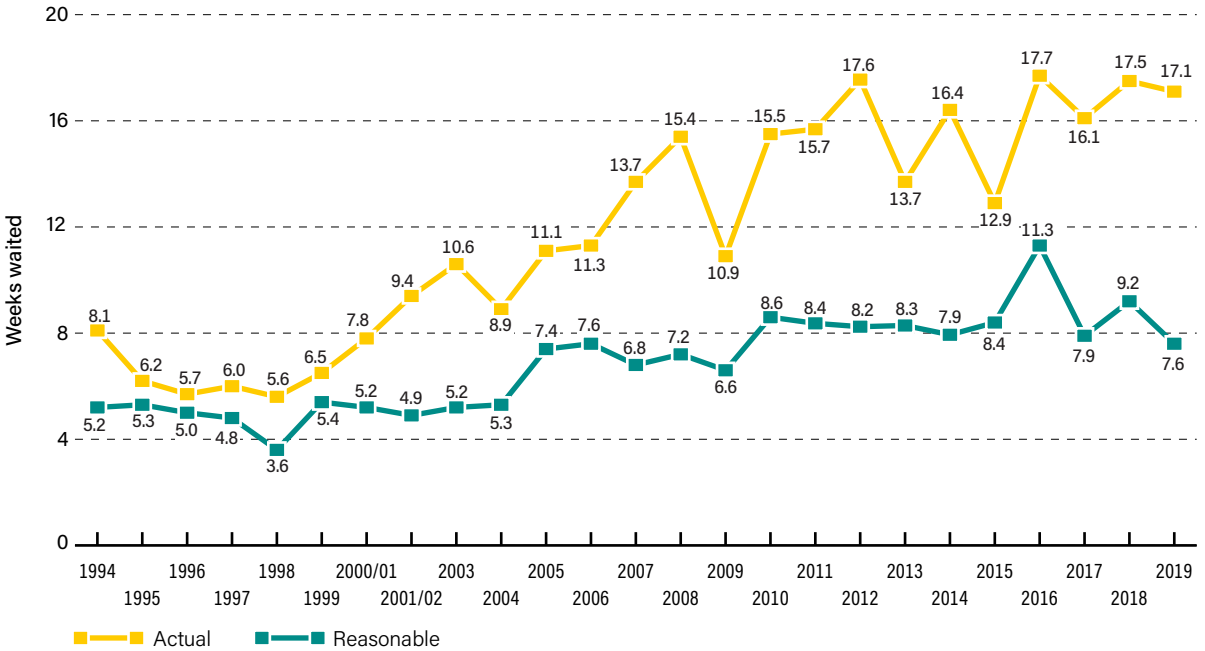
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 15: New Brunswick—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



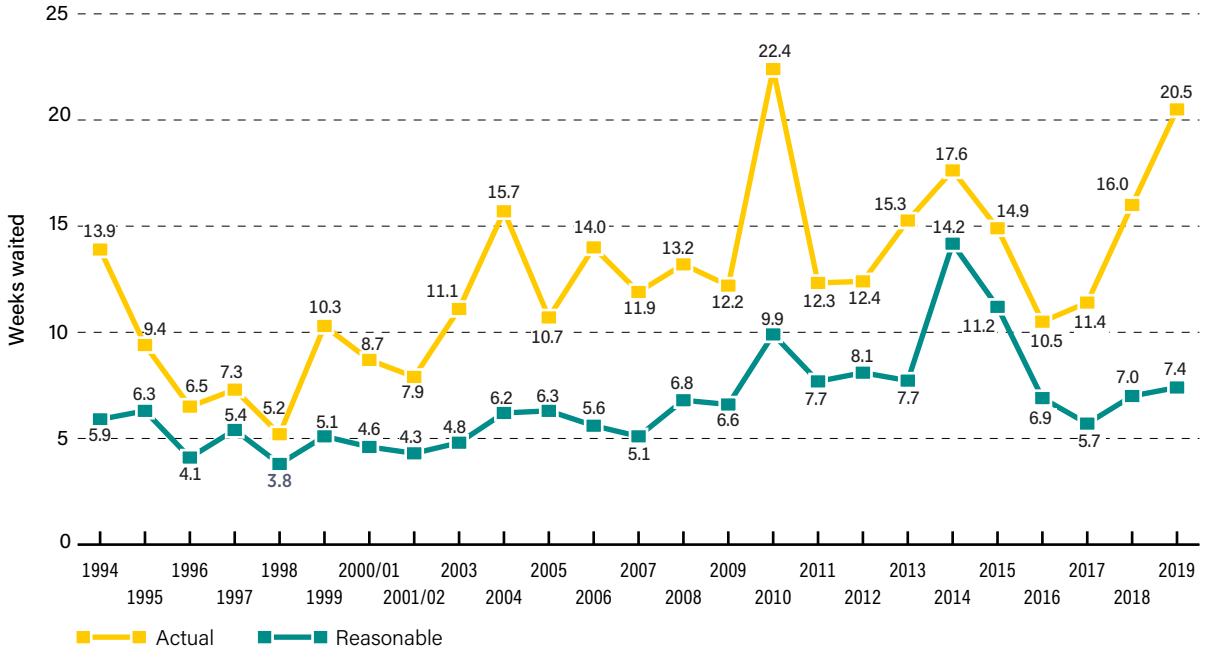
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 16: Nova Scotia—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



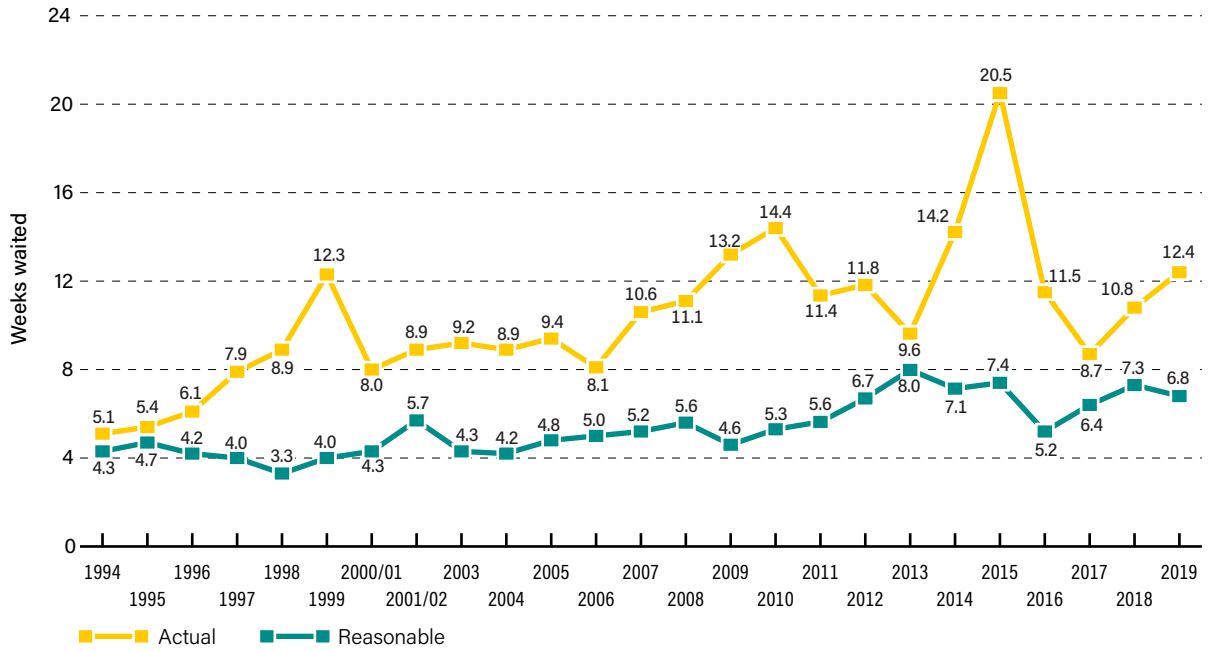
Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 17: Prince Edward Island—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



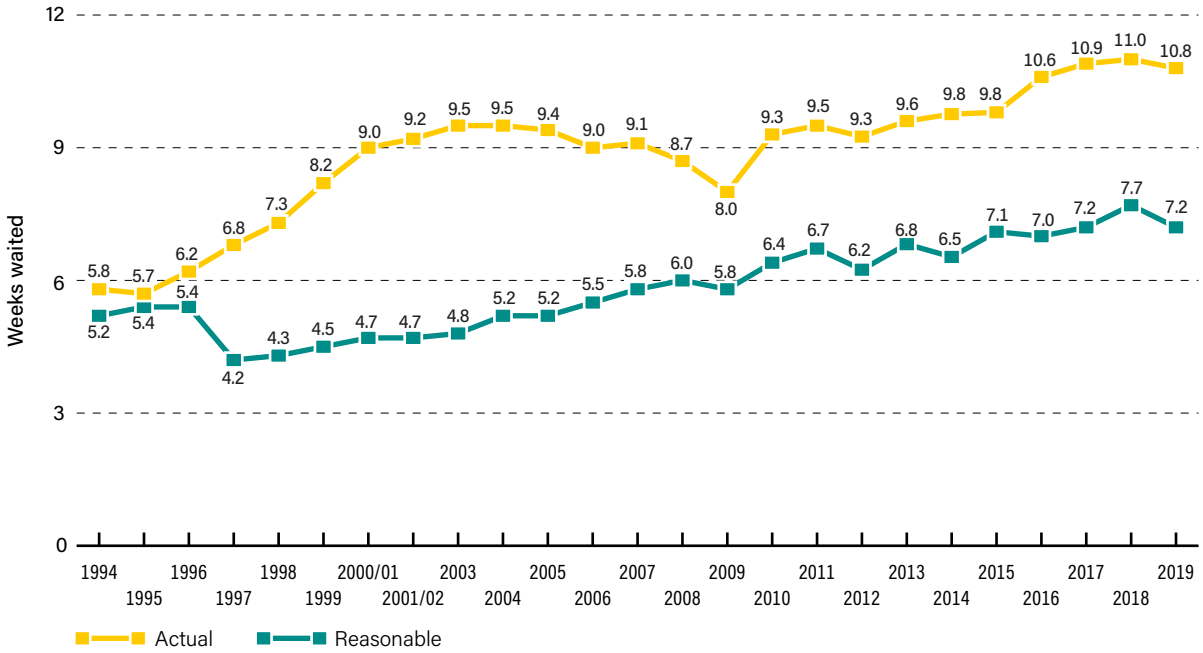
Source: The Fraser Institute's national waiting list surveys, 1995–2018.

Graph 18: Newfoundland & Labrador—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Graph 19: Canada—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2019



Source: The Fraser Institute's national waiting list surveys, 1995–2019.

Selected tables

Table 1A: Summary of responses, 2019—response rates (percentages)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	46%	33%	40%	27%	11%	8%	38%	46%	100%	40%	22%
Gynaecology	41%	25%	33%	32%	13%	7%	6%	19%	0%	21%	17%
Ophthalmology	36%	52%	30%	40%	20%	10%	32%	22%	80%	46%	24%
Otolaryngology	50%	39%	44%	16%	32%	12%	50%	38%	100%	42%	29%
General Surgery	31%	28%	31%	20%	8%	6%	22%	5%	20%	7%	14%
Neurosurgery	46%	18%	40%	10%	10%	8%	14%	25%	—	100%	18%
Orthopaedic Surgery	37%	32%	29%	25%	14%	9%	43%	44%	—	17%	20%
Cardiovascular Surgery	34%	21%	33%	30%	29%	12%	22%	83%	—	33%	27%
Urology	46%	17%	15%	22%	19%	7%	44%	28%	—	38%	21%
Internal Medicine	12%	6%	7%	5%	6%	5%	29%	8%	67%	8%	7%
Radiation Oncology	9%	9%	18%	7%	17%	9%	0%	64%	100%	9%	14%
Medical Oncology	21%	43%	67%	0%	7%	19%	20%	63%	100%	10%	18%
Total	32%	25%	27%	20%	13%	8%	28%	29%	60%	22%	17%

Table 1B: Summary of responses, 2019—number of responses

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	33	16	4	4	21	8	5	6	1	2	100
Gynaecology	76	41	15	22	85	33	2	8	0	6	288
Ophthalmology	58	45	7	10	73	30	6	7	4	6	246
Otolaryngology	37	19	4	3	75	26	6	8	1	5	184
General Surgery	58	32	18	9	45	27	7	2	1	2	201
Neurosurgery	17	6	6	1	9	6	1	2	—	3	51
Orthopaedic Surgery	71	41	11	10	69	29	13	18	—	3	265
Cardiovascular Surgery	21	7	5	3	36	10	2	10	—	2	96
Urology	39	8	2	4	43	10	7	5	—	3	121
Internal Medicine	33	12	4	4	51	25	9	4	6	2	150
Radiation Oncology	7	4	2	1	32	11	0	9	1	1	68
Medical Oncology	18	22	2	0	14	5	1	10	1	1	74
Total	468	253	80	71	553	220	59	89	15	36	1,844

