Waiting Your Turn

Wait Times for Health Care in Canada, 2024 Report

FRASER INSTITUTE

2024

Mackenzie Moir and Bacchus Barua

HEALTHCARE

2024 • Fraser Institute

Waiting Your Turn

Wait Times for Health Care in Canada, 2024 Report

Mackenzie Moir and Bacchus Barua

FRASER INSTITUTE

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 30 years—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 30.0 weeks between referral from a general practitioner and receipt of treatment—longer than the wait of 27.7 weeks reported in 2023. This year's wait time is the longest wait time recorded in this survey's history and is 222% 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—23.6 weeks—while Prince Edward Island reports the longest—77.4 weeks. There is also a great deal of variation among specialties. Patients wait longest between a GP referral and orthopaedic surgery (57.4 weeks), while those waiting for radiation treatments begin treatment in 4.5 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 14.6 weeks in 2023 to 15.0 weeks in 2024. This wait time is 305% longer than in 1993, when it was 3.7 weeks. The shortest waits for specialist consultations are in Quebec (9.1 weeks) while the longest occur in Prince Edward Island (39.8 weeks).

2 **From the consultation with a specialist to the point at which the patient receives treatment**. The waiting time in this segment increased from 13.1 weeks in 2023 to 15.0 weeks this year. This wait time is 167% longer than in 1993 when it was 5.6 weeks, and 6.3 weeks longer than what physicians consider to be clinically "reasonable" (8.6 weeks). The shortest specialist-to-treatment waits are found in Ontario (10.9 weeks), while the longest are in Prince Edward Island (37.6 weeks).

It is estimated that, across the 10 provinces, the total number of procedures for which people are waiting in 2024 is 1,543,994. This means that, assuming that each person waits for only one procedure, 3.7% of Canadians are waiting for treatment in 2024. The proportion of the population waiting for treatment varies from a low of 3.08% in Ontario to a high of 7.97% in Prince Edward Island. It is important to note that physicians report that only about 15.0% of their patients are on a waiting list because they requested a delay or postponement.

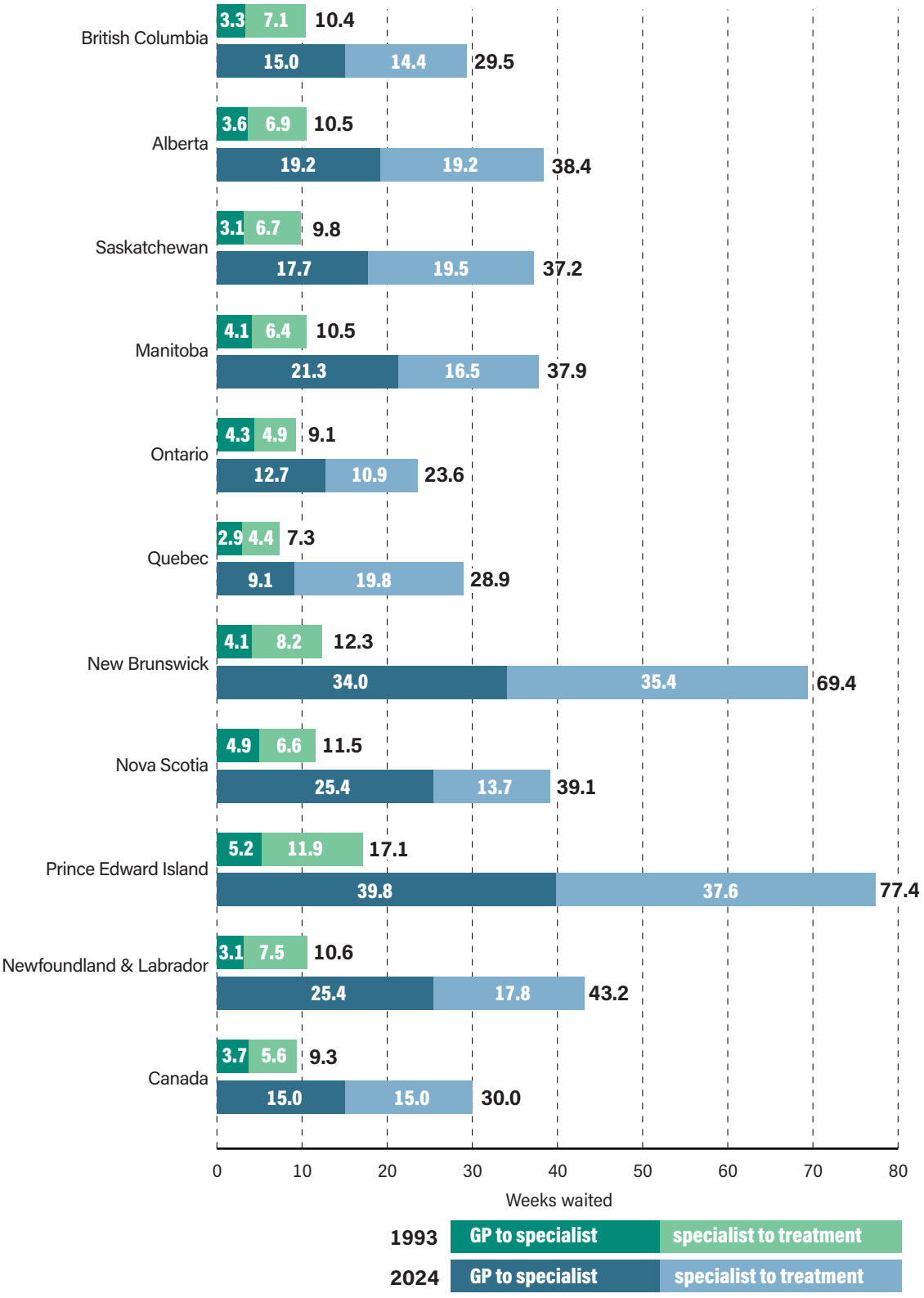
Patients also experience significant waiting times for various diagnostic technologies across the provinces. This year, Canadians could expect to wait 8.1 weeks for a computed tomography (CT) scan, 16.2 weeks for a magnetic resonance imaging (MRI) scan, and 5.2 weeks for an ultrasound.

Data were collected from the week of January 19 and May 31, 2024. A total of 1,973 responses were received across the 12 specialties surveyed—a response rate of 17.0%.

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 2024



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

Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Charts, graphs, and tables

This publication has four series of illustrations and tabular material.

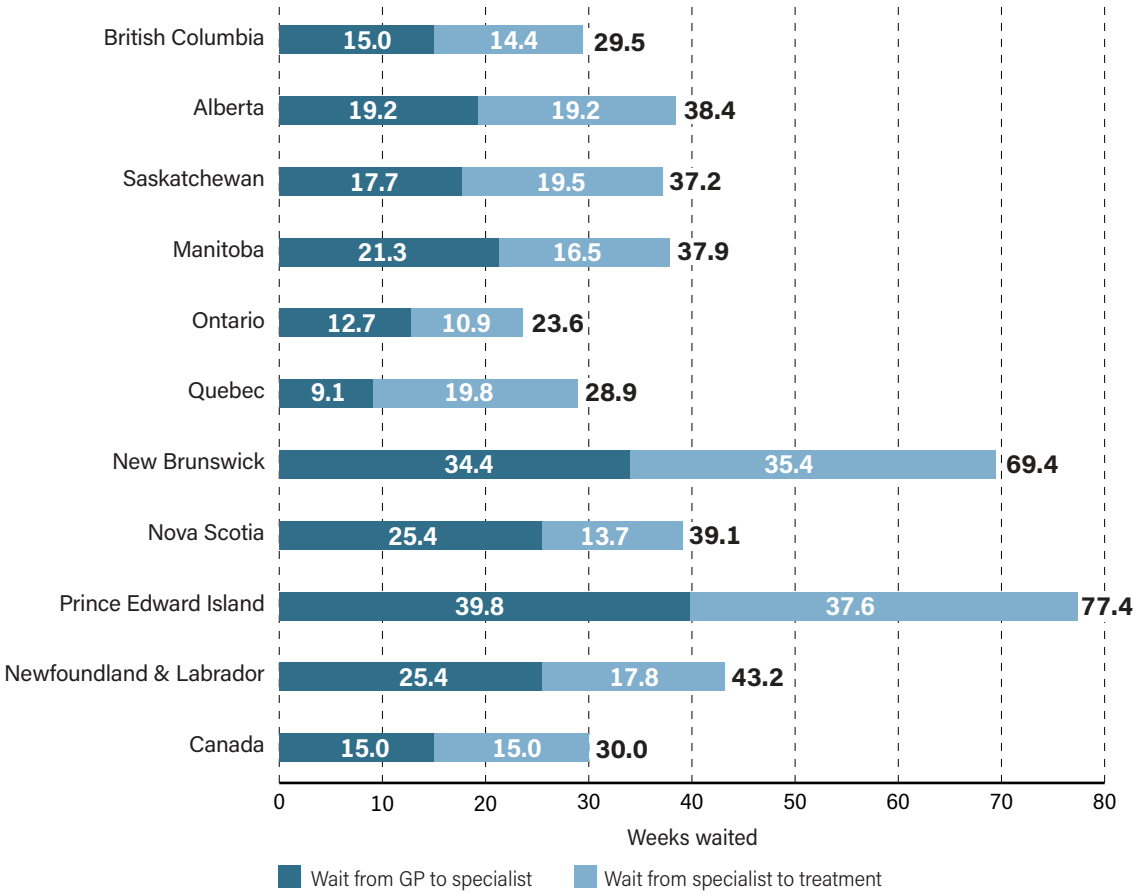
- Charts, which may be graphs or tables, will be found in the main text, pp. 1–17.
- Graphs will be found in “Selected graphs”, pp. 19–32.
- Tables will be found in “Selected tables”, pp. 33–57.
- Appendix B: Psychiatry Waiting List Survey, 2023 Report, pp. 61–68, has tables and a graph labeled “B1” and so on.

Findings

Total wait times

The Fraser Institute's thirty-third annual waiting list survey finds that wait times [1] for surgical and other therapeutic treatments increased in 2024 (**chart 1**; **table 2**). The total waiting time between referral from a general practitioner and delivery of medically necessary elective treatment by a specialist, averaged across all 12 specialties and 10 provinces surveyed, has risen from 27.7 weeks in 2023 to 30.0 in 2024. This year's wait time is 222% longer than in 1993, when it was just 9.3 weeks.

Chart 1: Median wait by province in 2024—weeks waited from referral by GP to treatment



Note: Totals may not equal the sum of subtotals as a result of rounding.
Source: The Fraser Institute's national waiting list survey, 2024.

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

Ontario reports the shortest total wait in 2024 (23.6 weeks), followed by Quebec (28.9 weeks) and British Columbia (29.5 weeks). Prince Edward Island has the longest total wait at 77.4 weeks, followed by New Brunswick (69.4 weeks) and Newfoundland and Labrador (43.2 weeks).

Wait time by segment

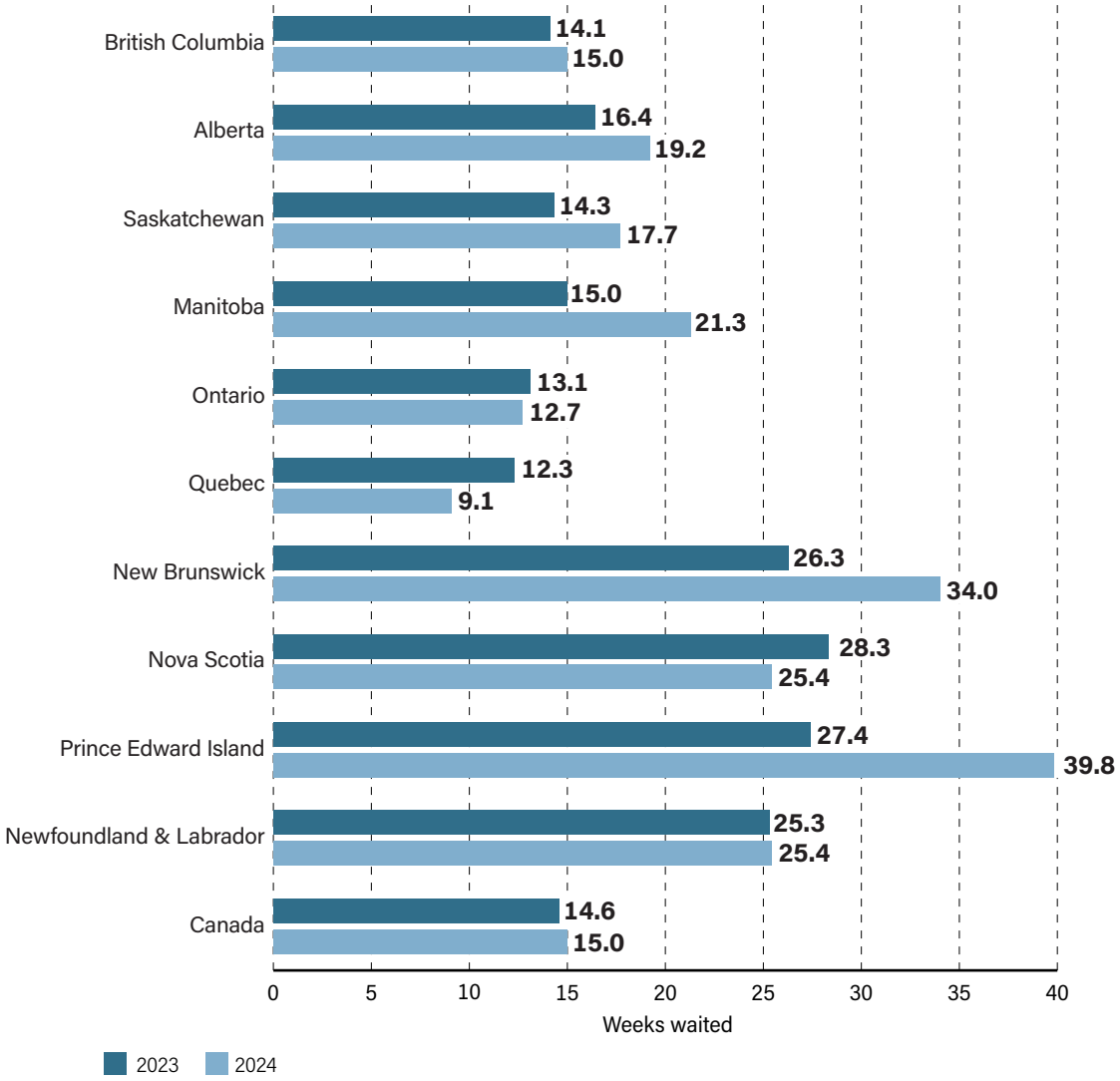
Total wait time can be examined in two consecutive segments:

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

This year there was an increase in the first segment—the wait from referral by a general practitioner to consultation with a specialist. The wait time in this segment has risen from 14.6 weeks in 2023 to 15.0 weeks in 2024. This wait time is 305% 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 2023, but decreased in Quebec, Ontario, and Nova Scotia (**chart 2**). The shortest waits for specialist consultations are in Quebec (9.1 weeks), Ontario (12.7 weeks), and British Columba (15.0 weeks). The longest waits for specialist consultations are found in Prince Edward Island (39.8), New Brunswick (34.0 weeks), and Newfoundland & Labrador (25.4 weeks) (**table 3**).

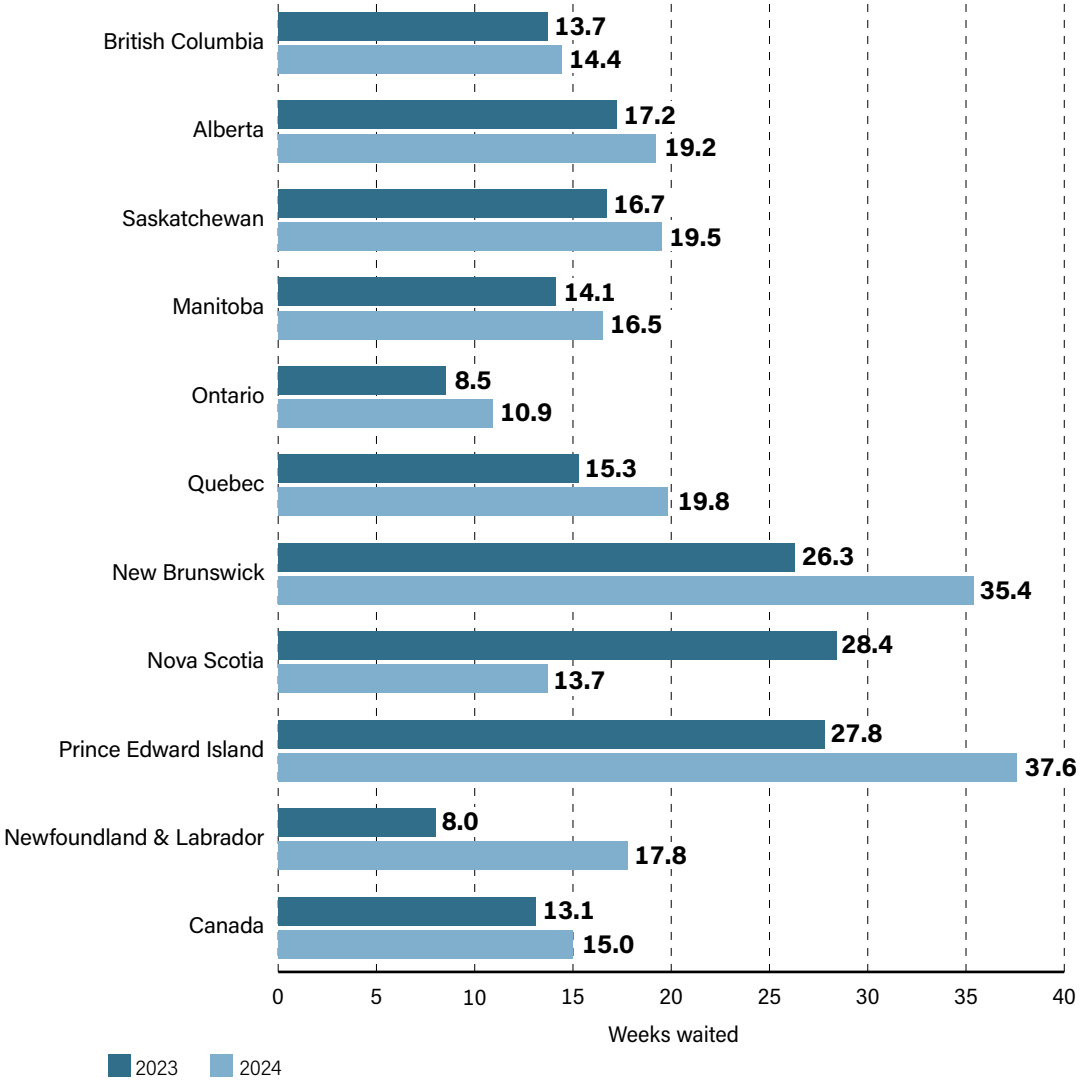
The waiting time in the second segment—from consultation with a specialist to the point at which the patient receives treatment—has increased from 13.1 weeks in 2023 to 15.0 weeks in 2024 (**chart 3**). This portion of waiting is 167% longer than in 1993 when it was 5.6 weeks (**graph 3**; **graph 4**). Waiting times from specialist consultation to treatment have increased in in every province with the exception of Nova Scotia, where it decreased by 14.7 weeks. The shortest specialist-to-treatment waits are found in Ontario (10.9 weeks), Nova Scotia (13.7 weeks), and British Columbia (14.4 weeks), while the longest are in Prince Edward Island (37.6 weeks), New Brunswick (35.4 weeks), and Quebec (19.8 weeks) (**table 4**).

Chart 2: Wait by province in 2023 and 2024—weeks waited from referral by GP to appointment with specialist



Source: The Fraser Institute's national waiting list survey, 2023, 2024.

Chart 3: Wait by province in 2023 and 2024—weeks waited from appointment with specialist to treatment

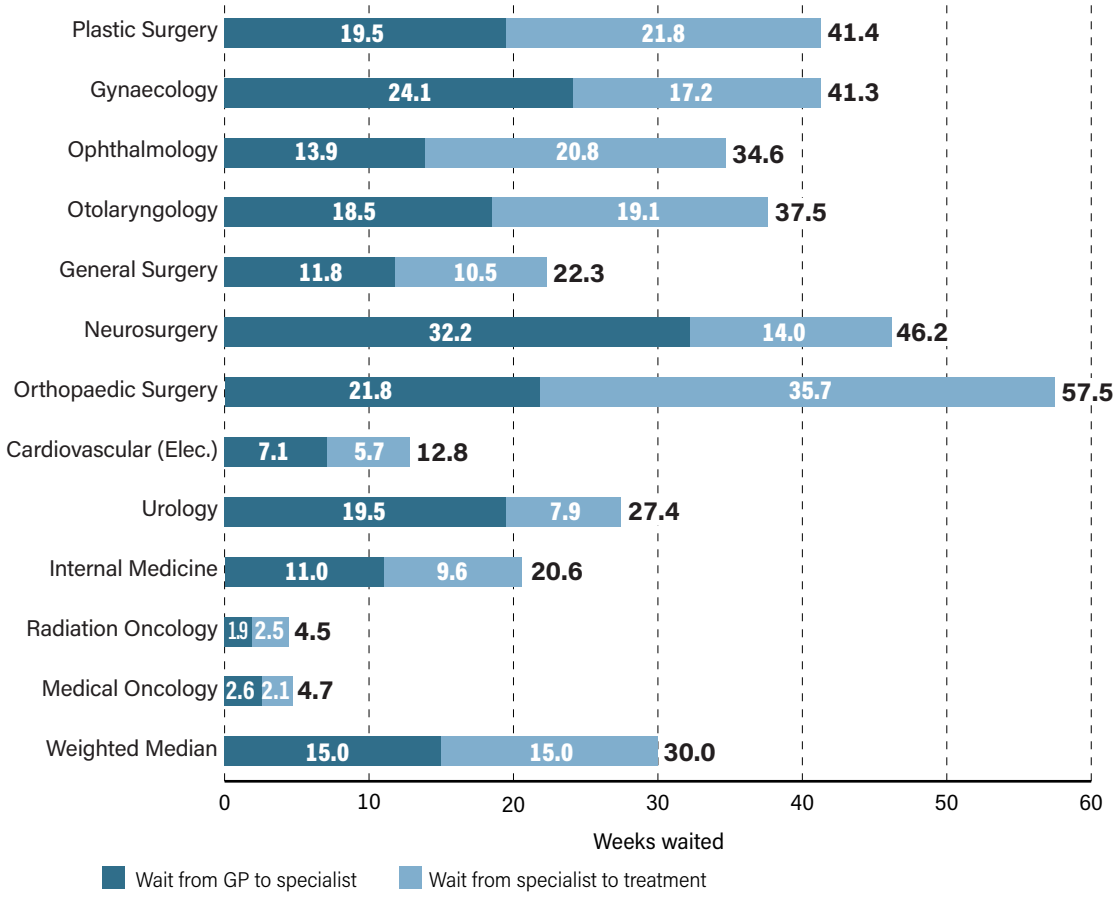


Source: The Fraser Institute's national waiting list survey, 2023, 2024.

Waiting by specialty

Among the various specialties, the shortest total waits exist for radiation oncology (4.5 weeks), medical oncology (4.7 weeks), and elective cardiovascular surgery (12.8 weeks). Conversely, patients wait longest between a referral by a GP and orthopaedic surgery (57.5 weeks), neurosurgery (46.2 weeks), and plastic surgery (41.4 weeks) (**table 2; chart 4**). The largest increases in waits between 2023 and 2024 have been for orthopaedic surgery (+13.2 weeks), ophthalmology (+7.2 weeks), and gynaecology (+3.9 weeks). Such increases are partially offset by decreases in wait times for patients receiving treatment in fields like plastic surgery (–11.0 weeks), internal medicine (–3.8 weeks), and urology (–3.7 weeks).

