INSIGHTS INTO PHYSICIAN WORKFORCE TRENDS IN ONTARIO

2016 Edition

Presented by the Ontario Medical Students Association Education Committee
# TABLE OF CONTENTS

## INTRODUCTION

OMSA DIRECTOR OF REPRESENTATION (2015–2016) .............................................. 4  
EDUCATION COMMITTEE ................................................................................. 5

## ACKNOWLEDGMENTS .................................................................................. 6

## THE GUIDE: SUMMARY OF METHODOLOGY ........................................... 7

## SPECIALTY PROFILES: PGY1 ................................................................. 9

ANATOMICAL PATHOLOGY .............................................................................. 10
ANESTHESIOLOGY .......................................................................................... 11
CARDIAC SURGERY ......................................................................................... 12
DERMATOLOGY ................................................................................................. 13
DIAGNOSTIC RADIOLOGY .............................................................................. 14
EMERGENCY MEDICINE ................................................................................. 15
FAMILY MEDICINE .......................................................................................... 16
GENERAL SURGERY ......................................................................................... 17
INTERNAL MEDICINE ....................................................................................... 18
LABORATORY MEDICINE ................................................................................ 19
NEUROLOGY ..................................................................................................... 20
NEUROLOGY: PEDIATRIC ................................................................................ 21
NEUROSURGERY ................................................................................................. 22
OBSTETRICS AND GYNECOLOGY ............................................................... 23
OPHTHALMOLOGY ............................................................................................ 24
ORTHOPEDIC SURGERY ................................................................................... 25
OTOLARYNGOLOGY ............................................................................................ 26
PEDIATRICS ....................................................................................................... 27
PHYSIATRY AND REHABILITATIVE MEDICINE .................................................. 28
PLASTIC AND RECONSTRUCTIVE SURGERY ........................................ 29
PSYCHIATRY ....................................................................................... 30
PUBLIC HEALTH ............................................................................ 31
RADIATION ONCOLOGY ................................................................. 32
UROLOGY .......................................................................................... 33
VASCULAR SURGERY ................................................................. 34

SPECIALTY PROFILES: MEDICINE SUBSPECIALTIES ................................. 35
ALLERGY AND IMMUNOLOGY .................................................... 36
CARDIOLOGY ............................................................................... 37
CRITICAL CARE MEDICINE ...................................................... 38
ENDOCRINOLOGY ........................................................................ 39
GASTROENTEROLOGY ................................................................. 40
GENERAL INTERNAL MEDICINE ............................................. 41
GERIATRIC MEDICINE ................................................................. 42
HEMATOLOGY ............................................................................... 43
INFECTIOUS DISEASE ................................................................. 44
MEDICAL ONCOLOGY ................................................................. 45
NEPHROLOGY ............................................................................... 46
OCCUPATIONAL MEDICINE ..................................................... 47
PHARMACOLOGY AND TOXICOLOGY ....................................... 48
RESPIROLOGY ................................................................................ 49
RHEUMATOLOGY ......................................................................... 50

CONCLUSION ................................................................................. 51
OMSA Director of Representation
(2015–2016)

Ontario’s healthcare system continues to suffer from a maldistribution of physicians geographically and by specialty, despite the fact that enrollment in Ontario medical schools has nearly doubled in the past decade. The annual physician supply is currently growing at 1.5–2% faster than population growth and forecasts estimate an 8% oversupply of physicians compared to service utilization by 2025. This is an environment into which newly minted medical students may be graduating if they pursue postgraduate training in a specialty. Frank and honest discussions are required to determine long term solutions that guarantee a fair process, while ensuring societal needs are met. Providing medical students with the tools to make informed career planning decisions is one of many steps that can help to achieve this goal.

Medical and surgical specialists are already noticing under/unemployment with approximately 33% of surgeons leaving the province each year after training in Ontario. Poor job prospects can also be seen nationally, with the Royal College Employment Report stating that economic constraints are the main factor driving this phenomena, as new physicians compete for fewer resources. In addition to the economy, a variety of other factors — such as new models of care and interprofessional care teams — can contribute to decreased physician demand in certain specialties.

In response to these facts, OMSA has been advocating strongly to better understand the complex and difficult process involved in HHR planning so that we can advocate more effectively for medical students. The results of this work include OMSA gaining membership onto HHR policy committees for both the Ministry of Health and Long Term Care (MOHLTC) and the Ontario Medical Association (OMA). It is evident that there is a strong commitment by the Postgraduate Deans, Undergraduate Deans, MOHLTC, and OMA to develop a sustainable and evidenced-based system, and we look forward to being involved in the process.

It’s been an incredible year working closely with the newly minted Education branch of the Ontario Medical Students Association. Tavis Apramian and Rishad Khan have consistently advocated on behalf of medical students to provide tools necessary to become strong and successful clinicians. Working to increase transparency and knowledge surrounding health human resources in the province, this document is a testament to their perseverance, and is a great step in the right direction to ensure medical students have the capacity to make informed career decisions that meet the needs of the future populations we will serve.

Whatever career path you choose, I wish you a successful and meaningful journey.

May the match be with you,

Justin Cottrell
Director of Representation, 2015–2016
Ontario Medical Students Association
Greetings, and welcome to the first iteration of *Insights into Physician Workforce Trends in Ontario*, presented to you by the Ontario Medical Students Association (OMSA) Education Committee. As an Ontario medical student in the 21st century, you are faced with the precariously difficult task of selecting one discipline of medicine to which you will dedicate your career. There are many factors, both known and unforeseen, that underlie the decision-making process of specialty selection. In light of our current economic climate, physician employment trends are elusive and poorly understood, and as such, remain a large contributory source to the anxiety and frustration in the career-planning for medical students.

We have created this guide in order to provide you with a snapshot of the job market for future physicians in Ontario. Admittedly, our healthcare system is unpredictable and the layout of health human resources is in a constant state of fluctuation. Suffice it to say that this guide should support, rather than inform, the critical decisions that lie ahead of you in the pursuit of your desired specialty.