Table 1C: Summary of responses, 2019—number of questionnaires mailed out

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	71	48	10	15	191	98	13	13	1	5	465
Gynaecology	185	167	45	69	655	454	32	42	2	28	1,679
Ophthalmology	160	86	23	25	371	293	19	32	5	13	1,027
Otolaryngology	74	49	9	19	238	210	12	21	1	12	645
General Surgery	190	114	59	45	536	434	32	38	5	27	1,480
Neurosurgery	37	34	15	10	94	73	7	8	—	3	281
Orthopaedic Surgery	194	130	38	40	488	321	30	41	—	18	1,300
Cardiovascular Surgery	61	34	15	10	126	86	9	12	—	6	359
Urology	85	46	13	18	232	153	16	18	—	8	589
Internal Medicine	269	217	59	76	893	492	31	49	9	24	2,119
Radiation Oncology	75	46	11	15	190	118	7	14	1	11	488
Medical Oncology	84	51	3	15	202	26	5	16	1	10	413
Total	1,485	1,022	300	357	4,216	2,758	213	304	25	165	10,845

Table 2: Median total expected waiting time from referral by GP to treatment, by specialty, 2019 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	62.9	39.1	51.8	25.8	16.3	16.8	25.9	62.0	—	29.1	28.7
Gynaecology	31.1	20.7	14.6	13.5	15.1	15.8	55.4	16.1	—	24.0	19.4
Ophthalmology	30.6	25.2	39.3	64.1	25.0	21.5	34.1	42.0	92.9	73.7	28.4
Otolaryngology	26.8	44.8	23.2	29.7	21.1	14.4	102.8	47.8	32.9	31.8	25.3
General Surgery	21.1	22.0	8.4	23.3	10.7	8.0	16.6	25.4	—	8.2	14.9
Neurosurgery	30.2	30.7	37.2	38.5	27.6	6.7	—	58.0	—	—	25.5
Orthopaedic Surgery	34.9	62.5	30.2	56.7	34.3	29.1	63.8	70.4	—	31.2	39.1
Cardiovascular Surgery (Elective)	17.1	16.5	—	10.8	7.9	9.2	40.5	7.7	—	31.2	11.2
Urology	18.1	16.0	—	14.8	11.0	15.7	27.3	16.9	—	12.0	15.1
Internal Medicine	17.2	25.6	17.3	17.8	10.9	9.3	26.8	33.3	17.0	12.2	15.8
Radiation Oncology	7.9	6.3	10.0	3.0	4.0	4.8	—	6.4	5.5	3.6	4.5
Medical Oncology	6.4	5.5	7.8	—	4.0	4.5	1.5	3.0	9.0	3.0	4.4
Weighted Median	24.0	28.0	26.0	32.4	16.0	16.3	39.7	33.3	49.3	23.4	20.9

* 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, 2019 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	30.0	13.0	36.5	8.0	8.0	8.0	5.0	48.0	1.0	18.8	13.4
Gynaecology	20.0	8.0	8.0	6.0	8.0	7.0	38.0	6.0	—	19.0	10.4
Ophthalmology	11.0	8.0	8.0	18.0	12.0	12.0	17.0	22.0	52.0	33.0	12.3
Otolaryngology	12.0	24.0	8.0	15.0	12.0	4.0	85.5	28.0	24.0	22.0	13.3
General Surgery	14.0	12.0	4.0	14.0	6.0	3.0	6.0	14.0	32.0	2.5	8.5
Neurosurgery	20.0	10.0	27.0	26.5	20.0	1.5	—	52.0	—	22.0	15.7
Orthopaedic Surgery	16.0	30.0	8.0	25.0	12.0	7.5	20.0	26.0	—	12.0	14.6
Cardiovascular Surgery	12.0	4.5	1.5	3.5	4.0	2.0	16.5	2.0	—	4.0	4.9
Urology	12.0	10.0	44.0	8.0	7.0	9.0	18.0	8.0	—	10.0	9.9
Internal Medicine	7.0	5.5	9.0	4.0	5.0	5.0	16.0	14.5	10.0	4.5	6.1
Radiation Oncology	3.0	3.5	7.5	1.0	2.0	1.0	—	1.5	3.0	2.0	1.9
Medical Oncology	2.5	4.0	6.3	—	2.0	2.5	0.5	1.5	4.0	1.8	2.3
Weighted Median	12.7	12.0	12.3	13.3	8.0	7.2	21.2	16.2	28.8	11.0	10.1

Table 4: Median patient wait for treatment after appointment with specialist, by specialty, 2019 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	32.9	26.1	15.3	17.8	8.3	8.8	20.9	14.0	—	10.3	15.3
Gynaecology	11.1	12.7	6.6	7.5	7.1	8.8	17.4	10.1	—	5.0	9.0
Ophthalmology	19.6	17.2	31.3	46.1	13.0	9.5	17.1	20.0	40.9	40.7	16.1
Otolaryngology	14.8	20.8	15.2	14.7	9.1	10.4	17.3	19.8	8.9	9.8	12.0
General Surgery	7.1	10.0	4.4	9.3	4.7	5.0	10.6	11.4	—	5.7	6.4
Neurosurgery	10.2	20.7	10.2	12.0	7.6	5.2	32.9	6.0	—	—	9.7
Orthopaedic Surgery	18.9	32.5	22.2	31.7	22.3	21.6	43.8	44.4	—	19.2	24.5
Cardiovascular Surgery (Urgent)	1.4	1.0	—	2.0	0.8	1.2	1.0	1.4	—	4.2	1.1
Cardiovascular Surgery (Elective)	5.1	12.0	—	7.3	3.9	7.2	24.0	5.7	—	27.2	6.3
Urology	6.1	6.0	—	6.8	4.0	6.7	9.3	8.9	—	2.0	5.2
Internal Medicine	10.2	20.1	8.3	13.8	5.9	4.3	10.8	18.8	7.0	7.7	9.7
Radiation Oncology	4.9	2.8	2.5	2.0	2.0	3.8	—	4.9	2.5	1.6	2.6
Medical Oncology	3.9	1.5	1.5	—	2.0	2.0	1.0	1.5	5.0	1.3	2.1
Weighted Median	11.3	16.0	13.7	19.2	8.0	9.1	18.5	17.1	20.5	12.4	10.8

Table 5A: Plastic surgery (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	48.0	48.0	14.0	30.0	10.0	10.0	30.0	18.0	—	12.0
Neurolysis	19.0	14.0	12.0	6.0	7.0	10.0	11.0	8.0	—	8.0
Blepharoplasty	30.0	16.0	16.0	12.0	5.0	5.0	10.0	18.0	—	26.0
Rhinoplasty	16.0	12.0	—	10.0	6.5	3.0	26.0	7.0	—	—
Scar Revision	28.0	12.0	24.0	16.0	10.0	6.0	12.0	11.3	—	8.0
Hand Surgery	21.0	12.0	12.0	6.0	6.0	12.0	7.3	18.0	—	8.0
Craniofacial Procedures	24.0	16.0	—	7.0	4.0	28.0	—	—	—	—
Skin Cancers and other Tumors	8.0	2.0	2.5	4.0	4.0	4.0	12.0	18.0	—	12.0
Weighted Median	32.9	26.1	15.3	17.8	8.3	8.8	20.9	14.0	—	10.3

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

Table 5B: Gynaecology (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	7.0	8.0	4.0	7.0	5.0	4.0	12.0	8.0	—	5.0
Tubal Ligation	12.0	18.0	8.5	6.5	8.0	10.0	24.0	11.0	—	5.0
Hysterectomy (Vaginal/Abdominal)	14.0	16.0	8.0	9.0	8.0	11.0	16.0	9.5	—	5.0
Vaginal Repair	14.0	19.0	10.0	9.5	8.0	12.0	20.0	9.0	—	5.0
Tuboplasty	11.5	20.0	30.0	8.0	7.0	10.0	—	12.0	—	5.0
Laparoscopic Procedures	14.0	12.0	6.0	8.0	8.0	9.0	18.0	12.0	—	5.0
Hysteroscopic Procedures	12.0	10.0	5.0	6.5	8.0	8.0	18.0	12.0	—	5.0
Weighted Median	11.1	12.7	6.6	7.5	7.1	8.8	17.4	10.1	—	5.0

Table 5C: Ophthalmology (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	22.0	20.0	38.0	58.0	14.0	10.0	17.0	22.0	41.0	48.0
Cornea Transplant	44.0	66.0	—	29.0	25.0	52.0	54.8	52.0	—	—
Cornea - Pterygium	12.0	17.0	24.0	12.0	12.0	12.0	12.8	8.0	41.0	18.0
Iris, Ciliary Body, Sclera, Anterior Chamber	10.0	11.0	—	—	9.5	9.5	52.0	—	—	—
Retina, Choroid, Vitreous	8.0	11.3	4.0	7.5	3.0	2.0	26.0	8.0	—	6.0
Lacrimal Duct	21.0	12.0	24.0	—	13.0	12.0	28.0	—	52.0	3.0
Strabismus	24.0	12.0	—	68.0	40.0	20.0	26.0	60.0	26.0	10.0
Operations on Eyelids	12.0	7.5	10.0	12.0	12.0	9.0	4.0	6.0	—	26.0
Glaucoma	8.0	4.0	—	16.0	5.5	7.0	18.0	—	52.0	—
Weighted Median	19.6	17.2	31.3	46.1	13.0	9.5	17.1	20.0	40.9	40.7

Note: Weighted median does not include treatment for glaucoma.

Table 5D: Otolaryngology (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	4.5	8.0	3.0	8.0	6.8	10.0	15.0	12.0	4.0	10.0
Tympanoplasty	24.0	12.0	14.0	10.0	10.0	15.5	17.0	12.0	12.0	10.0
Thyroid, Parathyroid, and Other Endocrine Glands	12.0	16.0	3.0	25.0	9.0	7.0	12.0	14.0	—	8.0
Tonsillectomy and/or Adenoidectomy	12.0	23.0	26.0	16.0	10.3	11.0	20.0	36.0	12.0	10.0
Rhinoplasty and/or Septal Surgery	24.0	27.0	26.0	16.0	10.0	11.0	21.0	36.0	12.0	10.0
Operations on Nasal Sinuses	20.0	36.0	16.5	12.0	10.0	12.0	21.0	12.0	12.0	10.0
Weighted Median	14.8	20.8	15.2	14.7	9.1	10.4	17.3	19.8	8.9	9.8

Table 5E: General surgery (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	12.0	18.0	7.0	16.0	6.0	7.0	12.0	12.0	—	2.5
Cholecystectomy	8.0	12.0	7.0	16.0	6.0	4.5	12.0	12.0	—	2.5
Colonoscopy	12.0	10.0	4.3	8.0	5.5	5.0	11.0	22.5	—	13.5
Intestinal Operations	4.0	7.5	3.3	7.0	4.0	4.0	5.5	5.5	—	2.5
Haemorrhoidectomy	9.5	20.0	6.5	11.0	6.0	7.0	38.0	23.0	—	2.5
Breast Biopsy	3.0	2.0	3.0	3.0	2.0	3.0	5.0	2.8	—	1.0
Mastectomy	3.0	2.3	3.0	—	3.0	3.0	4.0	3.8	—	1.5
Bronchus and Lung	1.0	—	14.0	—	—	—	7.5	9.0	—	—
Aneurysm Surgery	6.0	—	—	—	—	—	—	9.0	—	0.0
Varicose Veins	10.0	29.0	4.5	—	10.0	7.0	52.0	39.0	—	1.0
Weighted Median	7.1	10.0	4.4	9.3	4.7	5.0	10.6	11.4	—	5.7

Table 5F: Neurosurgery (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Neurolysis	13.0	15.0	18.0	—	10.0	10.0	26.0	6.0	—	—
Disc Surgery/ Laminectomy	16.0	29.0	18.0	—	11.0	8.0	52.0	6.0	—	—
Elective Cranial Bone Flap	4.0	18.0	6.0	12.0	6.0	2.5	26.0	—	—	—
Aneurysm Surgery	8.0	—	—	—	4.0	—	26.0	—	—	—
Carotid endarterectomy	4.5	—	—	—	2.5	—	4.0	—	—	—
Weighted Median	10.2	20.7	10.2	12.0	7.6	5.2	32.9	6.0	—	—

Table 5G: Orthopaedic surgery (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	10.0	14.0	11.0	17.0	8.0	12.0	20.0	36.0	—	10.0
Removal of Pins	16.0	13.0	13.0	20.0	12.0	16.0	24.0	25.0	—	10.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	18.0	44.0	24.5	32.0	26.0	26.0	50.0	57.0	—	24.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	52.0	13.0	24.5	24.5	16.0	16.0	56.0	8.0	—	20.0
Hallux Valgus/Hammer Toe	52.0	13.0	14.0	24.5	15.0	16.0	52.0	24.0	—	20.0
Digit Neuroma	16.0	12.0	4.0	24.5	16.0	12.0	32.0	36.0	—	8.0
Rotator Cuff Repair	16.0	22.0	14.0	25.0	12.0	14.0	21.8	28.0	—	20.0
Ostectomy (All Types)	23.0	16.0	18.0	24.5	16.0	12.0	35.0	24.0	—	10.0
Routine Spinal Instability	8.0	36.0	52.0	97.0	30.0	56.0	50.0	12.0	—	—
Weighted Median	18.9	32.5	22.2	31.7	22.3	21.6	43.8	44.4	—	19.2

