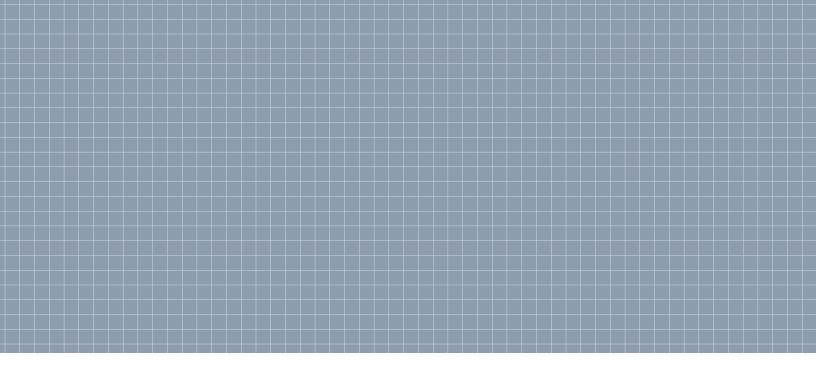


# Trends in Transfers within Canadian Postgraduate Training





#### Introduction

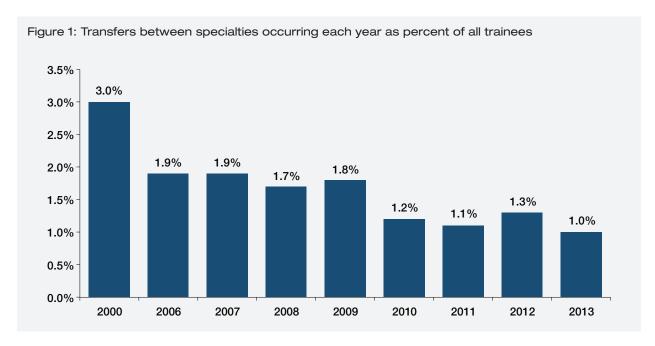
This report expands on the study by Dr. Mark Walton, Chair, Canadian Post-MD Education Registry and Ms. Lynda Buske, Manager, Canadian Post-MD Education Registry (CAPER). The objective is to track the number and characteristics of trainees who transfer from one discipline to another within Canadian postgraduate medical training. The quantitative data in this report is derived from CAPER and tracks year-over-year specialty program changes among residents in all Canadian postgraduate medical training programs, considered to be "transfers" for the purpose of this study. Subspecialization is not considered to be a transfer. Switches within medical specialties up to PGY3, laboratory specialties up to PGY5 and surgical specialties up to PGY5 are included. This data is supplemented with findings from key informant interviews with a small number of medical students, residents and assistant deans of post graduate medical education from across the country, as well as select peer review and grey literature.

#### **Findings**

#### **Decrease in Percentage of Transfers Overall**

Approximately 130 trainees each year move outside of their broad specialty areas of FM (FM), medical specialties, laboratory specialties and surgical specialties. Additional transfers within broad specialty groups (excluding subspecialization) have seen a marked decrease from 113 in 2000 to 27 in

2013. The percent of transfers relative to all residents declined by a third from 2000-2013 with tiered phases. It began at 3% in 2000, dropped to 1.7-1.9% from 2006-2009, and then dropped to 1.0-1.3% from 2010-2013. See Figure 1.



One possible theory behind this trend is improved career counselling for medical students as they consider their specialization. The overall decrease in the percent of transfers among residents from 2000 to 2013 was not a surprise to any of the interviewees. They were unanimous that this decrease was likely not a result of improved career counselling. One noted that medical students can never get enough career counselling. Unfortunately, it is not necessarily well received by those who need it the most.

The 2013 National Resident Survey found a perceived lack of formal specialty-specific or generalized career counselling in residency, as well as low levels of satisfaction with employment or career counselling resources within programs.

Resident respondents indicated that information on areas of need and job trends across Canada would help their career planning. One in four (24%) of residents reported receiving formal counselling on the employment situation within their specialty. Only 6% of fourth year medical students reported receiving formal counselling on the employment outlook in different specialties.