We sincerely hope you find the following discussions fruitful to your career explorations. As this is the first guide of its kind for Ontario medical students, OMSA will continue to update future iterations, and we look forward to hearing your feedback. We wish you all the best on your forthcoming journey.

**Andrew Perrella & Claudia Frankfurter**  
Co-Chairs Education Committee, 2015–2016  
OMSA

Thank you for trying to learn more about this important element of your medical education. Medical students may make no more important decision than their choice of specialty. That choice shapes so many downstream factors: where they practice, with whom they practice, how their day to day life is structured, and, in today’s environment, their job prospects.

Creating this guide takes OMSA partway toward fulfilling the new Education Portfolio’s mandate to mentor students through difficult transitions in the educational process. Medical students deserve the best data available. If the stakeholders in the system want us to make wise career decisions, then only the greatest possible transparency will enable us to be informed and collaborative decision makers.

The guide is built on the truly heroic efforts of Andrew Perrella (OMSA Education Committee) and Claudia Frankfurter (VP External, University of Toronto). Without Andrew and Claudia’s dogged efforts to bring this guide to life, we would all be much less informed. The guide is also a product of collaborative efforts from program directors, specialty associations, the undergraduate deans, the OMA, and HealthForce Ontario. We wish to thank all of these stakeholders for their willingness to provide data, fill out surveys, and work with students on a project of this magnitude. We also hope each of these partners will see in this guide the utility of contributing to its development in future years. The data we have is imperfect. The process of making the decisions is imperfect. But the more collaborative effort we put into transparency, the more we as medical students can make socially accountable career decisions.

**Tavis Apramian**  
Director of Education, 2015–2016  
Ontario Medical Students Association

**Rishad Khan**  
Director of Education, 2016–2017  
Ontario Medical Students Association
ACKNOWLEDGMENTS

Special shout-out to the CFMS Match Book, which provides a comprehensive overview of the CaRMS process and statistics. As this Guide does not concern itself in-depth with CaRMS information nor competition for residency programs, the Match Book provides supplemental information that may be of interest to readers.

We must also thank in deepest gratitude the residency Program Directors who took the time to answer our questionnaire and provide us all with key insight into their respective fields of practice — we hope that we are able to synthesize their responses into our Guide — as well as the individuals from HealthForceOntario who provided key edits, and the FMEQ Residency Guide for the inspiration for this project.
THE GUIDE:  
SUMMARY OF METHODOLOGY

In the writing of this Guide, OMSA amassed data from information available from the CaRMS website, survey of the Program Directors and residents, and several key documents (see below).

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 National Physician Survey</td>
<td>The 2014 National Physician Survey presents the quantitative data collected for physicians of Canada — separated based on specialty (family physicians or &quot;other&quot; specialists), gender (male or female) and various age groupings — on a series of questions ranging from: online media presence, use of email and mobile apps, use of electronic medical records, on-call services provided, telemedicine practices, and management of chronic illness. For the purposes of our Guide, the results of the data only provided an indication of which physician groups find themselves at the early stage of their training, and which are nearing retirement (based on age-group data for the sub-specialties). Overall, the 2014 National Physician Survey provided largely general demographic data in conjunction with other sources (e.g., “CMA Specialty Profiles”).</td>
</tr>
<tr>
<td>CMA Practice Opportunities and Specialty Profiles (Jan 2014)</td>
<td>The CMA Practice Opportunities and Specialty Profiles (January 2014) is a slide deck outlining general projected physician supplies across the country, with specific highlights of Ontario, Alberta, and Saskatchewan, and concludes with links to various provincially-based resources. Much of the data provided here is too vague to be interpreted concretely. However, the slides entitled “Opportunities for Physicians — Top 10 Disciplines and Bottom 10 Disciplines” do provide some indication of which specialties may face growth or decline, loosely analyzed with a comparison between the percent of graduates from a given specialty and the percent of specialty positions available. Given the ambiguity in the data and lack of external citations, this information was principally used to support trends found in other data sources, and was not interpreted in isolation.</td>
</tr>
<tr>
<td>CMA Projections to 2030</td>
<td>The CMA Projections to 2030, written in 2013, is a short-texted based document that discusses specific trends related to nationwide physician retirement, emigration, IMGs, and returns from abroad. Two graphs provide an indication of the projected number of physicians (separated into general practitioners and other specialties) per 1000 population until the year 2030. Overall, as the data analysis in this document comprises a national, rather than provincial scope, in addition to speaking only in very broad generalizations of specialist services compared to family practice, the CMA Projections to 2030 provided little useful information regarding a practical approach to Ontario’s physician job market.</td>
</tr>
</tbody>
</table>
The report “What’s Really Behind Canada’s Unemployed Specialists?” is a comprehensive document which publicizes the results of a national scan of the current growing trend of specialists and sub-specialists unable to find work after graduation. The research outlines three principle correlative factors — the state of the economy, the organization of the healthcare system, and personal/context-specific factors of new graduates — as the drivers of underemployment, with an in-depth analysis of each. This report has caught the eyes of many recent or soon-to-be graduates of our healthcare system, and of interest to our Guide, speaks particularly of select specialties that are suffering the effects of the three aforementioned factors (e.g., resource-intensive surgical specialties). However, on the whole, this report depicts information that is too broad (e.g., Canadian economic drivers, macro-level system organization) without providing concrete figures/data of projections to be of use to province-specific predictions. Overall, its use was to support similar findings across other documents, but otherwise limited.

The CMA Specialty Profiles are a set of short slide decks for 38 specialties, which provide: a succinct outline for the medical practice and training for each specialty, demographic information (including age, gender distribution, and practice organization), hours worked, remuneration, and job satisfaction. A portion of the data provided here comes from the 2014 National Physician Survey. A review of each of these decks provided the majority of the background information for each specialty, and assisted in outlining the important determinants and factors that may influence job prospects (e.g., practice organization) when used in conjunction with other supporting documents. The CMA Specialty Profiles provide a general overview of the current practice of physician specialists — the majority of which are current as of 2014/2015 — but provide no indication of whether these trends are projected to change in the coming years.

