Annual Statistical Report
2024-25

Ministry of Health
Medical Services Branch

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Preface

This fiscal year 2024-25 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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This annual report is also available in electronic format from the Ministry's website at

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Highlights

Medical Services Plan

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of medical, optometric and dental services. The MSP also provides funding to support clinical services provided by faculty at the College of Medicine, medical resident salaries, and a range of physician recruitment and retention initiatives.

On March 11, 2020 the World Health Organization declared the global outbreak of COVID-19 a pandemic. Public health orders limiting public and private gatherings were issued during the year to limit the threat to the public's health. Precautionary measures taken during this time had a significant impact on the number of services and payments provided in 2020-21. Payments and services continued to be affected by COVID-19 in 2021-22. In 2022-23, the number of services returned to similar actuals experienced prior to the COVID-19 pandemic.

Physician fee-for-service in-province payments and services include $4.4M (404K services) in 2024-25 paid to eligible physicians on behalf of the Saskatchewan Medical Association for the temporary Extended/After-Hours Program, introduced in May 2023.

- In 2024-25, the MSP provided for **in-province expenditures** of $1,323.3 million, while **program payments** totalled $159.4 million and **medical education payments** were $135 million (see *Total Expenditures 2024-25*).
- **Benefits paid for insured services** – by physicians, optometrists and dentists (in- and out-of-province) – amounted to $833.6 million, an increase of 13.5% from the previous year (see Tables 1 & 8).

	2023-24 ($000s)	2024-25 ($000s)	Per Cent Change
Physicians	716,239	814,289	13.7
Optometrists	16,147	17,254	6.9
Dentists	1,791	2,041	14.0
Total	734,177	833,584	13.5

- **Number of insured services** – by physicians, optometrists and dentists (in- and out-of-province) – totalled 13.9 million services, an increase of 2.9% from the previous year (see Table 7).

	2023-24 (000s)	2024-25 (000s)	Per Cent Change
Physicians	13,067	13,417	2.7
Optometrists	479	518	8.2
Dentists	9	9	4.8
Total	13,555	13,944	2.9

Note: figures may not add due to rounding.

- **Out-of-Province payments for Saskatchewan beneficiaries** receiving insured services (physician, dentist, optometrist and hospital) outside of Saskatchewan totalled $159.3 million, up 2.9% from the previous year (see *Total Expenditures 2024-25*).
- **Reciprocal payments for out-of-province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and out-of-Canada beneficiaries) totalled $43.3 million, a decrease of 9.3%. Over the past five years, hospital and physician payments for non-Saskatchewan beneficiaries have increased on average by 3.2% per year (see Tables 12 & 14a).
- **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled $1.9 million (see Tables 11 & 13a).

	2023-24	2024-25
Number of Patients	7	29
Practitioner Costs ($000s)	600	886
Hospital Costs ($000s)	449	1,011
Total Costs ($000s)	1,049	1,897

Note: the number of patients receiving out-of-country services in a year may not equal the number of out-of-country prior approvals during the year for a number of reasons, including patients not receiving treatment in the same year as approved, or patients requiring on-going care over two years.

Physician Remuneration

- Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled $649.6 million in 2024-25, an increase of 14.7% from 2023-24 (see *Total Expenditures 2024-25*).
- Non-fee-for-service (NFFS) funding arrangements for physician services represent a large portion of physician remuneration expenditures. In 2024-25, NFFS accounted for $655.8 million, 50.2% of the Saskatchewan Ministry of Health's total payments for in-province physician services. The majority of NFFS expenditures are in areas of medical services associated with Saskatchewan Health Authority (SHA) operations (e.g. radiology, laboratory and emergency physician services).
- Average payments to active physicians vary by specialty (see Table 25):

General Practitioners	$261,100
Specialists	$479,900
All Physicians	$369,800

(see "Active" definition – *Statistical Figures and Tables*)

Physician Supply

- Physician supply is measured in two main ways: the number of active physicians (those billing more than $60,000 in the fiscal year) and the number of licensed physicians (the total number of those qualified to practice in the province at the end of the year). Information in this report is presented based on either active or licensed physician numbers in order to improve accuracy.
- The number of physicians actively practising each year in the province fluctuates due to movement of practitioners within or outside the province. Physicians are considered active if they have their own MSP billing numbers and receive $60,000 or more in MSP payments during the year, and are practising in Saskatchewan at the end of the fiscal year.
- **Licensed physicians**: (see "Licensed" definition - *Statistical Figures and Tables*) the number of licensed physicians at the end of March 2025 was 3,142, an increase of 8.1% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 3.7% per year (see Table 18).
- **Active physicians:** (see "Active" definition - *Statistical Figures and Tables*) the number of active physicians at the end of March 2025 was 2,039, an increase of 77 physicians or 3.9% from the previous year. Over the past five years, the number of active physicians has increased on average by 1.9% per year.
- The number of **active rural general practitioners (GP)** was 294 at the end of March 2025, an increase of 20 physicians or 7.3% from the previous year. Over the last five years, the number of active rural GPs has increased on average by 3.9% per year (see Table 24).
- The number of **active GPs in metro areas** (Regina and Saskatoon) at the end of March 2025 was 516, an increase of 6 physicians or 1.2% from the previous year. Over the past five years, the number of active metro GPs has increased on average by 0.8% per year.
- The number of **active GPs in other urban areas** was 216, a decrease of 8 physicians or 3.6% from the previous year. Over the past five years, the number of active urban GPs has decreased on average by 1.0%.

- The number of **active specialists** has grown to 1,013, an increase of 59 physicians or 6.2% from the previous year. Over the past five years, the number of specialists has increased on average by 2.7% per year.
- Physician supply is supported by a number of initiatives and programs supported within the MSP including the Saskatchewan International Physician Practice Assessment (SIPPA) program and medical education programs through the University of Saskatchewan (U of S) College of Medicine. See the Appendix for more information on recruitment and retention initiatives.

Educational Programs

- The Medical Services Branch supports the Medical Education System managed by the College of Medicine, with funding of $135 million in 2024-25 (U of S).
- The Medical Education System covers the following areas:
  - Clinical Departments and Postgraduate Medical Education, which provides funding for physician faculty at the College of Medicine, and 521 post-graduate medical resident positions, including distributed post-graduate medical education in Prince Albert, Swift Current, La Ronge, Moose Jaw, North Battleford, and south east communities in the province (see Table 33);
  - Programs and stipends, such as distributed medical education and the undergraduate clinical Clerkship (formerly JURSI) stipend.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of medical, optometric and dental services.

All residents of Saskatchewan, with a few exceptions (e.g. inmates of federal penitentiaries and visitors to Canada) are eligible to receive benefits, with the sole requirement being residency and registration with Health Registries at eHealth Saskatchewan. No premiums are charged to the patient.

Insured services are governed by *The Saskatchewan Medical Care Insurance Act* and further defined in the respective Payment Schedules established under the *Act*.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services – The diagnosis and treatment by a physician of medical conditions.

Surgical Services – Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services – Care during pregnancy, delivery and after care by a physician.

Anesthesia – The administration of anesthesia by a physician including:

- ⇨ anesthesia for diagnostic, surgical and other procedures;
- ⇨ obstetrical anesthesia;
- ⇨ anesthesia for pain management; and,
- ⇨ all dental anesthesia for patients under 14 years and in other limited circumstances.

Diagnostic Services including:

- ⇨ out-of-hospital x-ray services, including interpretation, provided by a specialist in radiology;
- ⇨ an approved list of office-based laboratory services provided by a physician other than a pathologist; and,
- ⇨ other diagnostic services provided by a physician.

Preventive Medical Services including:

- ⇨ immunization services where not otherwise available;
- ⇨ examination and report for adoptions for both child and parents;
- ⇨ examination and report for persons becoming foster parents; and,
- ⇨ routine physical examination by a physician.

Cancer Services – Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Dental Services includes:

- ⇨ Specific services in connection with maxillofacial surgery required to treat a condition caused by an accident, abnormality or co-morbidity;
- ⇨ Services for the care of cleft palate upon referral to a dentist or dental specialist by a physician or another dentist;
- ⇨ Specific x-ray services when provided by certain dental specialists and oral radiologists; and,

Extraction of teeth medically required due to pathology resulting from cancer radiation therapy, or to provide:

- ⇨ heart surgery;
- ⇨ services for chronic renal disease;
- ⇨ head and neck cancer services;
- ⇨ stem cell transplants; and,
- ⇨ services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

- ⇨ tumours – including benign and malignant; and,
- ⇨ congenital – including cleft palate and metabolic.

For dental implants, the referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry by an optometrist is limited to the following five categories of persons:

- ⇨ those under the age of 18;
- ⇨ recipients of Supplementary Health Benefits;
- ⇨ recipients of Family Health Benefits;
- ⇨ those with a diagnosis of diabetes, on a high risk medication, or post cataract surgery care; and,
- ⇨ patients 65 or older receiving a Seniors' Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- ⇨ for patients less than 18 years of age, examinations are limited to once every 12 months (this coverage is provided by MSP);
- ⇨ for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to once every 12 months; and,
- ⇨ for patients aged 18 to 64 who qualify for coverage for diabetic eye exams or on high risk medications, examinations are limited to one every 12 months; for those seeking follow-up care post cataract surgery, coverage is limited to twice per year.

The assessment and treatment of ocular urgencies and emergencies, when provided by an optometrist, are also insured.

As a result of the negotiated agreement with the Saskatchewan Association of Optometrists, five new insured services were added to the Optometry Payment Schedule effective February 1, 2022. These services include:

- ⇨ High Risk Medication Consultations
- ⇨ Junior Idiopathic Arthritis Consultations
- ⇨ Cycloplegic Retinoscopy tests for children
- ⇨ Post Cataract Surgical Care visits
- ⇨ Virtual Care Assessments for Ocular Urgencies and Emergencies.

Out-of-Province Services

Physician Services

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for publicly-funded physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host province then bills the home province of the patient for the services provided.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health. Emergency physician services obtained out-of-country are reimbursed at Saskatchewan rates.

Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement between provincial public health plans. The hospital bills the provincial health plan of the province in which services are provided. The host province then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

Exclusions

The MSP does not insure the following services:

- ⇨ health services received under other public programs, including *The Workers' Compensation Act*, Veteran Affairs Canada and *The Mental Health Services Act*;
- ⇨ the cost of travel, accommodation and meals;
- ⇨ surgery for cosmetic purposes;
- ⇨ any mental or physical examination for the purpose of employment, insurance, judicial proceedings/ requirements, vehicle seatbelt exemptions, or at the request of a third party;
- ⇨ autopsy;
- ⇨ ambulance services and other forms of transportation of patients;
- ⇨ services provided by special duty nurses;
- ⇨ services provided by chiropodists, podiatrists, naturopaths, osteopaths and chiropractors;
- ⇨ dentistry, except as described under Medical Services Plan Coverage Benefits - Dental Services;
- ⇨ drugs and dressings;
- ⇨ appliances (e.g. eyeglasses, artificial limbs);
- ⇨ routine eye examinations by a physician – coverage is limited to those beneficiaries who would be covered under the optometric program;
- ⇨ electrolysis;
- ⇨ dental anesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- ⇨ reversals of sterilization for the purposes of restoring fertility;
- ⇨ removal of lesions for cosmetic purposes;
- ⇨ injection of asymptomatic varicose veins;
- ⇨ non-medically required circumcisions; and
- ⇨ breast screening mammography for women 47 years of age and older (available and funded through the provincial Screening Program for Breast Cancer).

Methods of Payment

The MSP makes payment for insured services by the following methods:

- ⇨ fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- ⇨ salary, contractual, or sessional payment arrangements, mainly funded through the SHA.

The Primary Care Branch provides global funding for the operation of four community clinics, Northern Medical Services, the Student Health Centre at the University of Saskatchewan and the Victoria East Medical Clinic.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

The **Joint Medical Professional Review Committee** is comprised of six physicians, with two each appointed by the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry. The committee evaluates billing patterns of physicians. This committee is empowered to order the recovery of payments that have been inappropriately billed by practitioners.

Total Expenditures 2024-25

		Expenditures ($000's)
In-Province Services		
Physician Fee-For-Service (FFS) Subtotal[1]		649,550
Physician Non-Fee-For-Service (Non-FFS)		
	Medical Remuneration & Alternate Payments	471,687
	Primary Health Services[2,3]	134,829
	Saskatchewan Cancer Agency[2,3]	49,275
Physician Non-Fee-For-Service (Non-FFS) Subtotal		655,791
Optometry Services Subtotal		15,960
Dental Services Subtotal		2,023
	Subtotal: Payment for In-Province Services	**1,323,324**
Programs and Recruitment and Retention Initiatives		
General Practitioner		
	Family Physician Comprehensive Care Program	13,438
	Family Physician Emergency Coverage Programs	7,119
	Regional Locum Program	2,955
	Saskatchewan International Physician Practice Assessment (SIPPA)	4,817
	Chronic Disease Management - Quality Improvement Program	1,041
	General Practitioner Specialist Program	1,144
	Rural Physician Incentive	2,392
	Rural and Remote Incentives	2,500
	Family Medicine Bursaries	275
	Rural Practice Enhancement Training	39
	Transitional Payment Model (TPM)	53,000
General Practitioner Subtotal		88,720
Specialist		
	Specialist Emergency Coverage Programs (SECP)	33,149
	Specialist Recruitment Incentives	1,328
	Specialist Physician Enhancement Training Bursary	265
	Focused Funding for Priority Specialists Recruitment Program	90
	High Demand Residency Incentive	810
	High Needs Specialist Incentive Program	280
Specialist Subtotal		35,922

Other[5]		
Canadian Medical Protective Agency (CMPA) Funding	5,444	
Electronic Medical Records Program	9,300	
Physician Long Term Retention Fund	8,920	
Continuing Medical Education Fund	5,648	
Quality & Access Fund	374	
Parental Leave Program	2,438	
Practice Enhancement Program	152	
Family Physician Stabilization[5]	2,500	
Other Subtotal		34,776
Subtotal: Programs and Recruitment and Retention Initiatives		**159,418**
Medical Education		
Clinical Departments & Post Graduate Medical Education (CD/PGME)	132,114	
Other Medical Education	2,873	
Subtotal: Medical Education		**134,987**
Other Provincial Payments and Administration		
Out-of-Province[4]	159,349	
Quality Assurance Diagnostic Imaging and Lab Programs	599	
Administration	9,873	
Subtotal: Other Provincial Payments and Administration		**169,821**
Change in Valuation Allowance		*(1,626)*
Total Expenditures		**1,785,924**

[1] Physician fee-for-service in-province payments in 2024-25 include $4,425,468 paid to eligible physicians on behalf of the Saskatchewan Medical Association for the temporary Extended/After-Hours Program, introduced in May 2023.
[2] Expenditures in these areas are managed by other branches of the Ministry of Health.
[3] These expenditures include payments to physicians only.
[4] Includes physician, optometric and dental services, and hospital costs paid reciprocally for Saskatchewan beneficiaries.
[5] Excludes One-time SMA Program Funding negotiated with the Saskatchewan Medical Association.

Notes:

1) Ministry funding for physician services may not equal physician expenditures by the Saskatchewan Health Authority.
2) Fee-for-service expenditures include non-insured virtual care pilot services payments paid to physicians through agreements with the Saskatchewan Health Authority.

Statistical Figures and Tables

Introductory Notes

General – The following tables are based on MSP payments made during 2024-25 on a fee-for-service and non-fee-for-service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries.

For physicians practising in alternate-funding arrangements, including primary health care clinics, services are recorded on a shadow-billing basis. For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners both in and outside the province. Tables 12, 14a, and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a, and 14b are the only tables that show data related to the hospital reciprocal billing system.

While all MSP data on physician services continues to use the ninth revision of the International Classification of Diseases (ICD-9), data related to the hospital reciprocal billing system (Tables 13a, 13b, 14a, and 14b) uses ICD-10.

The statistical tables exclude data on services paid by MSP to physicians, optometrists and dentists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program (with the exception of Table 27) and certain other programs, including the Family Physician Comprehensive Care Program and the Transitional Payment Model.

Data Limitations – The number of services or service groupings may differ from year to year as a result of charges to fee codes through Payment Schedule changes. The level of shadow billing for non-fee-for-service methods of payment results in underreporting of the data presented in this report, as shadow billing is not always complete.

Health Reporting Zones – Effective 2021-22, new health reporting zones that replace the former regional health authorities have been introduced.

Date of Payment – Statistics are based on the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2024-25 include some services provided in 2023-24. Fiscal years typically consist of 26 pay periods.

Payment Adjustments – The difference between payments shown in *Total Expenditures 2024-25* and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries or adjustments for retroactive payments; the handling of medical and optometric services provided in alternate-funding primary health care clinics; and the payment for medical services through other non-fee-for-service remuneration arrangements.

Payments to Locum Tenens – Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons of Saskatchewan, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional locum license by the College of Physicians and Surgeons of Saskatchewan.

Retroactive Payments – From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Any such payments, whether included or excluded from the data tables, are included in *Total Expenditures 2024-25*.

Virtual Care – Effective March 13, 2020, temporary virtual care fee codes for physicians providing services via telephone or secure video during the pandemic were implemented. Negotiated virtual care fee codes for family physicians were piloted as of January 1, 2021, and virtual care fee codes for specialists were piloted as of June 1, 2021. These services and payments, which became insured services as of April 1, 2024, are included under new virtual care sections according to their service type (Tables 7, 8, 9, 10, and 15).

Optometric Services under Supplementary Health – For statistical purposes, optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10, 15 and Figure 2)

Service groupings are based on the Canadian Institute for Health Information (CIHI) national grouping system categories.

(a) **Consultations** – a consultation is the referral of a patient by one physician to another for examination, diagnosis and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** – a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.

(c) **Other Assessments** – Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counselling** – Includes treatment interview, group therapy and counselling (including healthy lifestyle/health education counselling).

(e) **Hospital Care** – Physician services provided in a hospital on a visit per day basis including newborn care in hospital, attendant and supportive care. Hospital visits covered by a composite payment, such as hospital care following surgery, are not included.

(f) **Special Calls and Emergency** – Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** – All 42 day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** – All 0 and 10 day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** – Services of physicians as required to assist the surgeon during a surgery, includes assistant standby.