Chart 4: Median wait by specialty in 2024—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, 2024.

When waiting time is broken 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 (2.6 weeks), and cardiovascular surgery (7.1 weeks). The longest waits are for neurosurgery (32.2 weeks), gynecology (24.1 weeks), and orthopaedic surgery (21.8 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 (1.5 weeks), medical oncology (2.1 weeks), and radiation oncology (2.5 weeks). They wait longest for orthopaedic surgery (35.7 weeks), plastic surgery (21.8 weeks) and ophthamology (20.8 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

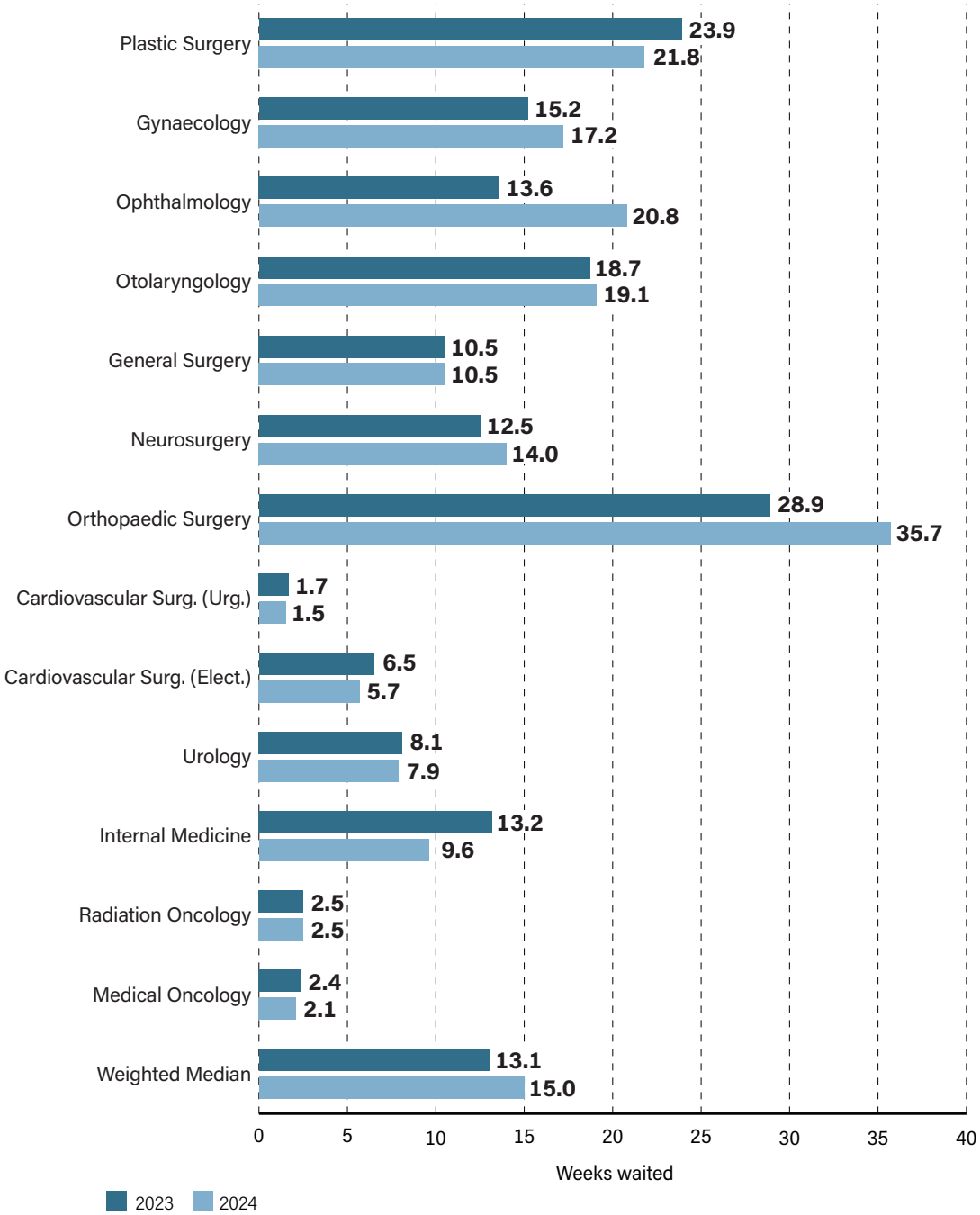
Specialists are also surveyed as to what they regard as clinically "reasonable" waiting times in the second segment covering the time spent from specialist consultation to delivery of treatment. Of the 87 categories (some comparisons were precluded by missing data), actual waiting time (**table 4**) exceeds reasonable waiting time (**table 8**) in 83% of the comparisons. Averaged across all specialties, Nova Scotia has come closest to meeting the standard of "reasonable" wait times, with the actual second-segment wait (13.7 weeks) exceeding the corresponding "reasonable" value by 34% (or by 3.5 weeks) (**table 10**). It should be noted, however, that physicians in other provinces hold relatively more stringent standards as to what is "reasonable". For example, whereas the reasonable wait in Nova Scotia was 10.2 weeks, it was only 7.1 weeks in Ontario. The greatest absolute difference between the actual and reasonable wait across all provinces for a specialty is in orthopaedic surgery, where the actual waiting time is 22.2 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 face significant waiting times for various diagnostic technologies across the provinces. The wait for a computed tomography (CT) scan has increased to 8.1 weeks in 2024 from 6.6 weeks in 2023. Quebec had the shortest wait for a CT scan (4.0 weeks) while

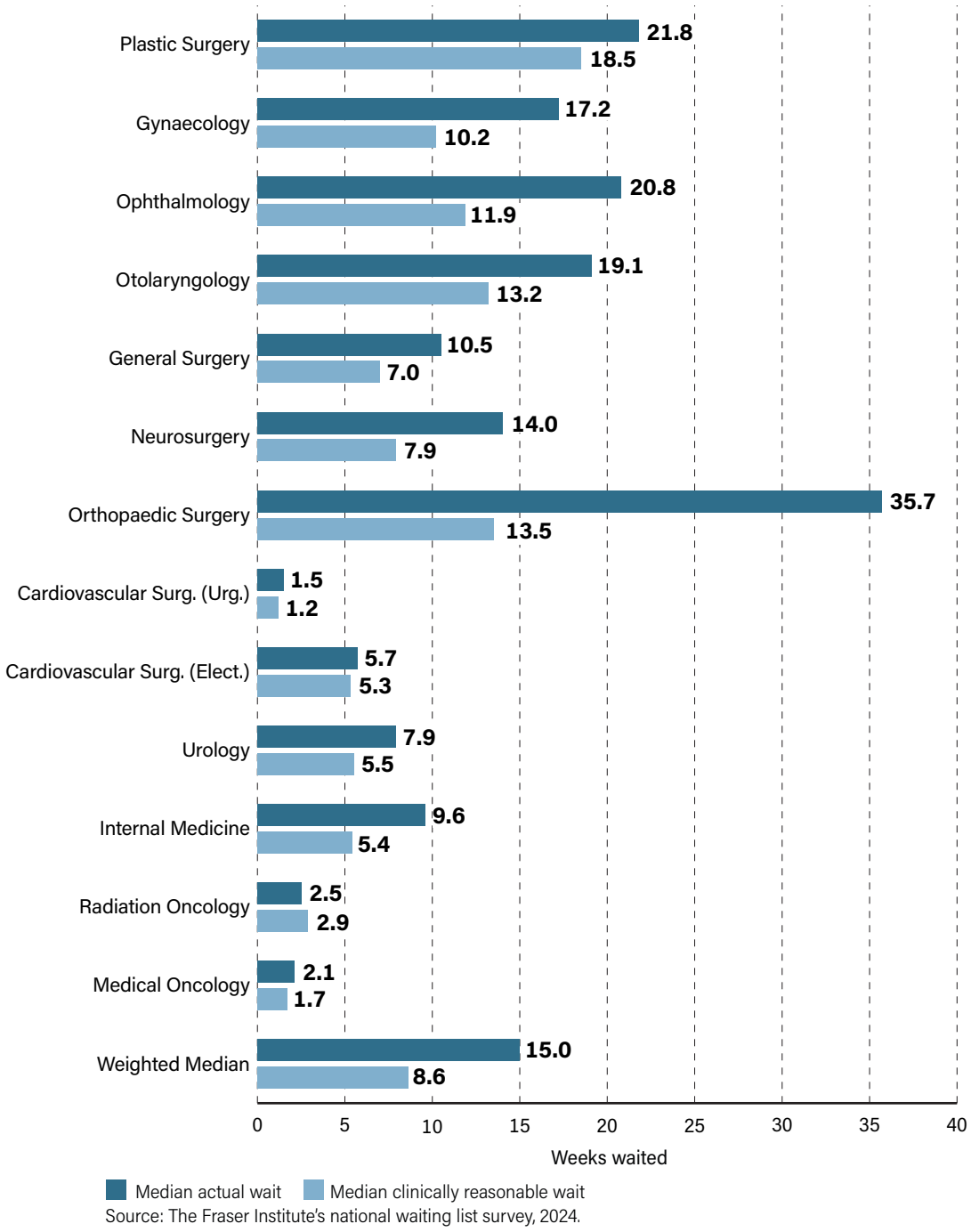
2. The greatest proportional difference for a specialty is that for internal medicine where the actual waiting time exceeds the corresponding reasonable value by 162%.

Chart 5: Wait by specialty in 2023 and 2024—weeks waited from appointment with specialist to treatment



Source: The Fraser Institute's national waiting list survey, 2023, 2024.

Chart 6: Median actual wait compared to median clinically reasonable wait, by specialty, in Canada in 2024—weeks waited from appointment with specialist to treatment



Source: The Fraser Institute's national waiting list survey, 2024.

the longest waits occur in Prince Edward Island (26.0 weeks). The wait for a magnetic resonance imaging (MRI) scan has increased to 16.2 weeks in 2024 from 12.9 weeks in 2023. Patients in Quebec faced the shortest wait for an MRI (8.0 weeks), while residents of Prince Edward Island wait longest (52.0 weeks). Finally, the wait for an ultrasound decreased in 2024 to 5.2 weeks from 5.3 weeks in 2023. Saskatchewan and Alberta had the shortest wait for an ultrasound (2.0 weeks), while Prince Edward Island had the longest: 26.0 weeks (**chart 7**).

Chart 7: Waiting for technology—weeks waited to receive selected diagnostic tests in 2024, 2023, and 2022

	CT-Scan			MRI			Ultrasound		
	2024	2023	2022	2024	2023	2022	2024	2023	2022
British Columbia	12.0	8.0	6.8	19.3	12.0	12.0	8.0	8.0	8.0
Alberta	12.0	11.0	7.0	22.0	21.0	12.0	2.0	3.5	3.0
Saskatchewan	8.0	6.0	4.0	24.0	24.0	16.0	2.0	2.0	2.0
Manitoba	9.0	8.0	7.0	22.0	12.0	8.0	10.0	10.0	5.5
Ontario	6.0	5.0	4.0	12.0	10.0	8.0	3.4	3.0	3.0
Quebec	4.0	4.0	5.5	8.0	10.0	12.0	4.0	6.0	6.0
New Brunswick	12.0	6.5	8.0	40.0	12.0	12.0	16.0	8.0	8.0
Nova Scotia	12.0	14.0	7.0	32.0	25.0	18.0	13.1	12.0	8.0
Prince Edward Island	26.0	10.0	6.0	52.0	24.0	20.0	26.0	14.0	24.0
Newfoundland & Labrador	12.0	8.0	4.0	18.5	16.0	8.0	9.0	12.0	4.0
Canada	8.1	6.6	5.4	16.2	12.9	10.6	5.2	5.3	4.9

Source: The Fraser Institute's national waiting list survey, 2022, 2023, 2024.

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 2024 is 1,543,994 (**table 12**; **table 14** presents the numbers for the provinces on a population-adjusted basis), an increase of 28% from the estimated 1,209,194 procedures in 2023. The estimated number of procedures for which people are waiting decreased in Nova Scotia, but increased in every other province. Assuming that each person waits for only one procedure, 3.7% of Canadians are waiting for treatment in 2024, which varies from a low of 3.08% of the population in Ontario to a high of 7.97% in Prince Edward Island. [3] **Tables 13A–13L** (pp. 49–52) 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 the week of January 19 and May 31, 2024. Survey questionnaires [4] [5] 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, 1,973 responses were received, for an overall response rate of 17.0% (**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 2023, 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. [6] 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. [7]

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 earlier 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 gain a $2,000 cash prize (to be randomly awarded) as an inducement to respond. Physicians were contacted via letter-mail, facsimile, and telephone.
5. A small number of survey responses between 2019 and 2023 were collected based on information from automated voice-mail recordings at physicians' clinics. While these do not affect published wait-time estimates, they may affect published response rates. Our estimate is that these would account for between 0.00 and 0.33 percentage points of the published response rate in these years.
6. 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.
7. For an even-numbered group of respondents, the median is the average of the two middle values.

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 (for example, mammoplasty or neurolysis for plastic surgery) by a weight—the fraction of all surgeries within that specialty constituted by that procedure. The sum of these multiplied terms forms the weighted median for that province and specialty (an analogous method is used for **tables 9A–9L**).

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 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 (2024) as well as, for 2022/23, from the Discharge Abstract Database (DAD) (CIHI, 2024a), the National Ambulatory Care Reporting System (NACRS) (CIHI, 2024b), and the Hospital Morbidity Database (HMDB) (CIHI, 2024c) 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.

This year's response rate (17.0%) is higher than it has been in previous years. However, when interpreting median wait-time data for procedures, specialties, and provinces, it is always important to take note of the number of responses upon which estimates are based. This information is 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. This year, the authors advise particular caution when interpreting the results of Nova Scotia and Prince Edward Island due to missing data. Quebec's response rate this year was also particularly low when compared to previous years. As a result, the authors suggest particular caution when interpreting this year's results for Quebec.

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". [8] This year, however, the median wait time for hip/knee replacements and cataract surgery exceeds the pan-Canadian Benchmark wait time.

8. 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.

Chart 8: Pan-Canadian benchmark wait times and *Waiting Your Turn 2024*

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	2.5 (2.2–7.3)	2.9 (2.4–3.9)
Hip replacements	within 26 weeks	38.4 (24.0–90.0)	15.7 (12.0–26.0)
Knee replacements	within 26 weeks	38.4 (24.0–90.0)	15.7 (12.0–26.0)
Cataract surgery	within 16 weeks for patients who are at high risk	22.8 (8.0–66.0)	12.5 (8.0–18.0)
Cardiac bypass surgery [2]	Level I within 2 weeks/ Level II within 6 weeks/ Level III within 26 weeks	Emergent: 0.5 (0.1–1.8) Urgent: 1.7 (0.5–6.0) Elective: 7.4 (0.5–12.0)	Emergent: 0.0 (0.0-0.0) Urgent: 0.8 (0.4-1.5) Elective: 4.7 (3.5-8.0)

Notes: [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 "Method".

Sources: Ontario Ministry of Health and Long Term Care, 2005; and The Fraser Institute's National Waiting List Survey, 2024.

Conclusion

The 2024 *Waiting Your Turn* survey indicates that, at 30.0 weeks, the total waiting time for elective, medically necessary, treatment across the provinces is higher than last year's wait time of 27.7 weeks. This year marks the 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, Moir and Barua (2024) estimated the cost of waiting per patient in Canada to be approximately $2,871 in 2023 if only hours during the normal working week were considered "lost", and as much as $8,730 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 1.8% of patients received elective treatment in another country during 2023/24. Physicians also report that only about 15.0% of their patients are on a waiting list because they requested a delay or postponement, and that 45.1% would agree to have their procedure performed within a week [9] 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.

9. 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".

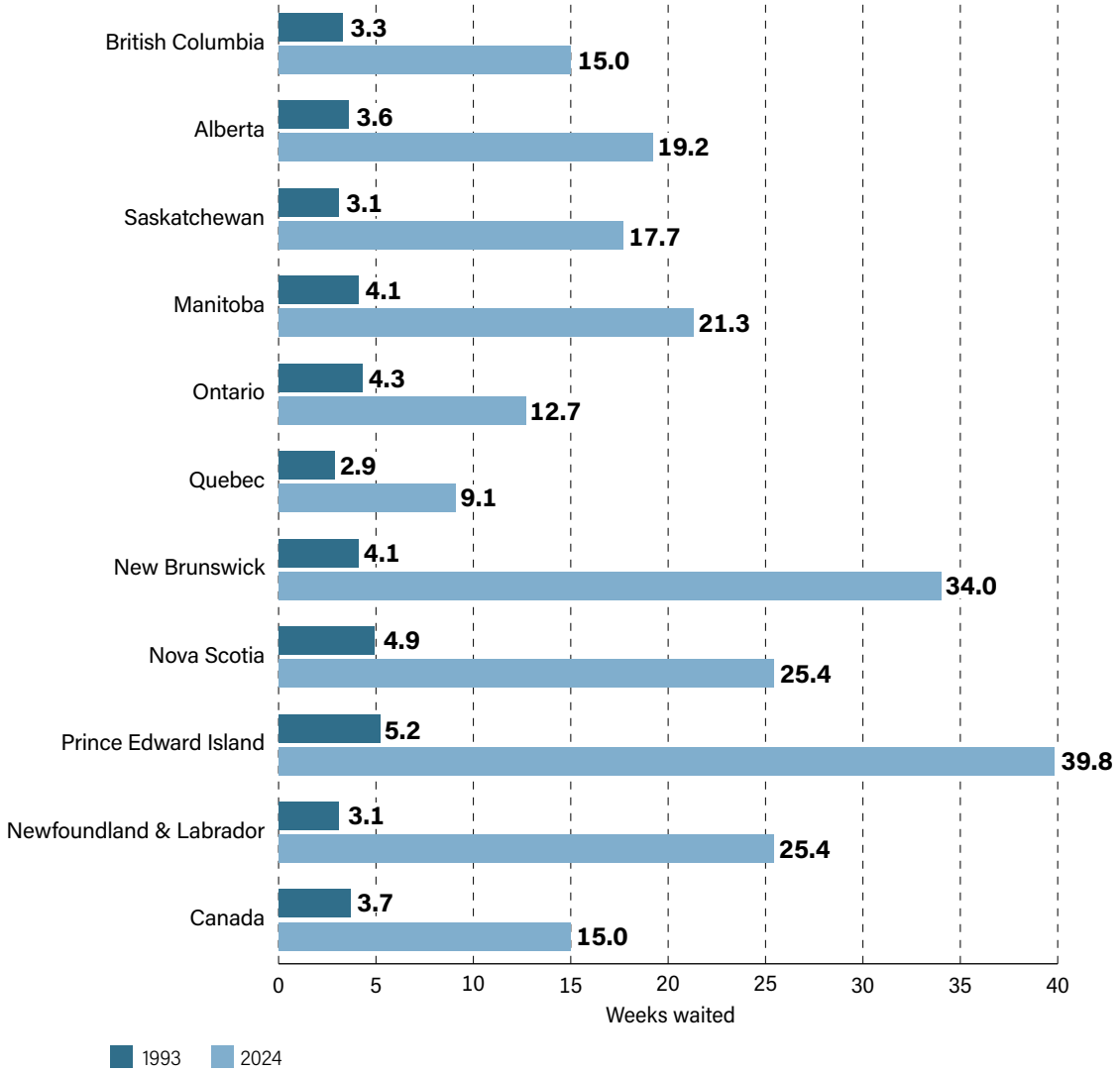
Selected graphs

Graphs 1–6: Median actual waiting times, 1993 and 2024

Graphs 7–8: Median reasonable waiting times, 1994 and 2024

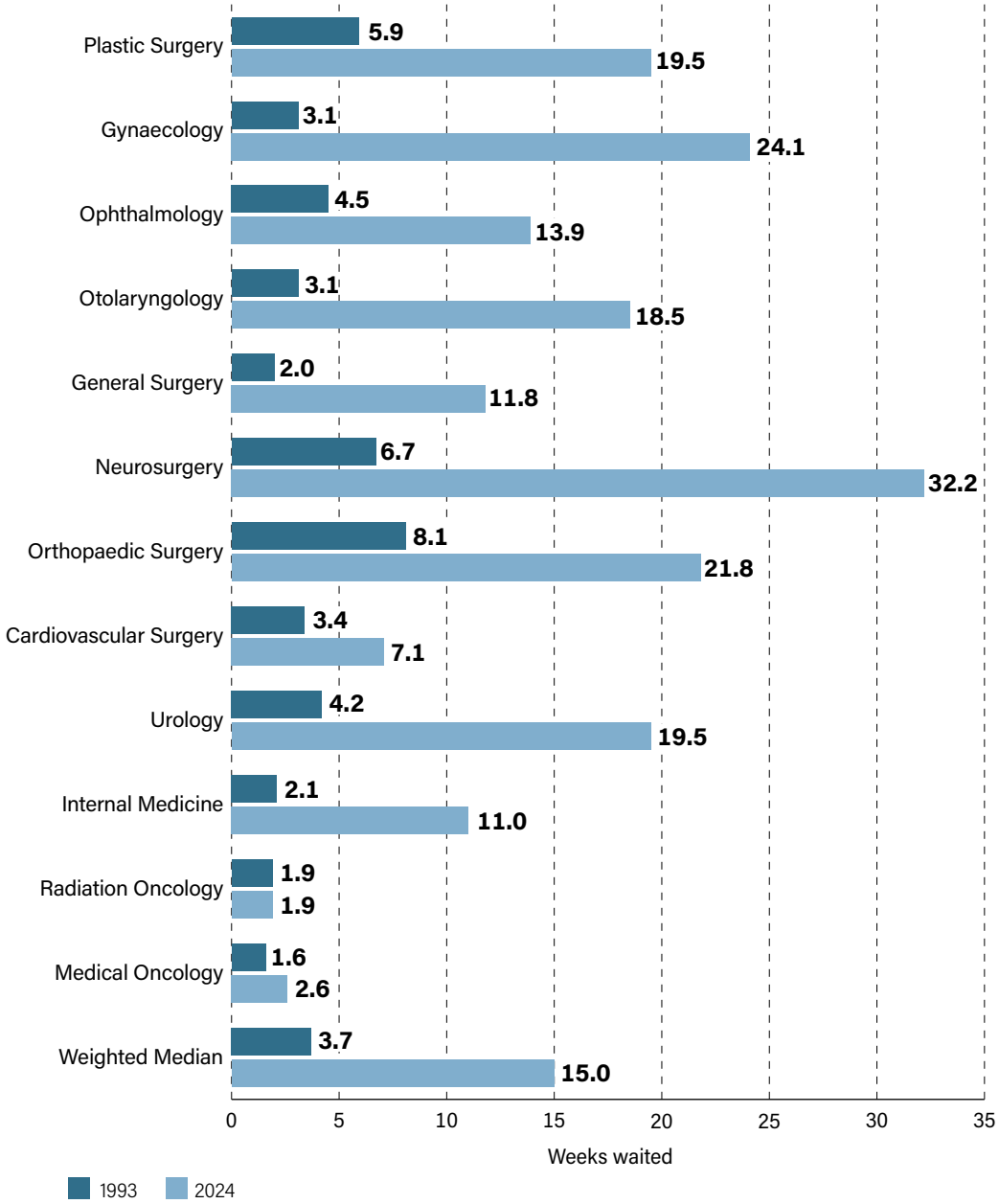
Graphs 9–19: Actual compared to reasonable waiting times, 1994 to 2024, by province