The short presentation entitled “Ontario’s Approach to Evidence Based Human Health Resources Planning” — given in May 2015 by the Assistant Deputy Minister of the MOHLTC — outlines the three current models used by Ontario’s provincial government in their efforts to forecast physician job markets. Notably, slide 11 provides a summary for the three models (ADIN, UM, and NBM), with an acknowledgement of the limitations of current models, and these models will continually be revised in coming years.

Several years ago, the FMEQ — Fédération médicale étudiante du Québec — published their inaugural guide to physician job prospects for the province of Quebec. Serving both as an inspiration and model for our work, we owe a great deference to their efforts. Although our approaches to data interpretation and provincial landscapes differ, OMSA plans to continue to work with the FMEQ in coming years to refine and re-model our respective approaches in order to expand the scope of our services in assisting Canadian medical students in making optimized career choices.

Note: LHIN-specific numbers and data from specific models (e.g., Needs Based Model) were not used as these models are currently being updated, and would be unreliable at this time.
The following graphs depict data only of CMGs and the first-iteration of the CaRMS PGY-1 and Medicine Subspecialty Matches. The projections encompass roughly the next 10 years, with the firm acknowledgement that the individual trends of each discipline should be reviewed annually.

Due to the combined lack of Ontario-specific data, program size, and predictable trends, the following R-1 programs were omitted from the Guide: General Pathology, Hematological Pathology, Medical Biochemistry, Medical Genetics, Medical Microbiology, Neuropathology, and Nuclear Medicine.

Finally, in regards to programs for which a conclusion of “Indeterminable” was reached, this simply means there was insufficient evidence to make an accurate prediction. We encourage medical students to speak with colleagues, faculty, and physicians regarding any further questions they may have for these, and other, specialties!

NAVIGATING THE GUIDEBOOK

Please note the following:

• Within the program graphs, PGY1 CMG positions are residency positions allocated for Canadian Medical Graduates (CMG) entering Post-graduate Year 1 (PGY1) of a particular residency program. The upper graph represents the number of residency positions available and filled in Ontario, while the lower graph represents the number of residency positions available and filled in all of Canada.

• Job prospect ratings were ranked on a scale spanning (1) Difficult/Very difficult, (2) Potentially difficult, (3) Indeterminable, (4) Good, and (5) Very good/Excellent. This assessment was based on several factors (outlined in the Summary of Methodology above).
OMSA Summary

The number of anatomical pathologists in Ontario has been on the rise since 2005, finding their work predominantly in academic health science centres or community hospitals.

Consistently, there have remained unfilled residency positions in Ontario, and there is a strong opportunity to find employment in this field.

Job Prospects

Good

Program Director Comments

0/4 reported

Job Prospects (Program Directors)

Not reported
Although attaining a residency position in anesthesiology has become more competitive over the years, job prospects are very good to excellent for this field. This trend is expected to continue for the coming decade as graduates do not often need to pursue further training to secure permanent positions.

Job Prospects

(Program Directors)

Very good/Excellent

OMSA Summary

Employment has been on the rise in Ontario for anesthesiologists since 2009, with most physicians finding work in academic health science centres or community hospitals. The role of the anesthesiologist is lending itself to a greater number of surgical procedures, allowing for greater opportunities for employment. Matching remains relatively competitive, although Ontario positions have been left unfilled in the past two cycles. Overall, job prospects for this field are strong.

Job Prospects

Very good/Excellent
OMSA Summary

Due to the resource-intensive nature of this field and limited OR time, job prospects for cardiac surgeons may be at risk. Although there have historically been vacancies in residency positions in Ontario, the last two cycles have seen them entirely filled. Half of cardiac surgeons will operate in hospitals. However, those facilities with reduced funding may slow their training of these physicians, and in general, these positions have reached saturation.

Job Prospects

Difficult/Very difficult
Program Director Comments

1/3 reported

Although attaining a residency position in dermatology has become more competitive over the years, job prospects are very good to excellent for this field, and this is not expected to change. In particular, office-based ambulatory disciplines in Ontario have enormous potential for employment. Normally, only a minority of graduates will pursue additional training in order to secure employment.

Job Prospects
(Program Directors)

Very good/Excellent

OMSA Summary

Since 2010, evidenced by the fact that Ontario residency positions have almost consistently been filled, dermatology continues to be a competitive residency to enter, made more so by the decline in Ontario positions this past cycle. These physicians find themselves working predominantly in private offices or clinics. The work-life balance afforded by this specialty is attractive, and is overall a field of work that is in-demand. Consistently, there have remained unfilled residency positions in Ontario, and there is a strong opportunity to find employment in this field.

Job Prospects

Very good/Excellent
Job prospects have been described as good, with no anticipated change in the coming decade. Competition for residency positions seems to be less competitive than in previous years. Many graduates will pursue fellowships, although not for reasons of improving employment prospects, but rather to narrow their focus within a particular aspect of diagnostic radiology.

**OMSA Summary**

Data have suggested that, currently, there are moderate excess of diagnostic radiologists in the field. However, as a notable proportion of these physicians are over the age of 65, this excess will likely give way to younger graduates entering the field. This field is one that involves significant group practice in community hospitals or academic health science centres, as radiologists are often involved in many diagnostic and surgical procedures of patient care. Although the few residency positions that are available in Ontario will occasionally be filled, diagnostic radiology possesses good job prospects.
Although competition for this residency has increased as of late, there nonetheless exist strong employment possibilities for emergency medicine physicians in the coming decade. It is estimated that approximately half of graduates pursue additional training (e.g., a Master’s degree or Fellowship) within their residency training in order to assist in securing permanent positions.

Job Prospects (Program Directors)

OMSA Summary

The number of emergency physicians in Ontario has been steadily growing since 2001. Likewise, emergency medicine residency positions have consistently been filled, or near to, in the past 6 years — furthering the case for this being a competitive residency position. Overall, there is a great need for specialist-trained ER physicians in Ontario.

Job Prospects

Very good/Excellent
Family medicine residency positions have become more competitive in recent years, but job prospects for graduates remain strong and this is not likely to change in the foreseeable future. Few graduates find themselves having to pursue additional training in order to secure permanent positions.