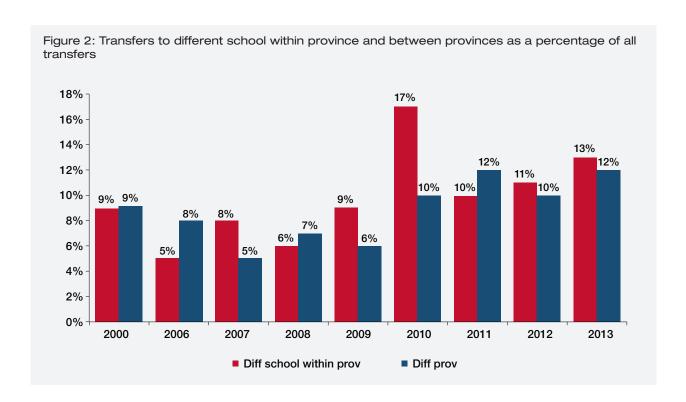
Key informants offered a number of potential contributing factors, noting the multifactorial nature of this trend. Several interviewees noted that there is a perception that it is difficult to switch residency specialties, acting as a deterrent, rather than the decrease being a reflection of a lack of interest in switching. One of the reasons noted by several associate deans for this difficulty is the lack

of resources both funding and capacity (including clinical training capacity) to support transfers. In some cases, this has led to PGME directors being much more selective in their acceptance of transfers. One associate dean noted that residency spots in their province are now allocated based on need, not quota and the numbers change from year to year. All of the associate deans noted there is less flexibility with more restricted funding for residency spots, particularly in regards to transfers across provinces. Interestingly, this is not necessarily supported in the data which indicates an increase in the percentage of transfers across provinces over the years (See Figure 2). As of 2013, transfers across provinces accounts for 12% of all transfers. The data indicate that from

2006 to 2014, the following provinces were the recipients of transfers from another province, in rank order:

- Ontario (34)
- Alberta (17)
- Quebec (13)
- British Columbia (7)
- Manitoba and Nova Scotia (6 each)
- Saskatchewan (3)
- Newfoundland and Labrador (2)

For detailed information on transfers in and out of province, see Appendix 2.



Another plausible reason for the overall decrease in transfers put forth by all of the interviewees was the increase in FM residency spots over the years, which has accommodated a rising interest in this specialty. In fact, FM graduates more than doubled between 2000 (659) and 2014 (1340). FM represented

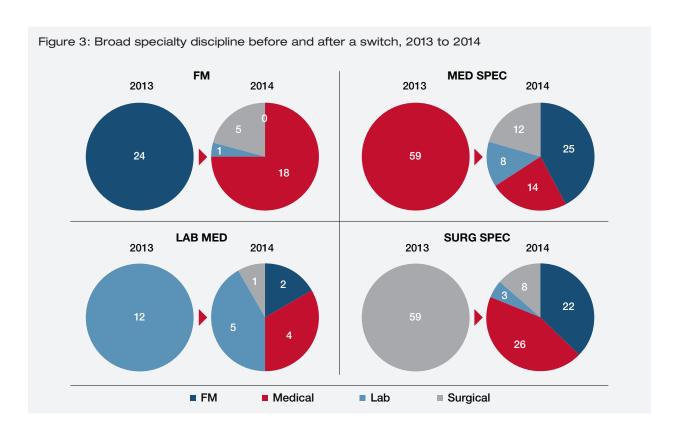
38.2% of all first choices of Canadian graduates in the first round of the 2014 Canadian Resident matching Service (CARMS) R-1 Match, up from less than 30% 15 years ago. In addition, CAPER data shows that less residents are switching out of FM (presented in the next section).

#### **Broad Specialty Switches**

In recent years, residents that are switching specialties are moving out of medical and surgical specialties into FM (See Figure 3). The following trends emerge when examining resident transfers across broad specialties in 2013/14, before and after the switch occurred:

