



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-

## Worried residents watch and wait

Dr. Juhu Kamra, a fourth-year resident from Hamilton who chairs the Committee of Residents and Fellows of the Canadian Association of Radiation Oncologists (CARO), says that from 1997 to 2000 Canada will have at least 46 newly trained residents in radiation oncology for whom no staff or fellowship positions exist. "The least impact will be felt this year," said Kamra. "The majority of the unemployed will be produced between 1998 and 2000."

She said 8 residents have already taken action by switching to new training programs. For those who continue in the field but cannot get a staff position, options are limited. "Ontario residents who pass their board exam are eligible for a licence and billing number that may potentially allow them to work in medicine," said Kamra. "To this point this situation has not arisen, so it is difficult to know the exact problems that may arise. Alberta has stated that someone who has passed the board exam but is unable to find a fellowship or staff job will have to obtain additional training before working as a GP. However, the additional training is not guaranteed. As you can see, the situation is grim." She noted that residents finishing training next year will not have a guaranteed option to work as GPs because they will not have taken the rotating internships that previous residents took.

Kamra said that as a group, residents in the field are

"extremely worried" about the future. The concern has led them to organize for the first time, with help from CARO, and they recently held a conference call and passed several resolutions. They have also created a databank to keep tabs on the employment situation. She said the main goals are to create more fellowship and staff positions and to decrease intake into residency programs.

News about employment prospects appears to have spread, because 14 of the 20 positions available to new trainees this year went unfilled, and 2 of the 6 that were filled went to doctors from Saudi Arabia who must return there to practise.

When she entered training, Kamra filled an extra training position created by the provincial cancer agency, which was worried about a potential shortage of specialists. "They were right that the need for radiation oncologists is there and has been demonstrated," she said. "The incidence of cancer is increasing in Canada. Unfortunately, provincial funding has not kept pace with the need."

She expects the situation to improve in 5 to 6 years, but currently damage control is needed. She said residents should be actively encouraged to switch to other fields. "The emphasis must be on the creation of actual staff positions in radiation oncology. In the end, it is the patient and the field of oncology that will benefit."