**Job Prospects**

(Program Directors)

Very good/Excellent

**OMSA Summary**

With our province’s continued focus on improving access to primary care, family medicine physicians continue to be in demand. This is reflected in the increasing number of residency positions offered each year in Ontario and the rest of the country. Approximately half of graduates work in private offices or clinics with a strong group practice model. The adaptability within the specialization (e.g., “+1” programs) allow physicians to become more adaptable to changing healthcare needs, but also result in family medicine residencies becoming an increasingly attractive selection for medical students.

**Job Prospects**

Very good/Excellent
As it stands, it is potentially difficult for new general surgeons to find employment. Over half of graduates undergo additional fellowship training to become more competitive, although it has been observed that top-performing residents secure positions easier, and if they pursue fellowship training, do so by choice. However, employment trends are shifting in a positive direction and there does not seem to be any change in the competition of obtaining a residency position.

OMSA Summary

General surgery is largely a solo practice, with half of physicians working out of community hospitals or academic health science centres. A notable number of physicians entering the field are young compared to other specialties. However, given its resource-intensive nature, there is a risk of senior surgeons monopolizing resources and OR time in their favour, thus interfering with the feasibility of new graduates to train and collaborate. There has been a slight decline in the number of residency position offered in Ontario over the past 4 years and the positions available consistently reach capacity.
The field of internal medicine seems to be becoming slightly more competitive in terms of obtaining a residency position, although given the size of the program, this may not create significant change. Employment trends remain good, and are not expected to change. The majority of graduates will pursue additional fellowship training (see “Specialty Profiles: Medicine Subspecialties”) in order to secure employment, or to align with personal career interests.

**Job Prospects**

**Program Director Comments**

3/6 reported

Internal medicine, from which branches many career trajectories, is of increasing popularity among graduates. This is reflected in the increasing number of positions available to applicants over the years. Internists find themselves split between working in academic health science centres, community hospitals, and private offices/clinics. Overall, the job prospects are good, but competition is increasing.
Program Director Comments

1/1 reported

Current job prospects for laboratory medicine are good, and this trend is expected to remain as such in the coming years. Some graduates may choose to pursue further training in order to secure employment. Laboratory medicine residency is not expected to become more competitive in the coming years; however, the data display a severe decline in the number of available positions.

Job Prospects (Program Directors)

Good

OMSA Summary

There remains a paucity of reliable data to predict the future of this specialty. Interestingly, this is one of the rare circumstances in which there has been a sharp decline in the number of positions offered in years past. Since this pattern has emerged, residency spots have become filled and will pose some difficulty for graduates interested in this field.

Job Prospects

Indeterminable
Program Director Comments

2/5 reported

Good employment with an expected increase in the coming decades is the outlook for neurology. A moderate proportion of graduates will pursue additional fellowship training in order to improve job prospects. However, as of late, it has become more competitive to obtain a residency position in this field.

OMSA Summary

Neurologists often find themselves working out of academic health science centres, and to a lesser degree, private offices/clinics. Advancements in the field could propagate employment, although additional training may be likely. This field seems to have become a popular choice for graduates, as evidenced by the fact that all of Ontario’s neurology residency positions were filled in the last three cycles.

Job Prospects

(Pay Grade)

Good

Job Prospects

(Province)

Good
The field of pediatric neurology is facing potentially difficult employment futures, one which is likely to become worse. There has been no noticeable change in difficulty obtaining a residency position for this field. However, a considerable proportion of graduates pursue additional training in order to become more employable. Currently, there is a need for pediatric neurologists pursuing work in the community-setting, as there are notably few academic positions.

**Job Prospects**

**OMSA Summary**

Similar to the field of neurology, advancements in the field could propagate employment but require additional training. However, given the paucity of jobs in academic centres, obtaining employment in this field may be difficult. Across the country, residency positions for pediatric neurology have been on the decline, which may mirror the declining availability of employment in academic health science centres.

**Job Prospects**
The field of neurosurgery has seen little growth since 2005, with most jobs being confined to academic health science centres. Given its nature as a resource-intensive specialty, growth in the field is greatly limited as hospital budgets limit OR time and training of new graduates. With long residency training and uncertain practice opportunities, it will likely be quite difficult to secure employment in the field of neurosurgery. Residency positions in neurosurgery have been declining across the country, but have remained unfilled in Ontario until this past cycle. Thus, there appears to be a greater barrier to entry into the workforce than into a residency position.

Program Director Comments
0/3 reported

Job Prospects
(Program Directors)

Not reported

OMSA Summary

The field of neurosurgery has seen little growth since 2005, with most jobs being confined to academic health science centres. Given its nature as a resource-intensive specialty, growth in the field is greatly limited as hospital budgets limit OR time and training of new graduates. With long residency training and uncertain practice opportunities, it will likely be quite difficult to secure employment in the field of neurosurgery. Residency positions in neurosurgery have been declining across the country, but have remained unfilled in Ontario until this past cycle. Thus, there appears to be a greater barrier to entry into the workforce than into a residency position.

Job Prospects

Difficult/Very difficult
Program Director Comments

1/5 reported

Current job prospects for obstetrics/gynecology are good, with an expected growth in employment opportunities in the coming decade. It seems to have become competitive obtaining a residency position in this field, as evidenced by the declining availabilities of residency positions over the past couple of years. Finally, some graduates may choose to pursue additional training to secure employment, but this is not necessary.

Job Prospects (Program Directors)

Good

OMSA Summary

This field has seen moderate growth in jobs since 2005, with almost half of obstetrics/gynecology specialists finding work in private offices/clinics, and to a lesser degree, academic health science centres. Moving forward, the job market for these physicians may remain as it currently stands, with the possibility for a modest growth.

Job Prospects

Good
Despite an unfavourable job market for ophthalmologists during the past decade, employment growth is expected in the next decade with a greater provincial emphasis on vision care. Historically, this has been a competitive residency position to pursue, and there is no expected change in this regard. Of note is that a considerable proportion of graduates pursue further training or fellowships to assist in securing permanent positions.