Graph 1: Median wait between referral by GP and appointment with specialist, by province, 1993 and 2024



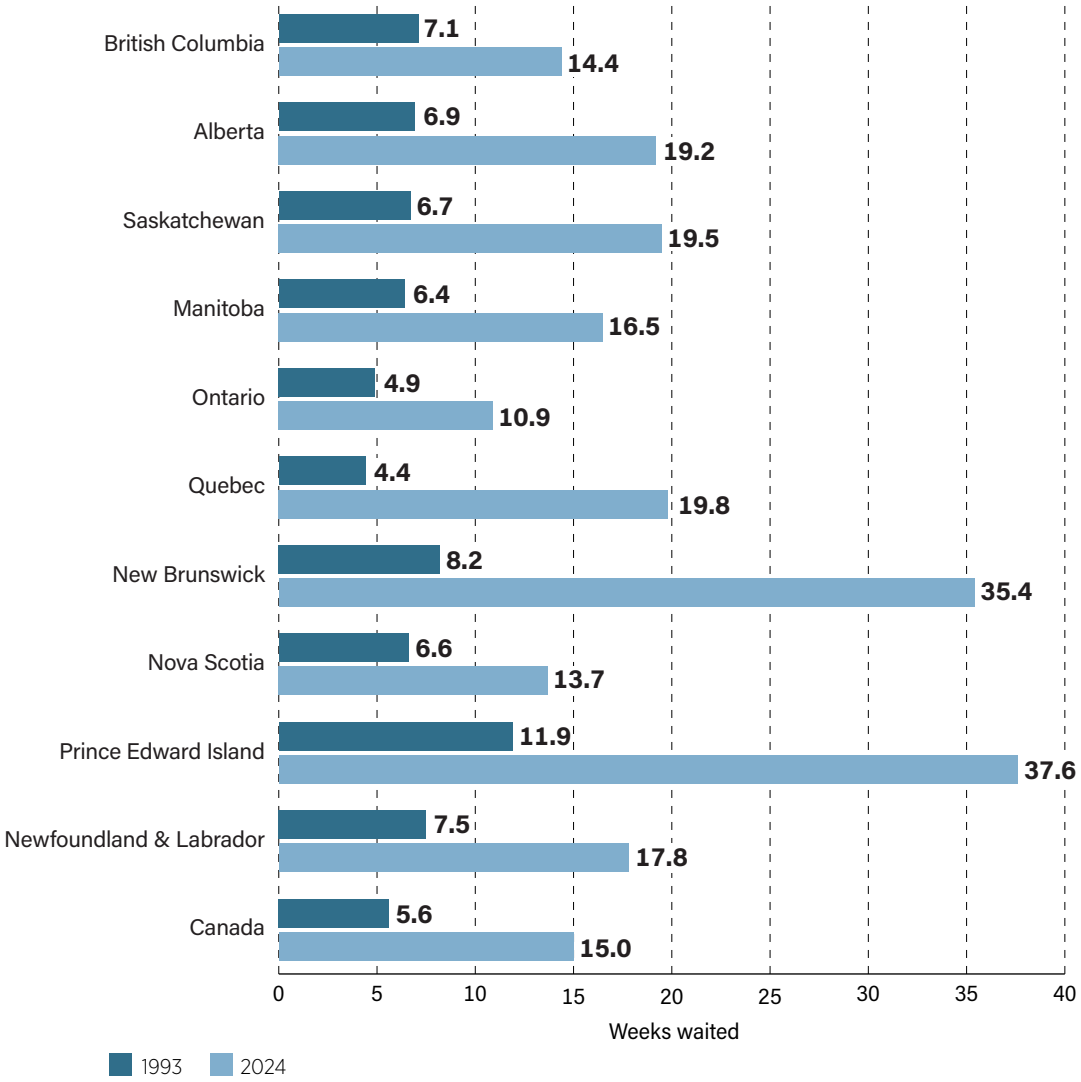
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 2: Median wait between referral by GP and appointment with specialist, by specialty, 1993 and 2024



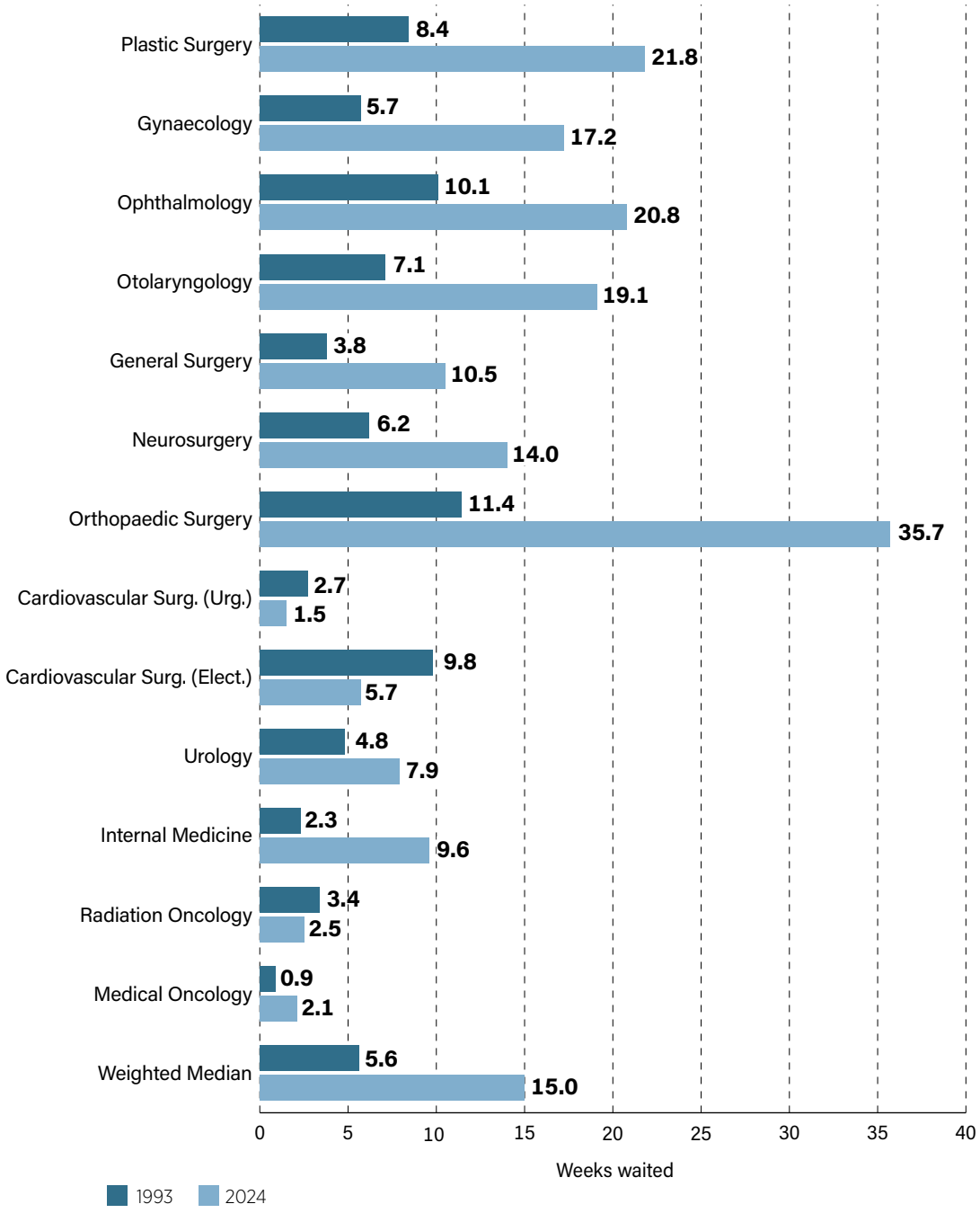
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 3: Median wait between appointment with specialist and treatment, by province, 1993 and 2024



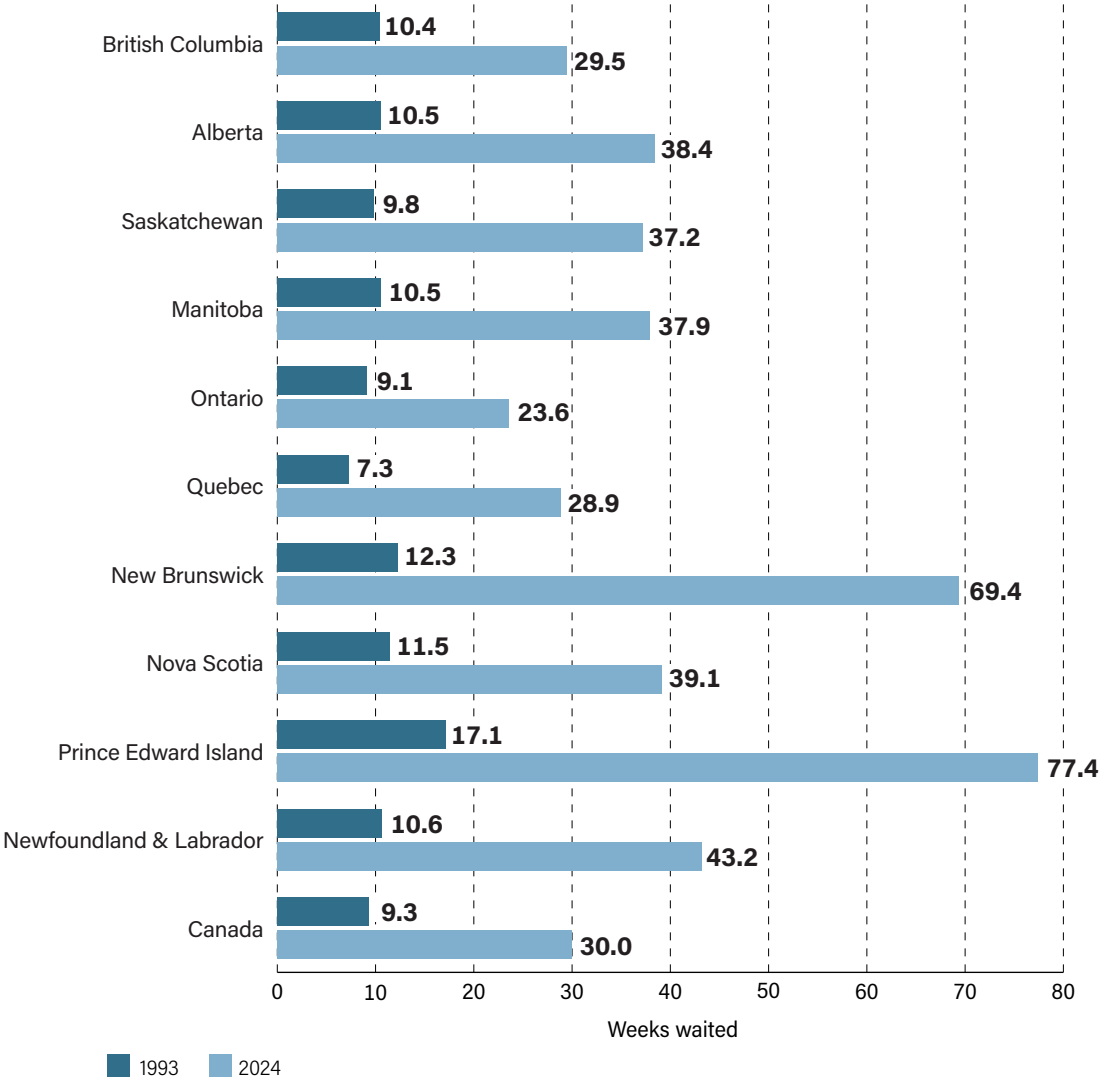
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 4: Median wait between appointment with specialist and treatment, by specialty, 1993 and 2024



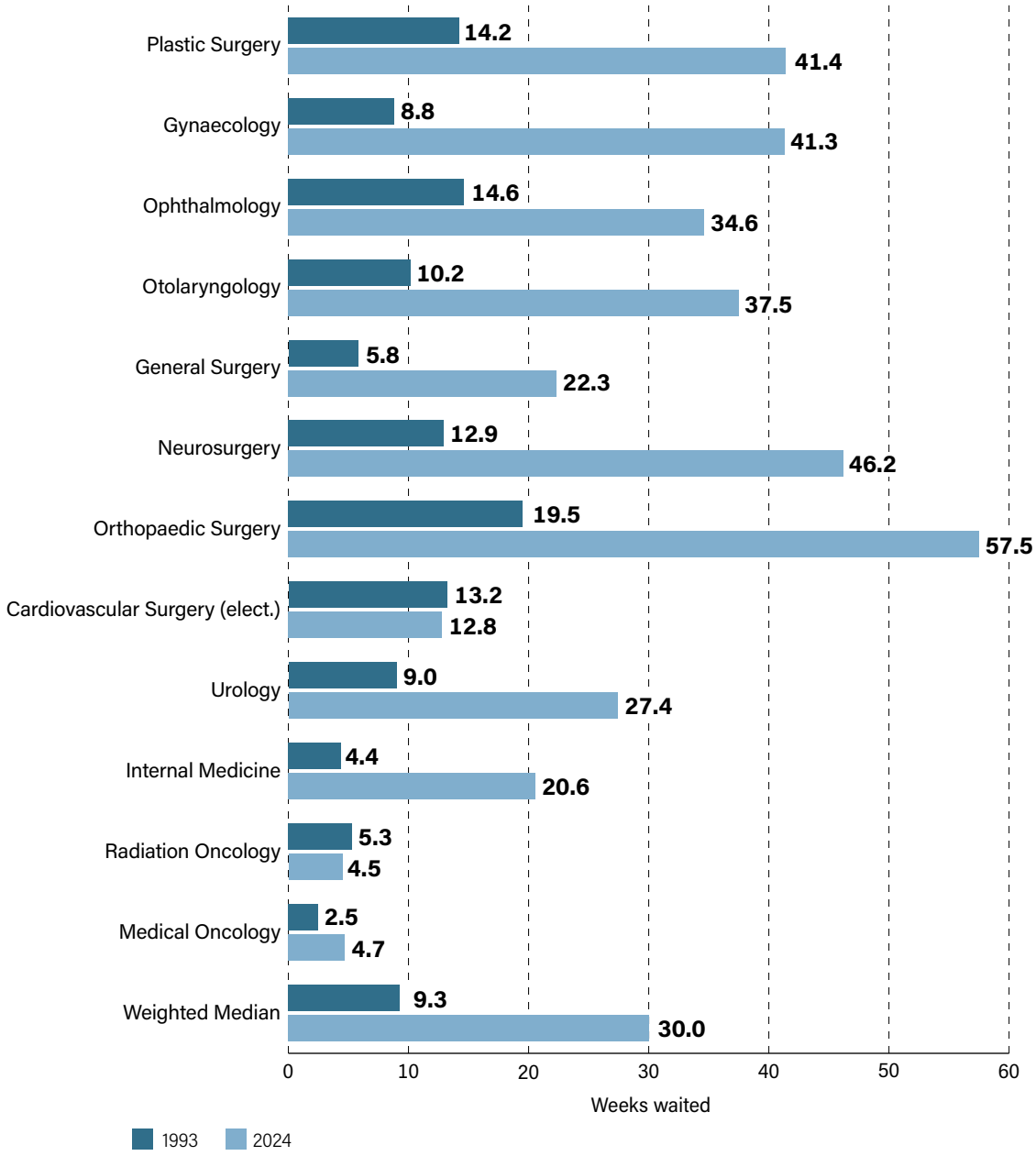
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 5: Median wait between referral by GP and treatment, by province, 1993 and 2024



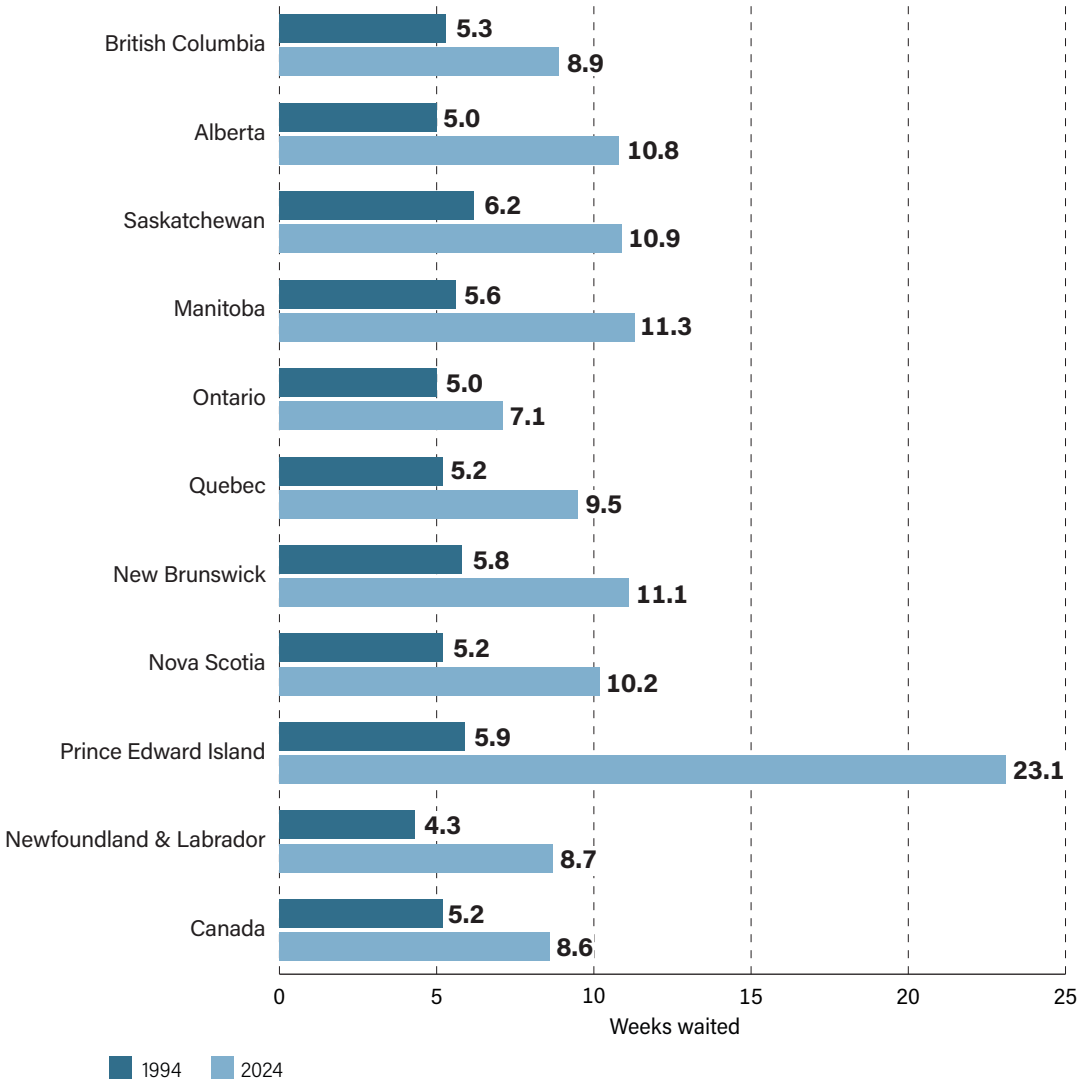
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 6: Median wait between referral by GP and treatment, by specialty, 1993 and 2024



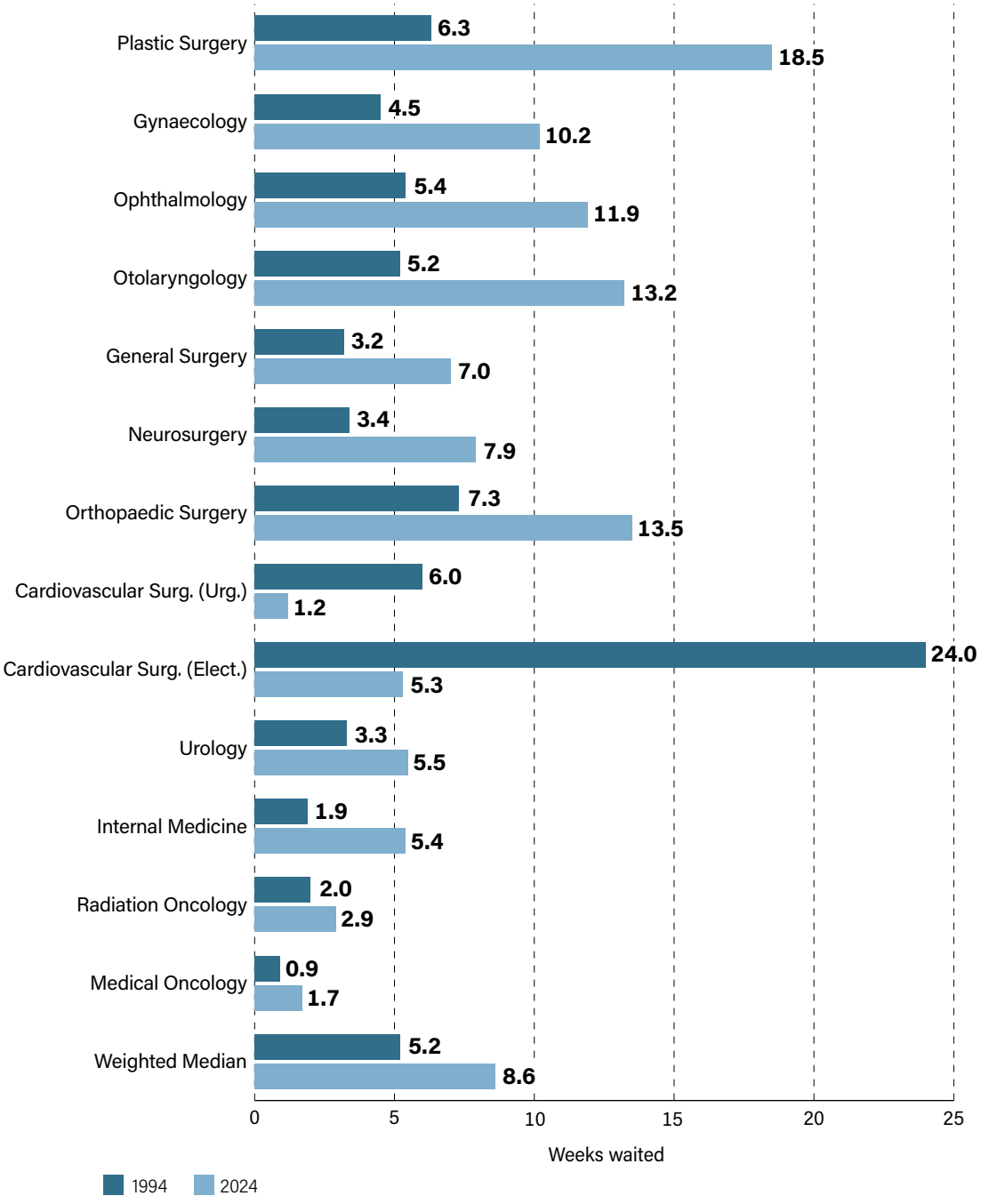
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 7: Median reasonable wait between appointment with specialist and treatment, by province, 1994 and 2024