(j) **Obstetrics** – Includes hospital stay, abortions, cesarean sections, but excludes gynecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anesthesia** – All anesthetic procedures, pain management and pain clinic services are included in this category.

(l) **Diagnostic Radiology** – All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** – All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** – All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, resuscitation and intensive care.

(o) **Special and Miscellaneous Services** – Includes medical examinations for adoptions, for sexual assault victims, for follow-up cancer reports; examinations and certifications of mental health; immunizations where not elsewhere available; intralesional injections; family physician emergency coverage payments; advice by physicians to allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** – Includes eye exams to determine refractive error for eligible patients; diabetic eye exams; consultations for Junior Idiopathic Arthritis or High Risk Medication patients; various tests associated with the exams or consultations (tonometry, OCTs, etc.); and ocular urgencies and emergencies for all Saskatchewan beneficiaries.

(q) **Dental Services** – Includes certain insured services provided by dentists, (i.e. oral surgery, or services for care of cleft palate and the extraction of teeth in limited circumstances). Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. **Physicians**

(a) **General Practitioner** – A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. This includes physicians who limit their practice to specific specialty areas, but do not have a Canadian or foreign certified designation.

(i) **Metro** – A general practitioner who practises in Regina, Saskatoon, or a recognized bedroom community.

(ii) **Urban** – A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** – A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** – A general practitioner who maintains patients' medical records with one or more physicians.

(v) **Solo** – A general practitioner who is not working in association with another physician.

(b) **Specialist** – A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

Note: Within the tables, select specialist categories are combined due to confidentiality.

II. **Optometrist** – A practitioner registered with the Saskatchewan Association of Optometrists.

III. **Dentist** – A practitioner registered with the College of Dental Surgeons of Saskatchewan.

Notes:

Definition of a Licensed Physician – Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

Definition of Active Physician – Licensed physicians with $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. Data captured for physicians participating in non-fee-for-service arrangements may not be complete. General Practitioners are categorized in the location group in which they earned the most income if they practised in various clinics or areas throughout the year.

Definition of Practising Physician – Licensed physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year (see Table 24).

Table 1

Analysis of Per Cent Change in Total Costs

Year	Gross Payments for Insured Services[1] ($000s)	Total Per Cent Change	Per Cent Change Due to Fee Schedule Increases[9]	Per Cent Change Due to Utilization Increases[10]
2020-21[2,3,5,6,7]	559,364	-23.10	3.84	-26.94
2021-22[4,6,7,8]	670,951	19.95	1.72	18.23
2022-23[2]	719,329	7.21	0.00	7.21
2023-24[2]	734,177	2.06	0.00	2.06
2024-25	**833,585**	**13.54**	**9.31**	**4.23**
Average Annual Per Cent Change 2020-21 to 2024-25		**2.76**	**2.92**	**-0.30**

1 All physician, optometric and dental insured services (in- and out-of-province) are included. Includes payments for family physician emergency coverage but excludes payments for other programs, including specialist emergency coverage.
2 Lump sum payments made to physicians in lieu of retroactive amendments to Payment Schedules are excluded.
3 Excludes one-time SMA Program funding in lieu of retroactive payments to physicians.
4 Lump sum payments made to optometrists in lieu of retroactive amendments to Payment Schedules are excluded.
5 Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.
6 Includes temporary pandemic codes (effective March 13, 2020 to May 31, 2021) and non-insured family physician virtual care pilot codes (effective January 1, 2021).
7 Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.
8 Payments and services in 2021-22 affected by COVID-19.
9 Fee schedule increases are based on theoretical values of fee and new items increases.
10 The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

Table 2

Adjustments and Recoveries by the Medical Services Plan

	2023-24		2024-25	
	Number of Practitioners[4]	Adjustment or Recovery ($000s)	Number of Practitioners[4]	Adjustment or Recovery ($000s)
Routine Adjustments on In-Province Claims[1]	2,741	12,668.8	2,800	21,564.9
Routine Adjustments on Out-of-Province Claims[1]	–	698.4	–	169.7
Special MSP Studies and Professional Review Activity[2]	4	946.5	1	163.4
Third Party Liability Recoveries[3]		8,659.5		9,005.8
Total		**22,973.2**		**30,903.9**

1 All physician, optometric and dental insured services are included.
2 The dollar amounts are recoveries resulting from the correction of payments as revealed by the Professional Review Committees, general overpayment corrections or bankruptcies. The total may include funds paid in this fiscal year but requested in a previous year.
3 The dollar amounts are recoveries from the cost of health services collected under the authority of *The Health Administration Act*.
4 Number of practitioners is based on any payment activity, including reversal payments.

Table 3

Claims Paid by Method of Billing

Claims Received from:	2024-25[6] Number of Claims	Per Cent of Claims
Physicians, Dentist & Dental Surgeons	**13,236,312**	**96.13**
In-Province Claims[1,2]	12,506,447	90.83
Out-of-Province Reciprocal Billing[3]	729,647	5.30
Other Out-of-Province	218	0.00
Optometrists[4]	**529,555**	**3.85**
In-Province Claims[1]	527,543	3.83
Out-of-Province	2,012	0.01
Beneficiaries[5]	**2,643**	**0.02**
Total	**13,768,510**	**100.00**

1 Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements.
2 Includes claims for insured dental services and for SGI driver medicals and visual exams.
3 Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.
4 Includes claims for optometric services covered by the Supplementary Health Program.
5 Payments made directly to beneficiaries for claims.
6 In 2024-25, the number and per cent of claims is calculated differently than prior years due to the implementation of a new claims processing system. Since the 2024-25 numbers are not comparable to earlier years, 2023-24 is not included.

Note: See "Data Limitations" in *Statistical Figures and Tables*.

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2024		Rate Per 1,000 Beneficiaries			
			Services		Payments ($)	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	6,415	6,198	12,823	12,428	993,264	961,198
1 – 4	29,398	28,012	5,225	4,684	343,103	299,121
5 – 14	86,175	82,416	3,843	3,691	212,878	196,627
15 – 24	81,549	77,171	4,045	7,389	232,475	438,966
25 – 44	182,073	177,264	5,463	11,248	311,192	709,529
45 – 64	147,128	143,803	10,776	13,680	642,304	807,583
65 and over	102,487	115,453	22,647	22,291	1,393,164	1,329,046
All Beneficiaries	**635,225**	**630,317**	**9,127**	**12,085**	**547,370**	**729,421**
B. Optometrists						
Under 1	6,415	6,198	74	74	4,043	4,049
1 – 4	29,398	28,012	284	287	15,567	15,766
5 – 14	86,175	82,416	499	533	27,869	29,623
15 – 24	81,549	77,171	206	259	10,264	12,700
25 – 44	182,073	177,264	130	194	3,667	5,537
45 – 64	147,128	143,803	429	487	10,601	12,493
65 and over	102,487	115,453	891	817	21,813	20,812
All Beneficiaries	**635,225**	**630,317**	**389**	**430**	**12,886**	**14,388**
C. Dentists						
Under 1	6,415	6,198	7	10	581	874
1 – 4	29,398	28,012	–	–	182	132
5 – 14	86,175	82,416	6	5	1,126	953
15 – 24	81,549	77,171	13	12	4,642	3,871
25 – 44	182,073	177,264	6	6	1,356	1,519
45 – 64	147,128	143,803	8	7	1,360	1,091
65 and over	102,487	115,453	8	8	1,607	1,147
All Beneficiaries	**635,225**	**630,317**	**7**	**7**	**1,726**	**1,499**

Notes:

1) Includes out-of-province (reciprocal) services and costs.
2) Excludes payments for specialist and family physician emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) See "Data Limitations" in *Statistical Figures and Tables*.
5) One Saskatchewan beneficiary has an unknown age.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2023-24 Number of Beneficiaries	2023-24 Per Cent of Beneficiaries	2023-24 Per Cent of Payments	2023-24 Per Cent of Services	2024-25 Number of Beneficiaries	2024-25 Per Cent of Beneficiaries	2024-25 Per Cent of Payments	2024-25 Per Cent of Services
A. Physicians Only								
$0.00[1]	280,387	22.2	–	<0.1	271,353	21.4	–	<0.1
$0.01 – $25.00	14,458	1.1	–	0.2	16,815	1.3	–	0.2
$25.01 – $50.00	83,588	6.6	0.5	0.7	68,705	5.4	0.4	0.6
$50.01 – $100.00	107,977	8.6	1.2	1.8	101,745	8.0	0.9	1.5
$100.01 – $250.00	219,422	17.4	5.2	7.2	212,558	16.8	4.4	6.2
$250.01 – $500.00	194,120	15.4	9.9	12.5	191,746	15.2	8.6	11.0
$500.01 – $1,000.00	172,782	13.7	17.2	19.8	182,760	14.4	16.1	18.6
$1,000.01 – $1,500.00	70,631	5.6	12.2	12.7	80,466	6.4	12.2	13.0
$1,500.01 – $2,000.00	37,847	3.0	9.2	9.0	43,148	3.4	9.2	9.3
$2,000.01 – $5,000.00	66,538	5.3	27.7	23.7	78,348	6.2	29.0	25.3
Over $5,000.00	13,835	1.1	17.0	12.4	17,899	1.4	19.2	14.3
Total	**1,261,585**	**100.0**	**100.0**	**100.0**	**1,265,543**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$0.00[1]	1,068,325	84.7	–	<0.1	1,061,988	83.9	–	<0.1
$0.01 – $25.00	22	–	–	–	59	–	–	–
$25.01 – $50.00	7,573	0.6	2.0	1.6	7,492	0.6	1.8	1.5
Over $50.00	185,665	14.7	98.0	98.4	196,004	15.5	98.2	98.5
Total	**1,261,585**	**100.0**	**100.0**	**100.0**	**1,265,543**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes:

1) Includes out-of-province (reciprocal) services and costs.
2) Excludes payments for specialist and family physician emergency coverage programs.
3) Includes optometric services covered by the Supplementary Health Program.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 6

Physician Services and Payments ($) by Age and Sex

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	6,415	7,424	100.00	12.82	993.26	11.08	858.27	77.46
	F	6,198	7,133	100.00	12.43	961.20	10.80	835.20	77.34
	T	12,613	14,557	100.00	12.63	977.51	10.94	846.97	77.40
1 – 4	M	29,398	22,670	77.11	5.22	343.10	6.78	444.93	65.67
	F	28,012	21,045	75.13	4.68	299.12	6.23	398.15	63.87
	T	57,410	43,715	76.15	4.96	321.64	6.51	422.41	64.84
5 – 9	M	42,425	28,707	67.67	4.03	225.14	5.96	332.72	55.80
	F	40,670	26,469	65.08	3.64	194.66	5.60	299.09	53.43
	T	83,095	55,176	66.40	3.84	210.22	5.79	316.59	54.70
10 – 14	M	43,750	27,714	63.35	3.66	200.99	5.77	317.29	54.98
	F	41,746	25,868	61.97	3.74	198.55	6.03	320.42	53.12
	T	85,496	53,582	62.67	3.70	199.80	5.90	318.80	54.06
15 – 19	M	41,066	25,410	61.88	4.20	247.02	6.80	399.21	58.75
	F	39,133	29,242	74.72	6.45	372.16	8.63	498.05	57.73
	T	80,199	54,652	68.15	5.30	308.08	7.78	452.09	58.14
20 – 24	M	40,483	23,062	56.97	3.88	217.72	6.82	382.19	56.07
	F	38,038	29,937	78.70	8.36	507.69	10.62	645.07	60.74
	T	78,521	52,999	67.50	6.05	358.19	8.97	530.68	59.19
25 – 29	M	41,505	24,695	59.50	4.30	241.07	7.23	405.17	56.02
	F	39,716	32,574	82.02	10.84	712.38	13.22	868.58	65.71
	T	81,221	57,269	70.51	7.50	471.54	10.64	668.75	62.87
30 – 34	M	45,943	28,741	62.56	5.08	290.67	8.12	464.64	57.20
	F	45,167	37,102	82.14	11.89	788.56	14.47	959.97	66.32
	T	91,110	65,843	72.27	8.46	537.49	11.70	743.76	63.56
35 – 39	M	48,544	32,468	66.88	5.74	329.11	8.59	492.07	57.29
	F	47,862	39,569	82.67	11.18	689.77	13.52	834.33	61.70
	T	96,406	72,037	74.72	8.44	508.17	11.30	680.07	60.19
40 – 44	M	46,081	32,264	70.02	6.59	375.93	9.41	536.93	57.05
	F	44,519	37,409	84.03	11.03	648.05	13.13	771.22	58.73
	T	90,600	69,673	76.90	8.77	509.65	11.41	662.72	58.09
45 – 49	M	40,136	29,599	73.75	7.86	447.35	10.65	606.61	56.94
	F	37,958	32,309	85.12	11.88	693.33	13.96	814.55	58.35
	T	78,094	61,908	79.27	9.81	566.91	12.38	715.13	57.77
50 – 54	M	34,725	26,979	77.69	9.50	544.65	12.23	701.02	57.32
	F	33,718	29,243	86.73	13.17	767.52	15.18	884.98	58.29
	T	68,443	56,222	82.14	11.31	654.45	13.77	796.70	57.88
55 – 59	M	34,152	27,273	79.86	11.61	700.45	14.54	877.12	60.32
	F	33,395	28,948	86.68	13.89	822.47	16.02	948.81	59.21
	T	67,547	56,221	83.23	12.74	760.77	15.30	914.04	59.72
60 – 64	M	38,115	32,535	85.36	14.26	884.46	16.71	1,036.15	62.02
	F	38,732	34,504	89.08	15.71	941.59	17.63	1,056.97	59.95
	T	76,847	67,039	87.24	14.99	913.26	17.18	1,046.87	60.92
65 – 69	M	35,210	31,898	90.59	17.44	1,105.23	19.25	1,219.99	63.38
	F	35,790	33,178	92.70	18.12	1,110.84	19.55	1,198.30	61.30
	T	71,000	65,076	91.66	17.78	1,108.06	19.40	1,208.93	62.31
70 – 74	M	27,205	26,213	96.35	21.51	1,329.87	22.32	1,380.20	61.83
	F	27,877	27,175	97.48	21.32	1,291.55	21.87	1,324.92	60.59
	T	55,082	53,388	96.92	21.41	1,310.48	22.09	1,352.06	61.20
75 & 0ver	M	40,072	41,552	100.00	28.00	1,689.13	27.00	1,628.96	60.33
	F	51,786	53,050	100.00	25.70	1,500.03	25.09	1,464.29	58.37
	T	91,858	94,602	100.00	26.70	1,582.52	25.93	1,536.62	59.27
Total all ages	**M**	**635,226**	**469,204**	**73.86**	**9.13**	**557.98**	**12.36**	**755.41**	**61.13**
	F	**630,317**	**524,755**	**83.25**	**12.08**	**729.42**	**14.52**	**876.15**	**60.36**
	T	**1,265,543**	**993,959**	**78.54**	**10.60**	**643.37**	**13.50**	**819.16**	**60.69**

[1] Population as at June 30, 2024.
[2] Population treated at any time during the fiscal year.

Notes: 1) Excludes payments for specialist and family physician emergency coverage programs.
2) Includes out-of-province (reciprocal) services and costs.
3) 'Total all ages' includes one beneficiary with an unknown age.

Table 7

Services by Type of Service

Type of Service[1]	Number of Services (000s) 2023-24	Number of Services (000s) 2024-25	Number of Services Per 1,000 Beneficiaries 2023-24	Number of Services Per 1,000 Beneficiaries 2024-25	Per Cent Change 2023-24 to 2024-25
In-Province Physician Services	**12,341.1**	**12,583.5**	**9,782**	**9,943**	**1.65**
Consultations: In-Person	542.9	581.5	430	460	6.79
Consultations: Virtual	48.2	51.9	38	41	7.33
Major Assessments: In-Person	533.3	532.9	423	421	-0.40
Major Assessments: Virtual	0.8	0.7	1	1	-15.84
Other Assessments: In-Person	3,461.4	3,426.3	2,744	2,707	-1.32
Other Assessments: Virtual	790.6	775.1	627	612	-2.27
Psychotherapy: In-Person	177.5	182.7	141	144	2.62
Psychotherapy: Virtual	35.2	34.0	28	27	-3.62
Total Visit Services	**5,589.9**	**5,585.1**	**4,431**	**4,413**	**-0.40**
Hospital Care	**514.4**	**518.4**	**408**	**410**	**0.47**
Special Calls and Emergency	**210.2**	**194.6**	**167**	**154**	**-7.72**
Major Surgery	169.3	176.0	134	139	3.66
Minor Surgery	321.1	319.7	255	253	-0.76
Surgical Assistance	179.9	183.9	143	145	1.92
Obstetrics	18.3	19.5	15	15	5.96
Anesthesia	847.2	859.6	672	679	1.14
Total Surgical Services	**1,535.8**	**1,558.7**	**1,217**	**1,232**	**1.17**
Diagnostic Radiology	315.7	339.2	250	268	7.10
Laboratory Services	159.5	159.1	126	126	-0.58
Other Diagnostic and Therapeutic Services	2,622.1	2,769.7	2,078	2,189	5.30
Miscellaneous Services[2]: In-Person	1,389.4	1,455.7	1,101	1,150	4.45
Miscellaneous Services[2]: Virtual	4.2	3.1	3	2	-25.95
Total Diagnostic Services	**4,490.9**	**4,726.8**	**3,560**	**3,735**	**4.92**
In-Province Dental Services	**8.8**	**9.2**	**7**	**7**	**3.99**
In-Province Optometric Services	**474.4**	**513.7**	**376**	**406**	**7.93**
Refractions by Optometrists	114.1	120.0	90	95	4.92
Other Optometric Services: In-Person	357.9	390.8	284	309	8.85
Other Optometric Services: Virtual	2.5	2.8	2	2	13.61
Out-of-Province Services					
Physician Services	726.0	833.1	575	658	14.39
Dental Services	0.1	0.1	–	–	–
Optometric Services	4.4	4.3	3	3	-2.12
All Services	**13,554.7**	**13,943.8**	**10,744**	**11,018**	**2.55**

[1] The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.
[2] Includes payments for the family physician emergency coverage program but excludes payments for the specialist emergency coverage program.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 8

