

Supplemental materials for

Ansari H, Glazier RH, Schultz SE, et al. Family physicians in focused practice in Ontario, Canada: a population-level study of trends from 1993/1994 through 2021/2022. *Ann Fam Med*. 2025;23(3):181-190.

Supplemental Appendix 1: Focused practice ascertainment methodology

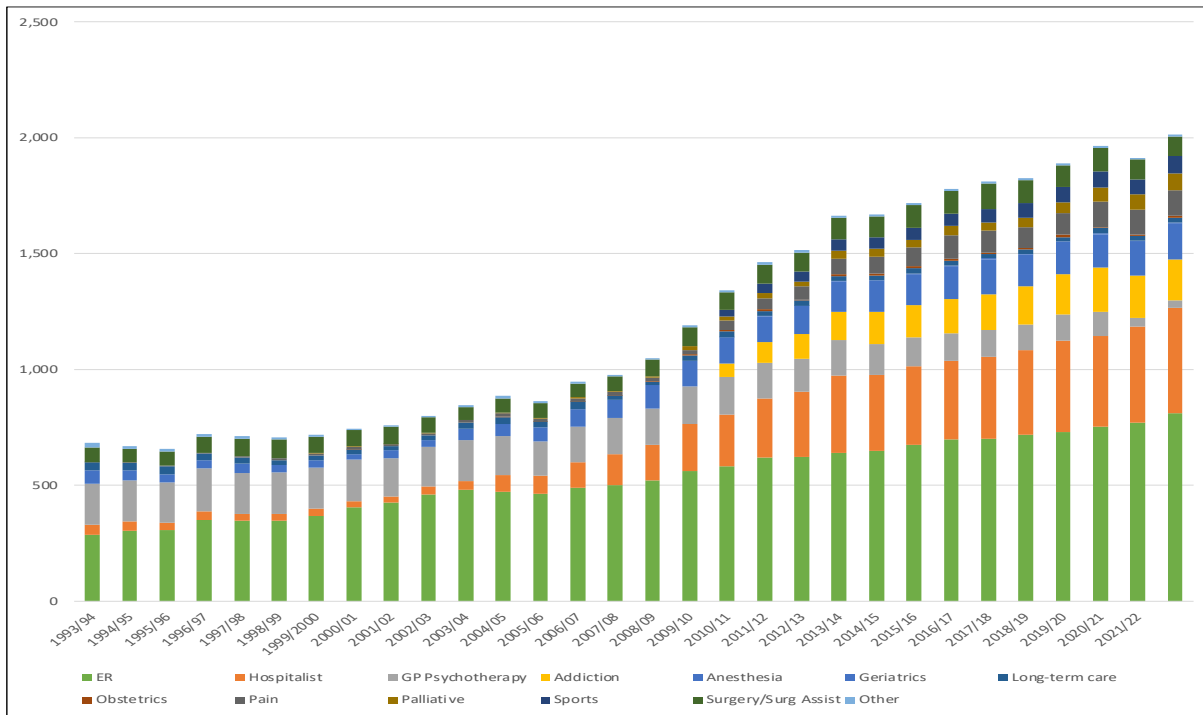
Note: A family physician was classified as focused practice if they met any one of the following criteria (A, B or C). Apart from focused practice assessment billings which started in 2009, the other two ascertainment methods apply across the study period.

Methodology and corresponding focused practice designations	Description
A) FP assessment billings <ul style="list-style-type: none"> • A917 Sport medicine FPA • A927 Allergy FPA • A937 Pain management FPA • A947 Sleep medicine FPA • A957 Addiction medicine FPA • A967 Care of the elderly FPA 	<p>Starting 2009, family physicians can apply for designation as being in one of seven areas of focused practice: the six listed here plus psychotherapy. Focused practice assessment (FPA) FPA is an assessment rendered by a GP/FP physician, unless otherwise specified, with additional training and/or experience in sport medicine, allergy, pain management, sleep medicine, addiction medicine (including methadone) or care of the elderly (age 65 or older). The assessment must satisfy, at a minimum, all of the requirements of an intermediate assessment. In the comprehensiveness algorithm, any billing of an FPA generates a flag for focused practice under the specific type associated with the billing. This is based on the assumption that physicians who are eligible to bill these fee codes have already met the eligibility criteria set out by the Ontario Ministry of Health for focused practice in these areas.</p>
B) IPDB variable-based <ul style="list-style-type: none"> • anesthesia • hospitalist • surgical assisting • obstetrics • emergency department • long-term care • psychotherapy/counselling 	<p>The ICES Physician Database includes a series of variables based on a classification of OHIP fee codes developed by the Ministry of Health in the late 1990s. The variables are either counts of patient encounters by visit locations or payment totals by type of service. Focused practice is defined as having more than 50% of visits in one location or more than 50% of payments for one type of service.</p>
C) Fee code categories <ul style="list-style-type: none"> • palliative care • psychotherapy/counselling • critical care • cardiac care • dialysis • allergy • pain management • radiology • ER • pulmonary function testing • anesthesia • sleep medicine • obstetrics 	<p>This method uses a more detailed classification system of OHIP billing fee codes that also includes procedures when determining the proportion of a physician's service or billings that are focused in one area. This allows for a broader range of potential focus areas, some of which are the same as those listed above.</p>