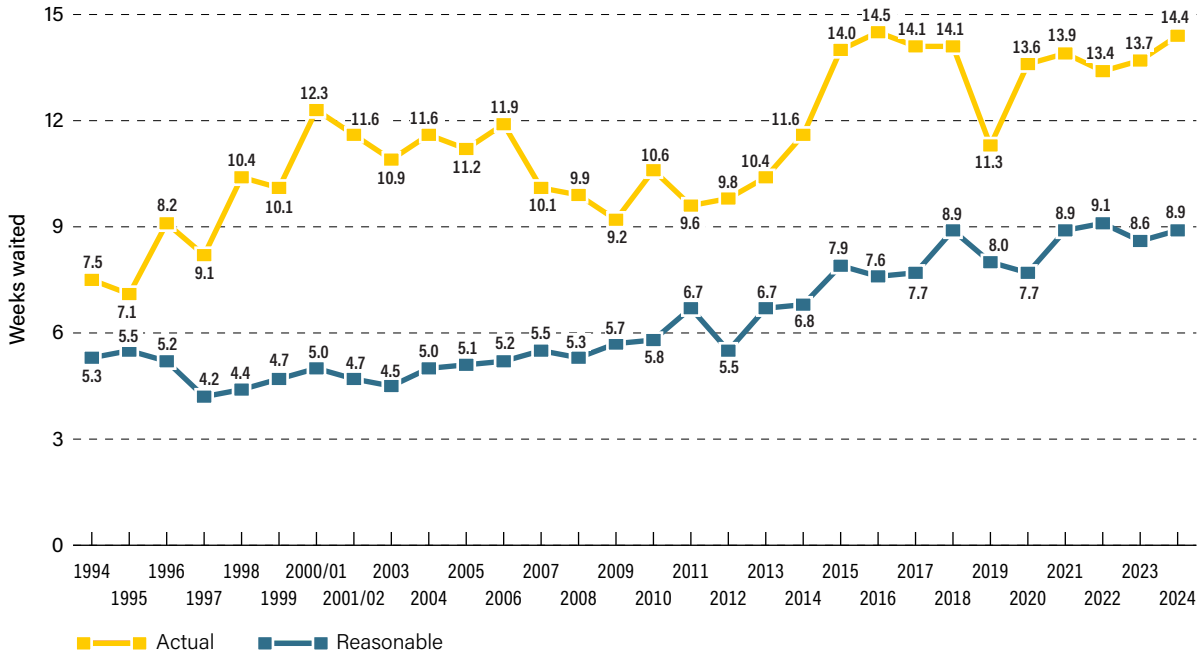
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 8: Median reasonable wait between appointment with specialist and treatment, by specialty, 1994 and 2024



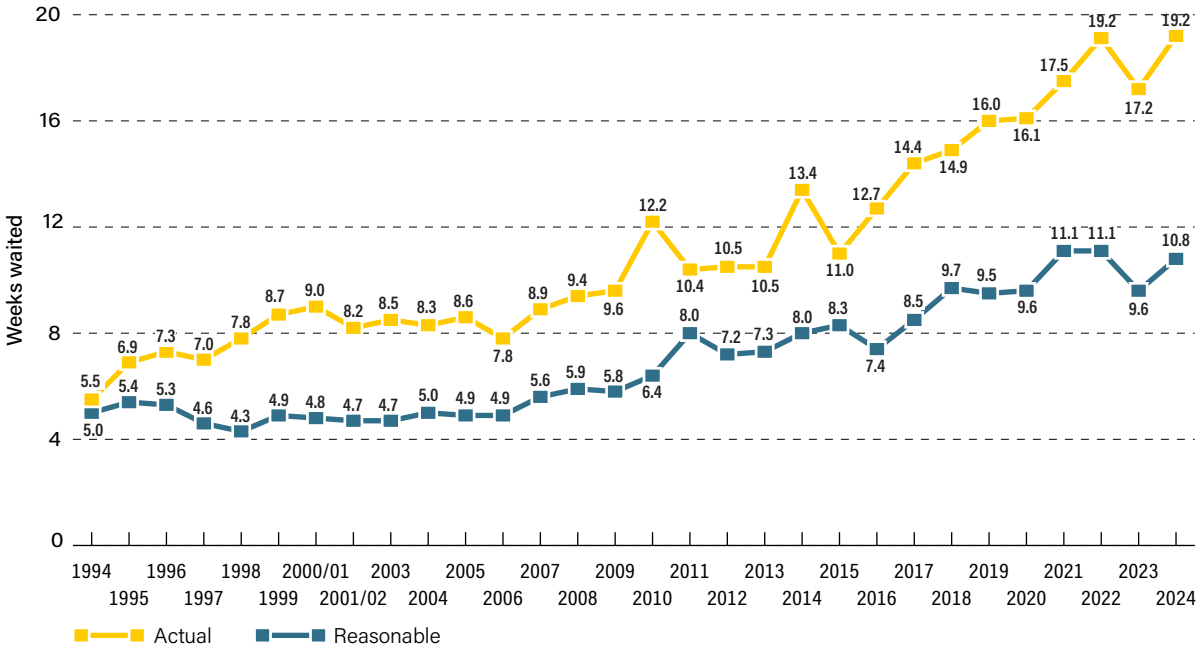
Sources: The Fraser Institute's national waiting list survey, 2024; *Waiting Your Turn*, 1997.

Graph 9: British Columbia—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



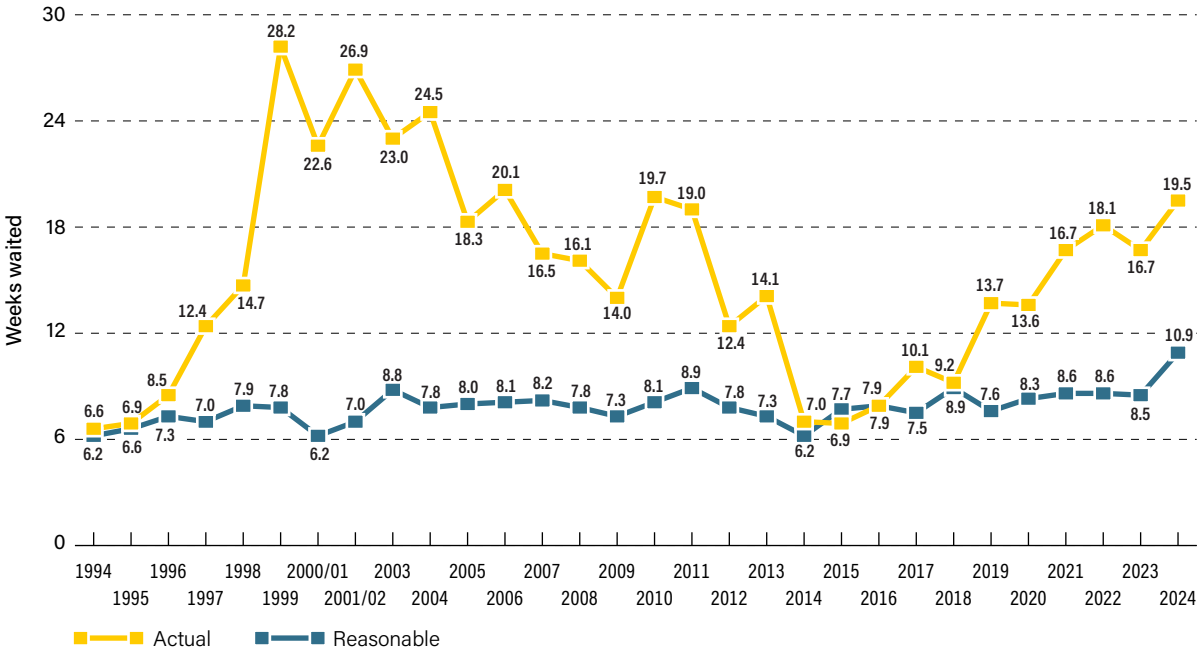
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 10: Alberta—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



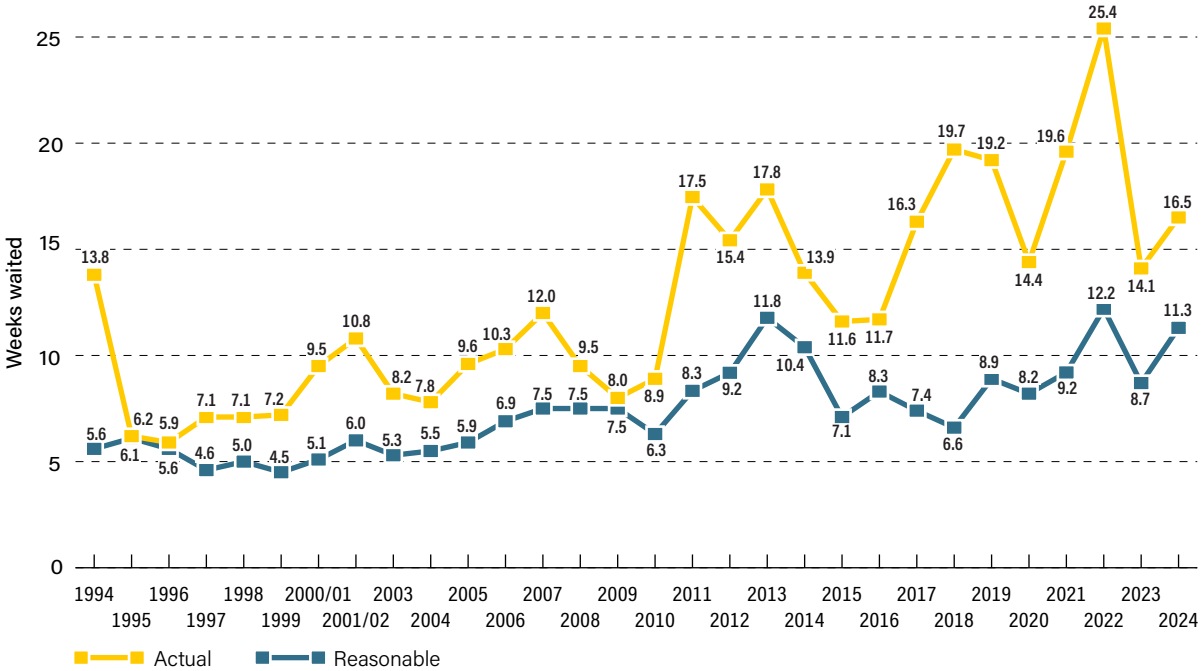
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 11: Saskatchewan—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



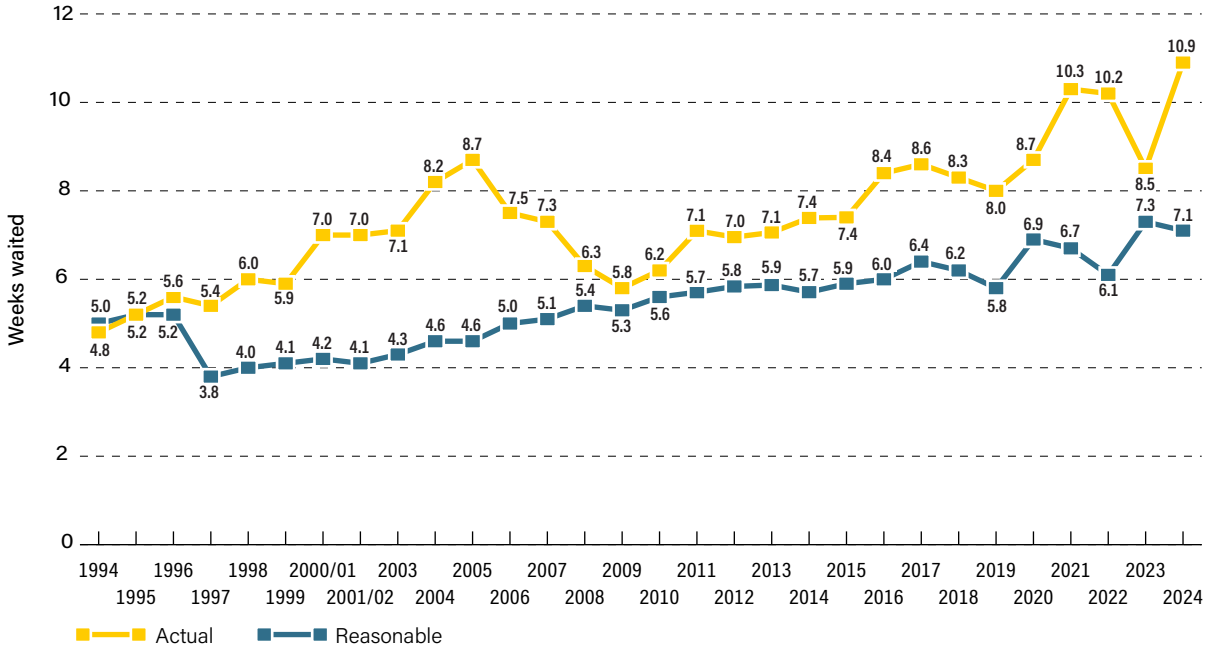
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 12: Manitoba—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



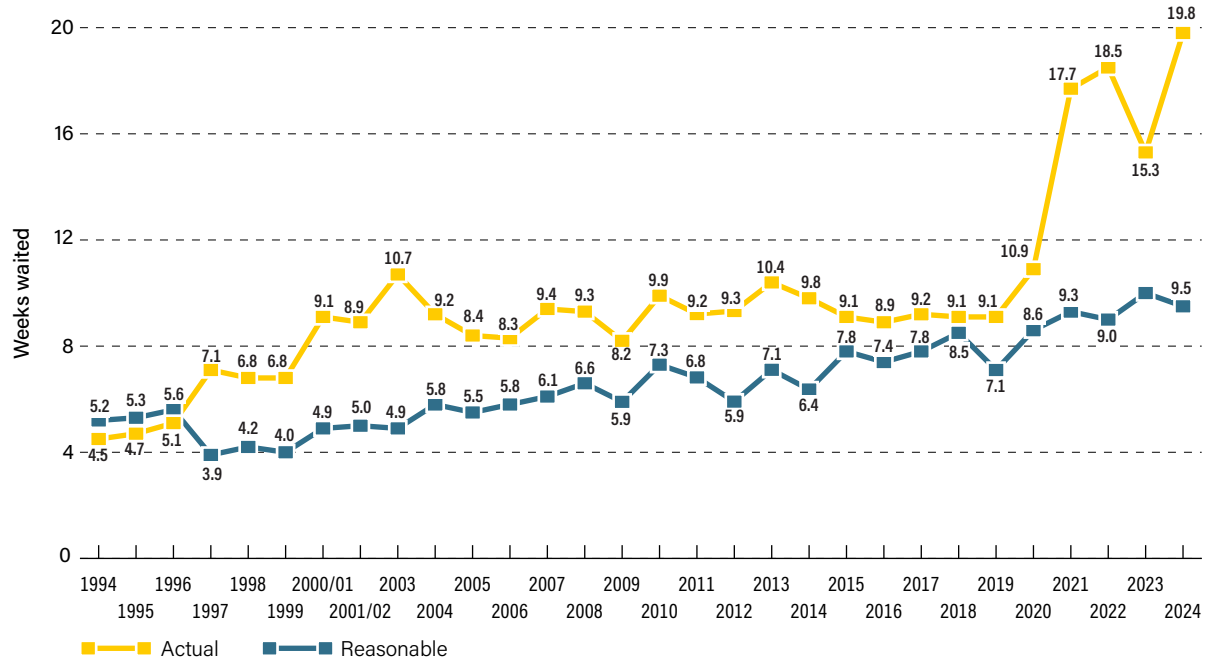
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 13: Ontario—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



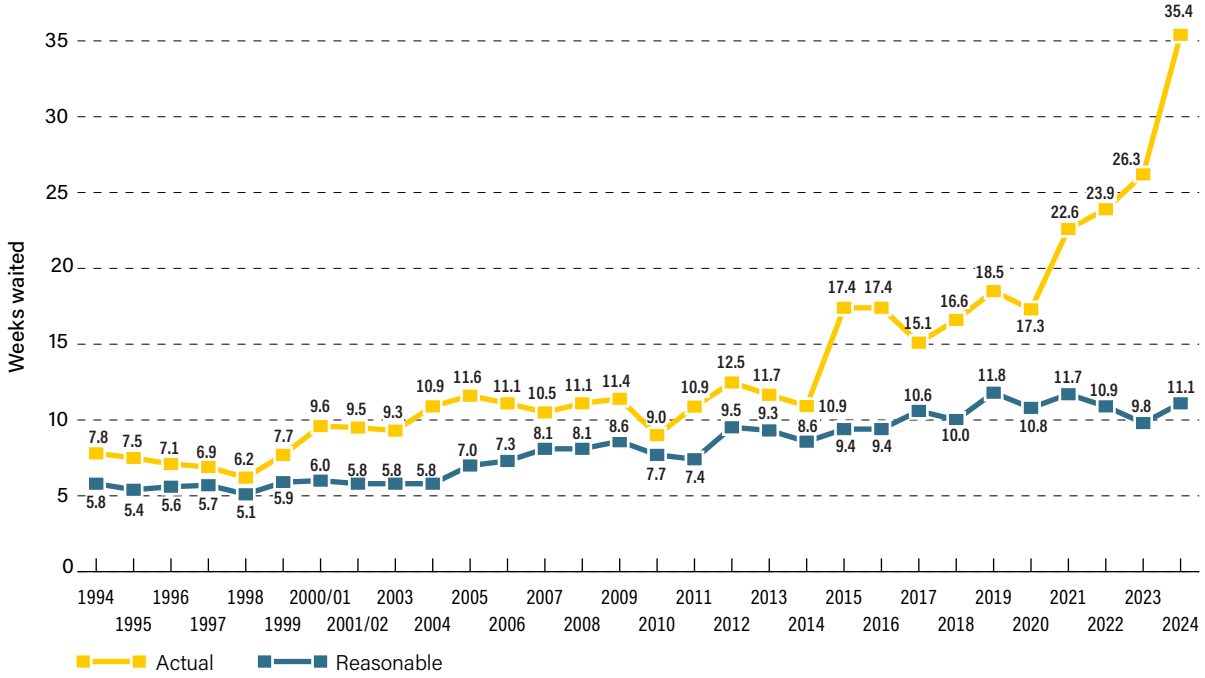
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 14: Quebec—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



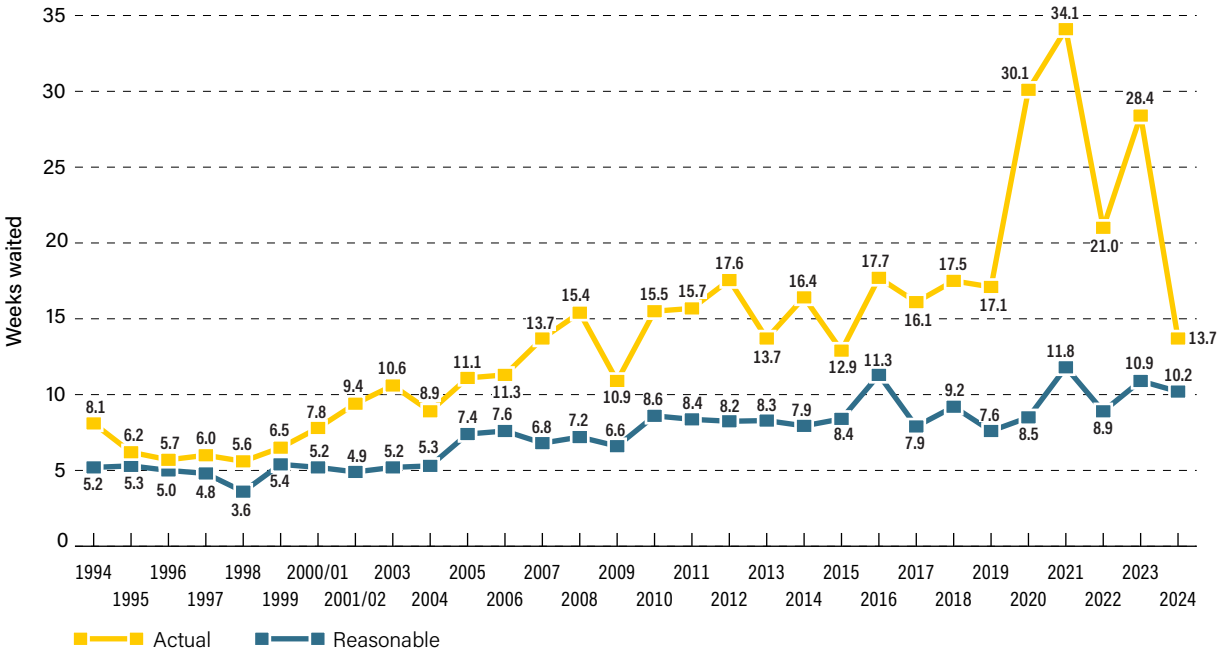
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 15: New Brunswick—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



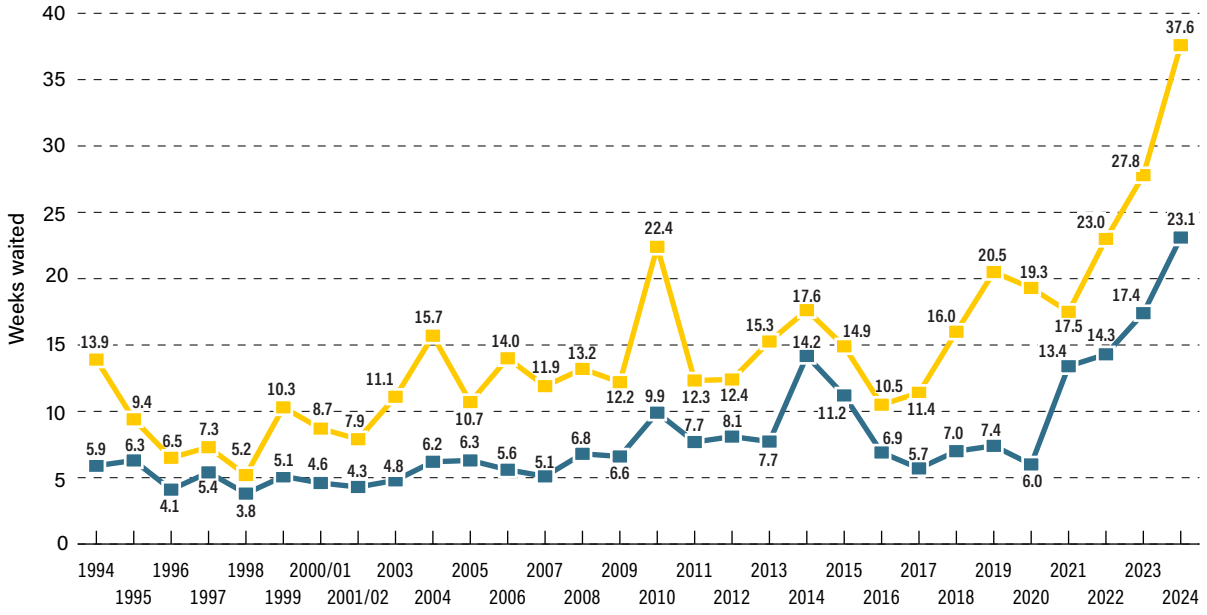
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 16: Nova Scotia—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