Payments by Type of Service

Type of Service[1]	Payments ($000s) 2023-24	Payments ($000s) 2024-25	Payments Per 1,000 Beneficiaries ($) 2023-24	Payments Per 1,000 Beneficiaries ($) 2024-25	Per Cent Change 2023-24 to 2024-25
In-Province Physician Services	**674,168**	**765,315**	**534,382**	**604,733**	**13.16**
Consultations: In-Person	79,081	95,839	62,684	75,729	20.81
Consultations: Virtual	5,011	6,717	3,972	5,307	33.62
Major Assessments: In-Person	34,840	38,830	27,616	30,682	11.10
Major Assessments: Virtual	33	33	26	26	0.59
Other Assessments: In-Person	171,129	189,803	135,646	149,978	10.57
Other Assessments: Virtual	28,152	35,310	22,314	27,901	25.03
Psychotherapy: In-Person	8,995	10,872	7,130	8,590	20.48
Psychotherapy: Virtual	1,453	1,897	1,152	1,499	30.15
Total Visit Services	**328,693**	**379,300**	**260,540**	**299,713**	**15.04**
Hospital Care	**19,617**	**24,537**	**15,550**	**19,388**	**24.69**
Special Calls and Emergency	**10,048**	**9,796**	**7,965**	**7,741**	**-2.81**
Major Surgery	66,727	72,945	52,891	57,639	8.98
Minor Surgery	11,721	12,641	9,291	9,988	7.51
Surgical Assistance	17,014	18,695	13,486	14,772	9.54
Obstetrics	8,915	10,210	7,067	8,068	14.17
Anesthesia	45,324	51,356	35,926	40,580	12.96
Total Surgical Services	**149,700**	**165,846**	**118,661**	**131,048**	**10.44**
Diagnostic Radiology	16,738	20,918	13,268	16,529	24.58
Laboratory Services	953	1,084	755	857	13.43
Other Diagnostic and Therapeutic Services	121,838	135,313	96,575	106,921	10.71
Miscellaneous Services[2]: In-Person	26,423	28,311	20,945	22,371	6.81
Miscellaneous Services[2]: Virtual	156	209	123	165	33.93
Total Diagnostic Services	**166,109**	**185,836**	**131,667**	**146,843**	**11.53**
In-Province Dental Services	**1,771**	**2,011**	**1,404**	**1,589**	**13.21**
In-Province Optometric Services	**15,996**	**17,109**	**12,680**	**13,519**	**6.62**
Refractions by Optometrists	6,843	7,200	5,424	5,689	4.88
Other Optometric Services: In-Person	9,074	9,819	7,192	7,759	7.87
Other Optometric Services: Virtual	79	91	63	72	13.64
Out-of-Province Services					
Physician Services	42,071	48,974	33,348	38,698	16.05
Dental Services	20	30	16	24	48.04
Optometric Services	151	145	119	114	-4.11
All Services	**734,177**	**833,585**	**581,948**	**658,678**	**13.18**

[1] The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.
[2] Includes payments for the family physician emergency coverage program but excludes payments for the specialist emergency coverage program.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 9

Average Payment ($) Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2023-24 General Practice	2023-24 Specialties	2023-24 All Practitioners	2024-25 General Practice	2024-25 Specialties	2024-25 All Practitioners
In-Province Physician Services	**39.44**	**70.41**	**54.63**	**43.80**	**77.78**	**60.82**
Consultations: In-Person	96.95	148.94	145.68	103.48	168.96	164.81
Consultations: Virtual	64.18	105.30	103.95	68.30	132.15	129.41
Major Assessments: In-Person	62.11	93.47	65.32	68.25	112.71	72.87
Major Assessments: Virtual	40.94	–	40.94	48.93	–	48.93
Other Assessments: In-Person	45.40	65.30	49.44	49.95	76.24	55.40
Other Assessments: Virtual	31.93	48.18	35.61	39.12	65.25	45.56
Psychotherapy: In-Person	43.39	96.57	50.69	52.79	101.40	59.51
Psychotherapy: Virtual	37.18	62.56	41.30	50.51	82.51	55.77
Average Of Visit Services	**45.64**	**93.98**	**58.80**	**51.17**	**110.30**	**67.91**
Hospital Care	**41.18**	**36.07**	**38.14**	**60.55**	**38.94**	**47.33**
Special Calls and Emergency	**46.89**	**48.92**	**47.80**	**49.09**	**51.68**	**50.34**
Major Surgery	239.01	397.85	394.25	260.71	417.28	414.48
Minor Surgery	17.64	56.07	36.50	18.45	63.83	39.54
Surgical Assistance	81.81	142.62	94.58	88.01	143.75	101.65
Obstetrics	526.12	462.50	486.27	592.62	485.81	523.95
Anesthesia	48.25	54.13	53.50	55.47	60.49	59.75
Average Of Surgical Services	**57.50**	**111.92**	**97.47**	**61.21**	**124.59**	**106.40**
Diagnostic Radiology	–	53.01	53.01	–	61.67	61.67
Laboratory Services	5.75	8.87	5.98	6.59	9.02	6.82
Other Diagnostic and Therapeutic Services	16.97	50.25	46.47	18.10	52.34	48.86
Miscellaneous Services[2]: In-Person	11.46	21.54	13.99	11.73	24.40	14.82
Miscellaneous Services[2]: Virtual	24.49	45.27	37.04	26.10	71.04	66.98
Average Of Diagnostic Services	**12.01**	**47.04**	**35.43**	**12.43**	**50.05**	**37.89**
In-Province Dental Services	–	–	**201.78**	–	–	**219.66**
In-Province Optometric Services	–	–	**33.72**	–	–	**33.31**
Refractions by Optometrists	–	–	60.00	–	–	59.98
Other Optometric Services: In-Person	–	–	25.36	–	–	25.13
Other Optometric Services: Virtual	–	–	31.79	–	–	31.79
Out-of-Province Services						
Physician Services	56.43	58.57	57.95	57.09	59.42	58.79
Dental Services	–	–	216.98	–	–	241.67
Optometric Services	–	–	34.54	–	–	33.84
All Services	**39.99**	**69.48**	**54.16**	**44.26**	**76.17**	**59.78**

[1] The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.
[2] Excludes payments for specialist and family physician emergency coverage programs to avoid distortion.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services 2023-24	Per Cent of Total Services 2024-25	Per Cent of Total Payments 2023-24	Per Cent of Total Payments 2024-25
In-Province Physician Services	**91.05**	**90.24**	**91.84**	**91.81**
Consultations: In-Person	4.00	4.17	10.75	11.50
Consultations: Virtual	0.36	0.37	0.68	0.81
Major Assessments: In-Person	3.93	3.82	4.74	4.66
Major Assessments: Virtual	0.01	0.00	0.00	0.00
Other Assessments: In-Person	25.54	24.57	23.27	22.77
Other Assessments: Virtual	5.83	5.56	3.83	4.24
Psychotherapy: In-Person	1.31	1.31	1.22	1.30
Psychotherapy: Virtual	0.26	0.24	0.20	0.23
Total Visit Services	**41.24**	**40.05**	**44.70**	**45.50**
Hospital Care	**3.79**	**3.72**	**2.67**	**2.94**
Special Calls and Emergency	**1.55**	**1.40**	**1.37**	**1.18**
Major Surgery	1.25	1.26	9.07	8.75
Minor Surgery	2.37	2.29	1.59	1.52
Surgical Assistance	1.33	1.32	2.31	2.24
Obstetrics	0.14	0.14	1.21	1.22
Anesthesia	6.25	6.16	6.16	6.16
Total Surgical Services	**11.33**	**11.18**	**20.36**	**19.90**
Diagnostic Radiology	2.33	2.43	2.28	2.51
Laboratory Services	1.18	1.14	0.13	0.13
Other Diagnostic and Therapeutic Services	19.34	19.86	16.57	16.23
Miscellaneous Services[2]: In-Person	10.25	10.44	3.59	3.40
Miscellaneous Services[2]: Virtual	0.03	0.02	0.02	0.03
Total Diagnostic Services	**33.13**	**33.90**	**22.75**	**22.29**
In-Province Dental Services	**0.06**	**0.07**	**0.24**	**0.24**
In-Province Optometric Services	**3.50**	**3.68**	**2.18**	**2.05**
Refractions by Optometrists	0.84	0.86	0.93	0.86
Other Optometric Services: In-Person	2.64	2.80	1.23	1.18
Other Optometric Services: Virtual	0.02	0.02	0.01	0.01
Out-of-Province Services				
Physician Services	5.36	5.97	5.72	5.88
Dental Services	–	–	–	–
Optometrist Services	0.03	0.03	0.02	0.02
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.
[2] Includes payments for the family physician emergency coverage program but excludes specialist emergency coverage program payments.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 11

Payments ($000s) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practice	**12,965.5**	**92.6**	**7.9**	**527.8**	**421.1**	**11,104.9**	**798.2**	**5.2**	**7.9**
Specialties									
Pediatrics and Medical Genetics	2,848.0	8.0	0.6	97.2	23.7	2,659.0	57.2	1.8	0.3
Internal Medicine and Physical Medicine	5,250.0	16.0	0.4	182.0	88.6	4,754.0	195.7	8.9	4.4
Neurology	285.4	2.0	0.1	19.4	10.2	230.5	22.4	–	0.7
Psychiatry	1,849.7	2.9	3.0	96.6	33.7	1,496.3	217.0	–	0.1
Dermatology	491.8	10.8	0.3	5.1	16.4	452.1	7.1	–	–
Anesthesia	3,177.4	14.7	5.6	144.8	54.0	2,806.5	150.7	0.2	0.9
General and Cardiac Surgery	3,632.0	8.2	–	99.7	52.3	3,385.4	81.1	1.9	3.4
Orthopedic Surgery	1,346.8	10.8	0.6	56.7	49.5	1,147.7	77.6	0.9	2.9
Plastic Surgery	866.7	0.8	300.0	20.0	4.2	523.6	17.9	–	–
Neurosurgery	280.7	0.2	0.1	29.0	4.8	235.5	11.1	–	0.1
Obstetrics and Gynecology	1,336.9	8.5	0.1	44.9	49.5	1,171.8	59.8	0.4	2.0
Urological Surgery	233.8	2.1	–	18.5	4.9	175.8	32.5	0.1	0.0
Ophthalmology	801.0	5.4	–	18.5	18.1	724.0	34.4	0.1	0.6
Otolaryngology	942.5	2.3	–	13.3	10.1	888.0	28.5	–	0.3
Pathology	6,405.9	4.6	0.6	43.6	7.4	6,220.6	128.6	0.1	0.6
Diagnostic Radiology	5,374.5	27.3	0.5	114.2	107.7	5,093.9	30.7	0.2	–
US Services with Prior Approval	885.8	–	–	–	–	–	–	885.8	–
All Physicians	**48,974.2**	**217.1**	**319.8**	**1,531.3**	**956.4**	**43,069.6**	**1,950.3**	**905.6**	**24.1**
Dentists	30.0	–	–	5.2	3.0	21.8	–	–	–
Optometrists	144.9	–	0.1	0.0	33.0	111.3	0.5	–	–

Notes:

1) Includes optometric services covered by the Supplementary Health Program.
2) Saskatchewan reimburses other provinces or territories, except Quebec, for physician services provided to Saskatchewan beneficiaries according to the Physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" in Medical Services Plan Coverage Benefits.
3) All payments are in Canadian dollars.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 12

Payments ($000s) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	All Locations	Home Province or Territory of Beneficiary										
		Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practice	**5,372.3**	**38.6**	**6.3**	**38.7**	**36.4**	**396.2**	**874.4**	**3,430.8**	**515.4**	**17.6**	**11.1**	**6.7**
Specialties												
Pediatrics and Medical Genetics	208.0	0.5	–	1.0	0.2	10.4	49.3	122.7	21.5	0.4	0.5	1.3
Internal Medicine and Physical Medicine	1,007.7	6.4	1.2	5.5	7.6	62.7	180.2	635.2	104.6	1.4	2.6	0.5
Neurology	96.9	1.0	–	0.8	1.4	9.1	32.5	38.2	13.2	0.3	0.4	–
Cardiology	495.7	7.5	0.4	6.3	4.4	33.5	213.4	165.5	62.4	0.1	1.7	0.5
Psychiatry	287.2	1.2	–	0.3	2.5	46.5	42.5	135.1	53.0	1.6	0.5	3.9
Dermatology	16.9	–	0.1	0.3	0.3	2.2	5.6	5.6	2.8	–	0.1	–
Anesthesia	951.1	3.9	2.8	9.3	3.3	71.8	221.2	577.0	57.3	2.3	2.2	–
General Surgery	954.9	1.7	3.8	4.7	2.1	37.1	87.5	750.1	66.1	0.5	0.4	0.8
Cardiac Surgery	43.0	5.4	–	0.1	0.6	0.2	11.5	20.7	4.5	–	–	–
Orthopedic Surgery	581.7	1.2	0.1	4.6	1.4	51.5	130.3	335.3	54.5	1.6	1.0	–
Plastic Surgery	99.2	0.4	0.9	0.0	0.1	15.1	29.2	42.7	7.6	0.7	0.1	2.5
Neurosurgery	129.3	–	–	2.8	–	24.5	27.0	45.6	28.9	–	0.5	–
Obstetrics and Gynecology	567.5	2.5	–	1.2	2.1	50.9	96.0	362.6	47.3	3.2	1.0	0.8
Urological Surgery	133.9	0.0	–	0.8	–	3.0	90.6	29.6	9.8	–	–	–
Ophthalmology	1,545.9	2.5	–	4.8	0.2	32.5	624.7	829.8	48.5	0.3	0.3	2.2
Otolaryngology	300.7	0.1	–	0.5	0.2	3.8	39.9	244.8	11.2	–	0.3	–
Pathology	213.8	0.1	0.7	1.3	2.0	24.6	27.1	115.9	39.3	0.6	1.4	1.1
Diagnostic Radiology	891.6	5.2	1.4	4.4	6.5	90.1	271.3	401.6	101.4	2.7	3.6	3.5
All Specialties	**8,525.1**	**39.5**	**11.4**	**48.8**	**34.7**	**569.5**	**2,179.7**	**4,858.1**	**733.9**	**15.7**	**16.5**	**17.1**
All Physicians	**13,897.4**	**78.2**	**17.6**	**87.5**	**71.1**	**965.7**	**3,054.2**	**8,288.9**	**1,249.4**	**33.4**	**27.6**	**23.8**

Notes:

1) Saskatchewan is reimbursed by the other provinces or territories, except Quebec, at Saskatchewan Physician Payment Schedule rates. See "Out-of-Province Services" in Medical Services Plan Coverage Benefits.
2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 13a

Payments ($000s) for Out-of-Province Hospital Services by Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Organ Transplants and Procurement	**4,952.5**	–	–	–	–	4,952.5	–	–	–
Special Implants / Devices	**5,649.4**	–	–	–	–	5,383.9	265.5	–	–
Bone Marrow / Stem Cell Transplants	**439.1**	–	–	–	–	439.1	–	–	–
Out-of-Country	**734.0**	–	–	–	–	–	–	734.0	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis									
I. Certain Infectious & Parasitic Diseases	**1,209.6**	4.8	–	83.4	22.7	893.7	203.1	0.9	0.9
II. Neoplasms	**3,251.1**	5.6	–	680.5	717.4	1,747.0	46.9	53.7	–
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism	**406.9**	81.4	–	163.1	50.6	147.2	-35.4	–	–
IV. Endocrine, Nutritional & Metabolic Diseases	**530.5**	–	–	28.4	33.8	415.1	53.2	–	–
V. Mental & Behavioural Disorders	**4,165.0**	40.8	–	343.8	372.3	2,540.1	868.0	–	–
VI. Diseases of the Nervous System	**1,025.7**	–	–	125.6	100.3	754.5	45.4	–	–
VII. Diseases of the Eye and Adnexa	**43.7**	–	–	–	9.8	33.9	–	–	–
VIII. Diseases of the Ear and Mastoid Process	**84.6**	–	–	2.5	6.6	62.5	13.1	–	–
IX. Diseases of the Circulatory System	**5,727.7**	40.2	12.2	345.7	177.6	4,701.2	450.4	0.3	0.3
X. Diseases of the Respiratory System	**3,464.9**	-1.5	89.4	314.9	79.9	2,508.0	474.1	–	0.1
XI. Diseases of the Digestive System	**4,702.6**	31.1	74.8	222.5	390.3	3,533.4	342.8	101.3	6.3
XII. Diseases of the Skin & Subcutaneous Tissue	**402.3**	15.8	–	37.4	2.9	217.5	128.4	0.4	–
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**1,013.4**	12.9	72.5	46.0	170.2	653.6	56.9	–	1.3
XIV. Diseases of the Genitourinary System	**1,189.3**	2.5	–	150.9	44.8	821.1	169.4	0.5	0.1
XV. Pregnancy, Childbirth and the Puerperium	**1,163.7**	9.6	8.2	55.5	165.7	824.6	100.2	–	–
XVI. Certain Conditions Originating in the Perinatal Period	**1,150.5**	–	11.1	10.3	50.3	1,076.1	2.7	–	–
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities	**8,297.2**	–	48.8	84.1	26.5	8,137.7	–	–	–
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified	**1,409.9**	–	11.8	33.4	32.0	1,206.6	123.9	–	2.2
XIX. Injury, Poisoning & Certain Other Consequences of External Causes	**5,924.5**	9.4	1.9	157.5	97.2	5,016.2	642.3	–	–
XX. External Causes of Morbidity and Mortality	**–**	–	–	–	–	–	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services	**1,413.2**	8.2	37.4	73.3	100.4	1,088.0	105.9	–	–
XXII. Codes for Special Purposes	**191.7**	11.6	–	24.0	1.2	99.6	55.4	–	–
Outpatient Treatment									
Standard Outpatient Visit	**13,737.0**	343.3	104.5	997.6	1,309.6	8,889.5	2,091.1	0.6	0.8
Day Care Surgery	**1,873.2**	17.2	13.9	67.5	467.0	1,022.6	284.9	–	–
Hemodialysis	**1,651.7**	2.5	2.4	18.3	–	1,495.9	131.1	1.5	0.1
Computerized Tomography (CT Scan)	**1,901.2**	41.7	19.2	172.7	195.3	1,115.8	356.4	–	–
Magnetic Resonance Imaging (MRI)	**586.2**	8.3	–	39.9	71.9	429.4	36.6	–	–
Positron Emission Tomography (PET Scan)	**384.7**	–	–	5.3	–	115.9	263.5	–	–
Radiotherapy Services	**135.7**	2.8	–	17.6	30.5	65.1	19.6	–	–
Cancer Chemotherapy Drugs	**671.2**	2.1	–	304.5	62.9	226.7	74.9	–	–
Gamma Knife Procedure	**460.8**	–	–	–	204.0	256.8	–	–	–
Brachytherapy	**128.4**	–	–	–	–	93.4	35.0	–	–
Laboratory and Other Diagnostic Imaging	**3,433.8**	46.2	9.5	20.0	157.2	2,956.8	244.1	–	–
Other Treatments	**1,038.4**	–	–	52.5	–	953.9	32.1	–	–
Out-of-Country	**287.6**	–	–	–	–	–	–	245.2	42.4
Total	**84,832.9**	**736.7**	**517.6**	**4,678.7**	**5,150.9**	**64,874.9**	**7,681.3**	**1,138.4**	**54.4**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
4) All payments reflect their value in Canadian funds.
5) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