Table 5H: Cardiovascular surgery (2019)—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	0.0	—	—	—	—	0.5	0.0	—	—	0.1
	Valves & Septa of the Heart	0.0	—	—	—	—	0.5	0.0	—	—	0.3
	Aneurysm Surgery	0.0	—	—	1.0	0.3	0.0	0.0	0.0	—	0.5
	Carotid Endarterectomy	—	—	—	1.0	0.3	0.5	0.0	0.0	—	0.5
	Pacemaker Operations	0.0	—	—	—	—	0.5	0.0	—	—	—
	Weighted Median	0.0	—	—	1.0	0.3	0.5	0.0	0.0	—	0.2
Urgent	Coronary Artery Bypass	0.8	—	—	—	0.5	1.5	1.0	—	—	3.5
	Valves & Septa of the Heart	0.8	—	—	—	0.8	1.5	1.0	—	—	6.5
	Aneurysm Surgery	1.0	—	—	2.0	1.0	1.0	1.0	1.0	—	1.0
	Carotid Endarterectomy	1.0	—	—	2.0	0.6	1.0	1.0	1.5	—	0.5
	Pacemaker Operations	2.0	1.0	—	—	1.0	0.8	1.0	—	—	—
	Weighted Median	1.4	1.0	—	2.0	0.8	1.2	1.0	1.4	—	4.2
Elective	Coronary Artery Bypass	6.0	—	—	—	3.8	14.0	24.0	—	—	26.0
	Valves & Septa of the Heart	7.0	—	—	—	4.0	10.0	24.0	—	—	36.0
	Aneurysm Surgery	—	—	—	4.0	—	8.0	24.0	4.0	—	6.0
	Carotid Endarterectomy	4.0	—	—	8.0	4.0	8.0	24.0	6.0	—	2.0
	Pacemaker Operations	4.0	12.0	—	—	4.0	1.5	24.0	—	—	—
	Weighted Median	5.1	12.0	—	7.3	3.9	7.2	24.0	5.7	—	27.2

Table 5I: Urology (2019)—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	8.0	5.0	—	12.0	4.0	7.0	12.0	10.0	—	2.0
Radical Prostatectomy	6.5	6.0	—	12.0	5.0	6.0	10.0	10.0	—	—
Transurethral Resection—Bladder	5.0	4.0	—	4.0	3.5	4.0	6.0	2.5	—	—
Radical Cystectomy	4.0	—	—	6.0	4.0	4.0	6.0	4.0	—	—
Cystoscopy	6.0	3.0	—	5.5	4.0	6.3	6.0	10.0	—	—
Hernia/Hydrocele	8.0	24.0	—	11.5	5.0	12.0	24.0	12.0	—	—
Bladder Fulguration	4.0	5.5	—	4.0	4.0	4.0	8.0	5.0	—	—
Ureteral Reimplantation for Reflux	7.0	7.0	—	12.0	4.0	10.0	12.0	—	—	—
Weighted Median	6.1	6.0	—	6.8	4.0	6.7	9.3	8.9	—	2.0

Table 5J: Internal medicine (2019)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	12.0	23.5	10.0	14.0	7.0	7.0	18.0	22.0	7.0	8.0
Angiography/ Angioplasty	5.0	2.8	4.0	—	3.0	4.0	7.0	6.0	4.0	8.0
Bronchoscopy	3.0	5.8	4.0	—	4.0	2.0	10.0	22.0	7.0	4.0
Gastroscopy	11.5	23.5	8.0	8.3	6.0	6.0	16.0	4.0	6.0	5.0
Weighted Median	10.2	20.1	8.3	13.8	5.9	4.3	10.8	18.8	7.0	7.7

Table 5K: Radiation oncology (2019)—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	5.5	2.5	2.5	2.0	2.0	3.0	—	2.0	1.0	2.0
Cancer of The Cervix	2.0	2.5	2.5	2.0	2.0	3.0	—	—	2.5	1.0
Lung Cancer	2.0	1.8	2.5	2.0	2.0	3.5	—	5.0	2.5	1.0
Prostate Cancer	9.0	4.0	2.5	2.0	2.0	4.0	—	—	2.5	2.0
Breast Cancer	4.0	2.5	2.5	2.0	2.0	4.0	—	—	2.5	2.0
Early Side Effects from Treatment	0.5	1.5	2.5	0.0	1.0	1.0	—	1.5	—	1.0
Late Side Effects from Treatment	1.0	2.0	2.5	0.0	2.0	3.0	—	1.5	—	2.0
Weighted Median	4.9	2.8	2.5	2.0	2.0	3.8	—	4.9	2.5	1.6

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

Table 5L: Medical oncology (2019)—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	5.5	1.5	1.5	—	2.5	2.0	1.0	1.0	5.0	1.8
Cancer of the Cervix	2.0	—	1.5	—	2.0	2.0	1.0	—	5.0	2.0
Lung Cancer	5.0	1.5	1.5	—	2.0	2.0	1.0	1.5	5.0	1.3
Breast Cancer	2.8	—	1.5	—	2.0	2.0	1.0	—	5.0	1.3
Side Effects from Treatment	1.0	1.0	1.5	—	0.5	1.0	0.1	0.5	0.2	1.0
Weighted Median	3.9	1.5	1.5	—	2.0	2.0	1.0	1.5	5.0	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, 2019 and 2018

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg
Plastic Surgery	32.9	23.6	40%	26.1	19.3	35%	15.3	26.7	–42%	17.8	10.5	70%	8.3	11.1	–25%
Gynaecology	11.1	9.4	19%	12.7	10.4	23%	6.6	8.6	–23%	7.5	7.6	–2%	7.1	9.4	–25%
Ophthalmology	19.6	23.6	–17%	17.2	18.9	–9%	31.3	12.3	155%	46.1	35.8	29%	13.0	16.9	–23%
Otolaryngology	14.8	15.0	–2%	20.8	20.4	2%	15.2	15.8	–4%	14.7	17.7	–17%	9.1	9.7	–6%
General Surgery	7.1	7.6	–7%	10.0	8.8	14%	4.4	4.1	9%	9.3	9.4	–1%	4.7	4.5	5%
Neurosurgery	10.2	11.9	–15%	20.7	20.9	–1%	10.2	11.6	–12%	12.0	—	—	7.6	11.1	–31%
Orthopaedic Surgery	18.9	42.2	–55%	32.5	29.3	11%	22.2	24.3	–9%	31.7	42.2	–25%	22.3	17.7	27%
Cardiovascular Surg. (Urgent)	1.4	2.8	–49%	1.0	3.0	–66%	—	0.4	—	2.0	—	—	0.8	0.5	54%
Cardiovascular Surg. (Elective)	5.1	4.9	4%	12.0	18.7	–36%	—	4.0	—	7.3	—	—	3.9	4.8	–18%
Urology	6.1	7.1	–14%	6.0	13.0	–54%	—	1.5	—	6.8	6.0	14%	4.0	3.7	11%
Internal Medicine	10.2	10.7	–5%	20.1	11.7	71%	8.3	6.8	22%	13.8	19.6	–29%	5.9	6.8	–13%
Radiation Oncology	4.9	6.4	–24%	2.8	3.0	–7%	2.5	2.2	12%	2.0	1.0	97%	2.0	2.0	0%
Medical Oncology	3.9	3.0	31%	1.5	3.3	–54%	1.5	—	—	—	—	—	2.0	1.7	16%
Weighted Median	11.3	14.1	–20%	16.0	14.9	8%	13.7	9.2	49%	19.2	19.7	–3%	8.0	8.3	–4%

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg
Plastic Surgery	8.8	13.3	–33%	20.9	27.2	–23%	14.0	69.0	–80%	—	—	—	10.3		–
Gynaecology	8.8	9.6	–8%	17.4	14.1	23%	10.1	11.0	–8%	—	24.5	—	5.0	19.3	–74%
Ophthalmology	9.5	10.8	–12%	17.1	17.2	–1%	20.0	17.8	13%	40.9	41.2	–1%	40.7	11.6	250%
Otolaryngology	10.4	6.3	65%	17.3	11.6	49%	19.8	9.8	101%	8.9	—	–	9.8	10.6	–8%
General Surgery	5.0	7.1	–30%	10.6	5.5	92%	11.4	18.2	–37%	—	3.2	–	5.7	7.4	–22%
Neurosurgery	5.2	13.9	–63%	32.9	—	—	6.0	8.0	–25%	—	—	–	—	—	—
Orthopaedic Surgery	21.6	15.8	37%	43.8	38.7	13%	44.4	41.7	7%	—	—	–	19.2	23.5	–19%
Cardiovascular Surg. (Urgent)	1.2	0.3	303%	1.0	1.0	0%	1.4	—	—	—	—	—	4.2	1.9	117%
Cardiovascular Surg. (Elective)	7.2	4.5	60%	24.0	20.0	20%	5.7	—	—	—	—	—	27.2	11.4	138%
Urology	6.7	9.0	–25%	9.3	10.5	–11%	8.9	9.4	–5%	—	—	—	2.0	—	—
Internal Medicine	4.3	4.5	–3%	10.8	9.7	11%	18.8	8.7	115%	7.0	2.0	249%	7.7	7.7	0%
Radiation Oncology	3.8	2.5	47%	—	—	—	4.9	2.7	82%	2.5	—	—	1.6	—	—
Medical Oncology	2.0	2.1	–6%	1.0	—	—	1.5	5.0	–70%	5.0	2.0	150%	1.3	—	—
Weighted Median	9.1	9.1	1%	18.5	16.6	11%	17.1	17.5	–2%	20.5	16.0	28%	12.4	10.8	14%

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, 2019—proportion of survey waiting times that fall within given ranges (percentage)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0–3.99 Weeks	17.6%	13.6%	26.6%	9.6%	25.4%	24.6%	10.7%	16.8%	28.1%	25.3%
4–7.99 Weeks	18.4%	16.2%	29.0%	25.3%	29.4%	24.3%	17.5%	15.1%	28.1%	30.4%
8–12.99 Weeks	22.7%	26.5%	15.4%	37.9%	23.2%	27.0%	20.1%	30.8%	21.9%	18.4%
13–25.99 Weeks	23.9%	20.4%	16.2%	19.7%	13.4%	14.8%	24.4%	16.2%	0.0%	20.9%
26–51.99 Weeks	8.9%	12.3%	8.3%	3.0%	5.6%	5.4%	13.7%	9.7%	9.4%	4.4%
1 year plus	8.5%	11.0%	4.6%	4.5%	3.0%	3.9%	13.7%	11.4%	12.5%	0.6%

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, 2019 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	24.7	16.4	10.0	6.4	7.9	8.2	12.5	18.0	—	8.4	11.8
Gynaecology	6.9	11.3	7.2	5.9	6.4	7.1	21.8	8.5	—	3.0	7.7
Ophthalmology	11.8	12.0	12.5	14.3	8.9	8.5	11.9	10.8	11.9	14.8	10.1
Otolaryngology	11.4	9.8	14.6	9.1	6.3	6.5	9.1	11.4	6.5	6.2	7.8
General Surgery	5.1	8.8	4.8	7.6	4.8	5.2	11.0	5.0	—	5.6	5.6
Neurosurgery	5.1	9.3	4.8	8.0	3.4	4.0	11.4	—	—	—	4.9
Orthopaedic Surgery	22.9	14.5	8.4	15.0	11.6	12.9	21.5	9.4	—	12.5	13.9
Cardiovascular Surgery (Urgent)	0.5	—	—	2.0	1.0	0.8	1.0	1.0	—	1.3	0.8
Cardiovascular Surgery (Elective)	5.3	—	—	7.3	4.0	6.8	6.0	7.3	—	6.6	5.7
Urology	4.2	5.7	—	7.1	3.7	5.8	6.3	8.6	—	—	4.4
Internal Medicine	3.7	5.0	5.0	4.6	3.5	3.1	4.9	5.6	4.0	3.6	3.9
Radiation Oncology	3.0	2.3	—	4.0	2.1	3.1	—	1.5	—	2.8	2.3
Medical Oncology	1.5	2.0	1.0	—	2.0	2.0	1.0	2.0	4.0	1.3	1.9
Weighted Median	8.0	9.5	7.6	8.9	5.8	7.1	11.8	7.6	7.4	6.8	7.2

Table 9A: Plastic surgery (2019)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	26.0	17.0	12.0	6.0	8.0	12.0	16.0	18.0	—	11.5
Neurolysis	12.0	8.0	6.0	7.0	7.0	8.0	7.3	—	—	3.0
Blepharoplasty	26.0	17.0	12.0	4.0	6.5	4.0	6.0	18.0	—	15.0
Rhinoplasty	26.0	17.0	—	8.0	9.0	9.0	16.0	—	—	—
Scar Revision	39.0	18.0	12.0	10.0	11.0	4.0	12.0	18.0	—	7.0
Hand Surgery	16.0	15.0	4.0	2.0	6.0	5.0	7.3	—	—	7.0
Craniofacial Procedures	16.0	18.0	—	8.0	5.0	4.0	—	—	—	—
Skin Cancers and other Tumors	6.0	3.8	2.0	3.5	4.0	4.0	12.0	—	—	8.0
Weighted Median	24.7	16.4	10.0	6.4	7.9	8.2	12.5	18.0	—	8.4