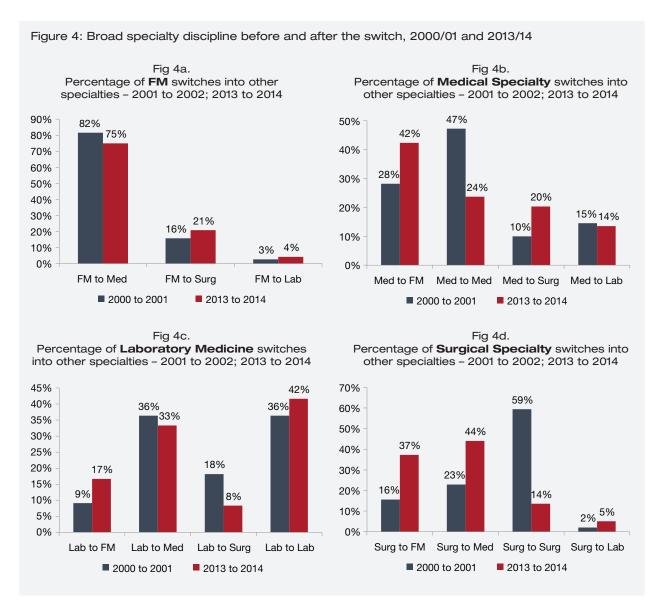
- The greatest number of transfers occurred among surgical and medical specialties.
- Most FM transfers were to medical specialties (mostly to internal medicine).

- 42% of switches out of medical specialties were to FM; the remaining shifts were to another medical specialty (24%), a surgical specialty (20%) or lab specialty (14%).
- Surgical specialty transfers were most often to FM and medical specialties, in almost equal numbers. Residents were most often transferring out of general surgery.
- Laboratory transfers were very small but often to a medical specialty.



In comparing this to transfers in 2000/01 (see Figure 4), the following differences emerge:

- Proportionally, there were more transfers from FM to surgical specialties in 2013/14 (21%) than 13 years prior when 16% transferred to surgery.
- For medical specialties there has been a shift towards switching to FM representing 42% in 2013/14 compared to 28% in 2000/01.
- A much greater proportion of surgical specialty residents were shifting to FM or medical specialties in 2013/14 (total of 81%) than in 2000/01 when they were switching most frequently to other surgical specialties with only 39% going to FM or medicine.



For information on broad specialty switches for selected years 2000/01 to 2013/14, please refer to Appendix 1.

Interviewees were asked to comment on the recent trend of residents that are switching, transferring out of medical and surgical specialties into FM. Several potential contributing factors were identified, not in any particular order:

 unrealistic perceptions (naivety) of medical students in regards to intensity of medical and surgical specialties (residency program and practice)

- today's medical students and residents are much more focused on work life balance than their predecessors, which is more aligned with FM
- increased capacity in FM residency spots over the past decade
- lighter workload of FM residency program versus that of surgical or medical specialty residency programs
- better work life balance with a career in FM, including manageable workload and job flexibility

- FM more attractive to older students considering family planning
- improvements in FM employment income
- improved perceived value/recognition/respect of FM as a specialty
- evolving structure of FM practice team oriented, changing funding model from fee for service to salary
- increasing perception that a 5-year surgical specialty will not achieve employment will need to complete additional surgical specialty
- opportunities to 'moonlight' with provisional license after 3 years of a 5-year specialty is now non-existent
- medical students are not as exposed in a meaningful manner to FM as other specialties and so becomes afterthought and so leads to a desire to transfer
- shrinking job markets (underemployment) for select surgical and medical specialties
- interest in the '2 plus 1' (R3) model for FM that allows for more practice options some level of specialization in less than the five years typical of other specialty residency programs (i.e. for emergency medicine, surgical assist, obstetrics)
- awareness by surgical residents of a lack of available operating room time
- attractiveness of a 2 (or 3) versus 5-year residency program in terms of earning potential versus debt accumulation

The perception that further training beyond a 5-year surgery residency is required for employment is substantiated in a 2016 study of practicing Canadian general surgeons in which 63% of respondents indicated that they had undergone additional formal training following completion of their general surgery residency programs. A variety of reasons were cited, including a perception that further training was needed for employment. The Royal College's 2013 employment study found that a substantial proportion of new physicians

experiencing employment issues were from surgical and resource-intensive disciplines.<sup>vii</sup>

Debit issues raised by the interviewees were also reported by medical students and residents in the 2012 National Physician Survey. One in five (19%) of residents expected their debt load will surpass \$160,000 by the time their training is completed. One third expects debt of more than \$100,000. Financial incentives offered by potential employers, such as practicing FM in an area that offered an incentive, was reported by residents as a prime method for reducing debt. Viii

