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Cite as: *Can Urol Assoc J* 2016;10(11-12):373.  
<http://dx.doi.org/10.5489/cuaj.4260>

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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.*



### CUA Health Policy Committee, 2016–2017

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The immediate past chairman of the Health Policy Committee (HPC), Sid Radomski, with assistance from our past Canadian Urological Association (CUA) secretary, Karen Psooy, tabled a report at the summer CUA executive meeting that suggested we may have a looming manpower crisis developing in Canadian urology.<sup>1</sup> Many of us have seen this coming. Such a fate is already a reality for other surgical specialties, such as orthopedics, cardiovascular, neurosurgery, and general surgery.

The average age of our urology community is increasing, with many urologists retiring later in life. One of the reasons for this may have been the 2008 financial crisis, which postponed retirement plans. Some are concerned about the potential federal government plans to consider changing the rules of Medical Professional Corporations, the lifeblood of our savings plans.

We need to know if and where the crisis exists. For example, it has been suggested that the problem is only apparent in our major cities. Are there underserved areas (such as Saskatchewan) that may need urologists? Is it a pseudo-crisis in that many graduating residents head off for a fellowship and may have no trouble finding employment after the fellowship is completed?

Governments have already taken notice. In Nova Scotia, the government has unilaterally cut the number of urology residency positions at Dalhousie. Will this or should this be a solution for other areas of the country?

A decade or so ago, the American urological community believed they were training too many urologists and drastically decreased the number of accredited urology programs and residency positions. They now have a self-made problem of graduating too few urologists for their present manpower needs, a problem they expect to become a crisis in the very near future. We need good data so that we can plan our Canadian experience better.

A preliminary review of the data available to CUA indicates that graduates from 2010–2012 have been able to secure jobs. Only two graduates appear to be without permanent employment out of a total of 86 (including 11 international medical graduates). Those graduating from 2013–2015 do not seem as fortunate in obtaining permanent, stable employment. The data suggest that as many as 58 of 100 urologists (including 14 international medical graduates) have not yet secured permanent employment. It is unclear from the available data if this is in part because many graduates were or are doing fellowships and are now back (or will soon be back) looking for work. We do not know how many of our graduates, particularly those undertaking U.S. urology fellowships remain in the U.S. It is also likely that some secured employment since the survey was completed or are working on employment possibilities for the near future.

For the 2015 cohort, only eight of 34 graduates (three of whom are international medical graduates) were able to secure a commitment for a permanent, full-time job. At the time of the survey, the remaining 26 graduates from 2015 appear to be living without a guarantee of a permanent position, although many are presently pursuing fellowship opportunities, doing locum tenens jobs, or have secured employment since the survey was completed. If these numbers are close to being correct, this wave of graduates may swamp the urology job market in the very near future. It has the appearance of a crisis in the making, but we really need better, more solid data before any recommendations for major changes in our residency strategies can be contemplated.

Going forward, we have charged the CUA Health Policy Committee with tracking the job market for new and recent Canadian urology graduates. HPC is reaching out to the graduates to seek consent to contact them to better understand Canadian urology manpower. HPC must answer the question: “Are Canadian universities training too many urologists?” Further followup and investigation is underway. Stay tuned!

### Reference

1. Radomski S, Psooy K. CUA Health Policy Committee report to CUA executive, 2016.