Job Prospects
(Program Directors)

Good

OMSA Summary

The majority of ophthalmology specialists find work in private office/clinic settings. However, given the resource-intensive nature of this field, physicians have historically had difficulty obtaining jobs. The coming years look more optimistic and the job market for ophthalmologists is favourable. Unfortunately, the pattern of residency positions speaks for itself, with unrelenting competition to enter this specialty.

Job Prospects

Good
Program Director Comments

1/6 reported

Currently, wait times for orthopedic surgeries are exceptionally high in Ontario, especially in the past two years. Lack of operational time for new graduates results in inadequate training and poor job prospects, even though many patients require orthopedic speciality care. As a result, the vast majority of graduates seek further training.

Job Prospects (Program Directors)

OMSA Summary

Orthopedic surgery falls under the category of resource-intensive specialties, in that new graduates require OR time in order to secure employment. Notably, there are a significant number of new graduates into this specialty, which further limits available operating time — perhaps the declining number of available residency positions reflects this trend. Employment locations for these physicians are split roughly evenly between academic health science centres, community hospitals, and private clinics. However, as it currently stands, securing employment in the field is posing a challenge.

Job Prospects

Difficult/Very difficult
The outlook for otolaryngology appears mixed: securing employment in the field has become increasingly difficult, with approximately half of graduates furthering their training through fellowships to become more employable, with competition for residency positions becoming more competitive. Of note, however, is that these employment trends are not expected to change in the foreseeable future.

Job Prospects (Program Directors)

Difficult/Very difficult

OMSA Summary

Otolaryngology specialists predominantly find themselves operating in private offices/clinics, with a smaller minority working in academic health science centres. As a surgical field, it may suffer from being resource-intensive, and operating times may be less accessible to new graduates. It is currently difficult to secure a permanent position in this field, and fellowship training is often required. Similar to ophthalmology, the fact that residency positions continue to be nearly entirely filled itself poses a barrier to entry.

Job Prospects

Difficult/Very difficult
Job prospects for pediatrics are good, with more employment opportunities expected for the future. This is especially the case for generalist pediatricians who should not have difficulty finding employment as their skills are transferable, although relocation may be necessary. Only a small proportion of graduates find it necessary to undergo additional training in order to become more employable. Of note is that entering a pediatrics residency has become more competitive over the years.

Program Director Comments

3/6 reported

Job Prospects

(Program Directors)

OMSA Summary

Pediatricians find themselves working either in private offices/clinics, or academic health science centres. There exist a variety of subspecialty training opportunities for graduates; however, it appears that remaining a generalist allows one to become more employable. Historically, until this past cycle, residency positions have remained open in pediatrics, presenting good opportunities for interested graduates to pursue this field.

Job Prospects
Program Director Comments

2/5 reported

Job prospects for this field are quite good, and this is not expected to change in the coming years. The specialty of physiatry and rehabilitative medicine is expected to maintain these good job prospects as the work does not require hospital resources to operate. Very few graduates find a need to pursue additional training in order to become employable, and there exists a demand for physiatrists as current patient wait-times in the field can be several months in length.

Job Prospects
(Program Directors)

OMSA Summary

The field of physiatry and rehabilitative medicine has undergone steady growth in employment since 1995, with most deciding to practice in private offices/clinics. This is made possible as these physicians are not often dependent on specialized hospital-based resources that restricts some other specialties, notably surgical specialties. There is no expected change in the rising employment trends. Of note, however, is that obtaining a residency position in this field is becoming increasingly competitive, as evidenced by the last three Ontario cycles.

Job Prospects

Very good/Excellent
Program Director Comments

1/4 reported

This field continues to remain competitive for residency positions and is expected to grow in coming years. As it stands, employment prospects for plastic and reconstructive surgery is good, but this too may see a decline in the coming decades. The vast majority of graduates from this field pursue further training or fellowships in order to secure employment opportunities.

Job Prospects
(Program Directors)

Good

OMSA Summary

These specialists operate predominantly in a solo practice, working out of either academic health science centres or private offices/clinics, for the most part. There has been minimal employment growth in the field since 2001, and given that plastic and reconstructive surgery is a resource-intensive field, specialists may face difficulty finding employment. Currently, a pattern is emerging in which this specialty continues to have all of its residency positions filled.

Job Prospects

Indeterminable
Psychiatry is a field with strong job prospects for graduates, the vast majority of whom do not need to pursue further training to become more employable. Furthermore, these employment trends are not expected to change in the coming years. However, as job prospects have strengthened, psychiatry residency positions have become more competitive.

**Program Director Comments**

4/6 reported

Psychiatry could be considered an “old” profession, with a significant proportion of practicing specialists approaching age of retirement. This will open up opportunities for new graduates, the majority of whom will find work either in private offices/clinics, or academic health science centres. The increasing number of residency positions offered in psychiatry both in Ontario and nationally has been coupled with an increasing graduate interest in the field. Overall, this field has been identified as one for which there is a demand.

**OMSA Summary**

Psychiatry could be considered an “old” profession, with a significant proportion of practicing specialists approaching age of retirement. This will open up opportunities for new graduates, the majority of whom will find work either in private offices/clinics, or academic health science centres. The increasing number of residency positions offered in psychiatry both in Ontario and nationally has been coupled with an increasing graduate interest in the field. Overall, this field has been identified as one for which there is a demand.

**Job Prospects**

Very good/Excellent

**Positions Offered in Ontario**

- PGY1 CMG positions filled in Ontario
- PGY1 CMG positions in Ontario

**Positions Offered in Canada**

- PGY1 CMG positions filled in Canada
- PGY1 CMG positions in Canada
The future of the Ontario job market for public health and preventative medicine specialists is difficult to generalize. What is known is that a moderate proportion of graduates will pursue further training or fellowships in order to assist in finding employment. Currently, job prospects are neither growing nor diminishing, although entry into this program has been noted as becoming more competitive. Judging from the data, there have remained a number of unfilled positions since 2012; however, this trend appears to be reversing.