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

Table 9B: Gynaecology (2019)—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	7.0	3.5	4.5	4.0	4.0	12.0	8.0	—	3.0
Tubal Ligation	8.0	18.0	7.0	6.0	8.0	9.5	38.0	9.0	—	3.0
Hysterectomy (Vaginal/Abdominal)	10.0	12.0	9.0	8.0	8.0	8.0	20.0	9.0	—	3.0
Vaginal Repair	10.0	12.0	12.0	10.0	8.0	8.0	38.0	9.0	—	3.0
Tuboplasty	10.0	16.0	12.0	12.0	6.0	12.0	—	—	—	3.0
Laparoscopic Procedures	8.0	12.0	9.0	5.0	8.0	8.0	18.0	9.0	—	3.0
Hysteroscopic Procedures	6.0	12.0	7.0	4.5	6.0	6.0	18.0	8.0	—	3.0
Weighted Median	6.9	11.3	7.2	5.9	6.4	7.1	21.8	8.5	—	3.0

Table 9C: Ophthalmology (2019)—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	14.0	14.0	16.0	10.0	9.0	12.0	12.0	12.0	16.0
Cornea Transplant	10.0	16.0	—	17.0	10.0	12.0	20.0	26.0	—	—
Cornea - Pterygium	12.0	16.0	24.0	8.0	9.5	12.0	12.0	8.0	12.0	16.0
Iris, Ciliary Body, Sclera, Anterior Chamber	8.0	11.0	—	—	7.5	7.0	20.0	—	—	—
Retina, Choroid, Vitreous	7.0	6.0	4.0	8.0	3.0	3.0	12.0	6.0	—	6.0
Lacrimal Duct	12.0	12.0	24.0	—	7.0	12.0	8.0	—	4.0	16.0
Strabismus	10.0	14.0	—	25.0	12.0	12.5	12.0	12.0	4.0	—
Operations on Eyelids	8.0	8.0	8.0	6.0	8.0	12.0	8.0	4.0	—	16.0
Glaucoma	4.0	9.0	—	3.0	4.0	4.0	12.0	—	4.0	—
Weighted Median	11.8	12.0	12.5	14.3	8.9	8.5	11.9	10.8	11.9	14.8

Note: Weighted median does not include treatment for glaucoma.

Table 9D: Otolaryngology (2019)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	4.5	7.0	2.5	6.0	5.0	5.0	7.0	10.0	4.0	4.0
Tympanoplasty	13.0	10.0	13.5	10.0	8.0	12.0	14.0	12.0	8.0	7.0
Thyroid, Parathyroid, and Other Endocrine Glands	12.0	7.0	2.5	8.0	6.0	6.0	7.0	12.0	—	7.0
Tonsillectomy and/or Adenoidectomy	12.0	10.0	26.0	10.0	6.0	8.0	10.0	12.0	8.0	7.0
Rhinoplasty and/or Septal Surgery	17.0	24.0	26.0	10.0	11.3	7.0	12.0	12.0	8.0	8.0
Operations on Nasal Sinuses	12.0	10.0	14.0	10.0	7.0	6.0	12.0	12.0	8.0	8.0
Weighted Median	11.4	9.8	14.6	9.1	6.3	6.5	9.1	11.4	6.5	6.2

Table 9E: General surgery (2019)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	8.0	12.0	6.0	12.0	8.0	8.0	18.0	7.5	—	8.0
Cholecystectomy	6.0	12.0	6.0	9.0	6.0	4.0	16.0	7.0	—	8.0
Colonoscopy	8.0	8.0	5.3	8.0	4.0	5.0	5.0	7.5	—	4.5
Intestinal Operations	3.0	8.0	4.0	6.0	4.0	4.0	4.0	2.8	—	6.0
Haemorrhoidectomy	9.0	14.0	6.0	8.5	8.0	9.0	23.0	15.0	—	8.0
Breast Biopsy	3.0	2.5	2.0	3.0	2.5	2.5	4.0	1.5	—	2.5
Mastectomy	3.0	3.0	2.5	—	4.0	3.0	4.5	1.5	—	3.0
Bronchus and Lung	1.0	—	6.5	—	6.0	4.0	3.5	4.0	—	—
Aneurysm Surgery	—	—	12.0	—	12.0	8.0	12.0	4.0	—	0.0
Varicose Veins	20.0	16.0	6.0	—	12.0	13.5	26.5	12.0	—	12.0
Weighted Median	5.1	8.8	4.8	7.6	4.8	5.2	11.0	5.0	—	5.6

Table 9F: Neurosurgery (2019)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	8.0	10.0	10.0	—	3.5	—	12.0	—	—	—
Disc Surgery/ Laminectomy	6.0	7.5	4.0	—	4.5	4.0	12.0	—	—	—
Elective Cranial Bone Flap	3.5	10.0	4.0	8.0	3.0	—	12.0	—	—	—
Aneurysm Surgery	12.0	—	—	—	4.0	—	12.0	—	—	—
Carotid endarterectomy	—	—	—	—	1.0	—	2.0	—	—	—
Weighted Median	5.1	9.3	4.8	8.0	3.4	4.0	11.4	—	—	—

Table 9G: Orthopaedic surgery (2019)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	12.0	6.0	5.0	8.0	6.0	9.0	12.0	10.0	—	9.0
Removal of Pins	18.0	9.0	6.0	12.0	10.0	12.0	15.0	17.0	—	12.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	24.0	18.0	9.0	18.0	12.0	12.0	24.0	10.0	—	14.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	26.0	18.0	9.0	8.5	12.0	12.0	22.0	8.0	—	12.0
Hallux Valgus/Hammer Toe	26.0	15.0	18.0	8.5	12.0	12.0	20.0	8.0	—	20.0
Digit Neuroma	26.0	9.0	6.0	8.5	12.0	20.0	25.0	6.0	—	8.0
Rotator Cuff Repair	20.0	5.0	6.0	8.5	12.0	12.0	10.0	6.0	—	12.0
Ostectomy (All Types)	26.0	12.0	—	8.5	12.0	20.0	26.0	6.0	—	12.0
Routine Spinal Instability	22.0	12.0	12.0	13.5	12.0	12.0	12.0	9.0	—	—
Weighted Median	22.9	14.5	8.4	15.0	11.6	12.9	21.5	9.4	—	12.5

Table 9H: Cardiovascular surgery (2019)—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	—	—	—	—	0.5	0.0	—	—	0.5
	Valves & Septa of the Heart	0.0	—	—	—	—	0.5	0.0	—	—	0.5
	Aneurysm Surgery	0.0	—	—	1.0	0.3	0.0	0.0	0.0	—	1.0
	Carotid Endarterectomy	—	—	—	1.0	0.3	0.3	0.0	0.0	—	0.5
	Pacemaker Operations	0.0	—	—	—	0.0	0.5	0.0	—	—	—
	Weighted Median	0.0	—	—	1.0	0.0	0.5	0.0	0.0	—	0.5
Urgent	Coronary Artery Bypass	0.8	—	—	—	—	1.0	1.0	—	—	1.5
	Valves & Septa of the Heart	0.8	—	—	—	—	1.0	1.0	—	—	1.0
	Aneurysm Surgery	0.8	—	—	2.0	0.5	1.0	1.0	1.0	—	1.0
	Carotid Endarterectomy	0.5	—	—	2.0	1.0	1.5	1.0	1.0	—	0.5
	Pacemaker Operations	0.4	—	—	—	1.0	0.5	1.0	—	—	—
	Weighted Median	0.5	—	—	2.0	1.0	0.8	1.0	1.0	—	1.3
Elective	Coronary Artery Bypass	6.5	—	—	—	—	10.0	6.0	—	—	6.0
	Valves & Septa of the Heart	7.0	—	—	—	—	10.0	6.0	—	—	9.0
	Aneurysm Surgery	7.0	—	—	4.0	3.5	9.0	6.0	4.0	—	6.0
	Carotid Endarterectomy	6.0	—	—	8.0	4.0	28.0	6.0	8.0	—	2.0
	Pacemaker Operations	4.0	—	—	—	4.0	2.0	6.0	—	—	—
	Weighted Median	5.3	—	—	7.3	4.0	6.8	6.0	7.3	—	6.6

Table 9I: Urology (2019)—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	6.5	4.0	—	8.0	5.0	4.0	6.0	6.0	—	—
Radical Prostatectomy	4.0	—	—	12.0	6.0	3.5	6.0	6.0	—	—
Transurethral Resection - Bladder	4.0	2.0	—	4.0	4.0	2.5	4.0	4.0	—	—
Radical Cystectomy	4.0	—	—	4.0	3.8	3.0	4.0	4.0	—	—
Cystoscopy	3.0	4.0	—	7.0	3.0	4.0	5.0	10.0	—	—
Hernia/Hydrocele	12.0	18.0	—	11.0	8.0	14.0	12.0	12.0	—	—
Bladder Fulguration	4.0	—	—	4.0	4.0	4.0	8.0	4.0	—	—
Ureteral Reimplantation for Reflux	11.0	—	—	10.0	5.0	8.0	12.0	—	—	—
Weighted Median	4.2	5.7	—	7.1	3.7	5.8	6.3	8.6	—	—

Table 9J: Internal medicine (2019)—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	5.5	6.0	5.0	4.0	4.0	7.0	6.0	4.0	4.0
Angiography/ Angioplasty	2.8	2.0	3.0	2.5	2.0	3.0	4.0	4.0	2.0	3.0
Bronchoscopy	2.8	3.8	1.0	6.0	2.5	2.0	3.5	6.0	4.0	2.0
Gastroscopy	4.0	5.5	3.0	5.0	3.5	4.0	6.0	4.0	2.0	4.0
Weighted Median	3.7	5.0	5.0	4.6	3.5	3.1	4.9	5.6	4.0	3.6

Table 9K: Radiation oncology (2019)—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	1.8	—	4.0	2.0	2.0	—	2.0	—	1.0
Cancer of the Cervix	0.5	1.8	—	4.0	2.0	2.0	—	—	—	1.0
Lung Cancer	1.0	1.3	—	4.0	2.0	2.0	—	1.5	—	1.0
Prostate Cancer	6.0	3.0	—	4.0	2.3	4.0	—	—	—	4.0
Breast Cancer	2.5	2.5	—	4.0	2.0	4.0	—	—	—	4.0
Early Side Effects from Treatment	0.5	2.0	—	0.0	1.0	1.0	—	1.5	—	1.0
Late Side Effects from Treatment	1.0	2.0	—	0.0	2.0	2.0	—	1.5	—	4.0
Weighted Median	3.0	2.3	—	4.0	2.1	3.1	—	1.5	—	2.8

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

Table 9L: Medical oncology (2019)—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	1.5	2.0	1.0	—	2.0	2.0	1.0	1.5	4.0	1.8
Cancer of the Cervix	1.0	2.0	1.0	—	2.0	2.0	1.0	—	4.0	2.0
Lung Cancer	1.5	2.0	1.0	—	2.0	2.0	1.0	2.0	4.0	1.3
Breast Cancer	1.5	2.0	1.0	—	2.0	2.0	1.0	—	4.0	1.3
Side Effects from Treatment	1.0	1.0	1.0	—	0.5	0.5	0.2	0.5	0.2	1.0
Weighted Median	1.5	2.0	1.0	—	2.0	2.0	1.0	2.0	4.0	1.3

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, 2019

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.
Plastic Surgery	32.9	24.7	33%	26.1	16.4	59%	15.3	10.0	54%	17.8	6.4	176%	8.3	7.9	5%
Gynaecology	11.1	6.9	62%	12.7	11.3	12%	6.6	7.2	–8%	7.5	5.9	26%	7.1	6.4	11%
Ophthalmology	19.6	11.8	66%	17.2	12.0	43%	31.3	12.5	151%	46.1	14.3	222%	13.0	8.9	46%
Otolaryngology	14.8	11.4	30%	20.8	9.8	114%	15.2	14.6	4%	14.7	9.1	63%	9.1	6.3	45%
General Surgery	7.1	5.1	38%	10.0	8.8	13%	4.4	4.8	–8%	9.3	7.6	23%	4.7	4.8	-2%
Neurosurgery	10.2	5.1	100%	20.7	9.3	123%	10.2	4.8	114%	12.0	8.0	50%	7.6	3.4	125%
Orthopaedic Surgery	18.9	22.9	–17%	32.5	14.5	124%	22.2	8.4	164%	31.7	15.0	112%	22.3	11.6	92%
Cardiovascular Surg. (Urg.)	1.4	0.5	161%	1.0	—	—	—	—	—	2.0	2.0	0%	0.8	1.0	–22%
Cardiovascular Surg. (Elect.)	5.1	5.3	-4%	12.0	—	—	—	—	—	7.3	7.3	0%	3.9	4.0	–2%
Urology	6.1	4.2	44%	6.0	5.7	6%	—	—	—	6.8	7.1	–4%	4.0	3.7	10%
Internal Medicine	10.2	3.7	177%	20.1	5.0	300%	8.3	5.0	65%	13.8	4.6	202%	5.9	3.5	71%
Radiation Oncology	4.9	3.0	60%	2.8	2.3	22%	2.5	—	—	2.0	4.0	–50%	2.0	2.1	–4%
Medical Oncology	3.9	1.5	161%	1.5	2.0	–25%	1.5	1.0	50%	—	—	—	2.0	2.0	0%
Weighted Median	11.3	8.0	42%	16.0	9.5	68%	13.7	7.6	79%	19.2	8.9	115%	8.0	5.8	37%