The workload of FM residency being less than that of surgical or medical specialties may be reflected in burnout levels of residents. A US study comparing burnout among residents in different specialties found that FM had the lowest burnout rate (27%) in a comparison of eight specialties. ix Obstetrics/gynecology had the highest (75%), followed by internal medicine (63%). General surgery residents had a burnout rate of 40%. The study also found first year residents had significantly higher rates of burnout (77.3%) as compared to those in second year or higher (41.8%). The 2013 CAPER data show that in Canada, many switches to another broad specialty group occurred between first and second year of training (44%) with another 31% occurring between second and third year. However, the 2012 survey of residents as part of the National Physician Survey found no significant difference between FM and other specialties in their overall satisfaction with their residency training program.x

#### **Cohort Analysis**

Six different exit cohorts of residents of various specialties were examined for the years 2009-2014. The 2009 cohort would be those residents exiting postgraduate training in 2009 at a rank level at least consistent with completion of training. This would represent the number of residents who transferred in/out of the program between their first year and the year they exited.

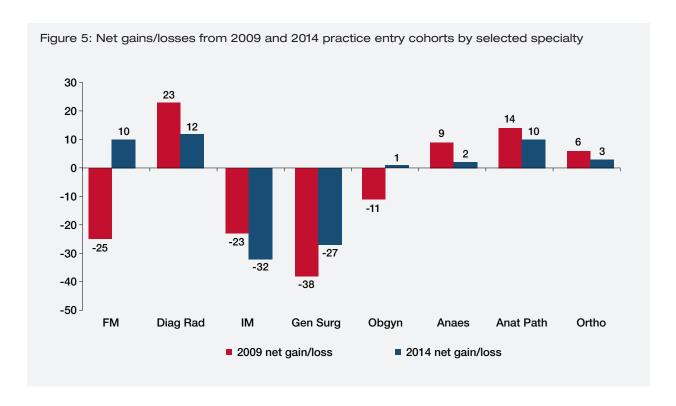


Figure 5 presents a comparison of resident cohort net losses/gains in select specialties in 2009 and 2014. In comparing the two cohorts:

- FM had a net loss with the 2009 cohort but a net gain with the 2014 cohort
- diagnostic radiology had net gain in both years
- internal medicine and general surgery had net losses in both years
- OBGYN had a net loss in 2009 and a small net gain in 2014
- anesthesia and anatomical pathology both had net gains in both years.

In fact, of the specialties selected, the following were net 'losers' for all exit cohorts from 2009 to 2014:

- Internal medicine
- General surgery

The following were net 'winners' for the same timeframe:

- Diagnostic radiology
- Anatomical pathology
- Anesthesia

FM was a net 'loser' for the 2009-2012 cohorts but then became a net 'winner' for the 2013 and 2014 exit groups.

To see the net gains/losses for the remaining specialties, please refer to Appendix 3.

None of the interviewees were surprised by the net 'losers'. When asked to reflect on possible reasons, the predominant responses were: high intensity residency and practicing physician workloads, the worst quality of life as a resident (including many night shifts), huge service component in the residency period, a perceived lack of job

opportunities, and the need to subspecialize for many of them. General surgery was singled out as being a particularly 'gruelling' residency. One interviewee noted that internal medicine and general surgery are service dependent specialties which cannot easily accommodate more residents while diagnostic radiology and anatomical pathology can.

Factors put forth as contributing to the net 'winners' varied among interviewees. Some noted these are some of the highest paying specialties with little or no overhead expenses, and predominantly hospital based with no office administration burden. Others suggested these specialties have very little direct interaction with patients and may be a good option for those residents experiencing some level of burnout or those who don't wish to have ongoing relationships with their patients. Others suggested these have some of the best work life balance with little on call and minimal night shifts (excluding anesthesia). One assistant dean noted that medical students do not receive much exposure to these specialties and only gain better insight into them during residency at which point they become more appealing.

