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*The CUA exists to promote the highest standard of urologic care for Canadians and to advance the art and science of urology.*



## References

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2. Welk B, Kodama R, MacNeily A. The newly graduated Canadian urologist: Over-trained and underemployed? *Can Urol Assoc J* 2013;7:E10-E15.

Do we have the right number of urologists practising in Canada? How many should we be training? The answers depend on your perspective. If you are a member of the Baby Boomer generation and are just now entering into your “high need” years as it relates to our specialty, you should be worried about this issue. If you are a recent or soon-to-be graduate of one of our urology residency programs, you surely would like to know the answer. And if you are a medical student trying to decide on a career path, you hope that people are trying to answer these questions.

The Royal College has recently released a report on the specialist employment issue.<sup>1</sup> I encourage you to read this document to understand the issues at play here. It was concluded that at the very least, there is a PERCEPTION of a problem with the mix and distribution of specialists being trained currently, and urology is one of the specialties that is under the microscope. There are a number of contributing factors: Economic drivers; changes in technology and practice; and personal and context-specific factors among new graduates. However, probably the most important conclusion that was reached in this report is that the issue needs further study.

The CUA has not been idly waiting on the side lines for answers: we are trying to get better data on where/what and how many urology positions are needed in Canada. Your Socio-Economic Committee, ably chaired by Sid Radomski, reported on their survey of the national urology human resource needs at our AGM in June at Niagara Falls. The results were encouraging in that a close correlation was noted between the number of projected urology graduates and the needs of the Canadian population. But some jurisdictions, and I can count my own province of Nova Scotia in this category, believe there are too many urology training positions, a conclusion based on local requirements without consideration of the fact that urologists are a national resource. Once you have obtained your specialist certification, you are eligible for licensure anywhere in the country, so clearly a prerequisite to solving the medical specialist human resource problem is a national strategy. We must convince provincial and regional decision makers that “local” solutions to this national problem are doomed to failure.

In *CUAJ* Welk and colleagues<sup>2</sup> reported on the status of newly graduated Canadian urologists between 1998 and 2009. They determined that >98% of the 258 Canadian graduates were working, hardly an unemployment epidemic. Furthermore, a consistent 16% of these urologists were practising in the United States, indicating that the “pop off” valve of American jobs if there was an oversupply of Canadian graduates was not a factor. However, it is possible that the situation has changed since 2009, so we should not be complacent.

I think that Canadian urologists are positioned to successfully take on the human resource issue and lead the way forward in determining the right number and mix of our specialty, providing a model for others to emulate. We are a small group (about 1% of all MDs) and are cohesive and highly collegial. The CUA has volunteered our speciality for a “deep dive” exploration of the needs for Canada and how well these match up with our current production. In collaboration with the Royal College, we will try to determine where urologists are currently working in Canada and what the needs will be in the immediate future and over the next several years.

I hope that we can become part of the solution by demonstrating national collaboration. If we discover that we are producing too many urologists, we must be prepared to act on this information by adjusting our training programs’ output based on a national plan. Likewise, if we determine that the current number of graduates is appropriate or inadequate to meet the national needs, we owe it to our patients and ourselves to protect the resource that is the next generation of urologists.