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	8.8	8.2	8%	20.9	12.5	66%	14.0	18.0	-22%	—	—	—	10.3	8.4	22%
Gynaecology	8.8	7.1	25%	17.4	21.8	-21%	10.1	8.5	18%	—	—	—	5.0	3.0	67%
Ophthalmology	9.5	8.5	12%	17.1	11.9	44%	20.0	10.8	85%	40.9	11.9	243%	40.7	14.8	175%
Otolaryngology	10.4	6.5	60%	17.3	9.1	91%	19.8	11.4	74%	8.9	6.5	38%	9.8	6.2	58%
General Surgery	5.0	5.2	–5%	10.6	11.0	–4%	11.4	5.0	130%	—	—	—	5.7	5.6	2%
Neurosurgery	5.2	4.0	30%	32.9	11.4	189%	6.0	—	—	—	—	—	—	—	—
Orthopaedic Surgery	21.6	12.9	68%	43.8	21.5	103%	44.4	9.4	372%	—	—	—	19.2	12.5	53%
Cardiovascular Surg. (Urg.)	1.2	0.8	46%	1.0	1.0	0%	1.4	1.0	42%	—	—	—	4.2	1.3	225%
Cardiovascular Surg. (Elect.)	7.2	6.8	5%	24.0	6.0	300%	5.7	7.3	-23%	—	—	—	27.2	6.6	311%
Urology	6.7	5.8	16%	9.3	6.3	47%	8.9	8.6	3%	—	—	—	2.0	—	—
Internal Medicine	4.3	3.1	41%	10.8	4.9	120%	18.8	5.6	235%	7.0	4.0	76%	7.7	3.6	112%
Radiation Oncology	3.8	3.1	22%	—	—	—	4.9	1.5	222%	2.5	—	—	1.6	2.8	–42%
Medical Oncology	2.0	2.0	0%	1.0	1.0	0%	1.5	2.0	–25%	5.0	4.0	25%	1.3	1.3	0%
Weighted Median	9.1	7.1	28%	18.5	11.8	57%	17.1	7.6	126%	20.5	7.4	175%	12.4	6.8	82%

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, 2019

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	3.6%	1.9%	2.0%	1.0%	1.4%	0.1%	0.5%	—	—	0.0%	2.0%
Gynaecology	2.6%	1.0%	0.4%	0.8%	0.8%	0.3%	3.0%	0.3%	—	1.0%	0.9%
Ophthalmology	2.9%	1.8%	0.1%	1.5%	0.9%	0.5%	2.5%	0.0%	0.5%	0.9%	1.4%
Otolaryngology	0.4%	7.5%	0.0%	0.5%	1.3%	1.2%	0.0%	0.5%	0.0%	3.0%	1.2%
General Surgery	1.1%	1.3%	1.4%	0.7%	0.7%	0.2%	1.3%	2.5%	—	1.0%	0.9%
Neurosurgery	1.6%	1.7%	3.0%	5.0%	2.5%	0.5%	0.0%	0.0%	—	—	2.0%
Orthopaedic Surgery	2.6%	1.1%	0.0%	2.5%	1.5%	1.2%	1.0%	5.5%	—	0.3%	1.8%
Cardiovascular Surgery	0.5%	0.5%	—	0.0%	1.8%	0.3%	0.0%	0.3%	—	0.0%	0.4%
Urology	7.7%	1.0%	—	0.5%	1.2%	0.0%	3.4%	0.0%	—	—	2.5%
Internal Medicine	1.9%	5.0%	0.0%	1.0%	3.0%	0.5%	0.3%	1.2%	0.3%	1.0%	1.8%
Radiation Oncology	1.3%	3.0%	—	0.0%	1.0%	0.3%	—	0.0%	0.0%	0.0%	0.9%
Medical Oncology	6.5%	0.0%	—	—	1.6%	1.0%	0.0%	0.0%	0.5%	1.0%	2.3%
All Specialties	2.6%	1.8%	0.7%	1.2%	1.3%	0.5%	1.4%	1.6%	0.4%	0.8%	1.5%

Table 12: Estimated number of procedures for which patients are waiting after appointment with specialist, by specialty, 2019

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	5,409	4,041	452	627	3,669	2,318	688	369	—	186
Gynaecology	3,993	5,505	747	975	8,004	4,232	1,411	852	—	584
Ophthalmology	30,362	19,883	10,826	14,042	43,862	24,265	2,964	6,838	1,520	6,503
Otolaryngology	3,781	5,305	1,791	1,265	9,376	7,605	1,083	1,335	97	528
General Surgery	18,862	15,721	2,791	5,448	27,392	7,061	1,809	6,599	—	2,605
Neurosurgery	1,547	2,070	330	231	3,031	1,015	718	56	—	—
Orthopaedic Surgery	14,824	21,518	5,266	7,332	53,834	25,887	6,767	8,398	—	1,552
Cardiovascular Surgery	330	56	—	3	434	485	39	2	—	55
Urology	6,664	3,902	—	968	16,279	4,374	1,292	2,376	—	16
Internal Medicine	14,002	18,662	2,183	3,830	15,743	2,356	722	4,879	304	1,422
Radiation Oncology	69	33	4	3	430	249	—	45	3	8
Medical Oncology	301	79	32	—	1,291	309	16	32	7	14
Residual	66,051	77,752	22,151	30,286	163,522	62,459	14,478	24,342	3,255	15,727
Total	166,195	174,529	46,573	65,008	346,867	142,616	31,987	56,123	5,186	29,201
Proportion of Population	3.32%	4.06%	4.00%	4.80%	2.42%	1.70%	4.15%	5.85%	3.38%	5.56%

Canada: Total number of procedures for which patients are waiting in 2018 — 1,064,286

Percentage of Population — 2.9%

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 (2019)—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	3,302	2,810	188	405	1,840	961	496	141	—	107
Neurolysis	449	183	33	23	654	541	56	28	—	34
Blepharoplasty	238	185	46	6	93	75	12	8	—	10
Rhinoplasty	310	172	-	43	270	52	50	18	—	—
Scar Revision	695	538	120	113	497	266	37	70	—	12
Hand Surgery	416	153	65	36	314	423	37	104	—	23
Total	5,409	4,041	452	627	3,669	2,318	688	369	—	186

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

Table 13B: Gynaecology (2019)—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	811	1,089	91	267	1,761	381	208	143	—	205
Tubal Ligation	180	1,169	156	128	1,209	730	356	112	—	47
Hysterectomy (Vaginal/Abdominal)	1,379	1,752	269	288	2,385	1,751	361	265	—	74
Vaginal Repair	290	512	47	73	396	320	74	40	—	22
Tuboplasty	33	28	14	2	16	11	—	2	—	1
Laparoscopic Procedures	197	151	37	38	528	287	51	26	—	14
Hysteroscopic Procedures	1,102	803	133	179	1,709	752	361	262	—	222
Total	3,993	5,505	747	975	8,004	4,232	1,411	852	—	584

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

Table 13C: Ophthalmology (2019)—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	26,097	15,132	10,253	12,869	35,335	19,872	2,726	5,681	1,500	6,152
Cornea Transplant	519	550	—	62	523	851	0	163	—	—
Cornea - Pterygium	120	185	49	8	301	249	8	10	9	14
Iris, Ciliary Body, Sclera, Anterior Chamber	354	431	—	—	1,440	675	49	—	—	—
Retina, Choroid, Vitreous	1,739	2,375	195	513	1,305	622	17	521	—	116
Lacrimal Duct	292	316	131	—	551	313	52	—	2	6
Strabismus	663	339	—	553	3,382	927	92	423	8	25
Operations on Eyelids	579	556	198	36	1,026	757	21	40	—	191
Total	30,362	19,883	10,826	14,042	43,862	24,265	2,964	6,838	1,520	6,503

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 (2019)—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	167	387	102	114	1,757	2,851	334	252	17	189
Tympanoplasty	313	190	79	44	492	493	50	60	7	47
Thyroid, Parathyroid, and Other Endocrine Glands	500	657	33	302	1,437	629	86	158	—	53
Tonsillectomy and/or Adenoidectomy	850	2,070	1,141	484	3,271	2,318	406	600	47	114
Rhinoplasty and/or Septal Surgery	484	396	139	88	519	406	37	154	4	23
Operations on Nasal Sinuses	1,468	1,605	298	232	1,901	910	170	112	23	100
Total	3,781	5,305	1,791	1,265	9,376	7,605	1,083	1,335	97	528

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

Table 13E: General surgery (2019)—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	2,502	3,460	423	978	4,016	2,772	448	537	—	73
Cholecystectomy	1,292	2,092	390	1,004	3,202	1,415	519	625	—	72
Colonoscopy	8,443	3,850	777	1,268	5,815	451	192	3,356	—	1,858
Intestinal Operations	5,441	5,258	878	1,933	12,080	1,435	216	1,539	—	543
Haemorrhoidectomy	570	473	168	263	1,023	202	64	251	—	17
Breast Biopsy	8	2	1	2	15	16	4	22	—	17
Mastectomy	347	176	65	—	877	621	76	82	—	23
Bronchus and Lung	27	—	62	—	—	—	53	86	—	—
Aneurysm Surgery	23	—	—	—	—	—	—	8	—	0
Varicose Veins	207	410	29	—	364	149	237	94	—	1
Total	18,862	15,721	2,791	5,448	27,392	7,061	1,809	6,599		2,605

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

Table 13F: Neurosurgery (2019)—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	160	139	74	—	460	403	71	13	—	—
Disc Surgery/ Laminectomy	1,096	796	130	—	1,114	329	359	43	—	—
Elective Cranial Bone Flap	260	1,136	126	231	1,420	283	279	—	—	—
Aneurysm Surgery	6	—	—	—	9	—	4	—	—	—
Carotid endarterectomy	25	—	—	—	27	—	5	—	—	—
Total	1,547	2,070	330	231	3,031	1,015	718	56	—	—

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

Table 13G: Orthopaedic surgery (2019)—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	400	424	139	155	817	1,601	145	314	—	47
Removal of Pins	1,224	900	243	264	1,909	1,962	252	315	—	55
Arthroplasty (Hip, Knee, Ankle, Shoulder)	8,488	16,696	3,416	4,756	41,490	15,738	4,738	6,281	—	1,142
Arthroplasty (Interphalangeal, Metatarsophalangeal)	1,780	329	197	197	1,116	468	229	47	—	55
Hallux Valgus/Hammer Toe	367	102	25	60	305	233	73	48	—	10
Digit Neuroma	867	415	82	396	2,137	1,386	380	656	—	83
Rotator Cuff Repair	628	970	149	290	1,357	832	134	308	—	127
Ostectomy (All Types)	903	715	159	310	2,011	794	272	367	—	32
Routine Spinal Instability	168	968	856	905	2,691	2,873	545	62	—	—
Total	14,824	21,518	5,266	7,332	53,834	25,887	6,767	8,398	—	1,552

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

Table 13H: Cardiovascular surgery (2019)—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	39	—	—	—	82	171	11	—	—	29
Valves & Septa of the Heart	39	—	—	—	118	161	7	—	—	26
Aneurysm Surgery	1	—	—	1	3	2	0	0	—	0
Carotid Endarterectomy	9	—	—	3	8	10	2	2	—	0
Pacemaker Operations	242	56	—	—	222	142	19	—	—	—
Total	330	56	—	3	434	485	39	2	—	55

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

Table 13I: Urology (2019)—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	699	262	—	128	760	625	147	137	—	16
Radical Prostatectomy	132	82	—	41	244	177	35	37	—	—
Transurethral Resection — Bladder	453	219	—	64	972	623	95	47	—	—
Radical Cystectomy	19	—	—	5	40	28	5	5	—	—
Cystoscopy	4,316	1,182	—	352	10,991	799	421	1,714	—	—
Hernia/Hydrocele	746	1,862	—	281	1,449	1,675	448	254	—	—
Bladder Fulguration	288	277	—	90	1,807	408	141	182	—	—
Ureteral Reimplantation for Reflux	11	19	—	7	17	40	1	—	—	—
Total	6,664	3,902	—	968	16,279	4,374	1,292	2,376	—	16

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

Table 13J: Internal medicine (2019)—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	11,953	17,223	1,827	3,749	12,331	716	304	4,232	295	979
Angiography /Angioplasty	1,565	239	262	—	1,559	1,316	274	210	1	371
Bronchoscopy	84	434	26	—	904	173	53	377	4	53
Gastroscopy	400	766	68	81	949	150	91	60	4	20
Total	14,002	18,662	2,183	3,830	15,743	2,356	722	4,879	304	1,422

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

Table 13K: Radiation oncology (2019)—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	69	33	4	3	430	249	—	45	3	8

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 (2019)—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	301	79	32	—	1,291	309	16	32	7	14

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 (2019)—procedures per 100,000 population