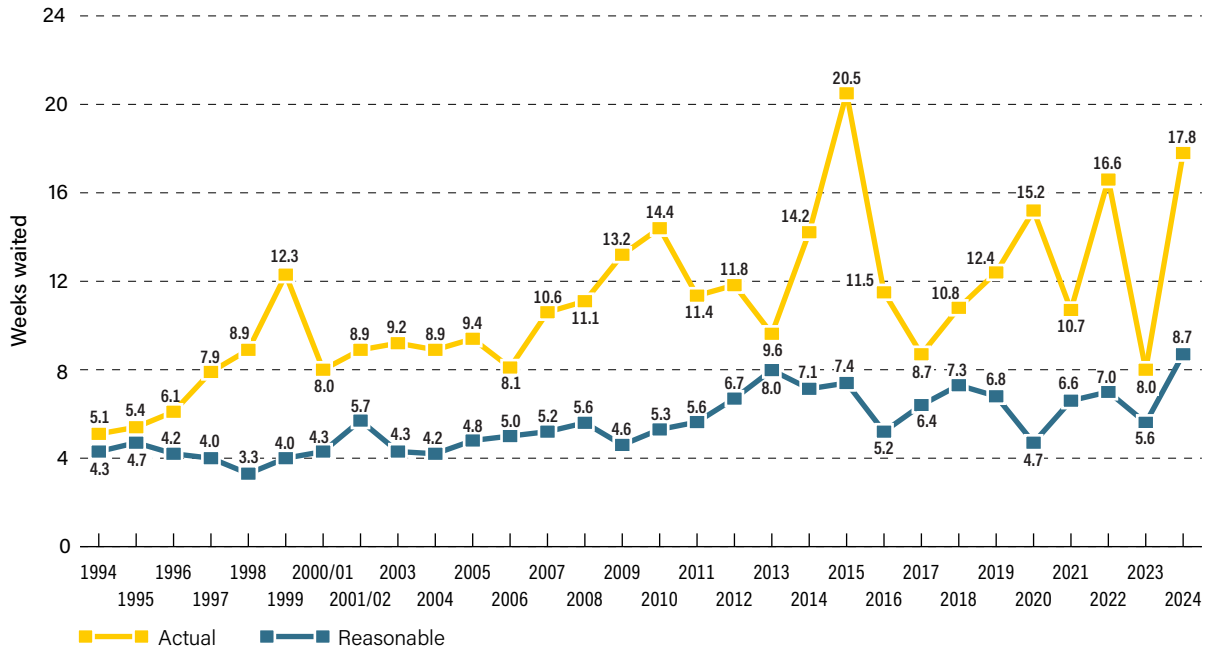
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 17: Prince Edward Island—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



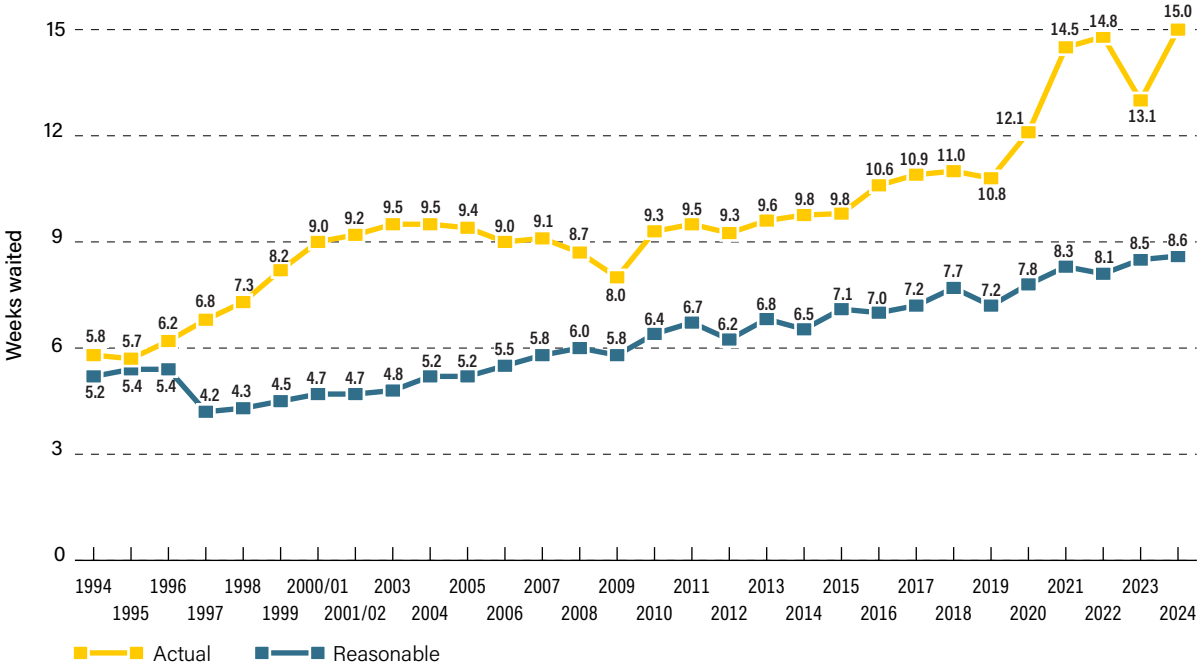
Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 18: Newfoundland & Labrador—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Graph 19: Canada—actual compared to reasonable waits between appointment with specialist and treatment, 1994 to 2024



Source: The Fraser Institute's national waiting list surveys, 1995–2024.

Selected tables

Table 1A: Summary of responses, 2024—response rates (percentages), by specialty

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	45%	25%	33%	30%	18%	8%	15%	15%	100%	33%	21%
Gynaecology	30%	42%	58%	30%	19%	4%	38%	35%	60%	43%	21%
Ophthalmology	38%	48%	89%	54%	17%	6%	53%	37%	50%	22%	24%
Otolaryngology	41%	43%	46%	27%	20%	6%	27%	38%	100%	33%	21%
General Surgery	32%	31%	56%	43%	10%	3%	31%	19%	25%	13%	16%
Neurosurgery	39%	47%	29%	20%	17%	6%	13%	25%	—	0%	22%
Orthopaedic Surgery	44%	31%	44%	26%	17%	2%	61%	45%	100%	19%	22%
Cardiovascular Surgery	47%	25%	92%	40%	32%	5%	0%	17%	0%	80%	30%
Urology	34%	29%	36%	73%	15%	6%	39%	19%	0%	44%	20%
Internal Medicine	23%	23%	24%	23%	4%	1%	23%	35%	10%	10%	10%
Radiation Oncology	4%	9%	67%	20%	7%	5%	0%	0%	0%	0%	6%
Medical Oncology	7%	7%	50%	12%	7%	6%	0%	7%	0%	0%	7%
Total	31%	30%	46%	32%	12%	4%	32%	29%	35%	22%	17%

Table 1B: Summary of responses, 2024—number of responses, by specialty

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	33	12	4	3	36	8	2	2	1	2	103
Gynaecology	68	65	28	19	121	15	13	14	3	10	356
Ophthalmology	59	40	17	13	61	16	10	14	1	2	233
Otolaryngology	29	19	6	4	40	12	3	8	1	1	123
General Surgery	67	39	30	20	61	12	12	8	1	4	254
Neurosurgery	15	14	4	1	12	4	1	2	—	0	53
Orthopaedic Surgery	87	42	17	11	84	5	17	17	1	4	285
Cardiovascular Surgery	27	6	12	2	36	4	0	2	0	4	93
Urology	29	12	4	11	37	8	7	4	2	4	118
Internal Medicine	102	69	20	19	47	11	8	18	1	3	298
Radiation Oncology	3	4	2	2	13	5	0	0	0	0	29
Medical Oncology	5	4	1	2	13	2	0	1	0	0	28
Total	524	326	145	107	561	102	73	90	11	34	1,973

Table 1C: Summary of responses, 2024—number of questionnaires mailed out, by specialty

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	74	48	12	10	199	106	13	13	1	6	482
Gynaecology	226	154	48	64	653	411	34	40	5	23	1,658
Ophthalmology	155	84	19	24	363	276	19	38	2	9	989
Otolaryngology	71	44	13	15	202	205	11	21	1	3	586
General Surgery	208	124	54	47	599	425	39	42	4	32	1,574
Neurosurgery	38	30	14	5	72	63	8	8	—	3	241
Orthopaedic Surgery	200	137	39	42	489	295	28	38	1	21	1,290
Cardiovascular Surgery	57	24	13	5	113	81	4	12	1	5	315
Urology	85	42	11	15	244	142	18	21	2	9	589
Internal Medicine	437	299	84	82	1,222	746	35	52	10	29	2,996
Radiation Oncology	73	43	3	10	199	93	8	15	1	8	453
Medical Oncology	74	59	2	17	188	31	9	15	3	9	407
Total	1,698	1,088	312	336	4,543	2,874	226	315	31	157	11,580

Table 2: Median total expected waiting time from referral by GP to treatment, by specialty, 2024 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	81.3	64.6	122.6	119.5	17.6	15.3	80.1	10.3	—	33.6	41.4
Gynaecology	39.5	49.2	33.5	28.2	30.9	29.2	175.4	119.9	28.5	63.7	41.3
Ophthalmology	27.0	37.4	31.6	55.8	34.2	32.5	71.3	21.0	169.9	61.4	34.6
Otolaryngology	45.8	42.7	82.3	38.0	32.3	26.1	83.6	55.6	124.0	29.3	37.5
General Surgery	23.3	35.0	26.7	22.1	16.9	16.1	34.9	45.3	31.6	16.4	22.3
Neurosurgery	32.3	31.7	19.6	56.6	47.9	27.5	434.0	26.0	—	—	46.2
Orthopaedic Surgery	53.6	66.8	65.2	80.6	45.6	68.5	64.0	66.1	92.2	95.0	57.5
Cardiovascular Surgery (Elective)	27.9	10.6	2.5	12.4	7.5	11.3	—	17.8	—	11.8	12.8
Urology	26.7	40.5	36.6	26.2	25.1	15.6	29.8	32.5	—	57.0	27.4
Internal Medicine	26.3	22.1	26.7	25.3	11.3	12.8	45.1	31.1	—	—	20.6
Radiation Oncology	8.6	21.8	5.2	7.2	3.7	4.6	—	—	—	—	4.5
Medical Oncology	13.3	13.5	—	10.9	3.1	3.1	—	9.0	—	—	4.7
Weighted Median	29.5	38.4	37.2	37.9	23.6	28.9	69.4	39.1	77.4	43.2	30.0

* 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, 2024 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	36.0	40.0	71.5	83.0	7.0	2.5	19.8	1.5	—	14.0	19.5
Gynaecology	25.0	30.0	24.0	16.0	18.0	8.0	97.5	79.0	22.0	56.0	24.1
Ophthalmology	8.0	18.0	10.0	26.0	13.0	14.0	20.0	13.0	104.0	28.8	13.9
Otolaryngology	20.0	20.0	53.0	19.5	18.0	6.5	56.0	36.0	104.0	24.0	18.5
General Surgery	14.3	17.0	8.0	12.0	9.5	4.0	24.0	31.0	9.0	4.5	11.8
Neurosurgery	24.0	14.0	12.0	38.0	33.0	16.0	390.0	14.0	—	—	32.2
Orthopaedic Surgery	20.0	32.0	34.0	52.0	18.0	12.0	25.5	40.0	20.0	38.3	21.8
Cardiovascular Surgery	22.0	2.5	1.5	5.5	4.0	2.0	—	9.8	—	3.8	7.1
Urology	18.0	24.0	23.5	12.0	20.0	6.5	19.0	22.1	48.5	38.0	19.5
Internal Medicine	14.0	8.5	12.0	15.0	6.0	9.0	6.0	18.0	42.0	42.0	11.0
Radiation Oncology	4.0	14.5	2.0	3.3	1.5	1.5	—	—	—	—	1.9
Medical Oncology	6.0	6.0	6.0	5.0	2.0	1.5	—	4.0	—	—	2.6
Weighted Median	15.0	19.2	17.7	21.3	12.7	9.1	34.0	25.4	39.8	25.4	15.0

Table 4: Median patient wait for treatment after appointment with specialist, by specialty, 2024 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	45.3	24.6	51.1	36.5	10.6	12.8	60.3	8.8	116.4	19.6	21.8
Gynaecology	14.5	19.2	9.5	12.2	12.9	21.2	77.9	40.9	6.5	7.7	17.2
Ophthalmology	19.0	19.4	21.6	29.8	21.2	18.5	51.3	8.0	65.9	32.7	20.8
Otolaryngology	25.8	22.7	29.3	18.5	14.3	19.6	27.6	19.6	20.0	5.3	19.1
General Surgery	9.1	18.0	18.7	10.1	7.4	12.1	10.9	14.3	22.6	11.9	10.5
Neurosurgery	8.3	17.7	7.6	18.6	14.9	11.4	44.0	12.0	—	—	14.0
Orthopaedic Surgery	33.6	34.8	31.2	28.6	27.6	56.5	38.5	26.1	72.2	56.8	35.7
Cardiovascular Surgery (Urgent)	2.6	4.0	0.6	1.3	0.6	1.1	—	1.5	—	1.1	1.5
Cardiovascular Surgery (Elective)	5.9	8.1	1.0	6.9	3.5	9.3	—	8.0	—	8.0	5.7
Urology	8.7	16.5	13.1	14.2	5.1	9.1	10.8	10.4	—	19.0	7.9
Internal Medicine	12.3	13.6	14.7	10.3	5.3	3.8	39.1	13.1	—	—	9.6
Radiation Oncology	4.6	7.3	3.2	4.0	2.2	3.1	—	—	—	—	2.5
Medical Oncology	7.3	7.5	—	5.9	1.1	1.6	—	5.0	—	—	2.1
Weighted Median	14.4	19.2	19.5	16.5	10.9	19.8	35.4	13.7	37.6	17.8	15.0

Table 5A: Plastic surgery (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	73.0	36.0	78.0	38.0	16.0	7.0	72.0	25.0	130.0	28.0
Neurolysis	25.5	17.0	—	42.0	8.0	12.0	20.0	1.8	—	—
Blepharoplasty	21.0	20.0	—	26.0	10.0	5.3	48.0	—	78.0	7.0
Rhinoplasty	12.5	8.0	38.0	20.0	5.0	6.0	72.0	—	—	—
Scar Revision	38.0	23.0	30.0	46.0	8.0	29.0	72.0	2.0	104.0	18.0
Hand Surgery	24.0	24.0	38.0	28.0	8.0	14.0	48.0	2.0	104.0	11.0
Craniofacial Procedures	12.3	24.0	—	15.8	11.0	6.0	—	—	—	—
Skin Cancers and other Tumours	5.0	4.8	7.0	7.5	4.0	5.3	8.0	2.8	26.0	15.1
Weighted Median	45.3	24.6	51.1	36.5	10.6	12.8	60.3	8.8	116.4	19.6

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

Table 5B: Gynaecology (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	8.0	13.0	4.5	6.0	8.0	8.0	70.0	22.0	6.0	8.0
Tubal Ligation	20.0	24.0	12.0	13.0	18.0	29.5	130.0	52.0	8.0	8.0
Hysterectomy (Vaginal/Abdominal)	20.0	24.0	12.0	20.0	16.0	25.0	91.5	52.0	8.0	12.0
Vaginal Repair	19.0	20.0	9.5	7.5	14.0	26.0	130.0	52.0	6.0	8.0
Tuboplasty	18.0	28.0	12.0	38.0	12.0	42.0	5.0	52.0	6.0	7.0
Laparoscopic Procedures	19.0	24.0	10.0	14.0	16.0	26.0	78.0	40.0	6.0	8.0
Hysteroscopic Procedures	12.0	18.0	10.0	11.0	13.0	15.0	40.0	40.0	6.0	6.0
Weighted Median	14.5	19.2	9.5	12.2	12.9	21.2	77.9	40.9	6.5	7.7

Table 5C: Ophthalmology (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	20.0	24.0	22.0	36.0	24.0	18.0	52.0	8.0	66.0	38.0
Cornea Transplant	8.0	44.0	—	52.0	26.0	18.0	57.0	9.0	—	—
Cornea - Pterygium	17.0	20.0	26.0	18.0	24.0	22.0	16.0	8.0	52.0	—
Iris, Ciliary Body, Sclera, Anterior Chamber	8.5	18.0	6.0	52.0	10.0	16.0	31.0	7.0	—	—
Retina, Choroid, Vitreous	16.0	4.5	13.0	4.5	6.0	20.0	38.0	8.0	—	4.0
Lacrimal Duct	13.0	12.0	13.0	39.0	35.0	30.0	42.0	6.0	—	—
Strabismus	28.3	20.0	108.0	52.0	28.0	20.0	52.0	8.0	—	—
Operations on Eyelids	13.7	16.0	28.0	39.0	12.0	24.0	26.0	8.0	—	—
Glaucoma	4.0	18.0	8.0	—	12.0	12.5	17.0	8.0	—	—
Weighted Median	19.0	19.4	21.6	29.8	21.2	18.5	51.3	8.0	65.9	32.7

Note: Weighted median does not include treatment for glaucoma.

Table 5D: Otolaryngology (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	25.0	10.0	13.0	12.0	13.0	15.0	12.0	12.5	20.0	3.0
Tympanoplasty	30.0	40.0	48.0	18.0	11.0	25.0	37.5	39.0	20.0	6.0
Thyroid, Parathyroid, and Other Endocrine Glands	12.0	15.0	9.0	15.0	16.0	12.0	12.0	16.0	20.0	4.0
Tonsillectomy and/or Adenoidectomy	30.0	32.0	48.0	20.0	12.0	26.0	36.0	26.0	20.0	10.0
Rhinoplasty and/or Septal Surgery	26.0	34.0	30.0	21.0	20.0	30.0	56.0	20.0	20.0	6.0
Operations on Nasal Sinuses	30.0	18.0	27.0	22.0	16.0	26.0	56.0	19.0	20.0	6.0
Weighted Median	25.8	22.7	29.3	18.5	14.3	19.6	27.6	19.6	20.0	5.3

Table 5E: General surgery (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	14.0	22.0	5.0	16.0	12.0	18.0	13.0	24.0	104.0	16.0
Cholecystectomy	14.0	19.0	5.5	13.0	12.0	16.0	8.0	18.0	104.0	16.0
Colonoscopy	8.0	20.0	41.0	9.0	5.0	8.0	34.0	22.0	6.0	10.0
Intestinal Operations	8.0	18.0	15.0	9.0	6.5	6.0	5.5	9.5	12.0	11.0
Haemorrhoidectomy	14.0	16.0	18.0	13.0	12.0	16.0	10.0	12.0	52.0	13.5
Breast Biopsy	3.5	1.5	3.5	8.0	3.0	3.0	4.5	6.0	8.0	18.0
Mastectomy	4.0	1.5	2.0	4.0	3.3	4.0	5.0	9.0	4.0	18.0
Bronchus and Lung	—	6.0	—	—	6.5	5.5	5.0	20.0	—	18.0
Aneurysm Surgery	—	30.0	—	—	0.5	20.5	5.0	20.0	—	18.0
Varicose Veins	52.0	20.0	8.0	14.0	14.0	55.0	5.0	20.0	—	18.0
Weighted Median	9.1	18.0	18.7	10.1	7.4	12.1	10.9	14.3	22.6	11.9

Table 5F: Neurosurgery (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Neurolysis	8.0	20.0	—	—	19.0	—	—	—	—	—
Disc Surgery/ Laminectomy	12.0	17.0	14.0	—	22.0	32.0	52.0	12.0	—	—
Elective Cranial Bone Flap	6.0	18.0	4.0	20.0	12.0	5.0	52.0	12.0	—	—
Aneurysm Surgery	6.0	12.0	—	8.0	6.0	—	10.0	—	—	—
Carotid endarterectomy	6.0	11.0	—	1.0	8.0	—	2.0	—	—	—
Weighted Median	8.3	17.7	7.6	18.6	14.9	11.4	44.0	12.0		

Table 5G: Orthopaedic surgery (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	20.0	20.0	12.0	10.0	10.0	46.0	24.0	24.0	8.0	17.5
Removal of Pins	20.0	16.0	9.0	10.0	10.0	15.0	23.0	24.0	16.0	50.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	38.0	40.0	42.0	36.0	24.0	71.5	41.0	26.0	90.0	67.5
Arthroplasty (Interphalangeal, Metatarsophalangeal)	30.0	52.0	10.0	10.0	22.0	52.0	36.0	24.0	—	10.0
Hallux Valgus/Hammer Toe	26.0	36.0	18.0	11.0	20.0	46.0	19.0	31.0	16.0	—
Digit Neuroma	24.0	24.0	7.0	12.0	14.0	25.0	26.0	18.0	—	—
Rotator Cuff Repair	25.0	35.0	12.0	10.0	17.0	26.0	38.0	31.0	26.0	—
Ostectomy (All Types)	24.0	12.0	7.0	10.0	22.0	40.0	31.0	31.0	—	10.0
Routine Spinal Instability	60.0	52.0	20.0	—	180.0	81.0	48.0	31.0	—	—
Weighted Median	33.6	34.8	31.2	28.6	27.6	56.5	38.5	26.1	72.2	56.8

Table 5H: Cardiovascular surgery (2024)—median patient wait for treatment after appointment with specialist (in weeks)

	Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	1.8	1.1	0.5	1.0	0.4	0.1	—	—	—	0.1
	Valves & Septa of the Heart	0.0	0.9	0.5	1.0	0.1	0.1	—	—	—	0.1
	Aneurysm Surgery	1.0	1.0	1.0	1.0	0.5	0.0	—	—	—	0.5
	Carotid Endarterectomy	1.0	1.0	0.3	0.5	0.5	0.0	—	—	—	0.5
	Pacemaker Operations	0.0	0.5	—	—	—	—	—	—	—	0.1
	Weighted Median	0.4	0.8	0.5	1.0	0.3	0.1				0.1
Urgent	Coronary Artery Bypass	6.0	4.3	0.5	—	0.5	1.0	—	1.5	—	1.0
	Valves & Septa of the Heart	6.0	4.5	0.5	—	0.5	1.0	—	1.5	—	1.0
	Aneurysm Surgery	3.0	3.0	2.0	0.1	1.5	2.0	—	1.5	—	4.5
	Carotid Endarterectomy	2.0	2.8	2.0	1.5	2.0	2.0	—	1.5	—	4.5
	Pacemaker Operations	0.0	3.5	—	—	0.6	—	—	1.5	—	1.0
	Weighted Median	2.6	4.0	0.6	1.3	0.6	1.1		1.5		1.1
Elective	Coronary Artery Bypass	12.0	9.0	0.5	6.0	5.0	9.0	—	8.0	—	8.0
	Valves & Septa of the Heart	6.5	9.5	0.5	8.0	5.0	10.0	—	8.0	—	8.0
	Aneurysm Surgery	10.0	7.8	6.0	8.0	5.0	10.0	—	8.0	—	9.0
	Carotid Endarterectomy	5.0	5.5	10.0	2.0	5.0	3.5	—	8.0	—	9.0
	Pacemaker Operations	3.5	6.5	—	—	1.0	—	—	8.0	—	8.0
	Weighted Median	5.9	8.1	1.0	6.9	3.5	9.3		8.0		8.0

Table 5I: Urology (2024)—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	10.0	14.0	25.0	38.0	7.5	10.0	18.0	16.0	—	28.0
Radical Prostatectomy	6.0	12.0	10.0	7.0	7.3	8.0	6.0	9.8	—	6.0
Transurethral Resection - Bladder	4.5	5.5	9.5	7.5	4.0	4.0	5.0	3.0	—	3.0
Radical Cystectomy	6.0	9.0	16.0	8.0	6.0	6.5	5.0	2.3	—	5.0
Cystoscopy	8.0	9.0	11.8	12.0	4.0	8.0	6.0	8.6	—	20.0
Hernia/Hydrocele	18.0	50.0	32.0	24.0	10.0	20.0	30.0	29.0	—	52.0
Bladder Fulguration	9.0	8.0	10.0	8.0	8.0	4.0	11.0	12.0	—	12.0
Ureteral Reimplantation for Reflux	10.0	10.0	24.0	21.0	10.0	7.0	11.5	13.0	—	—
Weighted Median	8.7	16.5	13.1	14.2	5.1	9.1	10.8	10.4		19.0

Table 5J: Internal medicine (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	14.0	14.0	18.0	9.0	6.0	4.5	31.0	14.0	—	—
Angiography/ Angioplasty	7.0	8.8	7.0	16.0	3.5	4.0	43.0	10.0	—	—
Bronchoscopy	9.0	12.0	10.0	8.0	4.5	1.0	36.0	5.0	—	—
Gastroscopy	12.0	18.0	24.0	8.0	6.0	6.0	28.0	18.0	—	—
Weighted Median	12.3	13.6	14.7	10.3	5.3	3.8	39.1	13.1		

