

Manpower in the Canadian Neurosurgical Workforce: Is a Crisis Looming?

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Several years ago, as part of a paper on educational issues in the clinical neurosciences published in this journal, it was suggested that there was an excess capacity in our neurosurgical training programs.¹ Due to a 1998 decision of the American Board of Neurological Surgeons (ABNS), graduates of Canadian neurosurgical training programs since 2002 (i.e. who commenced training after July 1997) are no longer eligible to take the American Board of examinations in order to be “board-eligible” for practice in the USA. It had been estimated that roughly 50% of our trainees outside of Quebec emigrate south upon completion of their neurosurgical training, so Dr. H. Hugenholtz calculated that with a 100% retention rate of new neurosurgeons, and with predicted retirements and exits from the neurosurgical workforce, 2004 would see the first “surplus” of neurosurgeons in this country. Although fellowship positions might be a short-term solution for many, Hugenholtz predicted a serious surplus of neurosurgeons by the end of this decade if nothing is done to limit entry into neurosurgical training programs.

Despite this warning, and despite the fact that the ABNS has not altered their position on Canadian training, 2003 saw a record number of both applicants to neurosurgical programs (22 listed it as first choice, roughly double the average number of first-choice applicants per year over the previous six years) and training positions in neurosurgery offered and filled (18) (www.carms.ca). While some might hold to the notion that certain people are simply “born to be neurosurgeons” (and last year had a bumper crop), it would seem more likely that this remarkable interest in neurosurgery as a career can be attributed partly to a naïve medical student body (due in turn to failure of most medical schools to adequately inform their graduating students about physician resource issues and demands in this country), as well as our own greater interest in keeping programs and call-schedules full than heeding Hugenholtz’s warning.

Is a manpower crisis in Canadian neurosurgery looming?

Despite a fair amount of Canadian protest, the ABNS has been intransigent, and there is no immediate hope that their decision will be reversed. Solving our manpower problem at the risk of creating one for themselves (however unlikely that may be) is not necessarily the “American way”. Some have suggested that we will simply absorb any upcoming surplus into our own neurosurgical workforce. Although we will be able to accommodate some and, indeed, some cities and regions will benefit in the short term, this solution nevertheless begs the questions of just how little each of us are willing to work and how to deal with resource restrictions imposed by our hospitals and neurosurgeon number limits built into the increasing number of regional and provincial alternate-payment plans being put into place across our country.

My prediction is that the system will only register this problem, however big or little it is, when we have chief residents completing their training in neurosurgery without a job prospect in sight. Junior residents and medical students will then have to take notice, and transfers to other specialties and decreasing interest in our specialty will follow. Then an entirely different manpower problem will emerge, namely a shortage, in our training programs.

The selections for this year’s CARMS match (20 applicants this year!) have already been made. While it may not be a “crisis” yet, neurosurgical manpower in Canada is a definite concern, and it is only fair that applicants to our training programs are made aware of it.

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1. Desbiens R, Elleker G, Goldsand G, et al. Current educational issues in the clinical neurosciences. *Can J Neurol Sci* 2001; 28: 283-292.