Table 13b

Number of Out-of-Province Hospital Cases by Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Organ Transplants and Procurement	**21**	–	–	–	–	21	–	–	–
Special Implants / Devices	**32**	–	–	–	–	29	3	–	–
Bone Marrow / Stem Cell Transplants	**2**	–	–	–	–	2	–	–	–
Out-of-Country	**4**	–	–	–	–	–	–	4	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis									
I. Certain Infectious & Parasitic Diseases	**85**	1	–	4	2	58	17	1	2
II. Neoplasms	**94**	1	–	15	11	55	11	1	–
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism	**27**	3	–	10	3	10	1	–	–
IV. Endocrine, Nutritional & Metabolic Diseases	**66**	–	–	3	6	47	10	–	–
V. Mental & Behavioural Disorders	**244**	3	–	23	26	129	63	–	–
VI. Diseases of the Nervous System	**48**	–	–	4	5	35	4	–	–
VII. Diseases of the Eye and Adnexa	**8**	–	–	–	1	7	–	–	–
VIII. Diseases of the Ear and Mastoid Process	**13**	–	–	1	1	10	1	–	–
IX. Diseases of the Circulatory System	**297**	5	2	30	18	209	30	2	1
X. Diseases of the Respiratory System	**188**	–	5	12	7	136	27	–	1
XI. Diseases of the Digestive System	**341**	4	2	43	26	224	38	1	3
XII. Diseases of the Skin & Subcutaneous Tissue	**37**	1	–	5	1	22	7	1	–
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**67**	3	3	5	16	33	5	–	2
XIV. Diseases of the Genitourinary System	**104**	1	–	8	9	67	17	1	1
XV. Pregnancy, Childbirth and the Puerperium	**309**	3	2	17	56	212	19	–	–
XVI. Certain Conditions Originating in the Perinatal Period	**72**	–	–	2	13	56	1	–	–
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities	**144**	–	4	3	3	134	–	–	–
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified	**98**	–	1	7	5	62	19	–	4
XIX. Injury, Poisoning & Certain Other Consequences of External Causes	**311**	3	1	18	15	220	54	–	–
XX. External Causes of Morbidity and Mortality	**–**	–	–	–	–	–	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services	**221**	5	5	5	44	148	14	–	–
XXII. Codes for Special Purposes	**15**	1	–	3	1	8	2	–	–
Outpatient Treatment									
Standard Outpatient Visit	**33,083**	923	263	2,741	3,328	20,871	4,928	12	17
Day Care Surgery	**773**	14	3	37	226	403	90	–	–
Hemodialysis	**2,838**	4	4	30	–	2,547	223	29	1
Computerized Tomography (CT Scan)	**2,498**	50	26	212	266	1,472	472	–	–
Magnetic Resonance Imaging (MRI)	**847**	11	–	57	106	620	53	–	–
Positron Emission Tomography (PET Scan)	**137**	–	–	4	–	59	74	–	–
Radiotherapy Services	**217**	6	–	37	47	98	29	–	–
Cancer Chemotherapy Drugs	**299**	3	–	17	59	194	26	–	–
Gamma Knife Procedure	**25**	–	–	–	12	13	–	–	–
Brachytherapy	**34**	–	–	–	–	31	3	–	–
Laboratory and Other Diagnostic Imaging	**17,236**	265	57	117	870	14,505	1,422	–	–
Other Treatments	**274**	–	–	2	–	258	14	–	–
Out-of-Country	**30**	–	–	–	–	–	–	29	1
Total	**61,139**	**1,310**	**378**	**3,472**	**5,183**	**43,005**	**7,677**	**81**	**33**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
3) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.
4) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

Table 14a

Payments ($000s) for Out-of-Province Residents Hospitalized In Saskatchewan by Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Special Implants / Devices	**–**	–	–	–	–	–	–
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis							
I. Certain Infectious & Parasitic Diseases	**762.9**	37.8	–	77.7	140.3	267.3	239.8
II. Neoplasms	**529.2**	18.7	55.7	31.0	320.3	78.0	25.5
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism	**128.0**	–	–	–	15.9	106.4	5.7
IV. Endocrine, Nutritional & Metabolic Diseases	**739.2**	72.6	–	68.6	129.5	374.4	94.1
V. Mental & Behavioural Disorders	**2,889.2**	254.7	42.6	270.9	448.8	1,379.0	493.3
VI. Diseases of the Nervous System	**592.1**	24.4	–	36.2	292.6	226.4	12.6
VII. Diseases of the Eye and Adnexa	**75.3**	–	–	–	–	73.3	1.9
VIII. Diseases of the Ear and Mastoid Process	**–**	–	–	–	–	–	–
IX. Diseases of the Circulatory System	**2,932.9**	171.4	30.7	164.8	654.0	998.5	913.5
X. Diseases of the Respiratory System	**1,659.6**	66.2	–	290.6	234.8	564.4	503.6
XI. Diseases of the Digestive System	**1,398.7**	51.0	43.2	92.8	356.0	560.2	295.5
XII. Diseases of the Skin & Subcutaneous Tissue	**299.3**	20.4	–	25.7	41.6	159.1	52.4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**764.7**	49.9	–	98.4	250.1	112.5	253.8
XIV. Diseases of the Genitourinary System	**391.8**	–	–	50.4	81.2	207.6	52.6
XV. Pregnancy, Childbirth and the Puerperium	**802.2**	34.3	3.8	100.2	201.3	317.1	145.5
XVI. Certain Conditions Originating in the Perinatal Period	**108.1**	13.8	–	4.6	98.3	-15.5	6.9
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities	**79.4**	–	–	1.2	9.5	62.2	6.6
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified	**472.8**	17.8	–	84.0	150.8	153.7	66.6
XIX. Injury, Poisoning & Certain Other Consequences of External Causes	**2,166.3**	32.1	3.7	478.6	411.7	841.6	398.7
XX. External Causes of Morbidity and Mortality	**–**	–	–	–	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services	**748.7**	23.2	2.3	149.4	213.9	313.0	47.0
XXII. Codes for Special Purposes	**55.0**	–	–	24.6	8.5	10.5	11.4
Outpatient Treatment							
Standard Outpatient Visit	**8,491.9**	289.2	79.8	913.0	2,525.7	3,439.8	1,244.3
Day Care Surgery	**2,150.1**	58.8	2.7	106.4	996.8	861.7	123.7
Hemodialysis	**126.6**	0.6	–	48.3	5.9	59.9	11.8
Computerized Tomography (CT Scan)	**492.0**	27.2	6.9	60.1	111.5	200.6	85.6
Magnetic Resonance Imaging (MRI)	**111.6**	5.5	1.4	13.9	30.3	48.1	12.4
Radiotherapy Services	**30.1**	10.2	–	–	28.8	-9.6	0.6
Cancer Chemotherapy Drugs	**282.6**	4.4	–	2.7	113.6	113.2	48.7
Laboratory and Other Diagnostic Imaging	**375.5**	11.5	0.3	46.4	79.9	165.1	72.4
Other Treatments	**3.7**	–	–	–	–	3.7	–
Total	**29,659.4**	**1,295.6**	**273.1**	**3,240.4**	**7,951.6**	**11,672.3**	**5,226.4**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Special Implants / Devices	**–**	–	–	–	–	–	–
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis							
I. Certain Infectious & Parasitic Diseases	**38**	2	–	6	7	16	7
II. Neoplasms	**50**	2	1	3	32	10	2
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism	**10**	–	–	–	3	6	1
IV. Endocrine, Nutritional & Metabolic Diseases	**53**	5	–	5	14	22	7
V. Mental & Behavioural Disorders	**132**	6	3	15	22	65	21
VI. Diseases of the Nervous System	**37**	2	–	4	11	18	2
VII. Diseases of the Eye and Adnexa	**6**	–	–	–	–	5	1
VIII. Diseases of the Ear and Mastoid Process	**–**	–	–	–	–	–	–
IX. Diseases of the Circulatory System	**161**	8	3	13	39	59	39
X. Diseases of the Respiratory System	**101**	5	–	12	19	50	15
XI. Diseases of the Digestive System	**156**	6	4	17	34	67	28
XII. Diseases of the Skin & Subcutaneous Tissue	**25**	1	–	2	5	12	5
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**63**	2	–	4	29	19	9
XIV. Diseases of the Genitourinary System	**45**	–	–	6	15	20	4
XV. Pregnancy, Childbirth and the Puerperium	**161**	7	1	22	41	62	28
XVI. Certain Conditions Originating in the Perinatal Period	**32**	2	–	2	7	18	3
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities	**10**	–	–	1	4	4	1
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified	**73**	3	–	10	24	27	9
XIX. Injury, Poisoning & Certain Other Consequences of External Causes	**151**	4	1	16	37	69	24
XX. External Causes of Morbidity and Mortality	**–**	–	–	–	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services	**156**	7	1	20	52	57	19
XXII. Codes for Special Purposes	**5**	–	–	2	1	1	1
Outpatient Treatment							
Standard Outpatient Visit	**19,835**	680	185	2,137	5,934	7,985	2,914
Day Care Surgery	**1,112**	11	2	44	602	409	44
Hemodialysis	**215**	1	–	82	10	102	20
Computerized Tomography (CT Scan)	**650**	36	9	80	147	265	113
Magnetic Resonance Imaging (MRI)	**161**	8	2	20	44	69	18
Radiotherapy Services	**46**	16	–	–	44	-15	1
Cancer Chemotherapy Drugs	**117**	3	–	5	53	37	19
Laboratory and Other Diagnostic Imaging	**2,182**	67	2	272	470	947	424
Other Treatments	**2**	–	–	–	–	2	–
Total	**25,785**	**884**	**214**	**2,800**	**7,700**	**10,408**	**3,779**

Notes:

1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.
3) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

Table 15

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000s)	Type of Physician								
	General Practice	Pediatrics and Medical Genetics	Internal Medicine and Physical Medicine	Neurology	Cardiology	Psychiatry	Dermatology	General Surgery	Cardiac Surgery
Visits									
Consultations: In-Person	36.9	26.7	131.8	24.0	38.4	21.7	13.5	57.9	1.9
Consultations: Virtual	2.2	0.8	22.6	4.1	2.0	0.4	1.1	5.8	0.2
Special Eye Examination	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments: In-Person	477.6	9.5	4.0	0.2	0.4	5.2	8.2	1.9	0.0
Major Assessments: Virtual	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Assessments: In-Person	2,716.2	49.9	94.5	17.3	10.9	181.9	11.8	34.0	0.6
Other Assessments: Virtual	584.2	13.9	44.6	13.6	3.6	37.3	4.0	20.8	0.2
Hospital Care Days	201.3	35.9	204.8	20.7	12.9	18.0	0.1	13.9	0.4
Special Calls and Emergency									
Surcharges	96.3	2.4	24.7	3.1	3.8	2.7	0.1	7.9	0.7
Premiums	4.1	0.4	3.4	0.2	0.2	0.5	0.0	0.2	0.0
Psychotherapy									
Base Time[2]: In-Person	97.2	0.0	0.1	0.0	0.0	6.7	0.1	0.4	0.0
Additional Time: In-Person	60.2	0.0	0.1	0.0	0.0	16.2	0.0	0.5	0.0
Base Time[2]: Virtual	20.2	0.5	0.1	0.0	0.0	1.3	0.0	0.2	0.0
Additional Time: Virtual	8.2	0.5	0.0	0.0	0.0	2.7	0.0	0.3	0.0
Major Surgery	3.1	0.0	1.9	1.1	1.5	0.0	0.5	20.4	4.5
Minor Surgery	171.1	0.0	0.7	0.0	0.1	0.0	55.3	9.4	0.0
Surgical Assistance	138.9	0.0	0.5	0.0	0.5	0.0	0.0	13.7	6.3
Obstetrics	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anesthesia									
Operative	107.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals	20.0	0.1	8.2	5.4	0.0	0.0	0.0	0.2	0.0
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/Laboratory Services	144.5	5.3	0.3	0.0	0.0	0.0	0.1	0.0	0.0
Diagnostic Ultrasound	0.3	2.7	14.7	0.0	90.5	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services	281.9	42.2	459.7	34.3	240.3	31.8	25.5	68.6	0.4
Miscellaneous Services[3]: In-Person	1,101.0	37.1	101.3	18.5	8.7	54.3	15.7	22.2	0.9
Miscellaneous Services: Virtual	0.3	0.0	0.0	0.0	0.0	2.8	0.0	0.0	0.0
Total Services	**6,280.6**	**227.8**	**1,117.9**	**142.6**	**413.9**	**383.6**	**136.0**	**278.4**	**16.0**

[1] The "Definitions of Service Groupings" in *Statistical Figures and Tables* describes these classifications.
[2] Represents the number of instances these types of services were provided during the year.
[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel.

Table 15 (Continued)

In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000s)	Type of Physician									
	Orthopedic Surgery	Plastic Surgery	Neurosurgery	Obstetrics and Gynecology	Urological Surgery	Ophthalmology	Otolaryngology	Anesthesia	Pathology and Diagnostic Radiology	Total Services
Visits										
Consultations: In-Person	45.9	18.2	4.5	42.6	12.6	65.4	28.8	10.3	0.7	**581.5**
Consultations: Virtual	1.8	0.0	0.8	3.7	4.8	1.2	0.3	0.2	0.0	**51.9**
Special Eye Examination	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Major Assessments: In-Person	0.2	0.3	0.0	8.0	3.2	11.9	2.2	0.0	0.0	**532.9**
Major Assessments: Virtual	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.7**
Other Assessments: In-Person	62.9	14.1	3.5	76.0	8.7	109.9	30.0	3.9	0.0	**3,426.3**
Other Assessments: Virtual	9.7	1.4	2.4	19.5	11.7	3.2	4.7	0.0	0.0	**775.1**
Hospital Care Days	3.6	0.0	1.9	4.1	0.3	0.1	0.4	0.0	0.0	**518.4**
Special Calls and Emergency										
Surcharges	7.8	0.9	0.9	4.3	1.5	1.3	0.8	11.9	0.5	**171.7**
Premiums	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.8	0.0	**22.9**
Psychotherapy										
Base Time[2]: In-Person	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.1	0.0	**105.0**
Additional Time: In-Person	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.3	0.0	**77.6**
Base Time[2]: Virtual	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**22.3**
Additional Time: Virtual	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**11.7**
Major Surgery	33.4	10.8	11.6	6.0	7.3	60.6	13.1	0.0	0.2	**176.0**
Minor Surgery	1.6	11.6	0.1	1.6	2.8	59.9	5.3	0.0	0.2	**319.7**
Surgical Assistance	5.5	0.6	1.1	10.6	4.7	0.0	1.1	0.4	0.0	**183.9**
Obstetrics	0.0	0.0	0.0	12.5	0.0	0.0	0.0	0.0	0.0	**19.5**
Anesthesia										
Operative	0.0	0.0	0.0	0.0	0.0	0.0	0.0	691.6	0.0	**798.9**
Nerve Blocks and Epidurals	1.0	0.0	0.6	0.3	0.0	0.0	0.0	24.8	0.2	**60.7**
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	339.2	**339.2**
Pathology/Laboratory Services	0.0	0.0	0.0	8.9	0.0	0.0	0.0	0.0	0.0	**159.1**
Diagnostic Ultrasound	0.0	0.0	0.0	10.8	0.0	25.6	0.0	0.7	203.5	**348.7**
Other Diagnostic and Therapeutic Services	31.3	2.3	1.7	40.7	13.1	919.8	65.6	7.5	154.3	**2,420.9**
Miscellaneous Services[3]: In-Person	15.3	2.6	3.1	38.1	5.8	6.9	23.3	0.2	0.7	**1,455.7**
Miscellaneous Services: Virtual	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**3.1**
Total Services	**220.3**	**62.8**	**32.4**	**288.2**	**76.5**	**1,265.8**	**175.5**	**765.8**	**699.5**	**12,583.5**

Note:

1) Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.

