



Let's not forget our residents in training

As 2023 begins, we have a sense that we are finally moving away from the chaos that COVID-19 inflicted. Yes, life has changed significantly, and we remain careful regarding respiratory viruses and the elderly/vulnerable. Nevertheless, we have progressively returned to a relatively normal society.

Countless sectors of society were greatly impacted by the pandemic, but perhaps none more so than healthcare. And although several industries and services have or are in the process of shaking off the effects of the pandemic, it appears that in healthcare, we are still struggling to fully recover.

While the backlog in healthcare services created over the past three years is huge, the major issue has become the lack of critical manpower in our hospitals and peripheral services. Operating rooms, clinics, laboratories, imaging, and many other integral services across the country are struggling — to varying degrees — with lack of staff, and not necessarily with the virus. We are experiencing a shortage of nurses, respiratory technicians, laboratory personnel, administrative and clerical staff, and although we can debate why this is the case, the impact remains enormous. Furthermore, this lack of healthcare personnel is anticipated to last at least several more years. The headlines are full of stories of emergency room overcrowding, hospital beds underused,

delays in diagnostics, and ever-growing surgical wait lists. Even with the virus being mostly under control, we are still unable to provide good and timely healthcare.

Despite the serious harm this is inflicting on patients, the one area I find quietly disserved is the training of residents. No doubt the pandemic had a major negative impact on medical education and residency training, and we are now beginning to see reports to this effect. I fear that in urology, this prolonged lack of resources, coupled with the effects of the pandemic, is continuing to have a major effect on our Canadian residents. Even pre-pandemic, there were concerns that in certain spheres of urological training, we were falling short in adequate exposure — an issue only compounded since 2020. Most residents felt they needed additional training via fellowships before beginning to work in general urology. I worry that this trend will continue, as our regular five-year training, affected by lack of resources, cannot provide enough experience in all the required areas of practice.

The Royal College's competency-by-design (CBD) or competency-based residency training is meant to identify and correct specific training deficiencies in real-time. Well, this is the time to see if, as promised, CBD can ensure our trainees obtain the highest level of competence during these most challenging times in our healthcare system.

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