#### **Further Analysis/Research**

Interviewees had several suggestions in terms of further analysis or research to better understand the nature of transfers. The first was to understand what percentage actual transfers represent of the total requests for transfers. Ethics approval is currently being explored to acquire this data. Another suggestion was to examine the timing of the transfers to see if many occur immediately after the mandatory 6-month home residency is over. Another interviewee suggested keeping an eye on psychiatry, given there are three new subspecialties in psychiatry and an increase in mental illness in Canada. And finally it was noted that it will be important to extend this analysis to recently available 2015 CAPER data. One associate dean

noted they have received more inquiries about transfers in the past year, compared to the past 2 years. More than one individual noted the 30% decrease in the number of applicants to diagnostic radiology in this year's CARMS match, possibly due to physician fee cuts. It will be interesting to monitor transfer trends in this specialty.

#### Conclusion

This report provides an overview of resident switches across Canada, excluding subspecialization. CAPER data reveals a pattern of transfers from medical and surgical specialties to FM. It also reveals that cohorts of certain specialties were consistently net 'losers' (internal medicine and general surgery) from 2009-2014 while others for the same time frame were repeatedly net 'winners' (diagnostic radiology, anatomical pathology, anesthesia). The data, combined with the perspectives of select stakeholders, suggest that transfers occur for a variety of reasons, including lifestyle preference, employment opportunities, changes in the health system and specialty practice characteristics.

#### References

- i Resident Doctors of Canada. (2014). Career Counselling in Canadian Residency Training Programs. Ottawa: Author.
- ii Sullivan, P. (2016). In tightening market, job advice for residents, students scarce: survey. Ottawa: Canadian Medical Association.
- iii Ibid.
- iv CAPER: Annual Census of Post-MD Trainees 1992-93 to 2014-2015. Table: Number completing postgraduate training and entering practice by field of training, 1992-2014.
- v CARMS. Match Reports 2014 Table 11: First Choice Discipline of CMG Applicants. 2000 Table 8 History of Family Medicine as a Career Choice of Canadian Graduates
- vi Webber, E. Ronson, A., Forman, L., Taber, S. & Harris, K. (2016). The future of general surgery: Evolving to meet a changing practice. *Journal of Surgical Education*, 73(3), 496-503.
- vii Frechette, D., Hollenberg, D., Shrichand, A., Joacob, C. & Datta, I. (2013). What's really behind Canada's unemployed specialists? Too many, too few doctors? Findings from the Royal College's employment study. Ottawa: The Royal College of Physicians and Surgeons of Canada.
- viii Sullivan, P. (2016). Debt issues looming larger for students, residents: survey. Ottawa: Canadian Medical Association.
- ix Martini, S., Arfken, C., Churchill, A., & Balon, R. (2004). Burnout comparison among residents in different medical specialties. *Academic Psychiatry*, 28(3), 240-242.
- x National Physician Survey, 2012. Results for Medical Residents. Table: Q6 Please indicate your overall satisfaction with your residency training program.

#### **Appendix 1:**

# Broad specialty discipline before and after the switch, selected years 2000/01 to 2013/14

				Year of Switch	h	
Switch from	Switch to	2000/01	2006/07	2011/12	2012/13	2013/14
Family medicine	Medical specialties	31	32	19	35	18
	Laboratory specialties	1	1	0	1	1
	Surgical specialties	6	4	7	6	5
	TOTAL	38	37	26	42	24
Medical specialties	Family medicine	31	16	28	27	25
	Medical (up to PGY3)	52	57	31	27	14
	Laboratory specialties	16	7	2	7	8
	Surgical specialties	11	21	3	5	12
	TOTAL	110	101	64	65	59
Laboratory	Family medicine	1	3	2	4	2
specialties	Medical specialties	4	3	4	5	4
	Laboratory (up to PGY 5)	4	na	5	14	5
	Surgical specialties	2	0	1	0	1
	TOTAL	11	6	12	23	12
Surgical specialties	Family medicine	15	7	19	24	22
	Medical specialties	22	23	18	19	26
	Laboratory specialties	2	3	3	2	3
	Surgical (up to PGY5)	57	34	16	17	8
	TOTAL	96	67	56	62	59
Total	Within broad specialty	113	91	52	58	27
	Between broad specialty	142	120	106	134	127