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	108	94	39	46	26	28	89	38	—	35
Gynaecology	80	128	64	72	56	50	183	89	—	111
Ophthalmology	607	462	931	1,038	306	289	384	713	990	1,237
Otolaryngology	76	123	154	93	65	91	140	139	63	100
General Surgery	377	366	240	403	191	84	235	688	—	496
Neurosurgery	31	48	28	17	21	12	93	6	—	—
Orthopaedic Surgery	296	500	453	542	376	309	878	875	—	295
Cardiovascular Surgery	7	1	—	0	3	6	5	0	—	11
Urology	133	91	—	72	114	52	168	248	—	3
Internal Medicine	280	434	188	283	110	28	94	508	198	271
Radiation Oncology	1	1	0	0	3	3	—	5	2	2
Medical Oncology	6	2	3	—	9	4	2	3	5	3

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, 2019 and 2018

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg
Plastic Surgery	5,409	3,767	44%	4,041	3,016	34%	452	349	30%	627	139	351%	3,669	5,138	–29%
Gynaecology	3,993	3,546	13%	5,505	4,890	13%	747	1,046	–29%	975	996	–2%	8,004	11,031	–27%
Ophthalmology	30,362	34,920	–13%	19,883	21,541	–8%	10,826	3,791	186%	14,042	11,018	27%	43,862	56,019	–22%
Otolaryngology	3,781	3,763	0%	5,305	5,148	3%	1,791	1,969	–9%	1,265	1,464	–14%	9,376	10,304	–9%
General Surgery	18,862	20,049	–6%	15,721	13,444	17%	2,791	2,510	11%	5,448	5,775	–6%	27,392	26,668	3%
Neurosurgery	1,547	1,728	–10%	2,070	2,009	3%	330	395	–17%	231	—	—	3,031	4,397	–31%
Orthopaedic Surgery	14,824	32,605	–55%	21,518	19,851	8%	5,266	5,679	–7%	7,332	9,789	–25%	53,834	42,080	28%
Cardiovascular Surgery	330	664	–50%	56	212	–73%	—	7	—	3	—	—	434	280	55%
Urology	6,664	7,663	–13%	3,902	8,103	–52%	—	298	—	968	818	18%	16,279	14,514	12%
Internal Medicine	14,002	14,717	–5%	18,662	10,860	72%	2,183	1,915	14%	3,830	7,193	–47%	15,743	17,915	–12%
Radiation Oncology	69	86	–20%	33	41	–20%	4	4	4%	3	1	91%	430	406	6%
Medical Oncology	301	223	35%	79	187	–58%	32	—	—	—	—	—	1,291	950	36%
Residual	66,051	82,224	–20%	77,752	69,326	12%	22,151	14,724	50%	30,286	30,750	–2%	163,522	165,140	–1%
Total	166,195	205,955	–19%	174,529	158,630	10%	46,573	32,689	42%	65,008	67,943	–4%	346,867	354,843	–2%

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg	2019	2018	% chg
Plastic Surgery	2,318	3,283	–29%	688	938	–27%	369	1,875	–80%	—	—	—	186	—	—
Gynaecology	4,232	4,735	–11%	1,411	1,211	17%	852	1,003	–15%	—	451	—	584	2,411	–76%
Ophthalmology	24,265	27,564	–12%	2,964	2,855	4%	6,838	6,674	2%	1,520	1,342	13%	6,503	1,805	260%
Otolaryngology	7,605	4,551	67%	1,083	751	44%	1,335	684	95%	97	—	—	528	596	–11%
General Surgery	7,061	10,938	–35%	1,809	886	104%	6,599	9,938	–34%	—	239	—	2,605	3,208	–19%
Neurosurgery	1,015	2,766	–63%	718	—	—	56	210	–74%	—	—	—	—	—	—
Orthopaedic Surgery	25,887	19,093	36%	6,767	6,451	5%	8,398	7,741	8%	—	—	—	1,552	1,919	–19%
Cardiovascular Surgery	485	123	296%	39	38	2%	2	—	—	—	—	—	55	24	130%
Urology	4,374	5,745	–24%	1,292	1,482	–13%	2,376	2,522	–6%	—	—	—	16	—	—
Internal Medicine	2,356	2,429	–3%	722	702	3%	4,879	2,453	99%	304	3	10,297%	1,422	1,499	–5%
Radiation Oncology	249	166	50%	—	—	—	45	22	105%	3	—	—	8	—	—
Medical Oncology	309	318	–3%	16	—	—	32	89	–65%	7	3	184%	14	—	—
Residual	62,459	63,514	–2%	14,478	13,021	11%	24,342	25,840	–6%	3,255	2,488	31%	15,727	13,885	13%
Total	142,616	145,224	–2%	31,987	28,336	13%	56,123	59,051	–5%	5,186	4,524	15%	29,201	25,347	15%

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, 2017–2018

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	19,354	13,898	4,969	4,867	57,445	25,323	3,583	4,566	656	2,226
Arthroplasty (Interphalangeal/Metatarsophalangeal)	459	535	135	100	633	360	52	57	27	42
Hallux Valgus/Hammer Toe	60	91	16	6	50	58	7	6	6	0
Meniscectomy/Arthroscopy	169	173	46	108	476	354	15	39	3	31
Ostectomy	1,002	1,250	220	274	3,097	1,832	162	365	36	79
Removal of Pins	1,017	1,062	256	260	2,681	1,605	223	239	37	94
Rotator Cuff Repair	816	1,045	212	222	2,246	1,180	103	184	15	75
Routine Spinal Instability	1,061	1,391	854	470	4,585	2,626	566	270	0	235
Bladder Fulguration	1,501	1,255	436	248	5,798	3,221	383	565	43	323
Cystoscopy	4,134	4,022	681	208	10,304	5,128	760	1,145	133	784
Non-radical Prostatectomy	3,467	2,457	671	260	6,984	3,623	379	589	106	408
Radical Cystectomy	244	163	37	39	516	359	42	71	0	31
Radical Prostatectomy	1,055	713	161	178	2,539	1,512	181	190	4	104
Transurethral Resection—Bladder	1,244	1,601	327	292	4,930	2,251	246	216	65	455
Ureteral Reimplantation for Reflux	52	36	27	21	176	160	4	19	1	5
Cataract Removal	74	203	36	51	102	250	9	34	1	8
Cornea Transplant	13	74	40	5	15	165	0	14	0	0
Cornea—Pterygium	3	17	5	1	5	17	0	0	0	0
Iris, Ciliary Body, Sclera, Anterior Chamber	52	187	49	25	158	181	2	33	1	7
Lacrimal Duct Surgery	51	49	11	12	47	63	3	13	0	3
Operations on Eyelids	124	214	46	32	308	268	21	69	3	7
Retina, Choroid, Vitreous	298	2,337	344	388	644	591	1	130	0	7
Strabismus Surgery	17	18	5	5	59	32	1	6	0	1
Myringotomy	227	228	76	81	995	1,480	42	73	20	47
Operations on Nasal Sinuses	633	224	41	233	1,194	787	65	129	6	87
Thyroid, Parathyroid, and other Endocrine Glands	1,630	1,779	515	508	6,812	4,079	336	563	16	339
Tonsillectomy and/or Adenoidectomy	1,054	805	494	428	3,544	2,789	157	193	126	328
Tympanoplasty	67	64	5	9	303	194	15	96	5	5
Radiotherapy	397	595	11	59	10,954	2,773	425	478	67	254
Chemotherapy	3,802	2,415	974	567	26,777	7,420	817	915	62	533
Breast Biopsy	85	44	13	16	245	196	32	11	1	4
Bronchus and Lung	1,346	1,255	223	426	4,515	3,938	367	485	1	179
Cholecystectomy	3,572	4,536	1,322	1,655	8,842	7,379	995	1,348	145	447
Haemorrhoidectomy	74	80	43	44	199	128	15	16	4	8

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Intestinal Operations	8,986	6,946	2,420	2,319	25,408	17,259	1,699	2,468	204	1,385
Mastectomy	1,715	1,171	488	262	2,785	2,274	210	426	60	284
Varicose Veins	52	11	13	28	29	28	3	5	0	7
Disk Surgery/Laminectomy	1,680	1,165	287	176	4,032	1,733	268	280	0	319
Elective Cranial Bone Flap	3,319	3,241	1,080	981	12,146	5,736	550	766	2	379
Blepharoplasty	8	19	2	2	19	16	1	2	0	0
Mammoplasty	394	1,082	102	265	1,154	624	189	130	22	125
Scar Revision	783	1,727	149	238	1,576	1,316	83	207	9	52
Coronary Artery Bypass	2,700	1,444	543	613	8,479	5,930	589	583	0	435
Pacemaker Operations	2,815	1,959	722	709	7,260	8,974	810	593	103	337
Valves & Septa of the Heart	2,711	2,242	355	548	8,208	5,575	345	586	0	205
Angiography/Angioplasty	5,662	3,718	2,079	837	25,670	16,957	1,558	1,577	2	892
Bronchoscopy	745	1,464	155	284	7,163	4,250	181	516	6	275
Gastroscopy	671	809	126	81	2,821	1,184	237	292	5	83
Dilation and Curettage	249	207	42	74	389	264	9	19	3	31
Hysterectomy	4,940	5,570	1,358	1,551	13,772	7,918	1,169	1,451	268	760
Hysteroscopic Procedures	182	137	40	37	237	134	9	27	3	28
Laparoscopic Procedures	281	237	123	51	1,608	975	48	43	3	27
Tubal Ligation	364	1,936	533	604	4,032	1,742	310	221	53	186
Tuboplasty	24	28	11	6	67	33	2	2	3	2
Vaginal Repair	751	1,193	187	352	1,764	1,048	156	195	12	152
Rhinoplasty and/or Septal Surgery	375	192	24	113	619	515	28	78	4	35
Hernia/Hydrocele	4,212	4,031	1,267	1,430	19,635	6,776	877	1,259	100	560
Carotid Endarterectomy	763	305	105	151	1,315	971	158	118	0	71
Hand Surgery/Digit Neuroma	273	407	103	87	716	591	50	45	6	25
Neurolysis/Peripheral Nerve	327	408	72	75	1,759	2,571	58	111	108	23
Colonoscopy	3,069	2,843	1,242	836	10,029	8,173	672	776	46	508
Aneurysm Surgery	303	206	69	99	919	589	51	69	0	29
Residual	119,816	122,547	30,719	31,912	372,683	212,900	22,687	28,675	2,362	16,079
Total	217,324	212,061	57,717	56,819	704,472	399,378	43,016	54,647	4,974	30,450

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2017-18 and Fiscal 2009/10 CCI to CCP Conversion Tables; and the 2015 ICD-10-CA and CCI Evolution Tables.

Table 16B: Same day procedures, 2017–2018

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	5,167	5,834	2,282	2,862	25,534	6,153	1,344	1,164	256	248
Arthroplasty (Interphalangeal/Metatarsophalangeal)	1,321	779	283	318	2,995	1,161	161	249	66	101
Hallux Valgus/Hammer Toe	307	315	75	121	1,009	699	66	97	41	27
Meniscectomy/Arthroscopy	1,910	1,402	612	365	4,832	6,584	362	415	78	212
Ostectomy	1,040	1,073	240	384	3,439	1,610	242	431	73	89
Removal of Pins	2,960	2,538	715	426	5,593	4,771	322	416	128	192
Rotator Cuff Repair	1,225	1,248	340	381	3,635	1,912	217	388	51	256
Routine Spinal Instability	31	7	2	15	80	42	1	0	0	0
Bladder Fulguration	2,242	1,364	930	928	17,692	2,087	533	1,328	133	886
Cystoscopy	33,274	16,466	10,141	3,119	132,574	1,519	2,892	7,767	1,258	8,908
Non-radical Prostatectomy	1,077	265	187	294	2,900	1,020	256	121	2	16
Radical Prostatectomy	0	0	0	0	1	19	0	0	0	0
Transurethral Resection—Bladder	3,463	1,242	539	538	9,508	5,842	575	762	56	254
Ureteral Reimplantation for Reflux	28	105	18	9	40	46	1	11	0	6
Cataract Removal	61,609	39,140	13,994	11,487	131,144	103,085	8,328	13,393	1,902	6,657
Cornea Transplant	600	359	0	106	1,073	686	0	149	0	2
Cornea—Pterygium	516	550	102	33	1,299	1,060	31	66	12	39
Iris, Ciliary Body, Sclera, Anterior Chamber	1,789	1,852	452	482	7,722	3,516	47	989	4	191
Lacrimal Duct Surgery	671	1,319	273	118	2,156	1,292	94	165	2	95
Operations on Eyelids	2,386	3,640	982	125	4,137	4,105	248	280	34	375
Retina, Choroid, Vitreous	11,007	8,639	2,197	3,172	21,982	15,578	33	3,255	3	995
Strabismus Surgery	1,419	1,449	267	418	4,337	2,378	183	361	16	131
Myringotomy	1,699	2,287	1,685	663	12,542	13,343	1,117	1,017	197	937
Operations on Nasal Sinuses	3,183	2,095	897	773	8,690	3,155	355	358	94	433
Thyroid, Parathyroid, and Other Endocrine Glands	536	357	57	121	1,491	593	35	24	1	7
Tonsillectomy and/or Adenoidectomy	2,628	3,875	1,788	1,144	13,048	8,167	899	673	76	267
Tympanoplasty	612	758	289	222	2,257	1,461	137	165	24	241
Radiotherapy	344	22	82	11	230	674	267	4	0	10
Chemotherapy	239	331	132	10	6,633	617	31	194	14	27
Breast Biopsy	60	19	8	19	145	75	8	396	6	873
Bronchus and Lung	77	77	8	8	110	76	2	9	0	4
Cholecystectomy	4,828	4,530	1,573	1,608	18,906	8,975	1,256	1,362	179	1,056
Haemorrhoidectomy	3,047	1,150	1,297	1,198	8,665	1,372	72	552	17	355
Intestinal Operations	61,750	29,509	11,623	12,040	131,630	1,400	344	12,083	1,802	9,917