Program Director Comments

2/5 reported

The future of the Ontario job market for public health and preventative medicine specialists is difficult to generalize. What is known is that a moderate proportion of graduates will pursue further training or fellowships in order to assist in finding employment. Currently, job prospects are neither growing nor diminishing, although entry into this program has been noted as becoming more competitive. Judging from the data, there have remained a number of unfilled positions since 2012; however, this trend appears to be reversing.

Job Prospects

(NGP Directors)

OMSA Summary

There has been no appreciable change in employment in this field for two decades currently, with most specialists finding work at administrative offices, and to a lesser degree, elsewhere in various areas of healthcare. Given the emergence of interprofessional practices, public health physician jobs may be at risk as an interprofessional approach to care reduces reliance on specialist services (i.e., public health).

Job Prospects
The apparent consensus is that currently, jobs in radiation oncology are difficult to obtain. However, this is very likely to change in the coming decade, with improved employment across Ontario. It has been observed that the vast majority of graduates pursue fellowship training not for the intent of becoming more employable, but rather to keep current with newer treatment technologies and to have the ability to offer specialized services. Obtaining a residency position in this field is not expected to become more competitive than currently.

**OMSA Summary**

There has been a large growth in the employment trends in this field since 2001, with a little under half of radiation oncologists finding work in academic centres. As it stands, there appears to be an excess of radiation oncologists per patient population they serve, but this is likely to swing in a positive direction in coming years. One concern to be aware of: radiation oncology is a resource-intensive speciality, and thus may factor into an institution’s ability to train new graduates.

**Job Prospects**

**Program Director Comments**

3/5 reported

Good
Program Director Comments

2/5 reported

Current employment trends for urology are good, and this does not appear to be changing in the coming years. Whether or not competition for residency positions will be increasing is indeterminable. However, approximately half of graduates will pursue additional training in the field to assist in securing employment.

Job Prospects
(Program Directors)

Good

OMSA Summary

Since 2005, there has been some growth in the job market in urology, working mostly in group practice. Urologists in Ontario primarily work in academic and community hospitals, as well as private offices/clinic. Unlike other surgical specialties, it appears that urology does not suffer from the resource-intensiveness that appears to hinder job prospects in other surgical fields. Judging from the data, urology does appear to be a relatively competitive specialty, with occasional residency positions going unfilled.

Job Prospects

Good
Currently, employment prospects for vascular surgery are good; however, this may be changing in the coming years. What is known is that the vast minority of graduates find it necessary to pursue a fellowship to secure employment. Although the data suggests that vascular surgery is a competitive residency program to enter, it remains difficult to ascertain whether this competition will decline, plateau, or increase further.

**OMSA Summary**

Since spawning in 2012, vascular surgery is a young specialty. It is premature to ascertain the job market for this field. As with other surgical specialties, limited access to facilities and resources may hinder opportunities to train graduates and allow these specialists to practice. Residency spots have never gone unfilled; however, given its relatively recent addition as a residency program, it is difficult to make accurate future job market predictions.

**Job Prospects**

**Indeterminable**
Note: CaRMS does not publish province-specific match data for Medicine Subspecialties. As a result, the graphs for Ontario and Canada were combined.
ALLERGY AND IMMUNOLOGY

OMSA Summary

The field of clinical immunology and allergy has seen steady growth since 2001, with around half of physicians practicing in private officesclinics. According to the data, residency positions have consistently remained unfilled across the country—a gap which appears to be diminishing in recent cycles given the increasing popularity of the specialty. Nevertheless, the employment prospects for specialists in this field are poised to remain relatively strong in the coming decade.

Program Director Comments

1/3 reported

Currently, employment prospects for allergy and immunology are good, and this is not expected to change in the coming decade. Very few residents in this sub-specialty pursue additional training to secure employment. However, it should be noted that as allergy and immunology is becoming increasingly popular as a specialty preference, given their small size, competition for entry is vulnerable to a rapid change if there is a sudden influx of trainees.

Job Prospects

(Program Directors)

Good

Job Prospects

Good
OMSA Summary

It is largely difficult to predict the job market for this field, given the lack of reliable data. This specialty saw both sharp increases in popularity in 2007 and 2011, with a little under half of cardiologists finding work in academic health science centres in group-based practices. Residency positions consistently approximate saturation, suggesting that competition for cardiology in Ontario is high. Although not as resource-intensive as cardio-surgical specialties, it is likely that additional training would be required to secure jobs in these academic institutions.

Job Prospects

Good
CRITICAL CARE MEDICINE

OMSA Summary

Critical care medicine finds itself in a peculiar position. As both a resource-intensive practice and one which is valued by hospitals, the future for this specialty in our province remains largely indeterminable. At the outset, it would appear that the cost of sustaining this practice is trumping the necessity of intensivist specialists. The number of available residency positions has remained relatively static for several years, although interest in the field may be increasing. More data and trends are required to make accurate predictions regarding critical care medicine.

Program Director Comments

4/5 reported

The field of critical care medicine is undergoing an uncertain change in the job market moving forward. The vast majority of ICU physicians (i.e., intensivists) are able to work in their desired specialty of critical care medicine; however, landing a job in both academic centres and community centres may become more difficult due to saturation of closed units, and progressing slow closures of still “open” units in many hospitals. Although very few critical care physicians require additional training to become more employable, competition for this subspecialty may be becoming more competitive.

Job Prospects

(Program Directors)

Indeterminable

Position Prospects

2010 2011 2012 2013 2014 2015

PGY4 CMG positions filled in Ontario
PGY4 CMG positions filled in Canada
PGY4 CMG positions in Canada

Program Director Comments

4/5 reported

The field of critical care medicine is undergoing an uncertain change in the job market moving forward. The vast majority of ICU physicians (i.e., intensivists) are able to work in their desired specialty of critical care medicine; however, landing a job in both academic centres and community centres may become more difficult due to saturation of closed units, and progressing slow closures of still “open” units in many hospitals. Although very few critical care physicians require additional training to become more employable, competition for this subspecialty may be becoming more competitive.