Specialty switches of trainees from 2000 to 2001 by medical school before and after transfer (excluding subspecialization and visa trainees)

				•				` .									
Training School								Training S	School Afte	r Transfer							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UW0	MAN	SASK	ALTA	CAL	UBC	Total
MEM	4	1															5
DAL		5					2									1	8
LAV			11														11
SHER			1	6	2	1											10
MTL				1	7	1											9
McG						8	1										9
OTT							2	2			1					1	6
QNS						1		1	1		1					1	5
TOR						1	1		19		1					2	24
McM									1	6							7
UW0						1		1			3					1	6
MAN								1				3					4
SASK													4				4
ALTA														5			5
CAL			1												2	1	4
UBC	1					1			1							9	12
Total	5	6	13	7	9	14	6	5	22	6	6	3	4	5	2	16	129

Specialty switches of trainees from 2000 to 2001 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province				Training P	rovince Aft	er Transfer			
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	4	1							5
The Maritimes		5		2				1	8
Quebec			38	1					39
Ontario			3	40				5	48
Manitoba				1	3				4
Saskatchewan						4			4
Alberta			1				7	1	9
British Columbia	1		1	1				9	12
Total	5	6	43	45	3	4	7	16	129

Specialty switches of trainees from 2006 to 2007 by medical school before and after transfer (excluding subspecialization and visa trainees)

Training School								Traini	ing School	After Transf	er							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UW0	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	3																	3
DAL		3							1								1	5
LAV			6		1													7
SHER				7														7
MTL					5						1							6
McG						6												6
OTT							6					1						7
QNS								2										2
TOR									13	1						1		15
McM										8								8
UW0									1		8				1			10
NOSM																		
MAN													6					6
SASK							1				1			3				5
ALTA										1					6	1		8
CAL		1													1	7	1	10
UBC																	6	6
Total	3	4	6	7	6	6	7	2	15	10	10	1	6	3	8	9	8	111

Specialty switches of trainees from 2006 to 2007 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province				Training P	rovince Afte	er Transfer			
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	3								3
The Maritimes		3		1				1	5
Quebec			25	1					26
Ontario				40			2		42
Manitoba					6				6
Saskatchewan				2		3			5
Alberta		1		1			15	1	18
British Columbia								6	6
Total	3	4	25	45	6	3	17	8	111

Specialty switches of trainees from 2007 to 2008 by medical school before and after transfer (excluding subspecialization and visa trainees)

Training School								Ti	raining Scho	ool After Tr	ansfer							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UW0	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	2										1							3
DAL		1																1
LAV			7															7
SHER			1	5							1							7
MTL					9													9
McG						7						1						8
OTT							7											7
QNS								5	1									6
TOR								2	17	1	2	1						23
McM									2	5								7
UW0											3				1			4
NOSM																		
MAN													9					9
SASK																		
ALTA															8			8
CAL															1	2		3
UBC									1		1					1	10	13
Total	2	1	8	5	9	7	7	7	21	6	8	2	9		10	3	10	115

Specialty switches of trainees from 2007 to 2008 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province				Training P	rovince A	fter Trans	fer		
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	2			1					3
The Maritimes		1							1
Quebec			29	2					31
Ontario				46			1		47
Manitoba					9				9
Saskatchewan									
Alberta							11		11
British Columbia				2			1	10	13
Total	2	1	29	51	9		13	10	115

Specialty switches of trainees from 2008 to 2009 by medical school before and after transfer (excluding subspecialization and visa trainees)

Training School								Trai	ning Schoo	l After Tran	sfer							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UW0	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	1																	1
DAL		4																4
LAV			5															5
SHER				2														2
MTL					5	1												6
McG						15									1			16
OTT						1	3	1										5
QNS								3	1									4
TOR						1			14		2							17
McM						1				8		1						10
UW0						1					5		1					7
NOSM																		
MAN													2		2			4
SASK														2		1		3
ALTA	1														9	1		11
CAL															2	3		5
UBC										1							10	11
Total	2	4	5	2	5	20	3	4	15	9	7	1	3	2	14	5	10	111