Table 5K: Radiation oncology (2024)—median patient wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of The Larynx	3.5	3.0	2.5	1.8	2.0	3.0	—	—	—	—
Cancer of The Cervix	3.5	3.0	2.0	1.5	2.0	3.0	—	—	—	—
Lung Cancer	4.8	1.5	2.8	2.5	2.0	2.5	—	—	—	—
Prostate Cancer	—	12.0	3.3	6.0	2.0	3.5	—	—	—	—
Breast Cancer	—	8.0	3.8	3.8	2.5	3.5	—	—	—	—
Early Side Effects from Treatment	1.0	6.5	1.3	0.0	1.0	0.8	—	—	—	—
Late Side Effects from Treatment	3.5	7.5	2.3	6.0	1.8	2.0	—	—	—	—
Weighted Median	4.6	7.3	3.2	4.0	2.2	3.1				

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

Table 5L: Medical oncology (2024)—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	—	5.0	—	2.0	0.5	—	—	—	—	—
Cancer of the Cervix	—	4.0	—	—	1.0	—	—	—	—	—
Lung Cancer	—	6.0	—	—	1.0	1.5	—	—	—	—
Breast Cancer	7.3	9.0	—	6.0	1.3	1.8	—	5.0	—	—
Side Effects from Treatment	1.0	1.5	—	2.0	1.5	1.0	—	2.0	—	—
Weighted Median	7.3	7.5		5.9	1.1	1.6		5.0		

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, 2024 and 2023

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg
Plastic Surgery	45.3	45.7	–1%	24.6	15.0	64%	51.1	46.9	9%	36.5	44.4	–18%	10.6	21.8	–51%
Gynaecology	14.5	18.2	–21%	19.2	19.9	–3%	9.5	13.1	–27%	12.2	20.1	–39%	12.9	11.3	14%
Ophthalmology	19.0	12.4	54%	19.4	16.4	18%	21.6	9.8	120%	29.8	9.1	229%	21.2	11.9	79%
Otolaryngology	25.8	15.4	67%	22.7	27.1	–16%	29.3	44.1	–34%	18.5	13.3	39%	14.3	16.3	–12%
General Surgery	9.1	8.2	11%	18.0	11.2	60%	18.7	6.7	179%	10.1	9.9	2%	7.4	7.2	3%
Neurosurgery	8.3	7.8	7%	17.7	11.3	56%	7.6	10.8	–30%	18.6	7.5	147%	14.9	15.9	–6%
Orthopaedic Surgery	33.6	38.0	–11%	34.8	40.1	–13%	31.2	60.1	–48%	28.6	24.4	17%	27.6	16.0	72%
Cardiovascular Surg. (Urgent)	2.6	2.0	32%	4.0	2.2	81%	0.6	1.2	–47%	1.3	0.5	140%	0.6	1.6	–63%
Cardiovascular Surg. (Elective)	5.9	7.0	–16%	8.1	6.5	24%	1.0	3.1	–67%	6.9	4.0	72%	3.5	5.4	–37%
Urology	8.7	6.8	29%	16.5	13.9	18%	13.1	13.3	–2%	14.2	16.9	–16%	5.1	3.9	32%
Internal Medicine	12.3	17.1	–28%	13.6	16.4	–17%	14.7	13.7	7%	10.3	17.8	–42%	5.3	8.0	–34%
Radiation Oncology	4.6	5.6	–17%	7.3	—	—	3.2	3.5	–9%	4.0	3.9	2%	2.2	2.3	–6%
Medical Oncology	7.3	5.9	22%	7.5	3.5	114%	—	—	—	5.9	0.5	1016%	1.1	2.0	–43%
Weighted Median	14.4	13.7	6%	19.2	17.2	12%	19.5	16.7	17%	16.5	14.1	17%	10.9	8.5	29%

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg
Plastic Surgery	12.8	10.3	24%	60.3	47.4	27%	8.8	22.4	–60%	116.4	26.4	341%	19.6	13.1	50%
Gynaecology	21.2	15.0	41%	77.9	20.5	281%	40.9	33.6	22%	6.5	16.3	–60%	7.7	4.1	85%
Ophthalmology	18.5	12.5	48%	51.3	45.3	13%	8.0	14.6	–45%	65.9	47.8	38%	32.7	12.0	172%
Otolaryngology	19.6	17.9	10%	27.6	12.2	125%	19.6	8.2	138%	20.0	7.4	171%	5.3	—	—
General Surgery	12.1	25.2	–52%	10.9	10.9	0%	14.3	21.0	–32%	22.6	13.1	72%	11.9	6.0	98%
Neurosurgery	11.4	5.1	125%	44.0	66.1	–34%	12.0	26.3	–54%	—	—	—	—	—	—
Orthopaedic Surgery	56.5	31.8	77%	38.5	49.9	–23%	26.1	25.2	4%	72.2	57.1	26%	56.8	32.7	74%
Cardiovascular Surg. (Urgent)	1.1	1.5	–27%	—	1.0	—	1.5	3.0	–49%	—	1.5	—	1.1	3.9	–73%
Cardiovascular Surg. (Elective)	9.3	7.0	33%	—	16.0	—	8.0	26.0	–69%	—	2.0	—	8.0	13.5	–41%
Urology	9.1	5.2	73%	10.8	14.2	–24%	10.4	59.5	–83%	—	—	—	19.0	—	—
Internal Medicine	3.8	7.8	–52%	39.1	11.7	233%	13.1	40.6	–68%	—	—	—	—	1.0	—
Radiation Oncology	3.1	2.3	33%	—	2.2	—	—	5.1	—	—	2.3	—	—	—	—
Medical Oncology	1.6	2.1	–23%	—	1.2	—	5.0	4.3	15%	—	—	—	—	—	—
Weighted Median	19.8	15.3	0.3	35.4	26.3	34%	13.7	28.4	–0.5	37.6	27.8	35%	17.8	8.0	123%

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, 2024—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	11.4%	9.9%	20.4%	11.4%	21.5%	19.9%	3.4%	6.9%	4.8%	12.7%
4–7.99 weeks	15.8%	11.3%	22.1%	20.5%	18.4%	19.7%	18.8%	16.8%	23.8%	27.0%
8–12.99 weeks	19.7%	21.0%	22.6%	24.9%	23.8%	15.6%	14.7%	24.0%	11.9%	32.5%
13–25.99 weeks	25.6%	24.4%	16.5%	22.1%	18.5%	18.0%	17.3%	21.1%	31.0%	17.5%
26–51.99 weeks	16.1%	21.3%	10.9%	13.6%	10.6%	10.4%	21.8%	13.5%	4.8%	5.6%
1 year plus	11.4%	12.2%	7.3%	7.6%	7.2%	16.4%	24.1%	17.8%	23.8%	4.8%

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, 2024 (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	19.9	19.0	—	—	15.3	22.7	19.9	—	26.0	—	18.5
Gynaecology	9.3	9.4	10.7	14.0	9.3	10.0	20.9	15.8	24.0	—	10.2
Ophthalmology	12.4	13.7	12.1	14.4	10.8	12.4	8.2	11.7	—	—	11.9
Otolaryngology	11.0	14.3	—	9.6	16.2	11.2	11.8	—	—	3.6	13.2
General Surgery	7.9	9.7	9.9	5.5	5.1	9.1	6.2	9.6	—	3.9	7.0
Neurosurgery	5.6	—	5.7	18.5	8.8	6.0	—	12.0	—	—	7.9
Orthopaedic Surgery	16.6	10.8	23.8	23.5	12.3	10.4	21.9	12.9	22.8	28.3	13.5
Cardiovascular Surgery (Urgent)	1.5	—	1.5	—	—	1.0	—	—	—	—	1.2
Cardiovascular Surgery (Elective)	3.7	—	8.1	—	—	5.9	—	—	—	—	5.3
Urology	4.6	—	9.3	9.8	4.9	4.7	6.3	7.3	—	12.8	5.5
Internal Medicine	7.0	7.3	6.1	—	3.5	2.5	—	9.6	—	—	5.4
Radiation Oncology	3.5	2.4	3.9	3.3	2.8	3.1	—	—	—	—	2.9
Medical Oncology	3.0	3.0	—	2.0	1.5	1.4	—	3.5	—	—	1.7
Weighted Median	8.9	10.8	10.9	11.3	7.1	9.5	11.1	10.2	23.1	8.7	8.6

Table 9A: Plastic surgery (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	24.0	28.5	—	—	25.0	24.0	24.0	—	26.0	—
Neurolysis	6.0	12.0	—	—	7.5	6.0	8.0	—	—	—
Blepharoplasty	20.0	14.5	—	—	6.0	6.0	24.0	—	26.0	—
Rhinoplasty	26.0	5.0	—	—	15.0	32.0	24.0	—	—	—
Scar Revision	25.0	17.0	—	—	18.0	52.0	24.0	—	26.0	—
Hand Surgery	10.5	24.0	—	—	6.0	7.0	12.0	—	—	—
Craniofacial Procedures	24.0	—	—	—	4.0	12.0	—	—	—	—
Skin Cancers and other Tumours	6.0	1.8	—	—	4.0	4.0	5.0	—	13.0	—
Weighted Median	19.9	19.0			15.3	22.7	19.9		26.0	

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

Table 9B: Gynaecology (2024)—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	6.0	6.3	8.0	6.0	4.0	6.3	15.0	—	—
Tubal Ligation	14.0	12.0	12.0	15.0	12.0	19.0	44.0	21.0	—	—
Hysterectomy (Vaginal/Abdominal)	13.0	12.0	12.0	21.0	12.0	10.0	30.0	18.0	24.0	—
Vaginal Repair	14.0	12.0	12.0	23.0	12.0	12.0	38.0	18.0	—	—
Tuboplasty	20.0	12.0	12.0	20.0	14.0	16.0	—	—	—	—
Laparoscopic Procedures	12.0	12.0	12.0	12.0	11.0	10.0	24.0	18.0	—	—
Hysteroscopic Procedures	8.0	8.0	12.0	8.0	8.0	8.0	12.0	12.0	—	—
Weighted Median	9.3	9.4	10.7	14.0	9.3	10.0	20.9	15.8	24.0	

Table 9C: Ophthalmology (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	12.0	18.0	12.0	14.0	12.0	12.0	8.0	12.0	—	—
Cornea Transplant	—	4.0	—	—	12.0	14.0	12.0	10.0	—	—
Cornea - Pterygium	17.0	14.0	24.0	12.0	20.0	20.0	10.0	16.0	—	—
Iris, Ciliary Body, Sclera, Anterior Chamber	12.0	14.0	12.0	—	5.8	12.0	12.0	9.0	—	—
Retina, Choroid, Vitreous	—	3.0	—	—	4.0	8.0	12.0	10.0	—	—
Lacrimal Duct	10.0	5.0	12.0	20.0	16.0	24.0	17.0	24.0	—	—
Strabismus	16.0	8.0	—	24.0	10.0	34.0	12.0	24.0	—	—
Operations on Eyelids	21.0	5.0	12.0	—	10.0	22.0	12.0	8.0	—	—
Glaucoma	4.0	2.0	12.0	—	4.0	8.0	7.0	5.0	—	—
Weighted Median	12.4	13.7	12.1	14.4	10.8	12.4	8.2	11.7		

Note: Weighted median does not include treatment for glaucoma.

Table 9D: Otolaryngology (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	4.0	9.0	—	4.0	7.0	8.0	9.5	—	—	3.0
Tympanoplasty	16.0	32.0	—	12.0	26.0	12.0	11.5	—	—	4.0
Thyroid, Parathyroid, and Other Endocrine Glands	10.0	10.0	—	5.0	16.0	10.0	12.0	—	—	4.0
Tonsillectomy and/or Adenoidectomy	12.0	18.0	—	12.0	16.0	13.5	12.0	—	—	4.0
Rhinoplasty and/or Septal Surgery	12.0	18.5	—	12.0	36.0	23.0	16.0	—	—	4.0
Operations on Nasal Sinuses	12.0	10.0	—	12.0	18.0	14.0	16.0	—	—	4.0
Weighted Median	11.0	14.3		9.6	16.2	11.2	11.8			3.6

Table 9E: General surgery (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	12.0	10.0	8.5	—	8.0	12.0	6.0	16.0	—	12.0
Cholecystectomy	8.0	5.5	5.5	—	8.0	12.0	6.0	8.0	—	12.0
Colonoscopy	13.0	19.0	16.5	8.0	5.0	8.0	8.0	16.0	—	4.0
Intestinal Operations	5.5	8.0	8.0	4.0	4.0	5.0	6.0	6.0	—	2.0
Haemorrhoidectomy	12.0	12.0	8.5	12.0	8.0	20.0	6.0	24.0	—	6.0
Breast Biopsy	2.0	2.0	2.0	—	2.0	4.0	6.0	—	—	—
Mastectomy	4.0	2.0	—	—	4.0	4.0	6.0	—	—	—
Bronchus and Lung	—	4.0	—	—	6.0	4.0	—	—	—	—
Aneurysm Surgery	—	—	—	—	6.5	16.0	—	—	—	—
Varicose Veins	20.0	12.0	5.0	—	8.0	46.0	—	—	—	—
Weighted Median	7.9	9.7	9.9	5.5	5.1	9.1	6.2	9.6		3.9

Table 9F: Neurosurgery (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	4.0	—	—	—	15.0	—	—	—	—	—
Disc Surgery/ Laminectomy	6.0	—	9.0	—	14.0	6.0	—	12.0	—	—
Elective Cranial Bone Flap	6.0	—	4.0	20.0	6.0	6.0	—	12.0	—	—
Aneurysm Surgery	7.0	—	4.0	4.0	9.0	—	—	—	—	—
Carotid endarterectomy	1.5	—	4.0	1.0	7.0	—	—	—	—	—
Weighted Median	5.6		5.7	18.5	8.8	6.0		12.0		

Table 9G: Orthopaedic surgery (2024)—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	6.5	13.0	—	5.0	7.0	12.0	9.0	6.0	25.0
Removal of Pins	12.0	6.0	13.0	6.0	10.5	7.0	12.0	13.0	12.0	50.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	17.5	12.0	26.0	25.0	14.0	14.0	24.0	12.0	26.0	26.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	23.0	11.0	—	—	12.0	2.0	—	18.0	—	—
Hallux Valgus/Hammer Toe	23.0	10.0	—	—	12.0	7.0	12.0	15.0	16.0	—
Digit Neuroma	16.0	11.0	—	—	6.0	7.0	—	13.0	—	—
Rotator Cuff Repair	11.0	8.5	13.0	—	10.5	2.0	—	10.5	16.0	—
Ostectomy (All Types)	16.0	12.0	—	—	11.5	2.0	16.0	21.0	—	—
Routine Spinal Instability	—	9.0	—	—	5.0	8.0	16.0	—	—	—
Weighted Median	16.6	10.8	23.8	23.5	12.3	10.4	21.9	12.9	22.8	28.3

Table 9H: Cardiovascular surgery (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

	Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	0.0	—	—	—	—	0.0	—	—	—	—
	Valves & Septa of the Heart	0.0	—	0.0	—	—	0.3	—	—	—	—
	Aneurysm Surgery	0.3	—	0.0	—	—	0.0	—	—	—	—
	Carotid Endarterectomy	0.5	—	0.0	—	—	0.0	—	—	—	—
	Pacemaker Operations	—	—	—	—	—	—	—	—	—	—
	Weighted Median	0.0		0.0			0.2				
Urgent	Coronary Artery Bypass	0.4	—	1.5	—	—	1.0	—	—	—	—
	Valves & Septa of the Heart	2.5	—	1.5	—	—	1.0	—	—	—	—
	Aneurysm Surgery	1.8	—	1.8	—	—	1.0	—	—	—	—
	Carotid Endarterectomy	1.5	—	1.8	—	—	1.0	—	—	—	—
	Pacemaker Operations	—	—	—	—	—	—	—	—	—	—
	Weighted Median	1.5		1.5			1.0				
Elective	Coronary Artery Bypass	3.5	—	8.0	—	—	5.0	—	—	—	—
	Valves & Septa of the Heart	3.5	—	8.0	—	—	7.0	—	—	—	—
	Aneurysm Surgery	4.8	—	6.0	—	—	4.0	—	—	—	—
	Carotid Endarterectomy	6.0	—	10.0	—	—	3.5	—	—	—	—
	Pacemaker Operations	—	—	—	—	—	—	—	—	—	—
	Weighted Median	3.7		8.1			5.9				

Table 9I: Urology (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	7.0	—	11.0	10.0	7.0	6.3	9.0	19.0	—	24.0
Radical Prostatectomy	4.0	—	10.0	—	8.0	3.3	6.8	12.5	—	8.0
Transurethral Resection - Bladder	3.0	—	10.0	8.0	4.0	2.0	4.5	2.0	—	4.0
Radical Cystectomy	4.0	—	10.0	—	5.0	1.0	4.0	5.0	—	4.0
Cystoscopy	3.3	—	8.0	8.0	4.0	3.5	4.5	5.5	—	12.0
Hernia/Hydrocele	15.0	—	10.0	24.0	10.0	10.0	12.0	26.0	—	48.0
Bladder Fulguration	4.0	—	16.0	2.0	6.0	3.0	7.5	2.0	—	12.0
Ureteral Reimplantation for Reflux	14.0	—	—	—	8.0	—	6.0	12.0	—	—
Weighted Median	4.6		9.3	9.8	4.9	4.7	6.3	7.3		12.8

Table 9J: Internal medicine (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	8.0	8.0	8.0	—	4.0	4.0	—	10.0	—	—
Angiography/ Angioplasty	4.0	3.0	2.0	—	2.5	2.0	—	10.0	—	—
Bronchoscopy	4.0	4.0	5.0	—	3.0	2.0	—	2.5	—	—
Gastroscopy	6.0	6.0	8.0	—	3.0	4.0	—	10.0	—	—
Weighted Median	7.0	7.3	6.1		3.5	2.5		9.6		

Table 9K: Radiation oncology (2024)—median reasonable wait for treatment after appointment with specialist (in weeks)

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	3.0	1.5	3.0	4.0	2.0	2.0	—	—	—	—
Cancer of the Cervix	3.0	1.5	2.0	2.0	2.0	2.0	—	—	—	—
Lung Cancer	3.5	1.5	3.0	2.0	2.0	2.0	—	—	—	—
Prostate Cancer	—	2.8	5.0	4.0	4.0	4.0	—	—	—	—
Breast Cancer	—	2.8	4.0	4.0	2.5	4.0	—	—	—	—
Early Side Effects from Treatment	1.0	1.3	1.0	1.0	1.0	0.8	—	—	—	—
Late Side Effects from Treatment	2.5	1.8	2.0	4.0	3.0	2.5	—	—	—	—
Weighted Median	3.5	2.4	3.9	3.3	2.8	3.1				

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

Table 9L: Medical oncology (2024)—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	—	2.0	0.5	—	—	—	—	—
Cancer of the Cervix	—	3.5	—	—	1.0	—	—	—	—	—
Lung Cancer	—	2.5	—	—	1.0	1.5	—	—	—	—
Breast Cancer	3.0	3.5	—	2.0	2.0	1.3	—	3.5	—	—
Side Effects from Treatment	1.0	1.0	—	2.0	1.0	1.0	—	1.5	—	—
Weighted Median	3.0	3.0		2.0	1.5	1.4		3.5		

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, 2024

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.	Actual	Reasonable	Diff.
Plastic Surgery	45.3	19.9	128%	24.6	19.0	29%	51.1	—	—	36.5	—	—	10.6	15.3	–30%
Gynaecology	14.5	9.3	56%	19.2	9.4	104%	9.5	10.7	–11%	12.2	14.0	–13%	12.9	9.3	39%
Ophthalmology	19.0	12.4	54%	19.4	13.7	42%	21.6	12.1	78%	29.8	14.4	107%	21.2	10.8	97%
Otolaryngology	25.8	11.0	133%	22.7	14.3	59%	29.3	—	—	18.5	9.6	93%	14.3	16.2	–11%
General Surgery	9.1	7.9	15%	18.0	9.7	87%	18.7	9.9	90%	10.1	5.5	83%	7.4	5.1	46%
Neurosurgery	8.3	5.6	49%	17.7	—	—	7.6	5.7	32%	18.6	18.5	0%	14.9	8.8	69%
Orthopaedic Surgery	33.6	16.6	103%	34.8	10.8	224%	31.2	23.8	31%	28.6	23.5	22%	27.6	12.3	124%
Cardiovascular Surg. (Urg.)	2.6	1.5	73%	4.0	—	—	0.6	1.5	–59%	1.3	—	—	0.6	—	—
Cardiovascular Surg. (Elect.)	5.9	3.7	60%	8.1	—	—	1.0	8.1	–88%	6.9	—	—	3.5	—	—
Urology	8.7	4.6	89%	16.5	—	—	13.1	9.3	41%	14.2	9.8	45%	5.1	4.9	5%
Internal Medicine	12.3	7.0	76%	13.6	7.3	86%	14.7	6.1	140%	10.3	—	—	5.3	3.5	51%
Radiation Oncology	4.6	3.5	34%	7.3	2.4	211%	3.2	3.9	–18%	4.0	3.3	21%	2.2	2.8	–22%
Medical Oncology	7.3	3.0	142%	7.5	3.0	147%	—	—	—	5.9	2.0	193%	1.1	1.5	–25%
Weighted Median	14.4	8.9	61%	19.2	10.8	79%	19.5	10.9	79%	16.5	11.3	47%	10.9	7.1	53%

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	12.8	22.7	–44%	60.3	19.9	203%	8.8	—	—	116.4	26.0	348%	19.6	—	—
Gynaecology	21.2	10.0	112%	77.9	20.9	272%	40.9	15.8	160%	6.5	24.0	–73%	7.7	—	—
Ophthalmology	18.5	12.4	50%	51.3	8.2	524%	8.0	11.7	–32%	65.9	—	—	32.7	—	—
Otolaryngology	19.6	11.2	76%	27.6	11.8	134%	19.6	—	—	20.0	—	—	5.3	3.6	46%
General Surgery	12.1	9.1	32%	10.9	6.2	75%	14.3	9.6	48%	22.6	—	—	11.9	3.9	206%
Neurosurgery	11.4	6.0	90%	44.0	—	—	12.0	12.0	0%	—	—	—	—	—	—
Orthopaedic Surgery	56.5	10.4	442%	38.5	21.9	76%	26.1	12.9	103%	72.2	22.8	216%	56.8	28.3	101%
Cardiovascular Surg. (Urg.)	1.1	1.0	10%	—	—	—	1.5	—	—	—	—	—	1.1	—	—
Cardiovascular Surg. (Elect.)	9.3	5.9	56%	—	—	—	8.0	—	—	—	—	—	8.0	—	—
Urology	9.1	4.7	91%	10.8	6.3	71%	10.4	7.3	43%	—	—	—	19.0	12.8	48%
Internal Medicine	3.8	2.5	51%	39.1	—	—	13.1	9.6	37%	—	—	—	—	—	—
Radiation Oncology	3.1	3.1	–2%	—	—	—	—	—	—	—	—	—	—	—	—
Medical Oncology	1.6	1.4	16%	—	—	—	5.0	3.5	43%	—	—	—	—	—	—
Weighted Median	19.8	9.5	108%	35.4	11.1	219%	13.7	10.2	34%	37.6	23.1	63%	17.8	8.7	104%