Table 16

Selected In-Province Medical Procedures – Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2023-24 to 2024-25
		Patients	Payments ($)	Services	
Electrocardiograms and Echocardiograms	557,195	163.0	14,586.6	440.3	5.9
Optical Coherence Tomography	126,838	58.5	4,513.0	100.2	5.9
Artificial Extra Corporeal Hemodialysis	120,518	1.1	5,085.6	95.2	1.0
Allergy Investigations & Hyposensitization Injections	93,402	2.9	307.4	73.8	(5.2)
Submission of Papanicolau Smear	58,697	87.9 [f]	2,062.8 [f]	93.1 [f]	(11.6)
Removal of Cysts, Granulomata, Keratoses, etc.	41,578	23.9	2,208.1	32.9	3.0
Arthrocentesis - Joint Injections	37,720	16.8	594.8	29.8	8.9
Colonoscopy	31,588	23.5	5,035.7	25.0	6.1
Upper GI Endoscopy	23,666	15.6	2,901.6	18.7	5.8
Pulmonary Function Studies	22,266	11.3	1,346.8	17.6	19.5
Plantar Wart Excision or Fulguration	20,680	7.1	428.4	16.3	(7.7)
Cataract Extraction	19,711	9.0	6,122.6	15.6	4.1
Cystoscopy	10,974	7.1	929.0	8.7	10.3
Suturing of Wounds	6,768	5.1	462.0	5.4	(12.0)
Cardiac Catheterization	6,455	4.0	743.9	5.1	1.3
Fractures, Open Surgical or Closed Reduction	6,194	4.2	2,754.3	4.9	0.3
Coronary Angiography	6,146	4.1	915.3	4.9	5.3
Delivery - Vaginal	5,928	9.3 [f]	9,956.7 [f]	9.4 [f]	3.1
Angioplasty	4,487	1.8	1,688.2	3.6	(2.5)
Arthroplasty - Knee or Total Knee Replacement	3,869	2.8	2,773.5	3.1	(13.8)
Sigmoidoscopy	3,630	2.5	162.7	2.9	26.0
Hernia Repair	3,492	2.5	1,358.7	2.8	(8.5)
Electroencephalograms or Echoencephalograms	3,444	2.5	86.0	2.7	23.5
Gall Bladder or Other Biliary Tract Surgery	2,928	2.3	1,808.6	2.3	5.2
Arthroplasty - Hip or Total Hip Replacement	2,910	2.1	2,190.3	2.3	(1.8)
Delivery - Cesarean	2,567	4.1 [f]	3,346.2 [f]	4.1 [f]	8.9
Arthroscopy	2,553	2.0	278.4	2.0	(11.6)
Vasectomy	2,433	3.8 [m]	1,068.4 [m]	3.8 [m]	(8.0)
Electroconvulsive Therapy	2,287	0.2	218.6	1.8	28.3
Psychological Testing	1,637	1.0	92.4	1.3	(21.6)
Tonsillectomy (With or Without Adenoidectomy)	1,625	1.3	553.3	1.3	(9.1)
Septoplasty or Submucous Resection	1,506	1.1	429.9	1.2	(10.2)
Appendectomy	1,164	0.9	560.0	0.9	11.7
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy	1,118	1.7 [f]	859.4 [f]	1.8 [f]	3.0
Prostatectomy (With or Without Vasectomy)	1,011	1.6 [m]	1,766.0 [m]	1.6 [m]	0.6
Dilatation and Curettage	852	1.3 [f]	350.0 [f]	1.4 [f]	(1.1)
Therapeutic Abortion	660	1.0 [f]	272.7 [f]	1.1 [f]	(18.8)
Genital Prolapse Repair	650	0.6 [f]	316.5 [f]	1.0 [f]	(0.2)
Coronary By-Pass	417	0.3	1,134.3	0.3	(1.5)
Strabismus Operation	335	0.2	132.6	0.3	2.1
Varicose Veins (Ligation)	319	0.1	45.3	0.3	(29.0)
Hysterectomy - Abdominal	236	0.4 [f]	394.3 [f]	0.4 [f]	27.7
Tubal Ligation	205	0.3 [f]	86.3 [f]	0.3 [f]	(4.7)
Hysterectomy - Vaginal	172	0.3 [f]	305.4 [f]	0.3 [f]	5.7
Peptic Ulcer Surgery	156	0.1	123.3	0.1	41.4

[f] Rate per 1,000 female beneficiaries.
[m] Rate per 1,000 male beneficiaries.

Table 17

Selected In-Province Medical Conditions – Patients, Services and Payments

Condition	ICD-9[1]	Number of Services (000s)	Rate Per 1,000 Beneficiaries		
			Patients	Payments ($)	Services
Diseases Affecting Genitourinary Tract	580 - 599, 788	441	72	21,251	349
Diabetes Mellitus	250	422	69	13,441	333
Hypertension	401 - 405	278	103	9,383	219
Chronic Sinusitis & Other Respiratory Symptoms	473 & 786	277	95	14,108	219
Cataract	366	245	20	11,744	194
Psychoses	295 - 299	240	24	13,642	189
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	239	111	7,959	189
General Medical Examination - No Specific Diagnosis	V70[2]	235	129	13,180	186
Neuroses	300	215	63	9,212	170
Glaucoma	365	215	21	5,308	170
Arthritis	710 - 716	189	50	12,197	149
Rheumatic Disease	725 - 729	176	65	9,204	139
Ischaemic Heart Disease	410 - 414	149	25	9,731	118
Vertebrogenic Pain Syndrome	724	146	40	10,429	116
Symptomatic Heart Disease	428 & 429	118	32	7,172	94
Otitis Media	381 & 382	97	35	4,106	77
Cardiac Disrhythmias	427	95	24	6,021	75
Eczema	690 - 692	87	36	2,842	69
Asthma	493	86	30	3,184	68
Hyperkinetic Syndrome of Childhood (ADHD)	314	78	20	3,600	61
Bronchitis	466, 490 & 491	68	34	2,413	53
Cellulitis and Abscess	681 & 682	67	23	2,787	53
Chronic Airways Obstruction	496	67	14	2,959	53
Anaemias	280 - 285	63	22	3,159	50
Pneumonia	480 - 486	61	16	2,884	48
Myxedema	244	60	26	1,794	47
Cerebrovascular Disease	430 - 438	57	7	3,337	45
Disorders of Menstruation	Z08[2] & 626	51	34 [f]	5,558 [f]	80 [f]
Diarrheal Disease	009	40	17	1,912	32
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	36	25 [f]	2,964 [f]	57 [f]
Migraine	346	35	13	1,555	28
Overweight, Obesity and Other Hyperalimentation	278	28	12	1,212	22
Menopausal Symptoms	627	25	20 [f]	2,252 [f]	40 [f]
Varicose Veins of Lower Extremity	454	22	3	593	18
Alcoholic Psychosis and Alcoholism	291 & 303	18	3	873	14
Hay Fever	477	17	5	369	14
Epilepsy	345	16	5	819	13
Influenza	487	15	7	493	12
Gastritis and Duodenitis	535	13	7	491	10
Disorders of Functions of Stomach	536 & 537	13	6	634	10
Multiple Sclerosis	340	12	2	618	10
Alzheimer's Disease and Other Cerebral Degenerations	331	10	2	701	8
Ulcers of Duodenum and Stomach	531 - 534	5	2	289	4

[1] Ninth Revision International Classification of Diseases, 1977.
[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.
[f] Rate per 1,000 female beneficiaries.

Note:

1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

Table 18

Physician Supply by Year

	General Practitioners		Specialists		All Physicians	
	Licensed[1]	Active[2]	Licensed[1]	Active[2]	Licensed[1]	Active[2]
2020-21	1,374	900	1,344	906	2,718	1,806
2021-22	1,416	965	1,380	920	2,796	1,885
2022-23	1,419	968	1,401	926	2,820	1,894
2023-24	1,466	1,008	1,441	954	2,907	1,962
2024-25	**1,553**	**1,026**	**1,589**	**1,013**	**3,142**	**2,039**

[1] All Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

[2] All Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, is affected by the extent of shadow billing.

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Licensed[2] Physicians		Number of Active[3] Physicians		Population Per Active[3] Physician (000s)		Average Number of Patients Per Active Physician (000s)[4]		Average Patient Contacts Per Active Physician (000s)[5]		Per Cent of Beneficiaries Treated	
	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25
General Practice	**1,466**	**1,553**	**1,008**	**1,026**	**1.3**	**1.2**	**1.8**	**1.8**	**4.1**	**3.8**	**72.4**	**72.7**
Specialties												
Pediatrics and Medical Genetics	134	149	70	77	18.0	16.4	0.9	0.8	1.8	1.7	3.8	3.8
Internal Medicine and Physical Medicine	292	317	207	222	6.1	5.7	1.5	1.6	3.0	3.3	14.4	15.8
Neurology	36	38	28	30	45.1	42.2	1.4	1.5	2.5	2.6	2.5	2.8
Cardiology	43	46	36	34	35.0	37.2	5.1	5.5	4.4	6.9	8.3	8.6
Psychiatry	131	141	82	81	15.4	15.6	0.5	0.5	2.0	1.8	2.5	2.5
Dermatology	10	11	10	11	126.2	115.0	2.3	2.0	6.2	5.4	1.8	1.7
Anesthesia	148	165	118	112	10.7	11.3	0.8	0.8	0.9	0.9	5.8	5.5
General Surgery	101	106	88	91	14.3	13.9	1.0	1.0	1.8	1.7	5.8	5.8
Cardiac Surgery	10	10	9	11	140.2	115.0	0.4	0.3	0.6	0.5	0.2	0.2
Orthopedic Surgery	59	63	51	55	24.7	23.0	1.3	1.3	2.4	2.4	4.4	4.7
Plastic Surgery	17	18	14	14	90.1	90.4	1.6	1.6	2.9	2.9	1.6	1.6
Neurosurgery	15	17	14	15	90.1	84.4	0.7	0.6	1.1	1.0	0.6	0.7
Obstetrics and Gynecology	89	102	62	73	20.3	17.3	1.1	1.1	2.4	2.3	3.9	4.3
Urological Surgery	18	20	18	19	70.1	66.6	1.5	1.6	2.5	2.6	1.8	2.0
Ophthalmology	34	38	30	34	42.1	37.2	3.3	3.2	7.8	7.2	7.1	7.5
Otolaryngology	18	19	17	18	74.2	70.3	2.4	2.4	4.0	3.9	3.0	3.2
Pathology and Diagnostic Radiology	286	329	100	116	12.6	10.9	4.1	3.8	0.2	0.1	21.9	23.0
All Specialties	**1,441**	**1,589**	**954**	**1,013**	**1.3**	**1.2**	**1.7**	**1.7**	**2.3**	**2.3**	**45.4**	**47.0**
All Physicians	**2,907**	**3,142**	**1,962**	**2,039**	**0.6**	**0.6**	**1.8**	**1.7**	**3.2**	**3.1**	**76.3**	**77.1**

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Licensed physicians - All Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

[3] Active Physicians - All Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[4] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[5] A patient contact represents each time a physician saw (in-person or via virtual care) a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 20

Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3]							
		Less Than 500	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More Than 3,500
General Practice									
Metro Association	434	20	75	96	65	47	38	27	66
Metro Solo	82	20	27	11	14	5	–	2	3
Urban Association	181	11	39	50	25	12	17	6	21
Urban Solo	35	5	10	8	4	3	–	2	3
Rural Association	279	3	70	112	71	14	3	1	5
Rural Solo	15	2	4	2	2	4	–	1	–
All General Practice 2024-25	**1,026**	**61**	**225**	**279**	**181**	**85**	**58**	**39**	**98**
All General Practice 2023-24	1,008	61	201	259	190	96	59	37	105
Specialties									
Pediatrics and Medical Genetics	77	30	28	12	4	–	1	–	2
Internal Medicine and Physical Medicine	222	40	56	44	41	11	8	8	14
Neurology	30	2	8	9	6	1	2	1	1
Cardiology	34	–	2	–	–	1	3	2	26
Psychiatry	81	48	23	9	1	–	–	–	–
Dermatology	11	1	3	2	1	1	–	–	3
Anesthesia	112	18	65	23	4	1	1	–	–
General Surgery	91	22	34	21	10	3	–	1	–
Cardiac Surgery	11	8	3	–	–	–	–	–	–
Orthopedic Surgery	55	8	15	17	8	3	1	3	–
Plastic Surgery	14	1	1	7	2	–	2	–	1
Neurosurgery	15	3	11	1	–	–	–	–	–
Obstetrics and Gynecology	73	6	33	19	10	3	–	2	–
Urological Surgery	19	1	1	5	8	3	1	–	–
Ophthalmology	34	–	2	4	1	7	3	–	17
Otolaryngology	18	1	1	3	3	2	4	–	4
Pathology and Diagnostic Radiology	116	11	19	8	7	7	3	2	59
All Specialties 2024-25	**1,013**	**200**	**305**	**184**	**106**	**43**	**29**	**19**	**127**
All Specialties 2023-24	954	175	304	170	92	46	32	25	110
All Physicians 2024-25	**2,039**	**261**	**530**	**463**	**287**	**128**	**87**	**58**	**225**
All Physicians 2023-24	1,962	236	505	429	282	142	91	62	215

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

Notes:

1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 21

Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practice								
Metro Association	434	100	126	91	67	27	10	13
Metro Solo	82	45	13	7	7	5	3	2
Urban Association	181	37	78	27	22	9	4	4
Urban Solo	35	15	9	5	2	1	–	3
Rural Association	279	98	132	38	8	3	–	–
Rural Solo	15	2	4	5	2	1	1	–
All General Practice 2024-25	**1,026**	**297**	**362**	**173**	**108**	**46**	**18**	**22**
All General Practice 2023-24	1,008	266	357	174	106	52	26	27
Specialties								
Pediatrics and Medical Genetics	77	62	12	–	1	1	–	1
Internal Medicine and Physical Medicine	222	89	76	24	13	11	4	5
Neurology	30	10	16	1	3	–	–	–
Cardiology	34	2	5	11	2	7	5	2
Psychiatry	81	57	15	8	–	1	–	–
Dermatology	11	2	3	1	2	2	1	–
Anesthesia	112	108	4	–	–	–	–	–
General Surgery	91	58	30	3	–	–	–	–
Cardiac Surgery	11	11	–	–	–	–	–	–
Orthopedic Surgery	55	23	26	3	2	1	–	–
Plastic Surgery	14	6	5	1	2	–	–	–
Neurosurgery	15	15	–	–	–	–	–	–
Obstetrics and Gynecology	73	38	27	8	–	–	–	–
Urological Surgery	19	5	11	3	–	–	–	–
Ophthalmology	34	4	3	5	10	3	5	4
Otolaryngology	18	5	6	3	3	1	–	–
Pathology and Diagnostic Radiology	116	116	–	–	–	–	–	–
All Specialties 2024-25	**1,013**	**611**	**239**	**71**	**38**	**27**	**15**	**12**
All Specialties 2023-24	954	572	250	60	35	15	11	11
All Physicians 2024-25	**2,039**	**908**	**601**	**244**	**146**	**73**	**33**	**34**
All Physicians 2023-24	1,962	838	607	234	141	67	37	38

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw (in-person or via virtual care) a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same physician, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 22

Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practice									
Metro Association	434	177	26	15	28	7	75	105	1
Metro Solo	82	22	5	3	3	3	27	19	–
Urban Association	181	53	4	6	13	2	31	71	1
Urban Solo	35	4	1	1	1	–	9	19	–
Rural Association	279	58	7	13	7	3	101	90	–
Rural Solo	15	6	–	2	2	–	1	4	–
All General Practice 2024-25	**1,026**	**320**	**43**	**40**	**54**	**15**	**244**	**308**	**2**
All General Practice 2023-24	1,008	322	43	33	55	16	227	311	1
Specialties									
Pediatrics and Medical Genetics	77	19	25	3	3	2	12	12	1
Internal Medicine and Physical Medicine	222	89	46	11	8	11	20	36	1
Neurology	30	13	7	–	2	–	5	3	–
Cardiology	34	17	6	1	1	2	3	4	–
Psychiatry	81	36	7	4	1	3	8	22	–
Dermatology	11	8	3	–	–	–	–	–	–
Anesthesia	112	65	21	1	–	1	8	16	–
General Surgery	91	38	25	2	1	1	11	13	–
Cardiac Surgery	11	1	6	–	–	1	1	2	–
Orthopedic Surgery	55	31	11	–	–	–	3	9	1
Plastic Surgery	14	6	4	2	–	–	–	2	–
Neurosurgery	15	5	6	–	–	1	1	2	–
Obstetrics and Gynecology	73	36	15	–	–	3	2	17	–
Urological Surgery	19	11	3	–	–	–	–	4	1
Ophthalmology	34	19	2	2	3	–	5	3	–
Otolaryngology	18	9	2	–	–	–	–	7	–
Pathology and Diagnostic Radiology	116	37	54	4	1	2	9	6	3
All Specialties 2024-25	**1,013**	**440**	**243**	**30**	**20**	**27**	**88**	**158**	**7**
All Specialties 2023-24	954	411	217	27	23	28	90	151	7
All Physicians 2024-25	**2,039**	**760**	**286**	**70**	**74**	**42**	**332**	**466**	**9**
Per Cent Distribution 2024-25	100%	37%	14%	3%	4%	2%	16%	23%	0%
All Physicians 2023-24	**1,962**	**733**	**260**	**60**	**78**	**44**	**317**	**462**	**8**
Per Cent Distribution 2023-24	100%	37%	13%	3%	4%	2%	16%	24%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.
[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.
[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
2) Figures may not add due to rounding.
3) There are 3 physicians with an unknown place of graduation.

Table 23

Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practice						
Metro Association	434	72	104	119	90	49
Metro Solo	82	1	8	14	35	24
Urban Association	181	27	49	59	35	11
Urban Solo	35	–	6	10	11	8
Rural Association	279	27	82	105	53	12
Rural Solo	15	–	2	2	6	5
All General Practice 2024-25	**1,026**	**127**	**251**	**309**	**230**	**109**
All General Practice 2023-24	1,008	133	260	297	207	111
Specialties						
Pediatrics and Medical Genetics	77	7	24	22	18	6
Internal Medicine and Physical Medicine	222	29	69	66	36	22
Neurology	30	3	11	9	4	3
Cardiology	34	1	10	9	10	4
Psychiatry	81	8	17	32	17	7
Dermatology	11	1	7	1	–	2
Anesthesia	112	12	35	36	16	13
General Surgery	91	8	27	25	24	7
Cardiac Surgery	11	–	3	2	5	1
Orthopedic Surgery	55	4	15	18	12	6
Plastic Surgery	14	–	5	4	4	1
Neurosurgery	15	1	6	5	1	2
Obstetrics and Gynecology	73	10	31	10	15	7
Urological Surgery	19	1	6	4	6	2
Ophthalmology	34	2	11	7	7	7
Otolaryngology	18	2	5	3	6	2
Pathology and Diagnostic Radiology	116	11	31	50	17	7
All Specialties 2024-25	**1,013**	**100**	**313**	**303**	**198**	**99**
All Specialties 2023-24	954	85	312	279	180	98
All Physicians 2024-25	**2,039**	**227**	**564**	**612**	**428**	**208**
Per Cent Distribution 2024-25	100%	11%	28%	30%	21%	10%
All Physicians 2023-24	**1,962**	**218**	**572**	**576**	**387**	**209**
Per Cent Distribution 2023-24	100%	11%	29%	29%	20%	11%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
2) Figures may not add due to rounding.