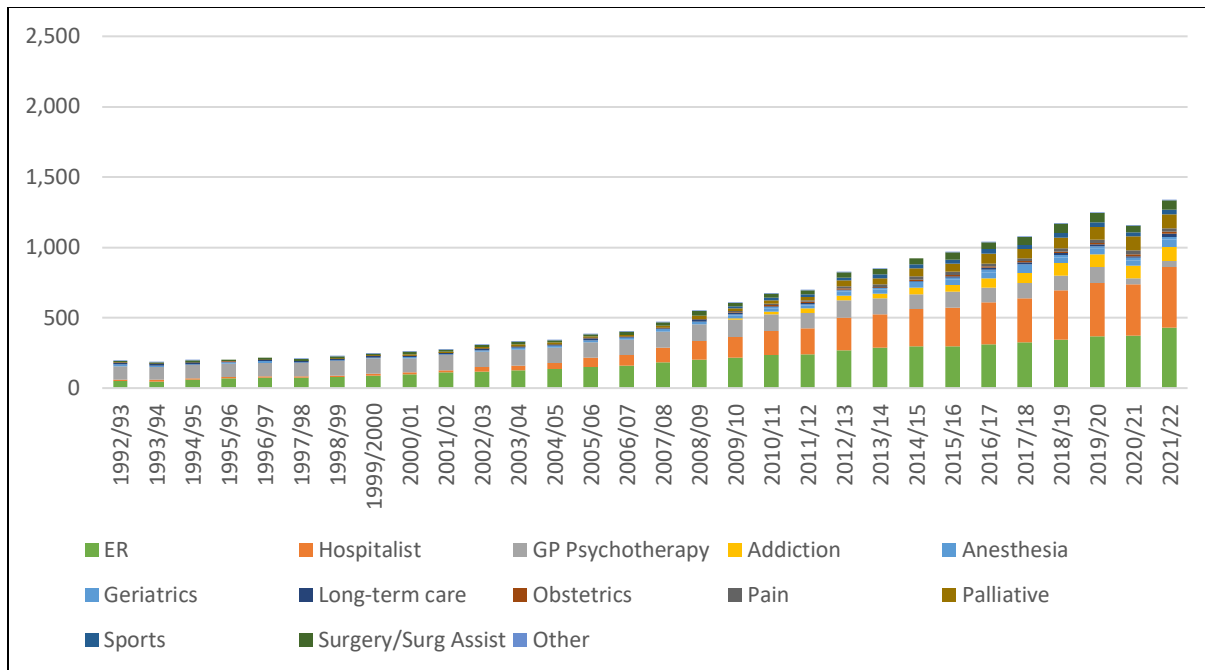
- surgery/surgical assisting

Supplemental Appendix 2:

(a) Types of focused practice among male family physicians, Ontario, 1993/94-2021/22

