has been reduced markedly in recent years because graduates of American programs have saturated that market.

The current situation in Canada arose because there used to be a chronic shortage of these specialists. "Because of the shortage, the number of training positions was increased during the late '80s and early '90s," said Hay. "The largest increase occurred in Ontario, but training programs also expanded in other provinces. The expansion was not disproportionate to the perceived increased need, but the staff positions for these graduates have not appeared."

He noted that recent data from Ontario suggest that overall referral rates of patients to radiation oncologists is lower than in other comparable populations in the West. A recent report (J Clin Oncol 1997;15(3):1261-1271) indicated that about 30% of Ontario patients diagnosed with cancer between 1984 and 1991 had received radiotherapy at 5 years after diagnosis, and the "cumulative lifetime risk" of receiving radiotherapy for cancer is probably below 35%. "This is far below the 50% to 60% of incident cases that various expert groups believe would benefit from radiotherapy and well below Ontario's own target of treating 45% of incident cases at some point in the evolution of the illness," the study stated.

As well, Hay noted that larger training programs, particularly the University of Toronto’s, have always produced a few more graduates than their provinces required, with the surplus moving to other provinces. A lack of national coordination means that larger programs continued to produce extra graduates despite increased output from other programs.

The number of new graduates varies from year to year. Hay said 22 new radiation oncologists graduated in each of the last 3 or 4 years, with another 35 likely this year. A further 25 are expected in 1998 and 26 in 1999. Intake into the program was cut in 1996 and 1997. At the moment, roughly 210 radiation oncologists practise in Canada; many staff positions are currently filled by graduates of non-Canadian medical schools, many of whom did their specialty training here.

Until now, said Hay, job opportunities in the field have been good. "The relative deficit in staff positions only de-