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, by specialty, 2024

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	1.0%	0.3%	0.0%	0.0%	2.8%	3.5%	1.0%	—	1.0%	0.0%	1.7%
Gynaecology	2.6%	4.8%	1.0%	7.6%	1.5%	0.9%	1.0%	0.2%	0.0%	0.0%	2.4%
Ophthalmology	4.1%	0.9%	2.0%	0.5%	2.2%	0.8%	0.5%	1.4%	—	—	2.2%
Otolaryngology	0.7%	0.3%	0.1%	0.5%	2.2%	1.2%	0.5%	5.0%	—	0.0%	1.4%
General Surgery	1.3%	1.9%	0.9%	0.8%	0.8%	0.7%	0.2%	0.0%	0.0%	1.0%	1.0%
Neurosurgery	2.1%	3.5%	0.0%	0.0%	1.2%	2.7%	0.0%	1.0%	—	—	1.9%
Orthopaedic Surgery	2.4%	3.7%	0.6%	0.7%	1.1%	1.3%	1.2%	1.3%	0.0%	1.0%	1.9%
Cardiovascular Surgery	0.2%	0.3%	1.0%	0.0%	0.1%	0.5%	—	—	—	0.0%	0.2%
Urology	2.8%	2.1%	2.7%	0.5%	2.0%	0.9%	2.0%	0.0%	—	0.0%	2.0%
Internal Medicine	2.3%	1.4%	1.1%	1.8%	2.8%	1.5%	0.3%	5.0%	0.0%	3.0%	2.2%
Radiation Oncology	0.0%	1.0%	1.0%	0.0%	1.4%	0.6%	—	—	—	—	1.1%
Medical Oncology	3.5%	1.5%	3.5%	1.0%	0.7%	0.0%	—	1.0%	—	—	1.3%
All Specialties	2.3%	2.6%	1.1%	2.3%	1.6%	1.1%	1.0%	1.8%	0.3%	0.5%	1.8%

Table 12: Estimated number of procedures for which patients are waiting after appointment with specialist, by specialty, 2024

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	8,633	3,913	1,493	1,110	4,601	2,984	1,426	207	225	203
Gynaecology	4,793	6,560	885	1,400	12,303	8,264	4,396	2,745	79	706
Ophthalmology	35,574	24,076	9,583	8,760	76,401	45,471	13,370	3,527	2,635	4,251
Otolaryngology	6,102	5,119	3,054	1,254	11,003	12,823	1,395	1,004	174	225
General Surgery	27,090	28,697	11,129	6,617	45,283	17,487	1,878	9,337	2,262	4,931
Neurosurgery	1,171	2,058	205	346	6,019	1,817	781	237	—	—
Orthopaedic Surgery	28,653	23,768	8,181	6,711	67,300	65,280	5,548	4,720	1,571	3,614
Cardiovascular Surgery	664	553	11	2	330	251	—	64	—	33
Urology	9,891	6,235	3,681	2,017	20,024	6,111	1,481	2,990	—	4,444
Internal Medicine	22,086	11,092	4,851	3,603	12,741	1,842	2,822	3,348	—	—
Radiation Oncology	57	51	5	5	497	138	—	—	—	—
Medical Oncology	1,223	621	—	114	1,566	262	—	149	—	—
Residual	95,536	95,643	33,963	29,299	238,576	132,258	26,116	21,070	7,288	22,974
Total	241,473	208,386	77,040	61,236	496,646	294,988	59,214	49,396	14,234	41,380
Proportion of Population	4.24%	4.26%	6.21%	4.10%	3.08%	3.26%	6.93%	4.59%	7.97%	7.59%

Canada: Total number of procedures for which patients are waiting in 2023 — 1,543,994

Percentage of Population — 3.7%

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. As most cancer patients are treated in cancer agencies, the oncology data must be regarded as incomplete. • Population data are from annual estimates from Statistics Canada, 2024 (table: 17-10-0005-01).

Table 13A: Plastic surgery (2024)—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	5,860	1,959	828	463	2,441	591	947	175	120	131
Neurolysis	788	281	—	179	950	570	72	8	—	—
Blepharoplasty	132	163	—	4	158	57	20	—	0	2
Rhinoplasty	306	186	241	86	189	97	119	—	—	—
Scar Revision	1,044	1,043	155	284	395	1,212	111	15	26	28
Hand Surgery	505	280	269	94	468	457	157	9	79	42
Total	8,633	3,913	1,493	1,110	4,601	2,984	1,426	207	225	203

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

Table 13B: Gynaecology (2024)—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	845	1,406	92	231	2,487	531	983	362	26	254
Tubal Ligation	112	745	46	136	1,549	1,540	643	148	8	45
Hysterectomy (Vaginal/Abdominal)	2,265	2,591	366	719	4,575	3,779	1,619	1,170	18	138
Vaginal Repair	506	547	50	67	635	584	440	226	2	24
Tuboplasty	59	40	4	10	18	31	0	10	0	1
Laparoscopic Procedures	232	212	59	53	872	813	125	99	2	9
Hysteroscopic Procedures	774	1,018	268	184	2,168	987	587	730	23	235
Total	4,793	6,560	885	1,400	12,303	8,264	4,396	2,745	79	706

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

Table 13C: Ophthalmology (2024)—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	29,527	19,632	7,375	7,262	67,426	32,648	12,851	2,617	2,627	4,169
Cornea Transplant	105	320	—	102	546	287	36	32	—	—
Cornea - Pterygium	227	305	70	9	354	595	8	3	8	—
Iris, Ciliary Body, Sclera, Anterior Chamber	455	799	114	523	1,580	1,983	81	133	—	—
Retina, Choroid, Vitreous	3,572	1,048	793	304	2,493	6,650	53	619	—	82
Lacrimal Duct	196	296	43	82	1,164	542	26	15	—	—
Strabismus	833	733	725	366	1,948	859	216	51	—	—
Operations on Eyelids	660	942	464	113	890	1,908	99	58	—	—
Total	35,574	24,076	9,583	8,760	76,401	45,471	13,370	3,527	2,635	4,251

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 (2024)—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	585	365	330	116	2,107	4,002	205	203	87	46
Tympanoplasty	355	686	266	75	518	755	96	172	9	23
Thyroid, Parathyroid, and Other Endocrine Glands	528	753	130	185	2,619	1,127	93	148	7	24
Tonsillectomy and/or Adenoidectomy	1,595	1,775	1,640	339	2,116	4,389	532	263	47	72
Rhinoplasty and/or Septal Surgery	610	723	206	136	767	939	78	70	7	7
Operations on Nasal Sinuses	2,428	817	481	404	2,875	1,612	391	149	16	53
Total	6,102	5,119	3,054	1,254	11,003	12,823	1,395	1,004	174	225

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

Table 13E: General surgery (2024)—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	3,123	4,325	302	1,132	7,787	7,240	511	980	515	391
Cholecystectomy	2,332	3,172	296	853	6,315	5,282	309	867	816	370
Colonoscopy	5,045	5,598	5,601	1,344	3,820	421	654	3,520	133	1,074
Intestinal Operations	14,128	14,756	4,401	2,907	23,140	1,998	245	3,378	733	2,440
Haemorrhoidectomy	927	322	460	253	2,269	299	14	84	52	112
Breast Biopsy	9	2	1	2	26	12	2	36	1	290
Mastectomy	402	109	46	99	987	852	92	197	12	214
Bronchus and Lung	—	142	—	—	553	409	23	209	—	27
Aneurysm Surgery	—	113	—	—	7	160	3	17	—	8
Varicose Veins	1,124	159	22	26	379	814	24	50	—	5
Total	27,090	28,697	11,129	6,617	45,283	17,487	1,878	9,337	2,262	4,931

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

Table 13F: Neurosurgery (2024)—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	127	207	—	—	817	—	—	—	—	—
Disc Surgery/ Laminectomy	592	593	135	—	2,045	1,211	356	75	—	—
Elective Cranial Bone Flap	408	1,215	70	343	3,063	606	418	162	—	—
Aneurysm Surgery	5	11	—	2	11	—	1	—	—	—
Carotid endarterectomy	38	32	—	1	83	—	5	—	—	—
Total	1,171	2,058	205	346	6,019	1,817	781	237		

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

Table 13G: Orthopaedic surgery (2024)—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	575	507	87	48	676	4,050	63	105	6	65
Removal of Pins	1,458	1,013	152	139	1,511	1,646	182	268	33	274
Arthroplasty (Hip, Knee, Ankle, Shoulder)	20,351	16,333	7,167	6,002	39,535	47,275	4,133	2,968	1,478	3,205
Arthroplasty (Interphalangeal, Metatarsophalangeal)	1,194	1,293	74	76	1,672	1,803	139	91	—	31
Hallux Valgus/Hammer Toe	215	168	27	27	308	417	27	34	20	—
Digit Neuroma	1,366	800	161	170	2,013	2,273	183	243	—	—
Rotator Cuff Repair	1,226	1,837	138	123	2,363	1,403	195	396	34	—
Ostectomy (All Types)	908	542	61	126	2,250	2,312	193	471	—	38
Routine Spinal Instability	1,359	1,274	313	—	16,972	4,101	433	144	—	—
Total	28,653	23,768	8,181	6,711	67,300	65,280	5,548	4,720	1,571	3,614

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

Table 13H: Cardiovascular surgery (2024)—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	291	115	4	—	76	107	—	15	—	9
Valves & Septa of the Heart	350	230	5	—	91	120	—	21	—	4
Aneurysm Surgery	4	2	0	0	4	3	—	0	—	0
Carotid Endarterectomy	19	6	2	2	32	22	—	2	—	3
Pacemaker Operations	0	200	—	—	127	—	—	25	—	16
Total	664	553	11	2	330	251		64		33

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

Table 13I: Urology (2024)—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	1,046	797	411	341	1,645	1,027	250	273	—	176
Radical Prostatectomy	135	147	40	29	316	227	19	41	—	19
Transurethral Resection—Bladder	453	298	180	141	1,154	682	84	66	—	43
Radical Cystectomy	27	29	14	6	65	43	3	2	—	2
Cystoscopy	5,931	1,334	2,332	772	10,399	1,006	423	1,674	—	3,529
Hernia/Hydrocele	1,641	3,329	394	542	2,643	2,688	544	592	—	358
Bladder Fulguration	644	283	292	179	3,764	414	156	336	—	317
Ureteral Reimplantation for Reflux	14	18	18	8	38	25	2	6	—	—
Total	9,891	6,235	3,681	2,017	20,024	6,111	1,481	2,990		4,444

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

Table 13J: Internal medicine (2024)—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	18,550	9,449	3,825	2,346	9,352	416	535	2,773	—	—
Angiography /Angioplasty	2,787	593	688	1,076	1,771	1,183	2,059	352	—	—
Bronchoscopy	348	503	83	59	927	74	136	70	—	—
Gastroscopy	401	547	254	122	691	168	92	153	—	—
Total	22,086	11,092	4,851	3,603	12,741	1,842	2,822	3,348		

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

Table 13K: Radiation oncology (2024)—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	57	51	5	5	497	138	—	—	—	—

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

Table 13L: Medical oncology (2024)—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	1,223	621	—	114	1,566	262	—	149	—	—

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

Table 14: Estimated number of procedures for which patients are waiting after appointment with specialist—procedures per 100,000 population, 2024

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	152	80	120	74	29	33	167	19	126	37
Gynaecology	84	134	71	94	76	91	515	255	44	129
Ophthalmology	624	492	773	586	474	502	1,565	328	1,476	780
Otolaryngology	107	105	246	84	68	142	163	93	98	41
General Surgery	475	587	898	443	281	193	220	867	1,267	904
Neurosurgery	21	42	17	23	37	20	91	22	—	—
Orthopaedic Surgery	503	486	660	449	417	721	649	439	880	663
Cardiovascular Surgery	12	11	1	0	2	3	—	6	—	6
Urology	174	128	297	135	124	67	173	278	—	815
Internal Medicine	388	227	391	241	79	20	330	311	—	—
Radiation Oncology	1	1	0	0	3	2	—	—	—	—
Medical Oncology	21	13	—	8	10	3	—	14	—	—

Note: All data regarding oncology refer only to procedures done in hospitals. As most cancer patients are treated in cancer agencies, 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, 2024 and 2023

Procedure	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg
Plastic Surgery	8,633	8,289	4%	3,913	2,124	84%	1,493	784	91%	1,110	1,080	3%	4,601	8,524	–46%
Gynaecology	4,793	5,665	–15%	6,560	6,598	–1%	885	1,230	–28%	1,400	1,839	–24%	12,303	9,158	34%
Ophthalmology	35,574	22,814	56%	24,076	21,541	12%	9,583	3,537	171%	8,760	2,004	337%	76,401	33,216	130%
Otolaryngology	6,102	3,055	100%	5,119	4,391	17%	3,054	3,375	–10%	1,254	648	93%	11,003	8,409	31%
General Surgery	27,090	22,881	18%	28,697	14,494	98%	11,129	3,543	214%	6,617	5,609	18%	45,283	38,248	18%
Neurosurgery	1,171	1,187	–1%	2,058	1,161	77%	205	296	–31%	346	162	113%	6,019	6,174	–3%
Orthopaedic Surgery	28,653	29,493	–3%	23,768	23,483	1%	8,181	11,922	–31%	6,711	4,367	54%	67,300	31,377	114%
Cardiovascular Surgery	664	480	39%	553	300	84%	11	49	–78%	2	11	–84%	330	846	–61%
Urology	9,891	7,633	30%	6,235	4,622	35%	3,681	3,532	4%	2,017	2,093	–4%	20,024	14,031	43%
Internal Medicine	22,086	27,719	–20%	11,092	10,473	6%	4,851	3,800	28%	3,603	5,216	–31%	12,741	17,575	–28%
Radiation Oncology	57	59	–3%	51	—	—	5	5	1%	5	5	0%	497	504	–1%
Medical Oncology	1,223	851	44%	621	336	85%	—	—	—	114	11	908%	1,566	2,429	–36%
Residual	95,536	86,442	11%	95,643	79,407	20%	33,963	27,297	24%	29,299	22,226	32%	238,576	164,172	45%
Total	241,473	216,567	12%	208,386	168,930	23%	77,040	59,371	30%	61,236	45,273	35%	496,646	334,662	48%

Procedure	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg	2024	2023	% chg
Plastic Surgery	2,984	2,381	25%	1,426	1,073	33%	207	294	–30%	225	18	1157%	203	130	56%
Gynaecology	8,264	5,652	46%	4,396	1,141	285%	2,745	2,227	23%	79	183	–57%	706	402	75%
Ophthalmology	45,471	29,959	52%	13,370	9,649	39%	3,527	5,395	–35%	2,635	2,241	18%	4,251	29	14519%
Otolaryngology	12,823	8,411	52%	1,395	428	226%	1,004	321	212%	174	52	234%	225	—	—
General Surgery	17,487	35,171	–50%	1,878	1,775	6%	9,337	11,263	–17%	2,262	1,141	98%	4,931	1,563	216%
Neurosurgery	1,817	1,004	81%	781	1,274	–39%	237	125	89%	—	—	—	—	—	—
Orthopaedic Surgery	65,280	33,881	93%	5,548	6,319	–12%	4,720	3,658	29%	1,571	1,542	2%	3,614	2,500	45%
Cardiovascular Surgery	251	629	–60%	—	40	—	64	6	973%	—	4	—	33	36	–9%
Urology	6,111	3,442	78%	1,481	1,832	–19%	2,990	15,598	–81%	—	—	—	4,444	—	—
Internal Medicine	1,842	3,804	–52%	2,822	927	204%	3,348	8,975	–63%	—	—	—	—	156	—
Radiation Oncology	138	106	31%	—	26	—	—	30	—	—	3	—	—	—	—
Medical Oncology	262	342	–23%	—	24	—	149	109	36%	—	—	—	—	—	—
Residual	132,258	102,198	29%	26,116	19,731	32%	21,070	40,860	–48%	7,288	4,709	55%	22,974	9,599	139%
Total	294,988	226,980	30%	59,214	44,240	34%	49,396	88,863	–44%	14,234	9,894	44%	41,380	14,415	187%

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. As most cancer patients are treated in cancer agencies, the oncology data must be regarded as incomplete.

Table 16A: Acute inpatient procedures, 2022–2023

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	21,090	15,300	7,120	6,092	50,431	23,213	3,728	3,744	727	2,149
Arthroplasty (Interphalangeal/Metatarsophalangeal)	303	307	103	75	399	244	38	30	1	16
Hallux Valgus/Hammer Toe	47	23	4	3	13	13	3	2	0	1
Meniscectomy/Arthroscopy	104	109	24	54	337	270	17	44	2	22
Ostectomy	852	849	150	302	2,140	1,359	141	508	9	75
Removal of Pins	894	828	224	283	2,053	1,222	108	169	21	79
Rotator Cuff Repair	883	907	229	255	2,378	1,147	112	227	9	60
Routine Spinal Instability	1,158	1,258	774	518	4,813	2,549	373	240	0	148
Bladder Fulguration	1,406	1,051	354	227	4,903	2,899	272	637	58	300
Cystoscopy	5,371	3,079	795	296	10,395	4,163	791	1,070	118	532
Non-radical Prostatectomy	3,622	2,382	621	43	5,446	3,370	356	563	151	252
Radical Cystectomy	234	165	44	40	562	342	33	54	1	24
Radical Prostatectomy	1,170	569	208	214	2,255	1,442	161	216	0	168
Transurethral Resection—Bladder	1,147	1,276	245	60	3,469	1,534	181	201	67	306
Ureteral Reimplantation for Reflux	57	47	19	14	140	129	9	16	0	9
Cataract Removal	51	142	45	49	80	106	6	22	4	2
Cornea Transplant	7	15	46	2	24	51	0	12	0	0
Cornea—Pterygium	2	15	5	1	0	11	0	3	0	0
Iris, Ciliary Body, Sclera, Anterior Chamber	53	103	23	26	101	104	2	25	1	1
Lacrimal Duct Surgery	31	39	0	8	45	65	3	7	0	3
Operations on Eyelids	112	205	16	33	291	221	11	48	2	8
Retina, Choroid, Vitreous	260	1,930	257	220	494	397	2	75	1	1
Strabismus Surgery	32	7	1	2	22	31	0	5	0	0
Myringotomy	154	229	60	61	668	1,531	40	63	22	40
Operations on Nasal Sinuses	595	258	60	51	920	718	47	88	0	42
Thyroid, Parathyroid, and Other Endocrine Glands	1,480	1,940	536	190	5,863	3,862	232	272	19	288
Tonsillectomy and/or Adenoidectomy	614	475	190	104	1,761	2,359	89	76	93	131
Tympanoplasty	44	27	2	4	108	84	11	31	2	3
Radiotherapy	437	349	15	62	11,529	2,118	392	264	76	207
Chemotherapy	6,951	3,895	1,094	895	66,611	7,737	1,060	1,024	38	512
Breast Biopsy	91	38	7	8	279	161	16	20	1	8
Bronchus and Lung	1,451	1,171	213	353	4,249	3,780	235	537	1	71
Cholecystectomy	3,691	4,441	1,322	1,712	10,780	7,738	894	1,242	174	377
Haemorrhoidectomy	86	49	42	47	224	120	12	12	4	6

Table 16A, continued

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Intestinal Operations	9,180	6,857	2,458	2,593	25,839	15,794	1,700	2,457	291	1,413
Mastectomy	1,109	492	305	205	2,220	1,805	59	320	32	164
Varicose Veins	25	3	8	5	14	19	0	2	0	6
Disk Surgery/Laminectomy	1,865	1,321	363	177	3,851	1,596	254	249	0	239
Elective Cranial Bone Flap	3,464	3,404	896	870	13,030	6,128	417	685	1	382
Blepharoplasty	4	16	0	2	18	14	0	2	0	0
Mammoplasty	308	473	31	74	738	412	35	51	44	33
Scar Revision	799	1,598	172	228	1,614	1,077	55	235	5	52
Coronary Artery Bypass	2,521	1,405	461	503	7,895	5,544	529	519	0	460
Pacemaker Operations	2,947	2,016	706	650	8,276	9,106	672	623	53	321
Valves & Septa of the Heart	2,900	2,626	454	624	9,442	6,229	342	721	0	223
Angiography/Angioplasty	6,148	2,950	2,253	1,190	23,414	15,253	1,461	1,709	0	926
Bronchoscopy	1,308	1,174	161	225	6,373	3,615	160	467	14	128
Gastroscopy	751	525	159	110	3,045	1,260	154	180	11	71
Dilation and Curettage	218	173	22	45	276	125	12	16	2	15
Hysterectomy	5,528	3,919	997	1,356	10,235	6,006	709	1,119	107	574
Hysteroscopic Procedures	144	94	24	21	216	111	20	36	1	20
Laparoscopic Procedures	291	238	66	83	1,478	889	37	40	8	23
Tubal Ligation	185	1,169	116	382	3,193	1,551	150	50	34	173
Tuboplasty	18	43	6	10	47	28	3	3	2	0
Vaginal Repair	959	988	214	363	1,472	884	131	183	14	107
Rhinoplasty and/or Septal Surgery	280	202	25	49	494	349	10	63	1	9
Hernia/Hydrocele	3,731	3,437	1,012	1,217	17,984	5,817	890	988	101	462
Carotid Endarterectomy	829	271	97	127	1,381	998	214	142	0	52
Hand Surgery/Digit Neuroma	250	291	157	67	561	494	25	43	5	19
Neurolysis/Peripheral Nerve	408	491	79	64	2,964	1,758	64	132	3	28
Colonoscopy	3,048	2,397	1,286	830	9,978	5,976	489	568	78	444
Aneurysm Surgery	369	280	55	142	1,014	539	46	65	0	28
Residual	128,435	114,655	32,430	32,402	385,145	206,332	22,102	30,276	2,601	14,568
Total	232,502	196,986	59,861	56,918	735,990	374,799	40,115	53,491	5,010	26,781

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2022–23, and Fiscal 2009/10 CCI to CCP Conversion Tables; and the 2015 ICD-10-CA and CCI Evolution Tables.