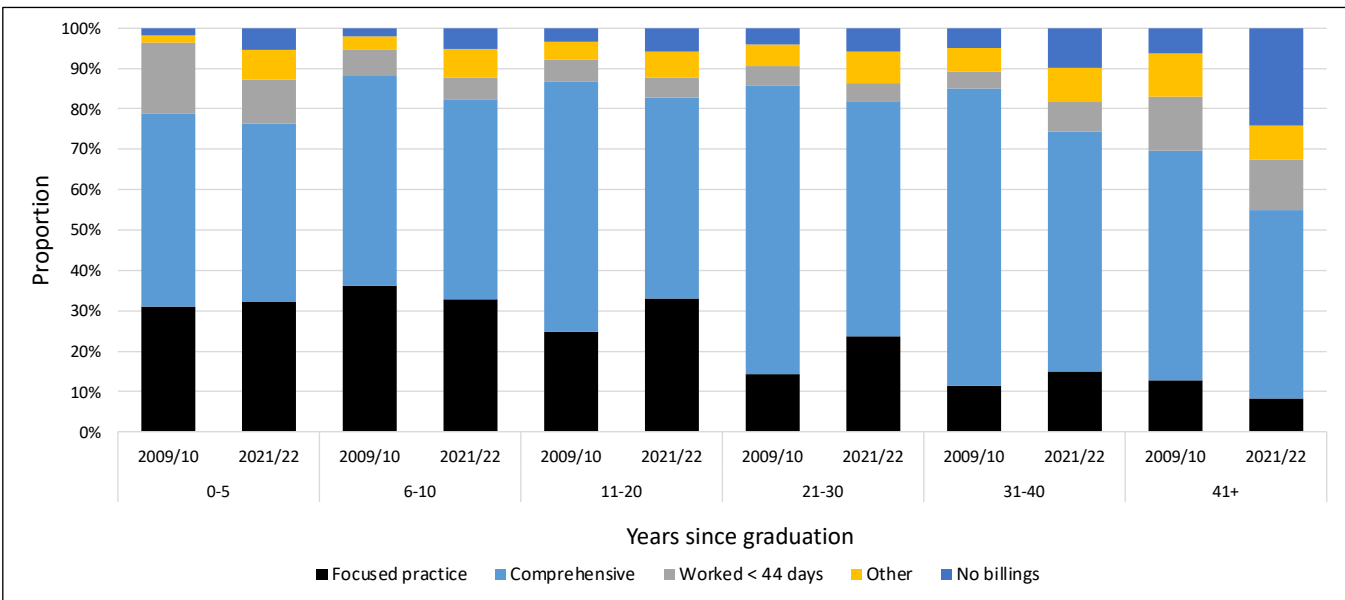


(b) Types of focused practice among female family physicians, Ontario, 1993/94-2021/22

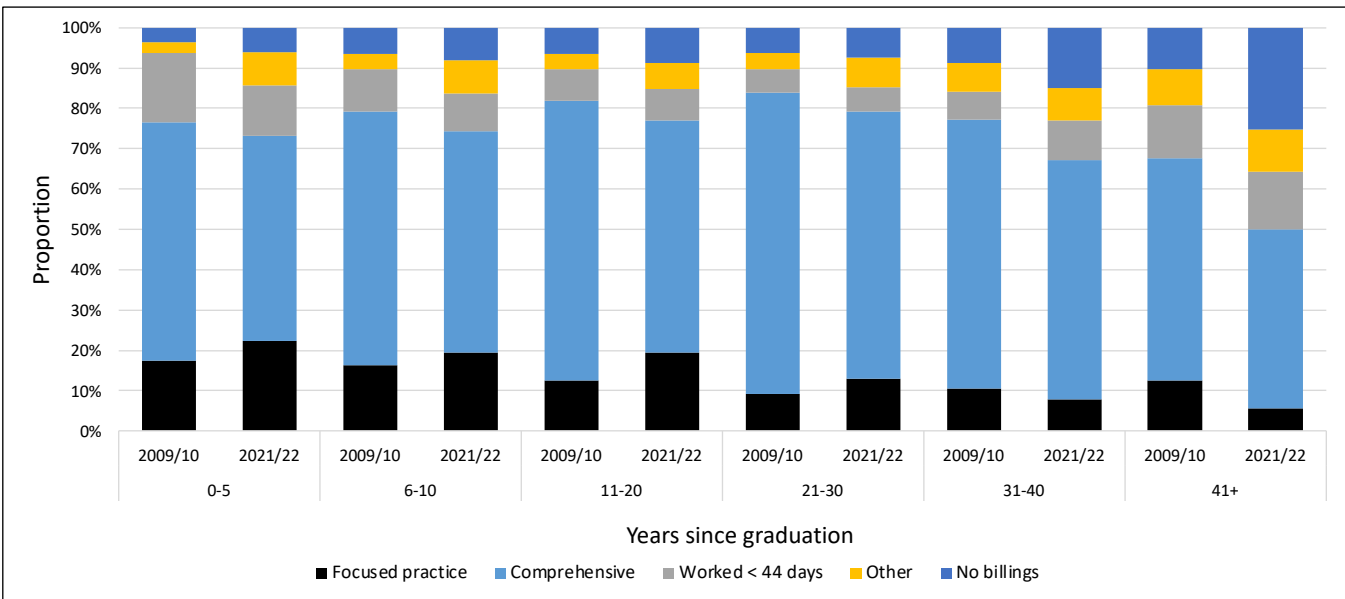


Supplemental Appendix 3:

(a) Choice of primary care practice type among male family physicians, by years from graduation, comparing 2009/10 vs 2021/22, Ontario



(b) Choice of primary care practice type among female family physicians, by years from graduation, comparing 2009/10 vs 2021/22, Ontario



Supplemental Appendix 4: Trends in the number of family physicians per capita, by practice type, Ontario, 1992/93-2021/22 (Sensitivity analyses: combining comprehensive + ‘other’)