Table 24

Average Payment[1] ($000s) Per Practising Physician[3] by Specialty and Range

Active Physicians Only	Type of Physician[4]					
	All Physicians		All General Practice		All Specialties	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**369.8**	**2,039**	**261.1**	**1,026**	**479.9**	**1,013**
Highest Paid	4,142.6		1,511.2		4,142.6	
All Average per Pay Range						
Less than $60,000	19.1	587	20.3	343	17.4	244
$60,000 – $74,999	67.3	74	67.6	43	67.0	31
$75,000 – $99,999	87.3	133	86.7	86	88.4	47
$100,000 – $124,999	112.9	128	112.8	76	112.9	52
$125,000 – $149,999	137.9	143	138.6	85	136.9	58
$150,000 – $174,999	163.1	117	162.8	71	163.7	46
$175,000 – $199,999	188.2	119	188.8	80	186.9	39
$200,000 – $249,999	223.5	214	222.9	133	224.5	81
$250,000 – $299,999	273.8	194	271.5	117	277.2	77
$300,000 – $349,999	324.6	175	325.2	104	323.7	71
Over $350,000	679.4	742	499.1	231	760.9	511
Practising Physicians[3]	**291.4**	**2,626**	**200.8**	**1,369**	**390.2**	**1,257**

Active Physicians Only	General Practice					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**278.9**	**516**	**275.9**	**216**	**219.2**	**294**
Highest Paid	990.6		1,511.2		774.2	
All Average per Pay Range						
Less than $60,000	19.9	180	21.8	65	19.9	98
$60,000 – $74,999	67.3	28	68.2	5	68.1	10
$75,000 – $99,999	86.7	35	88.8	17	85.7	34
$100,000 – $124,999	111.7	33	118.2	12	111.9	31
$125,000 – $149,999	138.5	36	139.0	15	138.6	34
$150,000 – $174,999	163.1	30	164.4	26	159.4	15
$175,000 – $199,999	189.7	39	185.3	20	190.5	21
$200,000 – $249,999	220.3	57	219.4	29	228.3	47
$250,000 – $299,999	270.9	59	271.8	20	272.1	38
$300,000 – $349,999	325.6	53	324.2	18	325.3	33
Over $350,000	494.6	146	530.1	54	466.6	31
Practising Physicians[3]	**211.9**	**696**	**217.1**	**281**	**169.3**	**392**

[1] Represents gross payments by the Medical Services Plan from which physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payments should not be taken to represent total professional income since physicians may receive payments from other sources (e.g., from other public or private agencies, from patients requesting services not covered by MSP). Includes payments for the family physician emergency coverage programs but excludes payments for the specialist emergency coverage program.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] Physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[4] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Table 24 (Continued)

Average Payment[1] ($000s) Per Practising Physician[3] by Specialty and Range

Active Physicians Only	Type of Physician[4]					
	Pediatrics and Medical Genetics		Internal Medicine and Physical Medicine		Cardiology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**224.4**	**77**	**392.4**	**222**	**908.0**	**34**
Highest Paid	1,519.9		1,975.3		2,211.1	
All Average per Pay Range						
Less than $60,000	22.5	34	21.5	42	5.6	4
$60,000 – $74,999	65.8	9	69.6	4	–	–
$75,000 – $99,999	87.8	5	89.5	19	–	–
$100,000 – $124,999	112.6	10	112.5	19	116.5	1
$125,000 – $149,999	137.6	10	136.9	18	–	–
$150,000 – $174,999	162.6	13	165.0	9	–	–
$175,000 – $199,999	186.3	3	186.1	11	–	–
$200,000 – $249,999	221.4	12	219.4	16	204.1	2
$250,000 – $299,999	276.7	2	275.6	25	–	–
$300,000 – $349,999	325.8	3	321.3	13	306.2	1
Over $350,000	688.2	10	709.3	88	1,001.0	30
Practising Physicians[3]	**162.5**	**111**	**333.4**	**264**	**813.0**	**38**

Active Physicians Only	Neurology		Psychiatry		Dermatology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**391.8**	**30**	**398.9**	**81**	**346.1**	**11**
Highest Paid	1,307.2		1,579.3		832.2	
All Average per Pay Range						
Less than $60,000	20.6	2	24.6	15	–	–
$60,000 – $74,999	–	–	69.5	1	–	–
$75,000 – $99,999	–	–	90.4	5	–	–
$100,000 – $124,999	121.6	1	110.0	4	118.1	1
$125,000 – $149,999	143.3	1	131.7	3	131.3	1
$150,000 – $174,999	160.4	2	159.7	4	169.5	3
$175,000 – $199,999	197.0	1	184.2	6	–	–
$200,000 – $249,999	229.1	6	226.3	11	233.7	1
$250,000 – $299,999	270.2	4	273.7	7	291.8	1
$300,000 – $349,999	309.9	4	320.3	8	–	–
Over $350,000	661.6	11	695.0	32	630.9	4
Practising Physicians[3]	**368.6**	**32**	**340.4**	**96**	**346.1**	**11**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.
3) Physician earnings exclude program payments, including the Transitional Payment Model (TPM).

Table 24 (Continued)

Average Payment[1] ($000s) Per Practising Physician[3] by Specialty and Range

Active Physicians Only	Type of Physician[4]					
	Anesthesia		General Surgery		Cardiac Surgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**421.7**	**112**	**406.4**	**91**	**372.2**	**11**
Highest Paid	1,086.1		1,670.8		975.7	
All Average per Pay Range						
Less than $60,000	13.6	21	32.5	12	38.5	1
$60,000 – $74,999	71.0	1	62.4	1	67.1	1
$75,000 – $99,999	–	–	89.2	5	88.9	1
$100,000 – $124,999	102.6	2	120.4	2	124.6	1
$125,000 – $149,999	136.8	6	140.5	8	128.1	1
$150,000 – $174,999	172.8	1	164.2	4	153.3	1
$175,000 – $199,999	186.2	5	183.8	4	–	–
$200,000 – $249,999	227.8	3	230.4	8	216.8	1
$250,000 – $299,999	285.1	11	289.1	6	289.5	2
$300,000 – $349,999	326.3	13	327.1	13	–	–
Over $350,000	528.2	70	647.2	40	912.1	3
Practising Physicians[3]	**357.3**	**133**	**362.8**	**103**	**344.4**	**12**

Active Physicians Only	Orthopedic Surgery		Plastic Surgery		Neurosurgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**597.9**	**55**	**616.4**	**14**	**619.2**	**15**
Highest Paid	2,042.4		1,320.5		1,683.8	
All Average per Pay Range						
Less than $60,000	27.0	5	17.3	3	2.9	2
$60,000 – $74,999	72.1	1	–	–	–	–
$75,000 – $99,999	86.1	2	–	–	96.4	1
$100,000 – $124,999	111.8	2	–	–	–	–
$125,000 – $149,999	132.1	3	148.6	1	–	–
$150,000 – $174,999	162.4	1	–	–	157.4	1
$175,000 – $199,999	–	–	–	–	–	–
$200,000 – $249,999	226.4	3	233.6	1	243.6	1
$250,000 – $299,999	272.1	2	–	–	263.2	1
$300,000 – $349,999	321.8	3	–	–	–	–
Over $350,000	780.8	38	687.3	12	775.3	11
Practising Physicians[3]	**550.3**	**60**	**510.7**	**17**	**546.7**	**17**

[1] Represents gross payments by the Medical Services Plan from which physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payments should not be taken to represent total professional income since physicians may receive payments from other sources (e.g., from other public or private agencies, from patients requesting services not covered by MSP). Includes payments for the family physician emergency coverage programs but excludes payments for the specialist emergency coverage program.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] Physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[4] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

Table 24 (Continued)

Average Payment[1] ($000s) Per Practising Physician[3] by Specialty and Range

Active Physicians Only	Type of Physician[4]					
	Obstetrics and Gynecology		Urological Surgery		Ophthalmology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**384.5**	**73**	**532.2**	**19**	**1,516.0**	**34**
Highest Paid	1,773.4		913.3		4,142.6	
All Average per Pay Range						
Less than $60,000	21.6	10	0.1	2	0.1	4
$60,000 – $74,999	72.0	1	–	–	–	–
$75,000 – $99,999	87.6	3	–	–	–	–
$100,000 – $124,999	115.0	2	–	–	–	–
$125,000 – $149,999	147.0	1	–	–	–	–
$150,000 – $174,999	166.3	4	–	–	–	–
$175,000 – $199,999	186.0	5	–	–	–	–
$200,000 – $249,999	224.0	9	221.6	1	224.8	2
$250,000 – $299,999	267.4	8	287.5	4	268.7	1
$300,000 – $349,999	328.3	4	326.4	2	–	–
Over $350,000	563.7	36	673.9	12	1,640.0	31
Practising Physicians[3]	**340.8**	**83**	**481.5**	**21**	**1,356.0**	**38**

Active Physicians Only	Otolaryngology		Pathology and Diagnostic Radiology	
	Average Payment	Number	Average Payment	Number
Active Physicians[2]	**647.0**	**18**	**539.4**	**116**
Highest Paid	1,530.2		2,031.6	
All Average per Pay Range				
Less than $60,000	0.1	2	12.1	85
$60,000 – $74,999	68.1	1	65.9	11
$75,000 – $99,999	87.3	1	82.1	5
$100,000 – $124,999	–	–	112.7	7
$125,000 – $149,999	–	–	132.5	5
$150,000 – $174,999	–	–	164.9	3
$175,000 – $199,999	–	–	196.0	4
$200,000 – $249,999	–	–	231.4	4
$250,000 – $299,999	256.2	1	271.2	2
$300,000 – $349,999	319.7	3	333.5	4
Over $350,000	856.3	12	787.4	71
Practising Physicians[3]	**582.3**	**20**	**316.4**	**201**

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.
3) Physician earnings exclude program payments, including the Transitional Payment Model (TPM).

Table 25

Average Payment[1] ($000s) Per Physician by Specialty, 2022-23 to 2024-25

Type of Physician[2]	Average Payment ($000s) 2022-23	2023-24	2024-25	Average Annual Per Cent Change 2022-23 to 2024-25
General Practice				
Metro Association	253.3	257.0	276.2	4.42
Metro Solo	249.8	265.4	293.1	8.32
Urban Association	231.7	236.4	265.0	6.94
Urban Solo	293.3	268.0	332.4	6.46
Rural Association	201.2	194.6	211.6	2.55
Rural Solo	374.6	343.5	360.6	-1.89
All General Practice	**239.0**	**238.9**	**261.1**	**4.52**
Specialties				
Pediatrics and Medical Genetics	214.7	209.2	224.4	2.23
Internal Medicine and Physical Medicine	345.7	340.6	392.4	6.54
Neurology	330.6	320.7	391.8	8.86
Cardiology	855.6	850.6	908.0	3.02
Psychiatry	356.0	349.5	398.9	5.85
Dermatology	390.3	371.4	346.1	-5.83
Anesthesia	372.9	370.5	421.7	6.34
General Surgery	363.1	376.8	406.4	5.79
Cardiac Surgery	469.7	439.7	372.2	-10.98
Orthopedic Surgery	534.9	581.2	597.9	5.73
Plastic Surgery	591.9	558.5	616.4	2.05
Neurosurgery	650.9	643.9	619.2	-2.47
Obstetrics and Gynecology	314.1	326.0	384.5	10.64
Urological Surgery	508.1	487.4	532.2	2.34
Ophthalmology	1,404.0	1,535.0	1,516.0	3.91
Otolaryngology	568.4	595.4	647.0	6.69
Pathology and Diagnostic Radiology	513.9	516.8	539.4	2.45
All Specialties	**438.2**	**441.6**	**479.9**	**4.65**
Spec. less Pathology & Radiology	429.4	432.8	472.2	4.86
All Physicians	**336.4**	**337.7**	**369.8**	**4.85**
Phys. less Pathology & Radiology	316.9	318.0	348.2	4.83

[1] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, (e.g., from other public or private agencies, from patients requesting services not covered by MSP). Includes payments for the family physician emergency coverage programs but excludes payments for the specialist coverage program.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Laboratory services provided by Pathologists are the responsibility of the Saskatchewan Health Authority. As a result, Pathologists' fee-for-service payments are minimal.
3) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 26

Physician Payments ($000s) by Specialty Group

	General Practice		Medical Specialties[1]		Surgical Specialties[1]		Technical Specialties[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:								
Regina	186	303.2	136	587.1	96	730.5	88	437.4
Saskatoon[3]	314	263.4	278	325.3	171	557.6	126	505.7
Moose Jaw	39	294.7	8	531.1	11	619.3	1	**
Prince Albert	63	285.1	13	214.9	25	439.2	5	568.8
Yorkton	16	288.2	6	340.3	5	493.4	1	**
Swift Current	23	270.9	5	216.6	7	247.5	–	–
North Battleford	20	332.7	4	**	7	554.0	1	**
Estevan	16	284.4	–	–	–	–	1	**
Weyburn	15	231.8	–	–	1	**	–	–
All Other Locations	334	221.0	5	185.6	7	192.7	5	261.3
B. By Activity Threshold:								
1. Total Active Physicians[2]	1,026	261.1	455	402.5	330	585.6	228	481.6
2. Total Licensed Physicians[4]	1,553	–	702	–	393	–	494	–
3. Resident and Active in Two Consecutive Years[2]	903	272.9	404	435.7	287	632.7	191	529.3
4. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	800	296.8	374	460.5	278	653.6	174	554.8
C. By Age Group:								
Under 35	127	211.0	49	325.8	28	533.5	23	326.2
35 – 44	251	233.9	138	337.2	109	570.5	66	486.8
45 – 54	309	261.6	139	428	78	660.6	86	505.2
55 – 64	230	297.7	85	472	80	601.1	33	465.1
65+	109	307.4	44	477.5	35	471.7	20	568.8

[1] Physicians are grouped as follows:
- Medical Specialties include Pediatrics, Internal Medicine, Neurology, Cardiology, Psychiatry, Dermatology, Physical Medicine and Medical Genetics.
- Surgical Specialties include General Surgery, Cardiac Surgery, Orthopedic Surgery, Plastic Surgery, Neurosurgery, Obstetrics and Gynecology, Urological Surgery, Ophthalmology and Otolaryngology.
- Technical Specialties include Anesthesia, Pathology and Diagnostic Radiology.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the Specialist Emergency Coverage Program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Licensed physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

** Not shown, to preserve confidentiality.

Note:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.
3) Physician earnings exclude program payments, including the Transitional Payment Model (TPM).

Table 27

Payments[1] ($) for Specialist and Family Physician Emergency Coverage Programs

		Specialist Emergency Coverage				Family Physician Emergency Coverage[3]	Total Payments for Emergency Coverage
		Number of Rotations					
		Tier I	Tier II	Tier III	Payments[2]		
Health Reporting Zone							
1	Athabasca Health Authority	–	–	–	–	142,577	142,577
2	Far North East	–	–	–	–	175,146	175,146
3	Far North West	–	–	–	–	387,699	387,699
4	North Central	9	3	1	1,888,356	487,465	2,375,821
5	North East	–	5	–	325,467	542,776	868,242
6	North West	12	8	–	2,850,758	729,984	3,580,741
7	Central East	7	1	–	1,305,485	1,418,244	2,723,729
8	Central West	–	–	–	6,181	927,640	933,821
9	Saskatoon	46	36	–	13,491,185	174,552	13,665,736
10	Regina	34	17	–	8,357,171	194,472	8,551,643
11	South Central	8	2	–	1,488,136	598,079	2,086,215
12	South East	2	2	–	349,496	947,793	1,297,289
13	South West	7	1	–	1,236,393	392,657	1,629,051
All Health Reporting Zones		**125**	**75**	**1**	**31,298,627**	**7,119,083**	**38,417,710**
Other Emergency Coverage							
	Medical Health Officers	–	3	–	450,000	–	450,000
	Saskatchewan Cancer Agency	2	5	–	1,400,000	–	1,400,000
All Emergency Coverage		**127**	**83**	**1**	**33,148,627**	**7,119,083**	**40,267,710**

[1] Includes payments made indirectly to physicians through the Saskatchewan Health Authority (SHA) or the Saskatchewan Cancer Agency.
[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.
[3] Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes:

Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Tier III Coverage: either continuous or non-continuous. Physician must respond by phone within 30 minutes. On-site attendance is determined by the speciality and clinical judgement of the responding physician. The first Tier III rotation was approved effective December 1, 2024.

Table 28

Non-Fee-For-Service Payments ($000s)

		Non-Fee-For-Service Total Payments	
		2023-24	2024-25
Health Reporting Zone[1]			
1	Athabasca Health Authority	–	–
2	Far North East	229	256
3	Far North West	–	–
4	North Central	28,475	34,209
5	North East	2,150	6,060
6	North West	16,527	22,469
7	Central East	13,060	17,194
8	Central West	1,068	2,384
9	Saskatoon	182,362	219,215
10	Regina	107,036	126,101
11	South Central	17,170	19,408
12	South East	4,666	11,840
13	South West	11,726	13,370
All Health Reporting Zones		**384,468**	**472,506**
Provincial Projects[2]		10,443	4,528
All Expenditures		**394,911**	**477,034**

[1] These expenditures for physician services are administered through the Saskatchewan Health Authority (SHA).
[2] Payments in 2023-24 include non-fee-for-service clinical arrangements not provided through SHA, and the Rural Emergency Room Stabilization pilot funding. Rural Emergency Room Stabilization has been reallocated to base in the applicable geographical zones in 2024-25.

Note:

1) Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Care Branch effective April 1, 2004.