Table 16B: Same day procedures, 2022–2023

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	6,759	5,933	1,754	2,577	35,228	11,169	1,514	2,192	127	320
Arthroplasty (Interphalangeal/Metatarsophalangeal)	1,767	986	283	322	3,554	1,559	163	168	103	146
Hallux Valgus/Hammer Toe	382	220	74	124	789	458	70	55	66	28
Meniscectomy/Arthroscopy	1,392	1,210	355	195	3,178	4,308	120	183	34	172
Ostectomy	1,116	1,500	301	355	3,177	1,646	182	282	64	124
Removal of Pins	2,897	2,465	654	441	5,802	4,485	303	412	87	206
Rotator Cuff Repair	1,667	1,822	370	383	4,850	1,659	155	437	59	227
Routine Spinal Instability	20	16	39	9	90	84	96	1	0	8
Bladder Fulguration	2,314	788	1,163	934	19,566	2,478	464	818	215	1,074
Cystoscopy	33,183	4,627	9,527	3,051	124,795	2,378	2,876	9,054	1,935	8,643
Non-radical Prostatectomy	1,815	579	234	423	5,958	1,970	367	324	10	74
Radical Cystectomy	1	2	1	0	4	0	0	0	0	0
Radical Prostatectomy	0	68	0	1	9	35	0	1	0	0
Transurethral Resection—Bladder	4,089	1,544	740	915	11,529	7,330	688	947	107	437
Ureteral Reimplantation for Reflux	18	44	20	5	58	53	0	6	0	2
Cataract Removal	76,718	42,395	17,387	10,441	146,010	94,209	12,845	16,989	2,066	5,703
Cornea Transplant	678	363	59	100	1,068	777	33	174	0	0
Cornea—Pterygium	692	779	134	25	767	1,396	26	14	8	29
Iris, Ciliary Body, Sclera, Anterior Chamber	2,729	2,206	965	497	8,117	6,340	134	962	15	250
Lacrimal Duct Surgery	753	1,244	170	101	1,684	874	29	120	9	80
Operations on Eyelids	2,393	2,857	845	117	3,567	3,914	187	326	17	249
Retina, Choroid, Vitreous	11,349	10,317	2,915	3,289	21,113	16,893	71	3,948	202	1,061
Strabismus Surgery	1,501	1,899	348	364	3,595	2,202	216	325	2	138
Myringotomy	1,062	1,667	1,259	441	7,760	12,341	849	781	205	765
Operations on Nasal Sinuses	3,614	2,102	867	903	8,425	2,505	316	319	42	415
Thyroid, Parathyroid, and Other Endocrine Glands	809	671	216	450	2,650	1,023	171	210	0	18
Tonsillectomy and/or Adenoidectomy	2,151	2,410	1,587	778	7,410	6,418	680	449	30	245
Tympanoplasty	572	865	286	212	2,341	1,487	122	198	22	193
Radiotherapy	201	15	71	0	360	214	213	23	0	12
Chemotherapy	1,823	409	164	112	6,378	736	54	524	17	17
Breast Biopsy	38	23	1	5	168	43	6	288	3	831
Bronchus and Lung	52	57	9	76	178	84	6	6	1	6
Cholecystectomy	4,972	4,241	1,481	1,698	16,586	9,427	1,116	1,263	234	826
Haemorrhoidectomy	3,356	996	1,286	966	9,610	853	61	352	48	426

Table 16B, continued

Procedure	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Intestinal Operations	82,651	35,770	12,800	14,201	159,277	1,518	615	16,033	2,885	10,121
Mastectomy	4,112	3,300	893	1,084	13,570	9,276	901	816	127	455
Varicose Veins	1,099	410	132	93	1,393	751	254	129	11	9
Disk Surgery/Laminectomy	702	493	138	15	983	372	102	77	0	75
Elective Cranial Bone Flap	70	107	11	21	245	177	1	15	0	9
Blepharoplasty	322	408	113	6	803	550	22	33	0	17
Mammoplasty	3,866	2,357	521	559	7,196	3,975	649	313	4	210
Scar Revision	629	760	97	93	952	1,097	25	149	8	29
Pacemaker Operations	3,970	960	627	639	3,299	1,188	474	247	78	530
Valves & Septa of the Heart	135	26	15	21	3	0	6	0	0	6
Angiography/Angioplasty	14,557	573	2,859	2,307	2,903	130	1,029	120	1	1,269
Bronchoscopy	702	1,007	272	158	4,336	254	37	260	66	256
Gastroscopy	986	1,055	392	685	2,945	196	16	261	41	111
Dilation and Curettage	5,275	5,451	1,039	1,955	15,889	3,327	718	839	227	1,633
Hysterectomy	362	1,694	591	513	4,633	1,855	211	51	8	26
Hysteroscopic Procedures	3,210	2,848	1,371	849	8,454	3,310	743	913	196	2,017
Laparoscopic Procedures	344	222	240	115	1,355	736	46	89	8	38
Tubal Ligation	106	445	84	163	1,282	1,164	107	98	20	121
Tuboplasty	151	32	11	3	31	10	2	7	0	4
Vaginal Repair	425	434	57	103	888	283	45	43	2	46
Rhinoplasty and/or Septal Surgery	2,211	2,110	663	513	3,465	2,119	148	231	35	181
Hernia/Hydrocele	12,610	10,248	2,769	3,637	29,502	22,085	2,097	2,196	285	1,167
Carotid Endarterectomy	0	0	0	0	1	1	0	0	0	0
Hand Surgery/Digit Neuroma	3,804	2,051	1,407	843	9,961	5,933	512	901	74	875
Neurolysis/Peripheral Nerve	2,023	907	392	268	5,449	2,180	239	233	25	439
Colonoscopy	98,646	47,255	16,869	20,490	110,804	1,569	1,409	18,053	3,970	10,200
Aneurysm Surgery	1	1	0	0	0	5	0	1	0	0
Residual	210,775	140,332	57,260	59,655	730,528	136,333	16,264	49,191	7,476	51,529
Total	626,627	358,576	147,188	139,299	1,586,521	401,742	50,805	133,450	21,275	104,098

Sources: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2022–23; 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 Dep't of Health and Community Services,
<http://www.health.gov.nl.ca/health/wait_times/data.html>

Appendix B: Psychiatry Waiting List Survey, 2024 Report

The psychiatry waiting list survey was conducted between the week of January 19 and May 31, 2024. 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, 101 psychiatrists responded to the survey for an overall response rate of 2.3% (**table B1**). As a result of the low response rate, results should be interpreted with caution.

Table B1: Psychiatry (2024)—summary of responses, 2024

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	661	438	74	147	1,702	1,096	64	108	11	60	4,361
Number of Responses	20	13	4	2	37	13	2	8	0	2	101
Response Rates	3.0%	3.0%	5.4%	1.4%	2.2%	1.2%	3.1%	7.4%	0.0%	3.3%	2.3%

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.

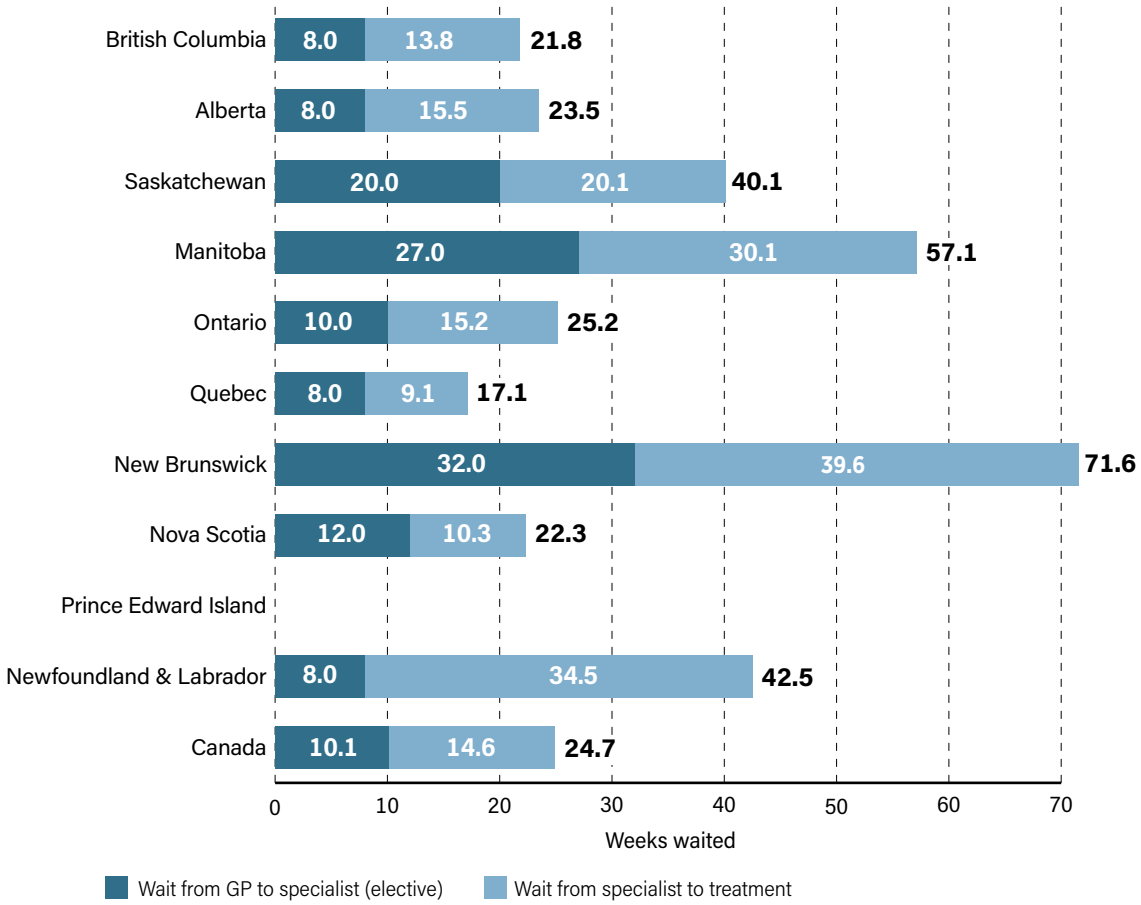
Unlike other specialties discussed in *Waiting Your Turn*, in which the waiting times are weighted by the total number of such procedures that have been done by all physicians, the overall median for psychiatry is presented as an unweighted measure (see the section, "Method" (pp. 11–13), for a clear 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 decreased from 27.6 weeks in 2023 to 24.7 weeks in 2024 (**graph B1**). The shortest waiting times are in Quebec (17.1 weeks), British Columbia (21.8 weeks), and and Nova Scotia (22.3 weeks). The longest total waits are in New Brunswick (71.6 weeks) and Manitoba (57.1 weeks).

Graph B1: Psychiatry—weeks waited from referral by GP to treatment, by province, 2024



Note: Totals may not equal the sum of subtotals as a result of rounding.
Source: The Fraser Institute's national waiting list survey, 2024.

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 3.0 weeks, ranging from 1.8 weeks in Nova Scotia to 17.0 weeks in Manitoba. The waiting time for referrals on an elective basis across the provinces is 10.1 weeks. The province with the longest wait times for elective referrals is New Brunswick (32.0 weeks). On the other hand, Alberta, British Columbia, and Quebec (8.0 weeks) have the shortest wait times for elective referrals.

Table B2: Psychiatry (2024)—median patient wait (weeks) to see a specialist after referral from a GP

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Urgent	3.5	2.0	6.0	17.0	2.0	2.0	14.0	1.8	—	2.0	3.0
Elective	8.0	8.0	20.0	27.0	10.0	8.0	32.0	12.0	—	8.0	10.1

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 New Brunswick (39.6 weeks), Newfoundland & Labrador (34.5 weeks), and Manitoba (30.1 weeks). The shortest waits are in Quebec (9.1 weeks), Nova Scotia (10.3 weeks) and British Columbia (13.8 weeks). Among the treatments, patients wait longest for access to a housing program (38.5 weeks) and to initiate a course of long-term psychotherapy (19.9 weeks), while wait times are shortest for initiating a course of pharmacotherapy (6.8 weeks) and for an evening program (8.5 weeks).

Table B4 presents a frequency distribution of the survey responses by province. The wait (after a consultation with a psychiatrist) for the majority of treatments is less than 13 weeks in all provinces except Manitoba.

Table B5 compares the 2024 and 2023 waiting times for treatment (after an appointment with a specialist). This year's study indicates an overall decrease in the waiting time between consultation with a specialist and elective treatment in six provinces: British Columbia, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia. Two provinces reported an increase: Alberta and Saskatchewan.

Table B3: Psychiatry (2024)—median patient wait (weeks) for treatment after appointment with specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	8.0	8.0	8.5	26.0	8.0	12.0	2.2	5.0	—	43.0	9.9
Initiate a course of long—term psychotherapy	11.0	12.0	20.0	44.0	16.0	30.0	78.0	6.0	—	8.0	19.9
Initiate a course of pharmacotherapy	8.0	4.0	36.0	26.0	6.0	3.8	6.0	8.0	—	8.0	6.8
Initiate a course of couple/marital therapy	9.5	8.0	—	34.0	12.0	8.0	4.0	10.0	—	—	10.7
Initiate cognitive behaviour therapy	6.5	8.0	12.0	26.0	8.0	12.0	40.0	10.0	—	78.0	10.9
Access a day program	8.0	18.0	12.0	32.0	8.0	6.0	—	7.5	—	—	9.3
Access an eating disorders program	18.0	21.0	—	77.0	25.0	6.0	8.0	8.0	—	—	19.7
Access a housing program	48.0	52.0	—	12.0	52.0	5.0	160.0	9.0	—	56.0	38.5
Access an evening program	12.0	12.0	—	14.0	6.0	8.0	—	—	—	—	8.5
Access a sleep disorders program	18.0	20.0	48.0	30.0	6.5	5.5	52.0	32.0	—	14.0	12.4
Access assertive community treatment or similar program	5.0	8.0	4.5	10.5	20.0	3.5	6.0	7.0	—	—	11.1
Unweighted Median	13.8	15.5	20.1	30.1	15.2	9.1	39.6	10.3	—	34.5	14.6

Table B4: Psychiatry (2024)—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	10%	14%	6%	5%	17%	22%	14%	14%	—	0%
4–7.99 weeks	30%	21%	19%	0%	17%	24%	21%	32%	—	13%
8–12.99 weeks	25%	29%	38%	14%	24%	33%	21%	14%	—	38%
13–25.99 weeks	18%	19%	13%	29%	17%	1%	7%	30%	—	13%
26–51.99 weeks	11%	9%	13%	33%	13%	8%	0%	5%	—	0%
1 year plus	6%	8%	13%	19%	11%	12%	36%	7%	—	38%

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

Table B5: Psychiatry (2024)—comparison of median weeks waited to receive treatment after appointment with specialist, by province, 2024 and 2023

	2024	2023	% change
British Columbia	13.8	14.4	–4%
Alberta	15.5	10.5	47%
Saskatchewan	20.1	9.9	103%
Manitoba	30.1	34.2	–12%
Ontario	15.2	18.9	–19%
Quebec	9.1	15.3	–41%
New Brunswick	39.6	41.8	–5%
Nova Scotia	10.3	25.3	–59%
Prince Edward Island	—	—	—
Newfoundland & Labrador	34.5	—	—

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 100% of cases where comparisons are possible, the actual waiting time for treatment (table B3) is greater than the clinically reasonable median waiting time (table B6). The difference is greatest in New Brunswick, where the wait time for treatment (after an appointment with a specialist) is 1,070% longer than the median considered reasonable. In contrast, the actual overall median specialist-to-treatment waits in Quebec exceeds the corresponding "reasonable" value by 177%, a smaller gap than in the other provinces.

Table B6: Psychiatry (2024)—median reasonable patient wait (weeks) 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	4.0	3.5	11.5	4.0	5.0	4.0	2.0	—	7.5	4.5
Initiate a course of long-term psychotherapy	6.0	6.0	4.5	18.0	6.0	8.0	4.0	3.0	—	5.0	6.8
Initiate a course of pharmacotherapy	2.5	2.0	6.0	11.0	4.0	2.0	4.0	3.5	—	5.0	3.3
Initiate a course of couple/ marital therapy	4.0	4.0	2.0	11.5	4.0	8.0	4.0	4.0	—	5.0	5.3
Initiate cognitive behaviour therapy	4.0	4.0	5.0	10.5	4.0	4.0	4.0	3.5	—	6.0	4.3
Access a day program	3.5	5.0	2.0	8.0	4.0	4.0	4.0	3.0	—	5.0	4.2
Access an eating disorders program	4.0	4.0	2.0	28.0	4.0	3.5	2.0	3.0	—	5.0	4.7
Access a housing program	5.0	4.0	4.0	2.5	4.0	4.0	2.0	13.5	—	—	4.3
Access an evening program	4.0	4.0	2.0	3.5	4.0	7.0	—	3.0	—	—	4.7
Access a sleep disorders program	4.0	5.0	4.0	14.0	4.0	8.0	5.0	8.0	—	5.0	5.6
Access assertive community treatment or similar program	4.0	2.8	2.5	6.5	4.0	2.8	4.0	2.5	—	—	3.6
Unweighted Median	4.1	4.1	3.4	11.4	4.2	5.1	3.7	4.5	—	5.4	4.6

Finally, patients also prefer earlier treatment. On average, only 5.2% 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 75.5%.

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 (2024)—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	200%	200%	243%	226%	200%	240%	54%	250%	—	573%	221%
Initiate a course of long-term psychotherapy	183%	200%	444%	244%	267%	375%	1,950%	200%	—	160%	295%
Initiate a course of pharmacotherapy	320%	200%	600%	236%	150%	188%	150%	229%	—	160%	204%
Initiate a course of couple/marital therapy	238%	200%	—	296%	300%	100%	100%	250%	—	—	202%
Initiate cognitive behaviour therapy	163%	200%	240%	248%	200%	300%	1,000%	286%	—	1,300%	257%
Access a day program	229%	360%	600%	400%	200%	150%	—	250%	—	—	222%
Access an eating disorders program	450%	525%	—	275%	625%	171%	400%	267%	—	—	420%
Access a housing program	960%	1300%	—	480%	1300%	125%	8,000%	67%	—	—	894%
Access an evening program	300%	300%	—	400%	150%	114%	—	—	—	—	180%
Access a sleep disorders program	450%	400%	1,200%	214%	163%	69%	1,040%	400%	—	280%	223%
Access assertive community treatment or similar program	125%	291%	180%	162%	500%	127%	150%	280%	—	—	311%
Weighted Median	338%	382%	591%	265%	364%	177%	1,070%	230%	—	634%	314%

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 2023, the national waiting times for CT scans have decreased in 2024. The median wait for a CT scan across the provinces is 6.7 weeks, ranging from a high of 22.0 weeks (Newfoundland & Labrador) to a low of 4.0 weeks (Alberta, Ontario, and New Brunswick). In 2024, the median wait for an MRI across the provinces is 14.6 weeks, longer than it was in 2023 (13.3 weeks). Patients in Newfoundland & Labrador waited the longest

Table B8: Psychiatry (2024)—waiting for technology: weeks waited to receive selected diagnostic tests in 2024, 2023, and 2022

	CT-Scan			MRI			EEG		
	2024	2023	2022	2024	2023	2022	2024	2023	2022
British Columbia	15	7	4	24	16	16	8	8	6
Alberta	4	10	4	12	16	12	9	6	8
Saskatchewan	6	4.5	—	21	11	—	6	8	—
Manitoba	6	10	5	12	24	11.5	3	40	6
Ontario	4	6	4	12	12	12	8	6	5.5
Quebec	6	6	8	9	11	12	4	4	6
New Brunswick	4	13	12	18	13	24	4	13	12
Nova Scotia	10	12	3	39	16	8	7	8	4
Prince Edward Island	—	—	—	—	—	—	—	—	—
Newfoundland & Labrador	22	—	13	44	—	27	10	—	10
Canada	6.7	6.9	5.2	14.6	13.3	12.8	6.9	7.2	6.1

(44.0 weeks), while patients in Quebec waited the least amount of time (9.0 weeks). Finally, the median wait for an EEG across the provinces decreased from 7.2 weeks in 2023 to 6.9 weeks this year. Residents of Manitoba face the shortest waits for an EEG (3.0 weeks), while residents of Newfoundland & Labrador wait longest (10.0 weeks). [2]

Conclusion

The information documented here suggests that patients seeking mental health treatment are likely to be disappointed with their access. With a waiting time of 24.7 weeks from referral by a general practitioner to elective treatment, and with wait times from meeting with a specialist to elective treatment that are 314% longer than specialists feel is appropriate, it is clear that many patients in need of psychiatric attention are facing the effects of rationing in our health-care system.

2. For comparison, the overall Canadian median waiting time for CT scans was 8.1 weeks in the traditional 12 specialties and 6.7 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 4.4 weeks across nine provinces. The overall Canadian median waiting time for MRIs was 16.2 weeks in the traditional 12 specialties and 14.6 weeks in the psychiatry survey. The mean absolute difference in this case was 9.3 weeks.

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

General Surgery

Please circle the province in which your office is located:

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

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

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

❑ Yes ❑ No

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

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

Surgery or procedure	Number of weeks to wait	Reasonable number of weeks to wait

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 (2024)

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

Brenner, D.R., J. Gillis, A.A. Demers, L.F. Ellison, J.-M. Billette, S.X. Zhang, J.L. Liu, R.R. Woods, C. Finley, N. Fitzgerald, N. Saint-Jacques, L. Shack, and D. Turner, for the Canadian Cancer Statistics Advisory Committee (2024). Projected Estimates of Cancer in Canada in 2024. *CMAJ* 196, 18: E615–E623. <https://doi.org/10.1503/cmaj.240095>, as of December 4, 2024.

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] (2018). *ICD-10-CA and CCI Trending (Evolution)*. Canadian Institute of Health Information

Canadian Institute for Health Information [CIHI] (2024a). *Discharge Abstract Database, 2020–2021*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2024b). *National Ambulatory Care Reporting System, 2020–2021*. Canadian Institute for Health Information.

Canadian Institute for Health Information [CIHI] (2024c). *Hospital Morbidity Database 2020–2021*. 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.

Moir, Mackenzie, and Bacchus Barua (2023). *Waiting Your Turn: Wait Times for Health Care in Canada, 2023 Report*. <https://www.fraserinstitute.org/studies/waiting-your-turn-wait-times-for-health-care-in-canada-2023>, as of December 1, 2024.

Moir, Mackenzie, and Bacchus Barua (2024). *The Private Cost of Public Queues for Medically Necessary Care, 2023*. Fraser Research Bulletin. <https://www.fraserinstitute.org/sites/default/files/2024-private-cost-of-public-queues.pdf>, as of December 1, 2024.

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 (2024). Table 17-10-0005-01. *Population estimates on July 1, by age and gender*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>, as of December 2, 2024.

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 (1990–2023, various authors; various editions). Fraser Institute. <https://www.fraserinstitute.org/archive/categories/166/healthcare-wait-times>, as of December 4, 2024.

About the Authors

Mackenzie Moir is a Senior 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. Mr. Moir 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, his commentaries have appeared in *University Affairs,* the *Financial Post*, and the *Globe and Mail*. His research focuses on the performance of health-care systems, patient choice, and health-related quality of life.

Bacchus Barua is the 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, the impact of aging on health-care expenditures, and international comparisons of health-care systems. He also designed the *Provincial Healthcare Index* (2013), co-led the creation of *Comparing Performance of Universal Health Care Countries* (2016) and co-authored the Fraser Institute's annual survey of wait times, *Waiting Your Turn*, for over a decade (2010–2022). In 2022, Bacchus was invited to provide testimony as part of a panel of witnesses for the House of Commons Standing Committee on Health (HESA). 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*, *Globe and Mail*, *Maclean's*, and *forbes.com*.

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 Antonia Collyer, Frazier Fathers, Maureen Hazel, Lorna Hoye, David Jacques, 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 also thank Alicia Kardos for her timely work on the interpretation and entry of survey data. We would also like to thank Alexandra Ziebeil and Ryan Bellefontaine for their assistance with data collection for this year's *Waiting Your Turn* survey.

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

Copyright © 2024 by the Fraser Institute. All rights reserved. No part of this publication may be reproduced in any manner whatsoever without written permission except in the case of brief passages quoted in critical articles and reviews.

ISBN

978-0-88975-813-1

Citation

Mackenzie Moir and Bacchus Barua (2024). *Waiting Your Turn: Wait Times for Health Care in Canada, 2024 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

Members

Prof. Terry L. Anderson

Prof. Robert Barro

Prof. Jean-Pierre Centi

Prof. John Chant

Prof. Bev Dahlby

Prof. Erwin Diewert

Prof. J.C. Herbert Emery

Prof. Steven Globerman

Prof. Jack L. Granatstein

Prof. Herbert G. Grubel

Dr. Jerry Jordan

Prof. Robert Lawson

Prof. Ross McKitrick

Prof. Michael Parkin

Prof. Friedrich Schneider

Prof. Lawrence B. Smith

Dr. Vito Tanzi

Past members

Prof. Armen Alchian*

Prof. Michael Bliss*

Prof. James M. Buchanan* †

Prof. Stephen Easton*

Prof. James Gwartney*

Prof. Friedrich A. Hayek* †

Prof. H.G. Johnson*

Prof. Ronald W. Jones*

Prof. F.G. Pennance*

Prof. George Stigler* †

Sir Alan Walters*

Prof. Edwin G. West*

* deceased; † Nobel Laureate