Job Prospects

(Program Directors)

Indeterminable
This field has enjoyed steady growth for almost 20 years, with just under half of specialists finding work in academic health science centres. The data suggests that one-third will work in group-based practices, and another one-third in solo practices. Interest in this sub-specialty has remained relatively static — aside from a peculiar sudden drop in interest in 2012 — and it appears that more positions have opened up in the past three years. Unfortunately, endocrinology too finds itself as a specialty for which concrete data is lacking. Of solace is that future job prospects are unlikely to be different from current employment trends for this field.

Program Director Comments

1/4 reported

The job market for endocrinologists is looking potentially difficult, and this is not expected to change in the coming decade. Interestingly, very few specialists find themselves pursuing additional training to become employable, so further investigation is needed in order to ascertain the future job market. Residency positions in endocrinology are also noted to be becoming more competitive.

OMSA Summary

Job Prospects

Program Directors

Potentially difficult

Job Prospects

Indeterminable
This field has experienced a large growth since 2005, with specialists roughly divided in their practices between work in academic health science centres, private offices/clinics, and community hospitals. Unfortunately, gastroenterology also finds itself in the realm of “resource-intensive medicine,” resulting in notable employment challenges. The plateaued trend of residency positions in Ontario strongly suggests high competition for this field and subsequent saturation, with all Canadian residency positions being filled in recent cycles. Overall, the job market for gastroenterologists in the coming decade is shaping up to be difficult.

Program Director Comments

1/5 reported

Similar to endocrinology, gastroenterologists are finding themselves facing a potentially difficult job market which will persist in the coming decade. However, it was noted that the vast majority of specialists will in fact find themselves pursuing additional training in order to secure employment. Entry into a gastroenterology sub-specialty seems to be less competitive now than historically.

Job Prospects (Program Directors)

OMSA Summary

Potentially difficult

Job Prospects

Potentially difficult
GENERAL INTERNAL MEDICINE

OMSA Summary

Unconfirmed upcoming changes to the handling of general internal medicine (GIM) as a “subspecialty” under Internal Medicine, coupled with a paucity of data, result in a black-box future for this practice. Internists are roughly divided in their practice to work in either academic health science centres, private offices/clinics, or community hospitals — all of which are predominately group practices. Given that the majority of Canadian residency positions for GIM have approached saturation, it is safe to assume that spots rarely remain unfilled in Ontario. As GIM is often treated as a prolongation of internal medicine training, the two likely share similar employment prospects.

Job Prospects

Program Director Comments

0/5 reported

OMSA Summary

Job Prospects (Program Directors)

Not reported

Job Prospects

Good
Geriatric medicine is facing excellent job prospects, and a very difficult workload given the aging population, both currently and in the coming decade. The field has seen a steady growth since 1997, with the majority of geriatricians working in academic health science centres. It is largely an interprofessional group practice. Available residency positions have remained relatively stable, and spots remain unfilled each year. Overall, employment for anything related to older adult health is already on the rise.

Program Director Comments

2/4 reported

The job prospects for physicians pursuing geriatric medicine will be very good to excellent for the coming decade. Very few specialists require additional training, and competition for entry into this sub-specialty appears stable.

OMSA Summary

Geriatric medicine is facing excellent job prospects, and a very difficult workload given the aging population, both currently and in the coming decade. The field has seen a steady growth since 1997, with the majority of geriatricians working in academic health science centres. It is largely an interprofessional group practice. Available residency positions have remained relatively stable, and spots remain unfilled each year. Overall, employment for anything related to older adult health is already on the rise.

Job Prospects

(Program Directors)

Very good/Excellent

Job Prospects

Very good/Excellent
HEMATOLOGY

OMSA Summary

Hematology is a field which has experienced a steady growth since 2001, with just under half of specialists working in academic health science centres. Unlike other lab-based residencies, hematologists often find themselves working in a group practice. It is difficult to tell from the data if the competition for this residency will stabilize, with the last few years seeing both rises and falls in popularity. Overall, it appears to be an area of expected growth if work in academic institutions is valued by the applicant.

Program Director Comments

1/5 reported

Current job prospects for the field of hematology are good, with an expected growth in employment in the coming decade. Very few specialists require additional training in order to become more employable. However, it has been noted that entry itself into this sub-specialty is facing greater competition.

Job Prospects
(Program Directors)

Good

Good

Positions Offered in Ontario and Canada

PGY4 CMG positions filled in Ontario
PGY4 CMG positions filled in Canada
PGY4 CMG positions in Canada
Microbiology and infectious disease has experienced steady growth in the past 20 years, with half of specialists finding work in group practices in academic health science centres. On the one hand, advances in the field of bacterial-resistance may promote growth into this field. However, funding for these residency positions has been declining since 2012. As it stands, there are very few residency positions nationwide for this sub-specialty, resulting in a likely relocation for interested applicants. Given the persistent reduction in residency positions, the job market remains questionable.

Program Director Comments

2/3 reported

The field of infectious disease medicine is looking up, with strong opportunities for employment with the potential for continued growth in the coming decade. There are discrepancies regarding whether competition for this field is also increasing. However, a consensus was reached in that a sizeable minority of specialists will seek additional training opportunities to promote employment.

Job Prospects

(Program Directors)

OMSA Summary

Microbiology and infectious disease has experienced steady growth in the past 20 years, with half of specialists finding work in group practices in academic health science centres. On the one hand, advances in the field of bacterial-resistance may promote growth into this field. However, funding for these residency positions has been declining since 2012. As it stands, there are very few residency positions nationwide for this sub-specialty, resulting in a likely relocation for interested applicants. Given the persistent reduction in residency positions, the job market remains questionable.

Job Prospects

Good

Indeterminable
The field of medical oncology has experienced steady growth since 1995, with just under half of specialists working in group practices within academic health science centres. Unfortunately, due to the paucity of data, it is difficult to predict the future outlook for this profession. According to the data, the availability of residency positions has remained relatively constant after experiencing a slight growth about 5 years ago. More data is required in order to ascertain the future job market.
Currently, nephrologists are finding it very difficult to secure employment in Ontario. Although not a resource-intensive specialty, the field may have reached saturation after having enjoyed a steady growth since 1997. Half of all nephrologists have found work in academic health science centres in group-based practices (similar to many other sub-specialties of internal medicine). This saturation point is reflected in recent cycles, as the number of available residency positions — which historically had remained largely unfilled — were drastically reduced. Thus, the competition for the few jobs available is evident.