Table 29

Insured Population by Age and Sex by Health Reporting Zone

		Health Reporting Zone of Patient Residence														
		1	2	3	4	5	6	7	8	9	10	11	12	13		
Age Groups	Sex	Athabasca Health Authority	Far North East	Far North West	North Central	North East	North West	Central East	Central West	Saskatoon	Regina	South Central	South East	South West	Unassigned[1]	Total
Under 1	M	18	236	77	515	211	630	460	200	1,782	1,365	287	414	217	3	**6,415**
	F	18	215	93	460	217	555	429	182	1,860	1,338	254	401	172	4	**6,198**
	T	36	451	170	975	428	1,185	889	382	3,642	2,703	541	815	389	7	**12,613**
1 – 4	M	97	1,010	403	2,237	1,054	2,495	2,050	945	8,544	6,438	1,259	2,001	840	25	**29,398**
	F	94	985	390	2,286	940	2,488	1,973	871	7,927	6,209	1,191	1,860	772	26	**28,012**
	T	191	1,995	793	4,523	1,994	4,983	4,023	1,816	16,471	12,647	2,450	3,861	1,612	51	**57,410**
5 – 9	M	136	1,135	509	3,222	1,355	3,787	2,970	1,287	12,584	9,513	1,829	2,888	1,177	33	**42,425**
	F	107	1,108	574	2,996	1,362	3,548	2,843	1,189	11,935	9,300	1,719	2,833	1,123	33	**40,670**
	T	243	2,243	1,083	6,218	2,717	7,335	5,813	2,476	24,519	18,813	3,548	5,721	2,300	66	**83,095**
10 – 14	M	116	1,199	583	3,382	1,444	3,790	3,176	1,251	12,650	9,765	2,129	3,013	1,224	28	**43,750**
	F	138	1,145	525	3,297	1,409	3,759	3,065	1,200	11,892	9,301	1,890	2,947	1,152	26	**41,746**
	T	254	2,344	1,108	6,679	2,853	7,549	6,241	2,451	24,542	19,066	4,019	5,960	2,376	54	**85,496**
15 – 19	M	153	1,184	538	3,369	1,409	3,712	3,189	1,185	11,140	9,194	1,965	2,891	1,122	15	**41,066**
	F	137	1,078	506	3,154	1,325	3,633	2,922	1,171	10,746	8,586	1,841	2,908	1,105	21	**39,133**
	T	290	2,262	1,044	6,523	2,734	7,345	6,111	2,356	21,886	17,780	3,806	5,799	2,227	36	**80,199**
20 – 24	M	123	960	461	3,122	1,311	3,308	2,857	1,091	11,460	10,254	1,759	2,547	1,184	46	**40,483**
	F	118	967	441	3,009	1,221	3,295	2,602	1,021	11,233	8,851	1,677	2,445	1,075	83	**38,038**
	T	241	1,927	902	6,131	2,532	6,603	5,459	2,112	22,693	19,105	3,436	4,992	2,259	129	**78,521**
25 – 29	M	106	931	471	2,934	1,286	3,337	2,917	1,159	12,388	10,265	1,904	2,579	1,185	43	**41,505**
	F	101	913	448	2,760	1,209	3,150	2,702	1,090	12,487	9,386	1,708	2,469	1,229	64	**39,716**
	T	207	1,844	919	5,694	2,495	6,487	5,619	2,249	24,875	19,651	3,612	5,048	2,414	107	**81,221**
30 – 34	M	89	982	514	3,168	1,295	3,538	3,119	1,238	14,243	11,390	2,102	2,893	1,316	56	**45,943**
	F	91	951	529	3,069	1,245	3,343	2,866	1,171	14,538	11,238	1,983	2,789	1,301	53	**45,167**
	T	180	1,933	1,043	6,237	2,540	6,881	5,985	2,409	28,781	22,628	4,085	5,682	2,617	109	**91,110**
35 – 39	M	111	834	448	2,950	1,301	3,529	3,038	1,308	15,774	12,698	2,168	3,087	1,245	53	**48,544**
	F	109	808	444	2,932	1,243	3,465	2,946	1,270	15,967	12,304	2,096	2,935	1,289	54	**47,862**
	T	220	1,642	892	5,882	2,544	6,994	5,984	2,578	31,741	25,002	4,264	6,022	2,534	107	**96,406**
40 – 44	M	93	683	320	2,778	1,209	3,473	3,161	1,217	14,551	12,191	2,123	3,006	1,249	27	**46,081**
	F	107	651	316	2,800	1,175	3,440	3,015	1,137	14,254	11,323	2,119	2,927	1,232	23	**44,519**
	T	200	1,334	636	5,578	2,384	6,913	6,176	2,354	28,805	23,514	4,242	5,933	2,481	50	**90,600**
45 – 49	M	86	652	311	2,438	1,242	2,976	2,937	1,106	12,308	10,249	1,826	2,836	1,142	27	**40,136**
	F	71	629	310	2,426	1,186	2,806	2,802	1,070	11,690	9,434	1,840	2,559	1,121	14	**37,958**
	T	157	1,281	621	4,864	2,428	5,782	5,739	2,176	23,998	19,683	3,666	5,395	2,263	41	**78,094**
50 – 54	M	73	594	327	2,309	1,166	2,681	2,795	1,029	10,270	8,221	1,684	2,528	1,038	10	**34,725**
	F	70	611	348	2,426	1,077	2,585	2,694	977	9,990	7,813	1,643	2,373	1,098	13	**33,718**
	T	143	1,205	675	4,735	2,243	5,266	5,489	2,006	20,260	16,034	3,327	4,901	2,136	23	**68,443**
55 – 59	M	72	572	364	2,440	1,224	2,728	3,041	1,079	9,549	7,739	1,668	2,584	1,079	13	**34,152**
	F	70	543	346	2,366	1,235	2,648	2,943	1,029	9,225	7,606	1,737	2,508	1,124	15	**33,395**
	T	142	1,115	710	4,806	2,459	5,376	5,984	2,108	18,774	15,345	3,405	5,092	2,203	28	**67,547**
60 – 64	M	50	545	307	2,649	1,439	3,020	3,602	1,339	10,014	8,227	2,270	3,120	1,514	19	**38,115**
	F	59	511	285	2,884	1,411	3,046	3,569	1,357	10,380	8,484	2,234	2,992	1,504	16	**38,732**
	T	109	1,056	592	5,533	2,850	6,066	7,171	2,696	20,394	16,711	4,504	6,112	3,018	35	**76,847**
65 – 69	M	32	435	227	2,528	1,403	2,804	3,603	1,481	8,903	7,294	2,229	2,860	1,392	19	**35,210**
	F	31	445	192	2,505	1,346	2,782	3,391	1,341	9,562	7,661	2,238	2,881	1,395	20	**35,790**
	T	63	880	419	5,033	2,749	5,586	6,994	2,822	18,465	14,955	4,467	5,741	2,787	39	**71,000**
70 – 74	M	23	292	157	2,002	1,219	2,162	3,017	1,138	6,585	5,419	1,750	2,352	1,071	18	**27,205**
	F	23	233	153	1,978	1,169	2,071	2,857	1,019	7,310	5,991	1,760	2,229	1,069	15	**27,877**
	T	46	525	310	3,980	2,388	4,233	5,874	2,157	13,895	11,410	3,510	4,581	2,140	33	**55,082**
75 & 0ver	M	22	353	177	2,905	1,933	2,997	4,641	1,598	9,724	7,938	2,604	3,434	1,720	26	**40,072**
	F	24	366	175	3,624	2,264	3,571	5,757	1,892	13,534	11,058	3,263	4,138	2,098	22	**51,786**
	T	46	719	352	6,529	4,197	6,568	10,398	3,490	23,258	18,996	5,867	7,572	3,818	48	**91,858**
Total all ages	**M**	**1,400**	**12,597**	**6,194**	**44,948**	**21,501**	**50,967**	**50,573**	**19,651**	**182,469**	**148,161**	**31,556**	**45,033**	**19,715**	**461**	**635,226**
	F	**1,368**	**12,159**	**6,075**	**44,972**	**21,034**	**50,185**	**49,376**	**18,987**	**184,530**	**145,883**	**31,193**	**44,194**	**19,859**	**502**	**630,317**
	T	**2,768**	**24,756**	**12,269**	**89,920**	**42,535**	**101,152**	**99,949**	**38,638**	**366,999**	**294,044**	**62,749**	**89,227**	**39,574**	**963**	**1,265,543**

[1] There are 963 beneficiaries with no residence assigned. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

Notes:

1) Population as at June 30, 2024.
2) Band members are placed in health reporting zones as indicated by their mailing address.
3) 'Total all ages' includes one beneficiary with an unknown age.

Table 30

Per Cent of General Practitioner Payments by Health Reporting Zone of Patient Residence by Physician Health Reporting Zone

	Health Zone of Patient Residence	Health Reporting Zone of Physician Practice															
		1 Athabasca Health Authority	2 Far North East	3 Far North West	4 North Central	5 North East	6 North West	7 Central East	8 Central West	9 Saskatoon	10 Regina	11 South Central	12 South East	13 South West	Unassigned[1]	Out of Province	Total
1	Athabasca Health Authority	51.7	0.8	0.2	27.0	0.4	0.3	0.0	0.0	17.1	0.8	0.2	–	–	–	1.4	100.0
2	Far North East	0.1	48.3	0.1	31.3	0.7	0.6	0.8	0.1	10.9	0.4	0.1	0.1	0.0	–	6.4	100.0
3	Far North West	0.0	15.5	45.7	6.2	0.1	16.3	0.1	0.0	10.1	0.3	0.1	0.1	0.0	–	5.3	100.0
4	North Central	0.0	0.2	0.0	82.2	1.0	0.8	0.6	0.1	12.7	0.4	0.1	0.1	0.0	–	1.8	100.0
5	North East	0.0	0.0	0.0	11.3	75.3	0.2	3.0	0.1	7.2	0.6	0.3	0.2	0.0	–	1.7	100.0
6	North West	0.0	0.0	0.0	2.0	0.1	64.8	0.1	0.6	6.1	0.3	0.1	0.2	0.1	–	25.5	100.0
7	Central East	0.0	0.0	0.0	0.4	0.7	0.1	77.9	0.2	8.0	7.2	0.7	2.5	0.1	–	2.2	100.0
8	Central West	0.0	0.0	0.0	0.4	0.1	4.0	0.5	62.5	21.5	0.8	2.5	0.3	3.2	–	4.3	100.0
9	Saskatoon	0.0	0.0	0.0	1.3	0.1	0.5	0.9	0.2	94.1	0.4	0.3	0.2	0.1	–	1.9	100.0
10	Regina	0.0	0.0	0.0	0.1	0.1	0.1	0.5	0.1	1.4	93.4	1.0	1.3	0.1	–	1.9	100.0
11	South Central	0.0	0.0	0.0	0.1	0.0	0.1	0.2	0.2	1.9	5.0	85.2	1.2	4.3	–	1.7	100.0
12	South East	–	0.0	0.0	0.1	0.1	0.1	1.7	0.1	1.6	15.9	1.2	77.4	0.1	–	1.8	100.0
13	South West	–	0.0	0.0	0.1	0.1	0.1	0.1	0.8	2.9	2.3	3.9	0.4	80.5	–	8.8	100.0
	Unassigned	0.4	1.4	1.2	8.2	4.7	5.2	7.7	2.6	33.4	18.5	5.8	7.6	3.1	–	0.2	100.0
	Out of Province	–	–	–	0.1	–	–	–	–	0.9	1.1	–	0.1	–	–	97.9	100.0
	Family Physician Emergency Coverage	0.4	0.8	1.0	8.5	3.1	6.3	8.0	3.9	30.8	20.5	6.4	6.4	3.8	–	–	100.0
	All Health Reporting Zones	**0.2**	**0.8**	**0.6**	**8.4**	**3.2**	**6.5**	**7.1**	**2.4**	**31.5**	**20.7**	**5.5**	**6.6**	**3.1**	**–**	**3.4**	**100.0**

[1] There are 963 beneficiaries who have no residence assigned. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

Notes:

1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between health reporting zones.
3) Band members are placed in health reporting zones as indicated by their mailing address.
4) Payments to physicians by health reporting zone have not been adjusted for itinerant services.
5) See "Data Limitations" in *Statistical Figures and Tables*.

Table 31

Per Capita Physician Payments and Services by Health Reporting Zone of Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)

Health Reporting Zone of Patient Residence	General Practice			Specialties			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Athabasca Health Authority	118.2	2.6	54.3	369.9	5.1	46.5	488.1	7.7	66.0
2 Far North East	114.1	2.3	51.4	279.8	3.8	35.2	393.9	6.2	61.0
3 Far North West	214.6	4.4	68.6	318.7	4.3	39.3	533.3	8.6	72.6
4 North Central	265.9	6.3	79.4	383.8	5.3	46.7	649.7	11.6	83.0
5 North East	228.5	4.7	71.4	346.4	4.3	42.9	575.0	9.0	76.6
6 North West	268.6	5.5	71.1	459.2	7.0	48.9	727.7	12.5	75.9
7 Central East	225.1	5.0	73.7	404.1	4.9	48.3	629.2	9.9	78.8
8 Central West	224.9	4.8	73.2	381.1	5.1	46.4	606.0	9.8	77.1
9 Saskatoon	220.1	5.5	77.4	425.1	5.9	51.0	645.2	11.4	81.3
10 Regina	193.6	4.6	74.7	457.7	5.6	51.5	651.3	10.2	79.6
11 South Central	245.9	5.7	75.2	389.5	4.8	48.5	635.4	10.6	79.5
12 South East	236.4	5.0	73.3	385.1	4.3	44.2	621.5	9.4	77.6
13 South West	231.4	4.9	72.6	354.4	4.5	45.7	585.8	9.4	77.2
All Health Reporting Zones	**275.0**	**5.1**	**74.1**	**416.1**	**5.5**	**48.6**	**691.1**	**10.6**	**78.5**

Notes:

1) This data is not adjusted for any demographic differences between health reporting zones.
2) Band members are placed in health reporting zones as indicated by their mailing address.
3) Excludes payments for specialist and family physician emergency coverage programs and lump sum payments to physicians.
4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 32

General Practitioners in Relation to Population, Earnings and Practice Size

	Health Reporting Zone of Physician Practice	Number of Licensed General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP ($)	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]	Insured Population[5,6]
1	Athabasca Health Authority	7	3	923	86,817	785	948	2,768
2	Far North East	31	19	1,303	89,215	1,064	1,310	24,756
3	Far North West	28	11	1,115	124,839	1,095	1,425	12,269
4	North Central	120	86	1,046	272,461	2,089	4,050	89,920
5	North East	43	37	1,150	224,641	1,297	2,767	42,535
6	North West	114	82	1,234	234,658	1,527	3,032	101,152
7	Central East	105	78	1,281	255,987	1,596	3,547	99,949
8	Central West	33	28	1,380	237,866	1,354	3,143	38,638
9	Saskatoon	471	325	1,129	264,419	1,961	3,942	366,999
10	Regina	378	191	1,539	303,432	2,103	4,854	294,044
11	South Central	80	50	1,255	305,458	1,589	4,171	62,749
12	South East	97	77	1,159	245,317	1,523	3,650	89,227
13	South West	46	39	1,015	228,851	1,569	3,273	39,574
All Health Reporting Zones		**1,553**	**1,026**	**1,233**	**261,131**	**1,800**	**3,833**	**1,264,580**

[1] General Practitioners with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

[4] A patient contact represents each time the practitioner saw (in-person or via virtual care) a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same physician, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[5] Excludes 963 beneficiaries with no residence assigned. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

[6] Population as at June 30, 2024.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the family physician emergency coverage program are included.
2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to under-reporting of shadow billings.
3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 33

Post-Graduate Medical Education and Retention Rates by Academic Year[1]

Type of Physician	2019-20		2020-21		2021-22	
	Completed Program	Remained[2] in Saskatchewan	Completed Program	Remained[2] in Saskatchewan	Completed Program	Remained[2] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina	15 [5]	8	10 [4]	6	12 [3]	6
Family Medicine – Saskatoon	15 [3]	9	8	7	13 [3]	11
Family Medicine – Rural	22	20	23 [8]	16	23 [4]	18
Family Medicine/Emergency	8	6	8	7	10	7
Family Medicine/Enhanced Skills	6	2	2 [3]	–	6	5
All Family Medicine	**66**	**45**	**51**	**36**	**64**	**47**
Anesthesia	8	4	6	4	8	3
Cardiology	1	1	2	1	1	1
Dermatology	–	–	–	–	–	–
Diagnostic Radiology	5	3	2	–	3	2
Emergency Medicine	2	1	3	3	3	3
General Surgery	7	3	2	–	6	1
Internal Medicine	5 [7]	4	6 [7]	3	6 [7]	3
Medical Oncology	–	–	–	–	–	–
Nephrology	1	1	–	–	–	–
Neurology	1	1	2	–	3	2
Neurosurgery	1	–	1	–	1	1
Obstetrics/Gynecology	5	1	6	2	8	8
Ophthalmology	1	1	1	1	1	–
Orthopedic Surgery	4	–	1	–	2	–
Pediatrics	4	4	4	–	7	1
Pathology	1	–	1	–	4	–
Physical Medicine & Rehabilitation	2	2	–	–	4	1
Public Health & Preventive Medicine	2	1	1	1	–	–
Psychiatry	7	6	6 [4]	3	7	3
Respiratory Medicine	2	1	2	–	2	1
Rheumatology	1	–	3	3	–	–
All Specialists	**60**	**34**	**49**	**21**	**66**	**30**
Total Physicians	**126**	**79**	**100**	**57**	**130**	**77**
Family Medicine		73%		84%		78%
Specialists		57%		45%		45%
All Physicians		**70%**		**63%**		**61%**

[1] Period ending June of stated year.
[2] Graduates who practised in Saskatchewan for at least six months upon completion of program.
[3] One graduate went on to a further residency program.
[4] Two graduates went on to a further residency program.
[5] Three graduates went on to a further residency program.
[6] Four graduates went on to a further residency program.
[7] Several Internal Medicine (IM) resident trainees went on to a further residency program, but are not included in the adjusted residency rate as they completed the three-year IM program prior to pursuing a subspecialty, not the full four years required to graduate from IM; four IM residents were included in the 2018-19 retention rate adjustment only, but this adjustment will not occur in future years.
[8] Five graduates went on to a further residency program.
[9] Six graduates went on to a further residency program.