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mastectomy	4,301	2,892	633	927	12,419	8,489	773	707	117	498
Varicose Veins	1,026	724	319	190	1,866	1,079	234	120	2	38
Disk Surgery/Laminectomy	1,882	262	88	80	1,236	408	91	91	0	6
Elective Cranial Bone Flap	58	40	15	18	164	142	7	15	0	9
Blepharoplasty	404	583	148	25	950	768	62	22	0	19
Mammoplasty	3,183	1,962	598	437	8,415	4,372	670	277	10	339
Scar Revision	507	604	110	130	1,010	989	77	116	11	29
Pacemaker Operations	3,474	972	483	661	4,308	854	162	455	44	395
Valves & Septa of the Heart	0	3	1	1	1	1	0	0	0	0
Angiography/Angioplasty	10,610	803	1,323	2,505	1,355	157	481	247	8	1,522
Bronchoscopy	711	2,465	181	273	4,587	254	92	374	25	408
Gastroscopy	1,137	886	314	430	5,402	119	58	483	33	120
Dilation and Curettage	5,776	6,872	1,141	1,909	17,928	4,684	894	913	284	2,101
Hysterectomy	183	125	388	115	1,730	361	3	2	0	5
Hysteroscopic Procedures	4,595	4,040	1,348	1,395	10,873	4,756	1,034	1,109	299	2,281
Laparoscopic Procedures	451	417	196	193	1,822	684	99	71	27	117
Tubal Ligation	418	1,441	421	420	3,827	2,054	462	310	71	305
Tuboplasty	126	44	14	6	52	22	2	8	1	5
Vaginal Repair	325	209	55	47	810	338	37	37	8	76
Rhinoplasty and/or Septal Surgery	1,680	1,318	561	396	4,241	2,299	165	281	31	137
Hernia/Hydrocele	11,480	9,998	2,566	3,022	30,237	21,076	2,034	2,169	306	1,412
Carotid Endarterectomy	0	0	0	0	2	1	0	0	0	0
Hand Surgery/Digit Neuroma	3,574	2,056	1,249	1,068	8,947	7,246	834	1,203	112	668
Neurolysis/Peripheral Nerve	1,541	751	283	257	5,493	2,341	350	179	25	331
Colonoscopy	85,315	55,287	17,763	21,331	136,553	1,831	1,115	16,984	3,358	13,012
Aneurysm Surgery	1	0	0	0	0	0	0	1	0	0
Residual	179,171	129,057	53,650	50,274	678,638	139,235	18,486	45,238	5,910	51,071
Total	534,974	358,407	137,918	129,628	1,530,895	409,633	48,681	120,056	17,207	108,711

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2017-18; Fiscal 2009/10 CCI to CCP Conversion Tables; and the 2015 ICD-10-CA and CCI Evolution Tables.

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

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

Alberta Alberta Wait Times Reporting web site, <http://waittimes.alberta.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,
<https://g74web.pub.msss.rtss.qc.ca/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, 2019 Report

The psychiatry waiting list survey was conducted between January 9 and April 26, 2019. 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 Deloitte LLP. This year, the overall response rate to the psychiatry survey was 4.1% (table B1). As a result of the low response rate, results should be interpreted with caution.

Table B1: Psychiatry (2019)—summary of responses, 2019

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	586	356	78	152	1650	1048	39	112	8	50	4,079
Number of Responses	30	16	6	8	70	23	5	6	0	2	166
Response Rates	5.1%	4.5%	7.7%	5.3%	4.2%	2.2%	12.8%	5.4%	0.0%	4.0%	4.1%

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.

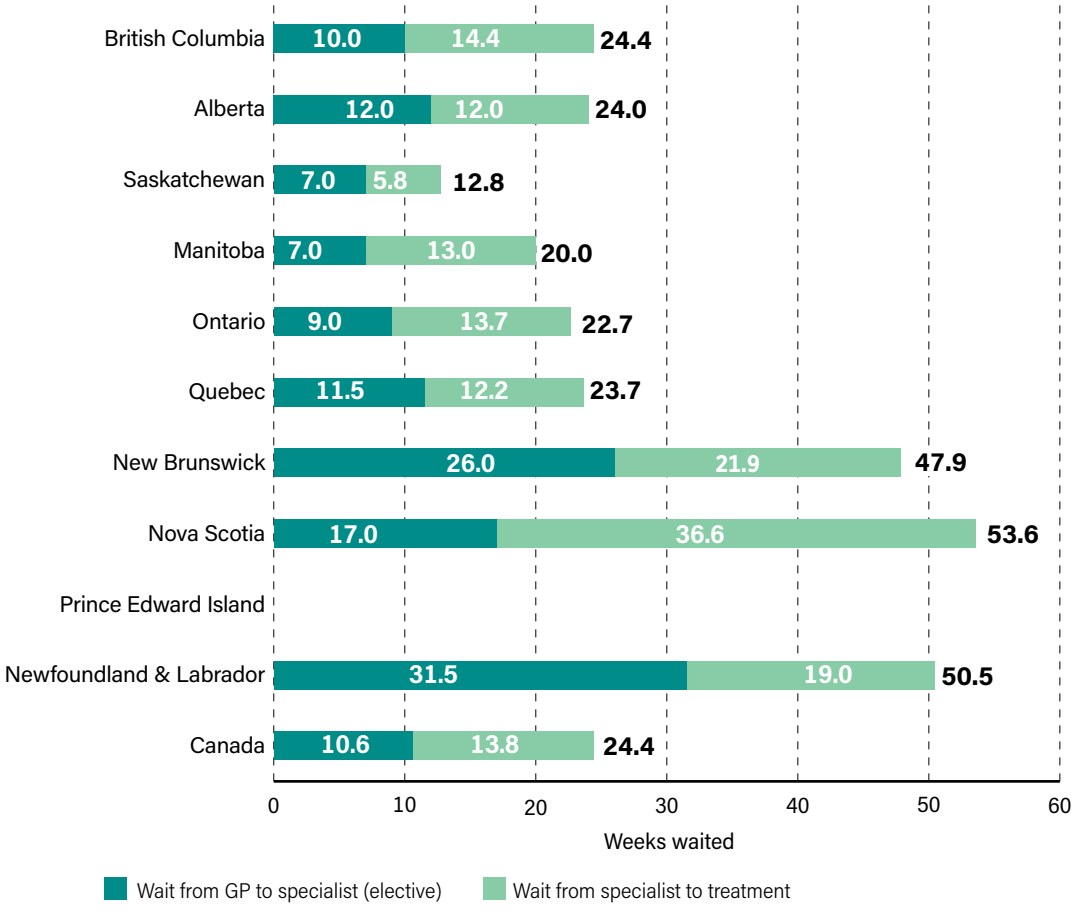
Unlike other specialties discussed in *Waiting Your Turn*, in which the waiting times are weighted by the total number of such procedures that have been done by all physicians, the overall median for psychiatry is presented as an unweighted measure (see the section, "Method" (pp. 11–13), for a clear 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 increased from 20.8 weeks in 2018 to 24.4 weeks in 2019 (graph B1). The shortest waiting times are in Saskatchewan (12.8 weeks), Manitoba (20.0 weeks), and Ontario (22.7 weeks). The longest total waits are in Nova Scotia (53.6 weeks) and Newfoundland & Labrador (50.5 weeks).

Graph B1: Psychiatry—weeks waited from referral by GP to treatment, by province, 2019



Note: Totals may not equal the sum of subtotals as a result of rounding.
Source: The Fraser Institute's national waiting list survey, 2019.

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 2.2 weeks, ranging from 2.0 weeks in Ontario, Quebec, Manitoba, and British Columbia to 6.0 weeks in New Brunswick. The waiting time for referrals on an elective basis across the provinces is 10.6 weeks. The provinces with the longest wait times for elective referrals are Newfoundland & Labrador (31.5 weeks) and New Brunswick (26.0). On the other hand, Saskatchewan and Manitoba (7.0 weeks) have the shortest wait times for elective referrals.

Table B2: Psychiatry (2019)—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	3.0	3.3	2.0	2.0	2.0	6.0	4.5	—	2.8	2.2
Elective	10.0	12.0	7.0	7.0	9.0	11.5	26.0	17.0	—	31.5	10.6

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 Nova Scotia (36.6 weeks), New Brunswick (21.9 weeks), and Newfoundland & Labrador (19.0 weeks). The shortest waits are in Saskatchewan (5.8 weeks), Alberta (12.0 weeks), and Quebec (12.2 weeks). Among the treatments, patients wait longest for access to a housing program (28.7 weeks) and for access to an eating-disorders program (18.7 weeks), while wait times are shortest for pharmacotherapy (5.3 weeks) and for access to an assertive community treatment program (8.6 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 New Brunswick and Newfoundland & Labrador. Waits of 26 weeks or more are least frequent in Saskatchewan (0.0%), and most frequent in Nova Scotia (43.5%).

Table B3: Psychiatry (2019)—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	11.0	9.0	6.0	4.0	9.5	12.0	24.0	44.0	—	10.8	11.1
Initiate a course of long—term psychotherapy	12.0	12.0	10.0	17.0	12.0	24.0	30.0	104.0	—	16.0	18.0
Initiate a course of pharmacotherapy	5.0	3.5	6.0	2.0	6.0	3.0	7.0	7.0	—	48.5	5.3
Initiate a course of couple/marital therapy	9.0	16.0	7.0	10.0	10.0	8.0	10.0	—	—	3.0	9.7
Initiate cognitive behaviour therapy	8.0	12.0	5.0	12.0	10.0	12.0	30.0	9.5	—	10.8	10.6
Access a day program	8.0	12.0	2.0	11.0	12.0	3.0	2.0	36.0	—	21.0	9.6
Access an eating disorders program	20.0	12.0	9.0	16.0	22.0	16.0	75.0	3.0	—	16.0	18.7
Access a housing program	52.0	12.0	2.5	12.0	38.0	12.0	30.0	—	—	10.0	28.7
Access an evening program	16.0	14.0	5.8	12.0	12.0	18.0	9.5	—	—	1.5	14.1
Access a sleep disorders program	12.0	26.0	6.0	39.0	7.0	20.0	9.0	77.0	—	52.0	16.4
Access assertive community treatment or similar program	5.0	4.0	4.5	8.0	12.0	6.0	14.0	12.0	—	20.0	8.6
Unweighted Median	14.4	12.0	5.8	13.0	13.7	12.2	21.9	36.6	—	19.0	13.8

Table B4: Psychiatry (2019)—frequency distribution of survey waiting times (specialist to treatment), by province

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0–3.99 weeks	16%	14%	29%	16%	10%	22%	11%	17%	—	25%
4–7.99 weeks	23%	21%	44%	20%	22%	17%	24%	22%	—	0%
8–12.99 weeks	22%	29%	26%	35%	34%	27%	13%	17%	—	6%
13–25.99 weeks	24%	19%	0%	22%	12%	15%	11%	0%	—	44%
26–51.99 weeks	7%	9%	0%	4%	10%	9%	29%	4%	—	13%
1 year plus	8%	8%	0%	2%	12%	10%	13%	39%	—	13%

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

Table B5 compares the 2019 and 2018 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 four provinces. However, five provinces experienced an increase: British Columbia (43%), Ontario (11%), Quebec (3%), New Brunswick (1%) and Nova Scotia (202%).

Table B5: Psychiatry—comparison of median weeks waited to receive treatment after appointment with specialist, by province, 2019 and 2018

	2019	2018	% change
British Columbia	14.4	10.1	43%
Alberta	12.0	18.2	–34%
Saskatchewan	5.8	6.2	–7%
Manitoba	13.0	13.8	–6%
Ontario	13.7	12.3	11%
Quebec	12.2	11.8	3%
New Brunswick	21.9	21.7	1%
Nova Scotia	36.6	12.1	202%
Prince Edward Island	—	—	—
Newfoundland & Labrador	19.0	31.8	–40%

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 94% of cases, the actual waiting time for treatment (table B3) is greater than the clinically reasonable median waiting time (table B6). In Nova Scotia, the wait time for treatment (after an appointment with a specialist) is 483% longer than the median considered reasonable. The actual overall median specialist-to-treatment waits in Saskatchewan exceeds the corresponding "reasonable" value by 40%, a smaller gap than in the other provinces.