Program Director Comments

2/5 reported

The field of nephrology is facing a potentially difficult future of employment that is not expected to change in the coming decade. Entry into this sub-specialty has also become more competitive, and approximately half of new graduates will pursue further education/training in order to improve their employment prospects.

OMSA Summary

Currently, nephrologists are finding it very difficult to secure employment in Ontario. Although not a resource-intensive specialty, the field may have reached saturation after having enjoyed a steady growth since 1997. Half of all nephrologists have found work in academic health science centres in group-based practices (similar to many other sub-specialties of internal medicine). This saturation point is reflected in recent cycles, as the number of available residency positions — which historically had remained largely unfilled — were drastically reduced. Thus, the competition for the few jobs available is evident.

Job Prospects (Program Directors)

Difficult/Very difficult

Job Prospects

Difficult/Very difficult
Physicians of occupational medicine are few and far between, with few residency positions in existence. This has been the case since 2001. Occupational medicine specialists often work in either private offices/clinics, or administrative offices. Historically, the residency position(s) have not been filled (when offered), although this suggests that any school willing to invest in training an occupational health specialist would facilitate finding them employment upon graduation.

**OMSA Summary**

**Program Director Comments**

0/1 reported

**Job Prospects (Program Directors)**

Not reported

**Job Prospects**

Good
PHARMACOLOGY AND TOXICOLOGY

OMSA Summary

There have historically remained very few residency positions for this specialty. Regardless, the job market has been identified as good and the data available suggests that competition for residency positions remains quite low – which is good news for interested applicants. Unfortunately, there is a large gap in available data, preventing an accurate prediction as to whether these trends will remain.

Program Director Comments

1/2 reported

Job prospects for physicians specialized in pharmacology and toxicology have been identified as good, with no expected change in the coming decade. Entry into this sub-specialty may be becoming more competitive, although very few graduates pursue additional training post-graduation. Regarding job distribution, most positions are largely academic. However, there has been a significant need identified to have specialists trained specifically in the following areas: pharmacogenetics, drug-drug interactions, drug-approval and policy development, environmental and clinical toxicology, and prevention strategies for drug addiction.

Job Prospects

(Program Directors)

Job Prospects

Good
The field of respirology experienced a large growth 20 years ago, with just under half of specialists finding work in group-based practices within academic health science centres, and a smaller proportion working in private offices/clinics. Although difficult to ascertain, the close mirroring of residency positions offered in Canada and the number of positions filled strongly suggests that competition for the field is high. Unfortunately, at present, this cannot be corroborated by those in the field.

**OMSA Summary**

**Program Director Comments**

0/5 reported

**Job Prospects (Program Directors)**

Not reported

**Not reported**

**Indeterminable**

**Positions Offered in Ontario and Canada**
Both job prospects and competition for rheumatology are on the rise in our province, and may reach saturation in the coming years. Leveraging the high likelihood of non-academic rheumatology positions becoming available, this field — which has enjoyed appreciable growth since 1995 — will continue to offer employment to its trained specialists. Half of rheumatologists currently find work in private offices/clinics, and around a third in academic health science centres. Overall, this is a specialty worth pursuing for those drawn to the complexity of autoimmune conditions.

Program Director Comments

2/5 reported

Rheumatology is a booming field, with specialists currently enjoying very good to excellent job prospects without need for additional training. However, these trends appear unsustainable — clinical practice in the Greater Toronto Area is becoming saturated, and extra fellowship training here would be necessary for full-time academic positions. However, elsewhere in the province, there will remain a large unmet need for rheumatologists for some years to come.

Job Prospects
(Program Directors)

Very good/Excellent

OMSA Summary

Both job prospects and competition for rheumatology are on the rise in our province, and may reach saturation in the coming years. Leveraging the high likelihood of non-academic rheumatology positions becoming available, this field — which has enjoyed appreciable growth since 1995 — will continue to offer employment to its trained specialists. Half of rheumatologists currently find work in private offices/clinics, and around a third in academic health science centres. Overall, this is a specialty worth pursuing for those drawn to the complexity of autoimmune conditions.

Job Prospects

Very good/Excellent
Thank you for reading the first-ever Insights into Physician Workforce Trends in Ontario published by the Ontario Medical Students Association.

The publication of this Guide presents a major milestone for the Ontario Medical Students Association. It is clear that medical students today face unprecedented new pressures in their career planning due to chronic underemployment of the physician workforce. Until now, there has never been any evidence-based information on Ontario workforce prospects provided in a clear and succinct format to medical students to assist in their career planning. It is our hope that this Guide will begin to fill an educational gap voiced by medical students since 2012 that future workforce prospects are an integral component of career planning to ensure one’s choice of specialty meets the needs and reality of Ontario’s patients.

A huge congratulations and thank you is due to the members of the OMSA Education Committee and our partner medical student organizations, educational, governmental, and healthcare organizations nationwide for contributing to this landmark publication for Ontario’s medical students.

Whether reading this guide is your first experience with OMSA or your seventeenth, we urge you to continue to remain engaged with us. In fact, this Guide would not have been possible if not for the ideas and support of grassroots OMSA members like yourselves who brought this idea to our Council and championed its development! If you have other ideas, thoughts on how to improve future iterations of this Guide, or are looking for other opportunities to engage with OMSA please do not hesitate to be in touch with us. You are the future of the medical profession, and your ideas make OMSA and Ontario’s healthcare and medical education systems brighter.

While selecting one’s medical specialty is a challenging decision for every medical student in Ontario, it is also one filled with excitement. We hope that this Guide has provided some assistance and context in your decision-making process as we all embark on the exciting journey together.

Wishing you all the best in your future medical career,

Ali Damji & Justin Cottrell
OMSA Co-Chairs, 2016–2017