Table 33 (Continued)

Post-Graduate Medical Education and Retention Rates by Academic Year[1]

Type of Physician	2022-23 Completed Program	2022-23 Remained[2] in Saskatchewan	2023-24 Completed Program	2023-24 Remained[2] in Saskatchewan	Residency Positions in 2024-25	Retention Rate[7] of June 2024 Graduates
Funded by the Clinical Services Fund						
Family Medicine – Regina	12	9	14 [5]	7	30	64%
Family Medicine – Saskatoon	12 [3]	10	12	12	32	100%
Family Medicine – Rural	16 [5]	10	35 [9]	25	60	86%
Family Medicine/Emergency	13	5	9	4	14	44%
Family Medicine/Enhanced Skills	2	–	5	3	8	60%
All Family Medicine	**55**	**34**	**75**	**51**	**144**	**77%**
Anesthesia	5	2	6	3	37	50%
Cardiology	2	2	2	1	7	50%
Dermatology	–	–	–	–	1	–
Diagnostic Radiology	4	2	5	5	19	100%
Emergency Medicine	5	3	1	1	19	100%
General Surgery	5	2	3	–	29	0%
Internal Medicine	14 [7]	1	8	6	84	75%
Medical Oncology	–	–	–	–	1	–
Nephrology	–	–	2	2	2	100%
Neurology	4	2	2	–	10	0%
Neurosurgery	–	–	1	1	7	100%
Obstetrics/Gynecology	3	–	11	9	32	82%
Ophthalmology	1	–	1	–	6	0%
Orthopedic Surgery	2	1	3	–	11	0%
Pediatrics	8	2	5	2	32	40%
Pathology	2	–	2	–	12	0%
Physical Medicine & Rehabilitation	2	2	2	–	11	0%
Public Health & Preventive Medicine	–	–	–	–	7	0%
Psychiatry	8	3	5 [4]	1	43	33%
Respiratory Medicine	2	1	2	–	4	0%
Rheumatology	1	1	2	–	3	0%
All Specialists	**68**	**24**	**63**	**31**	**377**	**51%**
Total Physicians	**123**	**58**	**138**	**82**	**521**	**65%**
Family Medicine		67%		77%		
Specialists		35%		51%		
All Physicians		**49%**		**65%**		

Note: All current recruitment and retention initiatives are outlined in the Appendix.

Table 34

Optometrists: Selected Indicators

		2023-24	2024-25
Number of Registered[1] Practitioners		192	193
Population Per Registered[1] Practitioner		6,571	6,557
Per Cent of Beneficiaries Treated (%)		15.2	15.9
Practising[2] Optometrists:			
Number of Practitioners		185	183
Number by Age Group:	Under 35	38	38
	35 – 44	71	71
	45 – 54	40	42
	55 – 64	26	25
	65 and over	10	7
Average Number of Patients Per Practising Optometrist		1,035	1,102
Average Patient Contacts Per Practising Optometrist		1,166	1,237
Average Payment ($) Per Practising Optometrist		83,706	89,482
Number by Dollar Range:	Less than $10,000	8	9
	$10,000 – 19,999	6	3
	$20,000 – 39,999	16	14
	$40,000 – 59,999	30	21
	$60,000 – 79,999	21	26
	$80,000 – 99,999	45	34
	$100,000 – 119,999	21	30
	$120,000 – 139,999	25	29
	$140,000 – 159,999	5	6
	$160,000 – 179,999	4	5
	$180,000 & over	4	6

[1] Optometrists registered in Saskatchewan at the end of the year with their own MSP billing number.
[2] Optometrists with billings submitted under their own MSP billing number during the year and practising in Saskatchewan at the end of the year.

Note:

1) Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.

Appendix

Significant Initiatives and Programs

- **Physician Recruitment and Retention Initiatives:** Programs developed to increase the number of physicians within Saskatchewan communities and in needed specialty areas, such as the Saskatchewan International Physician Practice Assessment Program (SIPPA) and the Rural Physician Incentive Program (RPIP). Several of these programs are administered by the Saskatchewan Health Authority (SHA).
- **Specialist Recruitment and Retention Program:** Jointly managed by the Saskatchewan Medical Association (SMA) and the Ministry of Health along with representation from the SHA that identifies, develops and administers programs to support the recruitment and retention of specialist physicians. Details on individual programs are available on the SMA Website: www.sma.sk.ca.
- **Specialist Emergency Coverage Program:** Jointly managed by the SMA, SHA and the Ministry of Health in a tripartite committee, the primary objective of the program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- **Committee on Rural and Regional Practice:** Jointly managed by the SMA and the Ministry of Health along with representation from the SHA that identifies, develops and administers programs to support the recruitment and retention of physicians in rural and regional practices. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- **Emergency Room Coverage:** This fund is directed to compensating family physicians (through the Payment Schedule) for providing emergency room coverage in rural areas (see Table 27).
- **Support Services:** The Ministry of Health funds a variety of other programs administered by the SMA, including a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long Term Retention Program and a Parental Leave Program.
- **Other Initiatives:** 1) *Family Physician Comprehensive Care and Metro On-Call Program* – Recognizes and compensates family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) *General Practitioner Specialist Program* – Provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) *Quality and Access* – Encourages physicians to participate in the development and adoption of new ways of practising to improve the quality of services and beneficiary access to services; 4) *Chronic Disease Management – Quality Improvement Program* – Compensates physicians for providing care consistent with the most current best practise for chronic disease management; 5) *Rural Locum Program* – The Ministry of Health provides funding to the SHA to support locum arrangements to assist with emergency and primary health medical services in rural areas; and, 6) *Electronic Medical Record Program* – Supports the adoption of Electronic Medical Records in physicians' clinics; and, 7) *Transitional Payment Model (TPM)* – Provides additional funding to support the delivery of longitudinal community-based family medicine by promoting longitudinal care within family medicine, acknowledging patient complexity and the additional time required to provide care.

Agreements with Professional Associations

- The physician agreement reached in early 2024 between the Ministry of Health and the Saskatchewan Medical Association covers four years, April 1, 2022 to March 31, 2026. The agreement focuses on Physician Compensation and Physician Benefit Programs and Service Incentives. Over four years, physicians were provided with one-time payments in lieu of retroactive payments (8.5%), along with an additional 4% fee increase, resulting in total fee increases of 12.5% over the agreement. The agreement also includes $50M to establish a primary care payment model for family physicians that unifies existing volume-based pay with a new capitation payment, allowing more time to deal with complex patient issues and focus on preventive care. The agreement also includes $10M to establish an innovation fund to increase the amount of team-based care in primary health care settings. A new rural and Northern practice recognition premium was introduced to recognize the unique nature and critical importance of rural medicine, along with permanent virtual care codes to increase efficient access to health services for patients and reduce unnecessary travel for appropriate services.
- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covered the period April 1, 2016 to March 31, 2022. It provided increases of 1% in 2019-20, 2% in 2020-21, and 2% in 2021-22. In addition, it provided for expansion of services for high risk medication and JIA consultations, cycloplegic retinoscopy for children, post-cataract care, and a virtual care service, all effective February 1, 2022. Program funding for the Children's Vision Initiative and Continuing Medical Education continued.
- The dental agreement between the College of Dental Surgeons and the Ministry of Health covers April 1, 2011 to March 31, 2020. It provides a zero per cent general fee increase in the first eight years and a 2.0% general fee increase for 2019-20. Effective April 1, 2019, it includes the addition of coverage for nasoalveolar molding devices, addition of oral surgery consultations when referred by a medical provider, expansion of coverage for dental extractions related to cancer treatments, addition of cone beam tomography codes for limited use and revision of existing radiograph codes.

Figure 1

Index of Persons Covered by the Plan, Physicians, Services Per Patient and Persons Receiving Services, 2019-20 to 2024-25

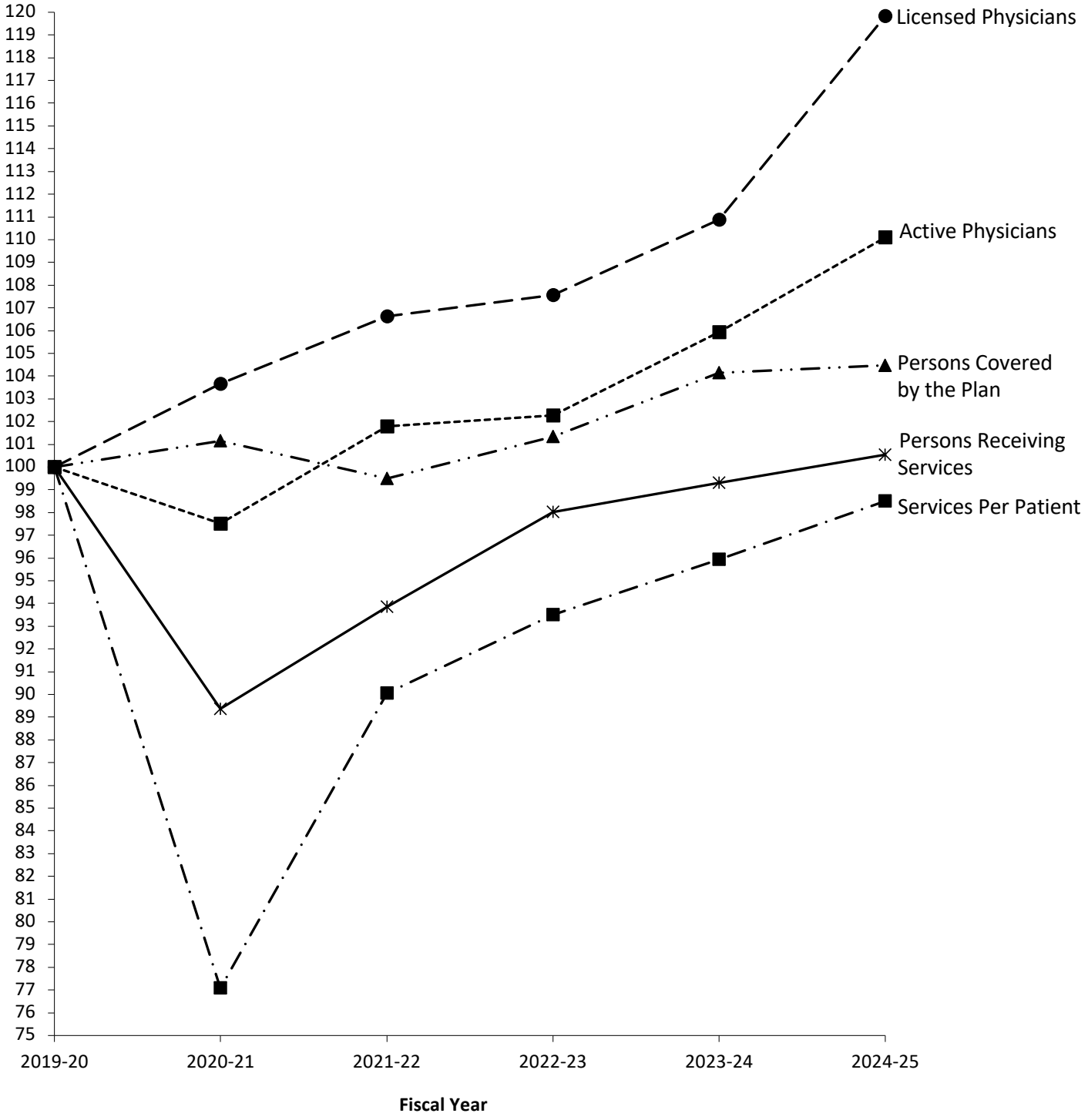
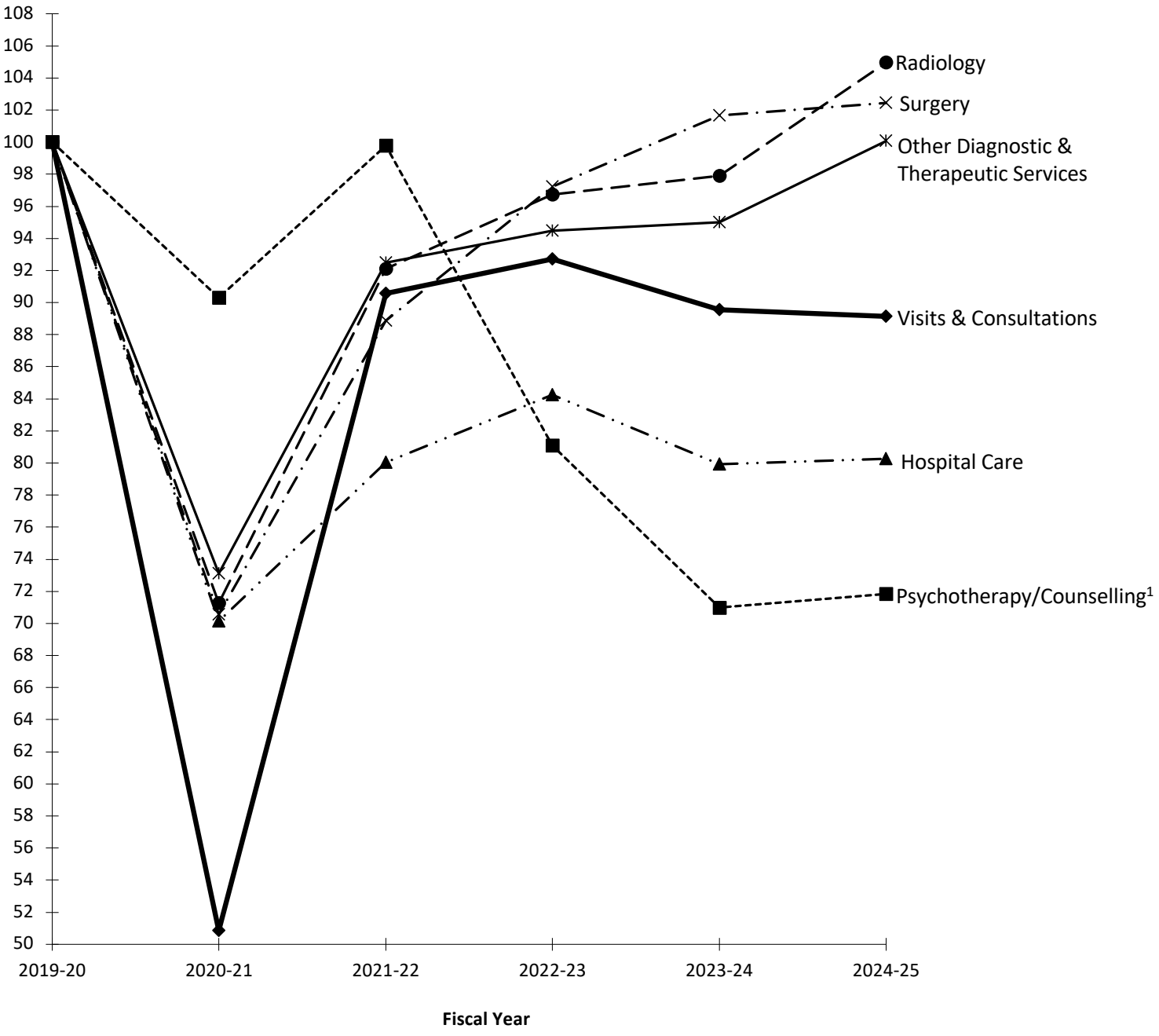


Figure 2

Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 2019-20 to 2024-25



[1] Decrease may be associated with the modernization of psychiatry service codes implemented in the payment schedule effective April 1, 2022.

Figure 3

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

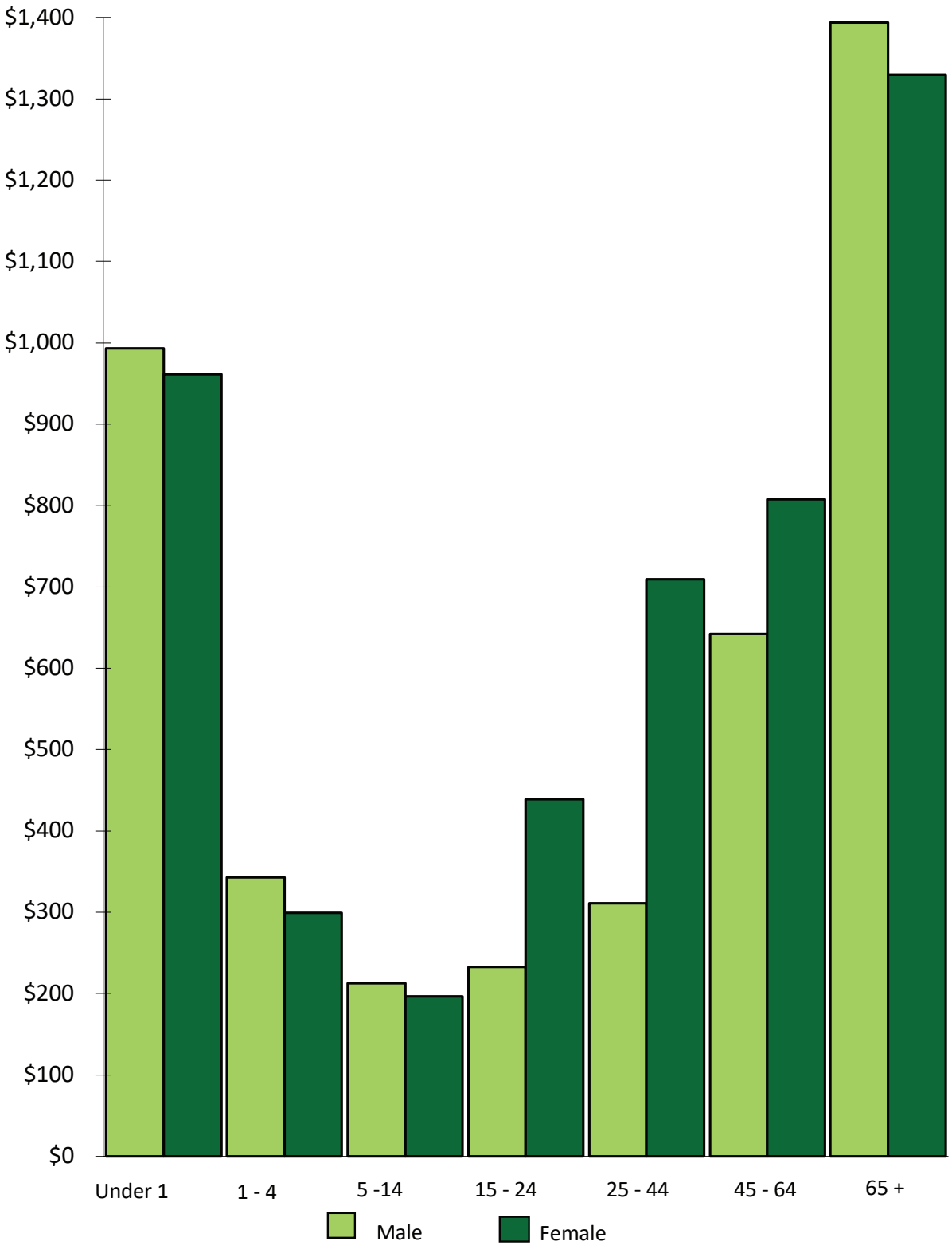


Figure 4

Map of Health Reporting Zones