Table B6: Psychiatry (2019)—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	4.0	3.5	5.5	4.0	4.0	4.0	6.0	4.0	—	1.8	4.0
Initiate a course of long-term psychotherapy	8.0	6.0	6.0	4.0	8.0	7.0	12.0	16.0	—	8.0	7.6
Initiate a course of pharmacotherapy	2.0	2.0	2.5	2.0	3.0	1.5	3.0	3.5	—	13.0	2.5
Initiate a course of couple/ marital therapy	4.0	4.0	4.0	4.0	4.0	4.5	6.0	7.5	—	5.0	4.3
Initiate cognitive behaviour therapy	4.0	4.0	4.0	4.0	4.0	5.0	10.0	4.0	—	2.3	4.3
Access a day program	6.0	3.0	3.0	4.5	4.0	2.0	8.0	11.0	—	4.0	3.9
Access an eating disorders program	4.0	4.0	7.0	3.0	4.0	4.0	10.0	2.0	—	3.5	4.0
Access a housing program	8.0	4.0	2.0	3.0	5.0	4.0	8.0	7.5	—	2.0	5.0
Access an evening program	4.0	6.5	3.5	4.0	7.0	5.0	6.0	5.5	—	2.8	5.7
Access a sleep disorders program	6.0	5.5	4.0	6.0	4.0	4.0	4.0	2.0	—	8.5	4.5
Access assertive community treatment or similar program	2.0	2.0	4.0	3.0	4.0	4.0	6.0	6.0	—	3.0	3.6
Unweighted Median	4.7	4.0	4.1	3.8	4.6	4.1	7.2	6.3	—	4.9	4.5

Finally, patients also prefer earlier treatment. On average, only 7.3% 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 75.2%.

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 2018, the national waiting times for CT scans have

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 (2019)—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	175%	157%	9%	0%	138%	200%	300%	1,000%	—	514%	180%
Initiate a course of long-term psychotherapy	50%	100%	67%	325%	50%	243%	150%	550%	—	100%	136%
Initiate a course of pharmacotherapy	150%	75%	140%	0%	100%	100%	133%	100%	—	273%	113%
Initiate a course of couple/marital therapy	125%	300%	75%	150%	150%	78%	67%	—	—	–40%	128%
Initiate cognitive behaviour therapy	100%	200%	25%	200%	150%	140%	200%	138%	—	378%	146%
Access a day program	33%	300%	–33%	144%	200%	50%	–75%	227%	—	425%	144%
Access an eating disorders program	400%	200%	29%	433%	450%	300%	650%	50%	—	357%	366%
Access a housing program	550%	200%	25%	300%	660%	200%	275%	—	—	400%	473%
Access an evening program	300%	115%	64%	200%	71%	260%	58%	—	—	–45%	146%
Access a sleep disorders program	100%	373%	50%	550%	75%	400%	125%	3,750%	—	512%	265%
Access assertive community treatment or similar program	150%	100%	13%	167%	200%	50%	133%	100%	—	567%	141%
Unweighted Median	204%	198%	40%	245%	195%	198%	204%	483%	—	290%	209%

decreased in 2019. The median wait for a CT scan across the provinces is 5.1 weeks, ranging from a high of 14.0 weeks (Newfoundland & Labrador) to a low of 2.5 weeks (Nova Scotia). In 2019, the median wait for an MRI across the provinces is 10.7 weeks, shorter than it was in 2018 (14.4 weeks). Patients in New Brunswick wait the longest (20.0 weeks), while patients in Ontario wait the least amount of time (8.0 weeks). Finally, the median wait for an EEG across the provinces has increased from 4.5 weeks in 2018 to 5.2 weeks this year. Residents of Nova Scotia face the shortest waits for an EEG (2.0 weeks), while residents of Newfoundland & Labrador wait longest (16.0 weeks). [2]

2. For comparison, the overall Canadian median waiting time for CT scans was 4.8 weeks in the traditional 12 specialties and 5.1 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 2.7 weeks across nine provinces. The overall Canadian median waiting time for MRIs was 9.3 weeks in the traditional 12 specialties and 10.7 weeks in the psychiatry survey. The mean absolute difference in this case was 5.1 weeks.

Table B8: Psychiatry (2019)—waiting for technology: weeks waited to receive selected diagnostic tests in 2019, 2018, and 2017

	CT-Scan			MRI			EEG		
	2019	2018	2017	2019	2018	2017	2019	2018	2017
British Columbia	7.0	6.0	5.0	16.0	20.0	18.0	6.0	3.5	3.0
Alberta	6.0	12.0	7.0	12.0	20.0	17.0	8.0	8.0	4.0
Saskatchewan	4.5	2.0	4.0	9.5	9.0	23.0	10.0	2.5	4.3
Manitoba	6.0	7.0	5.0	12.0	10.0	10.0	12.0	2.0	5.0
Ontario	4.0	5.0	3.8	8.0	12.0	7.0	4.0	4.0	4.0
Quebec	5.0	4.0	4.0	11.0	11.0	9.0	4.0	4.0	3.0
New Brunswick	12.0	10.5	8.0	20.0	8.5	16.0	12.0	8.0	8.0
Nova Scotia	2.5	3.3	6.0	9.0	48.0	12.0	2.0	12.0	7.0
Prince Edward Island	—	—	1.5	—	—	22.0	—	—	3.0
Newfoundland & Labrador	14.0	4.0	4.0	19.0	11.0	20.0	16.0	12.0	12.0
Canada	5.1	5.5	4.4	10.7	14.4	10.8	5.2	4.5	3.9

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 24.4 weeks from referral by a general practitioner to elective treatment, and with wait times from meeting with a specialist to elective treatment that are 209% 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.

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

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

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 (2019)

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.

References

Barua, Bacchus, and David Jacques (2019). *The Private Cost of Public Queues for Medically Necessary Care, 2019 edition*. Fraser Research Bulletin. Fraser Institute. <https://www.fraserinstitute.org/sites/default/files/private-cost-public-queues-medically-necessary-care-2019.pdf>, as of November 26, 2019.

Canadian Cancer Society's Steering Committee on Cancer Statistics (2019). *Canadian Cancer Statistics 2019*. <http://www.cancer.ca/~/media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2019-EN.pdf?la=en>, as of November 26, 2019.

Canadian Institute for Health Information [CIHI] (2010). *2009/2010 Conversion Tables: ICD-10-CA/CCI to ICD-9/CCP*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2014). *The 2015 ICD-10-CA and CCI Evolution Tables*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2019a). *Discharge Abstract Database, 2017–2018*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2019b). *National Ambulatory Care Reporting System, 2017–2018*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2019c). *Hospital Morbidity Database 2017–2018*. Canadian Institute for Health Information.

Day, Brian (2013). The Consequences of Waiting. In Steven Globerman, ed., *Reducing Wait Times for Health Care: What Canada Can Learn from Theory and International Experience* (Fraser Institute): 43–75.

Ontario Ministry of Health and Long Term Care (2005). *First Ever Common Benchmarks Will Allow Canadians to Measure Progress in Reducing Wait Times*. News release (December 12). <http://news.ontario.ca/archive/en/2005/12/12/First-ever-common-benchmarks-will-allow-Canadians-to-measure-progress-in-reducin.html>, as of November 20, 2018.

Ramsay, Cynthia (1998). How to Ruin a Good Idea—Lessons from the British Columbia Ministry of Health. *Fraser Forum* (February): 7–11.

Statistics Canada (2019). *Estimates of Population, by Age Group and Sex for July 1, Canada, Provinces and Territories Annual (Persons unless Otherwise Noted)*. Table: 17-10-0005-01. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>, as of of November 26, 2019.

Stokes, Ernie, and Robin Somerville (2008). *The Economic Costs of Wait Times in Canada*. A study commissioned by the British Columbia Medical Association (BCMA) and the Canadian Median Association. Centre for Spatial Economics.

Waiting Your Turn: Hospital Waiting Lists in Canada (1993–2018, various authors; various editions). Fraser Institute.

About the Authors

Bacchus Barua

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* (2010–2018). Mr. Barua is a frequent commentator on radio and television, and his articles have appeared in well-known news outlets including the *National Post*, *Wall Street Journal*, *Toronto Sun*, *Maclean's*, and *forbes.com*.

Mackenzie Moir

Mackenzie Moir is a Junior Policy Analyst at the Fraser Institute. He holds a Bachelor of Science in Nursing from York University and a Master of Science in Health Policy and Research from the University of Alberta. Mackenzie has extensive clinical experience and has provided direct care in general medicine, palliative care, cardiology, oncology, and neurology settings. In addition to several academic publications, Mackenzie's commentaries have appeared in University Affairs and the Calgary Sun. Generally, his research focuses on the performance of health-care systems, patient choice, and health-related quality of life.

Acknowledgments

This edition of *Waiting Your Turn: Wait Times for Health Care in Canada* draws extensively on previous editions. For this reason, the authors would like to pay special tribute and thanks to Steven Globerman, the primary author of the first *Waiting Your Turn* report; Michael Walker, who is responsible for helping navigate the beginnings of wait time measurement in Canada, and who was the author or a co-author of the report for almost two decades; and Nadeem Esmail, who contributed significantly to the refinement and accuracy of the report, and who authored or co-authored the report for over a decade.

We are also pleased to acknowledge the important contributions of Maureen Hazel, Lorna Hoye, Joanna Miyake, Cynthia Ramsay, Feixue Ren, Mark Rovere, Brett J. Skinner, Greg Wilson, and Martin Zelder in completing earlier versions of the survey and in building the base of knowledge that is incorporated into this publication.

Finally, we would like to thank David Jacques for his assistance with co-ordination and data management for this year's *Waiting Your Turn* survey. Data collection for this edition of *Waiting Your Turn* was completed with the assistance of Luna Kandalaft and Ryan Lino, and data entry was completed by Antonia Collyer. We are extremely grateful for the efforts of this excellent team and their contributions to this year's report.

Any remaining errors or oversights are the sole responsibility of the authors. As the researchers have 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.

Disclaimer

Parts of this material are based on data and information provided by the Canadian Institute of Health Information. However, the analyses, conclusions, opinions, and statements expressed herein are those of the authors and not necessarily those of the Canadian Institute of Health Information

Publishing Information

Distribution

These publications are available from <http://www.fraserinstitute.org> in Portable Document Format (PDF) and can be read with Adobe Acrobat Pro® or Adobe Acrobat Reader®, versions 8/9 or later. Adobe Acrobat Reader DC®, the most recent version, is available free of charge from Adobe Systems Inc. at <http://get.adobe.com/reader/>. Readers having trouble viewing or printing our PDF files using applications from other manufacturers (e.g., Apple's Preview) should use Adobe Acrobat Reader or Adobe Acrobat Pro.

Ordering publications

To order printed publications from the Fraser Institute, please contact us via e-mail: sales@fraserinstitute.org; telephone: 604.688.0221, ext. 580 or, toll free, 1.800.665.3558, ext. 580; or fax: 604.688.8539.

Media

For media enquiries, please contact our communications department via e-mail: communications@fraserinstitute.org; telephone: 604.714.4582.

Copyright

ISBN

978-0-88975-584-0

Citation

Bacchus Barua and Mackenzie Moir (2019). *Waiting Your Turn: Wait Times for Health Care in Canada, 2019 Report.* Fraser Institute. <http://www.fraserinstitute.org>.

Supporting the Fraser Institute

To learn how to support the Fraser Institute, please contact us via post: Development Department, Fraser Institute, Fourth Floor, 1770 Burrard Street, Vancouver, British Columbia, V6J 3G7, Canada; telephone: toll-free to 1.800.665.3558, ext. 548; e-mail: development@fraserinstitute.org; or visit our webpage: <http://www.fraserinstitute.org/support-us/overview.aspx>.

Purpose, Funding, and Independence

The Fraser Institute provides a useful public service. We report objective information about the economic and social effects of current public policies, and we offer evidence-based research and education about policy options that can improve the quality of life.

The Institute is a non-profit organization. Our activities are funded by charitable donations, unrestricted grants, ticket sales, and sponsorships from events, the licensing of products for public distribution, and the sale of publications.

All research is subject to rigorous review by external experts, and is conducted and published separately from the Institute's Board of Trustees and its donors.

The opinions expressed by authors are their own, and do not necessarily reflect those of the Institute, its Board of Directors, its donors and supporters, or its staff. This publication in no way implies that the Fraser Institute, its directors, or staff are in favour of, or oppose the passage of, any bill; or that they support or oppose any particular political party or candidate.

As a healthy part of public discussion among fellow citizens who desire to improve the lives of people through better public policy, the Institute welcomes evidence-focused scrutiny of the research we publish, including verification of data sources, replication of analytical methods, and intelligent debate about the practical effects of policy recommendations.

About the Fraser Institute

Our mission is to improve the quality of life for Canadians, their families and future generations by studying, measuring and broadly communicating the effects of government policies, entrepreneurship and choice on their well-being.

Notre mission consiste à améliorer la qualité de vie des Canadiens et des générations à venir en étudiant, en mesurant et en diffusant les effets des politiques gouvernementales, de l'entrepreneuriat et des choix sur leur bien-être.

Peer review—validating the accuracy of our research

The Fraser Institute maintains a rigorous peer review process for its research. New research, major research projects, and substantively modified research conducted by the Fraser Institute are reviewed by experts with a recognized expertise in the topic area being addressed. Whenever possible, external review is a blind process. Updates to previously reviewed research or new editions of previously reviewed research are not reviewed unless the update includes substantive or material changes in the methodology.

The review process is overseen by the directors of the Institute's research departments who are responsible for ensuring all research published by the Institute passes through the appropriate peer review. If a dispute about the recommendations of the reviewers should arise during the Institute's peer review process, the Institute has an Editorial Advisory Board, a panel of scholars from Canada, the United States, and Europe to whom it can turn for help in resolving the dispute.

Editorial Advisory Board