Specialty switches of trainees from 2008 to 2009 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province				Training P	rovince Afte	er Transfer			
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	1								1
The Maritimes		4							4
Quebec			28				1		29
Ontario			4	38	1				43
Manitoba					2		2		4
Saskatchewan						2	1		3
Alberta	1						15		16
British Columbia				1				10	11
Total	2	4	32	39	3	2	19	10	111

Specialty switches of trainees from 2009 to 2010 by medical school before and after transfer (excluding subspecialization and visa trainees)

Training School								Trair	ing School	After Tran	sfer							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UWO	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	3																	3
DAL		3																3
LAV			13															13
SHER				7		1												8
MTL					4													4
McG						7			1									8
OTT						1	2					1	1					5
QNS								5	1		1							7
TOR		1					1		4		2							8
McM							2		2	9		1	1	1				16
UW0		1				2			2	2	5							12
NOSM												1						1
MAN											1		2					3
SASK														2				2
ALTA															9			9
CAL															1			1
UBC																	9	9
Total	3	5	13	7	4	11	5	5	10	11	9	3	4	3	10		9	112

Specialty switches of trainees from 2009 to 2010 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province				Training P	rovince Afte	er Transfer			
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	3								3
The Maritimes		3							3
Quebec			32	1					33
Ontario		2	3	41	2	1			49
Manitoba				1	2				3
Saskatchewan						2			2
Alberta							10		10
British Columbia								9	9
Total	3	5	35	43	4	3	10	9	112

Specialty switches of trainees from 2010 to 2011 by medical school before and after transfer (excluding subspecialization and visa trainees)

Training School								Trainir	ig School Af	fter Transf	er							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UWO	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	1																	
DAL		2						2	1									
LAV			8															8
SHER				3	1	1												į.
MTL				1	4													į.
McG						5												
OTT						1	1									1		:
QNS								2										2
TOR								3	13	2	3							21
McM								2	1	8	1							12
UW0										1	5							6
NOSM							1	2				1	1					5
MAN													2				1	:
SASK								1						2				:
ALTA															7			7
CAL									1						1	5		7
UBC																	8	8
Total	1	2	8	4	5	7	2	12	16	11	9	1	3	2	8	6	9	106

Specialty switches of trainees from 2010 to 2011 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province				Training F	rovince Af	ter Transfei	r		
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	1								1
The Maritimes		2		3					5
Quebec			23						23
Ontario			1	46	1		1		49
Manitoba					2			1	3
Saskatchewan				1		2			3
Alberta				1			13		14
British Columbia								8	8
Total	1	2	24	51	3	2	14	9	106

Specialty switches of trainees from 2011 to 2012 by medical school before and after transfer (excluding subspecialization and visa trainees)

Training School								Traini	ng School	After Transf	er							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UWO	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	3																	3
DAL		2									1					1		4
LAV			10	1	1		1											13
SHER				1	1													2
MTL					6													6
McG					1	4		1										6
OTT							2					1						3
QNS								5		1								6
TOR									11		2			1		1		15
McM										6								6
UW0	1										2	1						4
NOSM										1		1						2
MAN									1				1					2
SASK														1	1			2
ALTA										1					15	1	1	18
CAL													1			1		2
UBC							1					1					6	8
Total	4	2	10	2	9	4	4	6	12	9	5	4	2	2	16	4	7	102

Specialty switches of trainees from 2011 to 2012 by province before and after transfer (excluding subspecialization and visa trainees)

, , ,			,						
Training Province				Training P	rovince Aft	er Transfer			
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	3								3
The Maritimes		2		1			1		4
Quebec			25	2					27
Ontario	1			33		1	1		36
Manitoba				1	1				2
Saskatchewan						1	1		2
Alberta				1	1		17	1	20
British Columbia				2				6	8
Total	4	2	25	40	2	2	20	7	102

Specialty switches of tra	inees from	2012 to 20	13 by med	ical school	before and	after transf	er (excludin	ig subspec	ialization ar	d visa trair	nees)							
Training School before								Trainin	g School Af	ter Transfer								
transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UWO	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	5													1				6
DAL		4																4
LAV			11								1							12
SHER				12					1									13
MTL					8													8
McG					1	4												5
OTT							4			1	1							6
QNS		1				1	1	3										6
TOR		1						3	13	2	1							20
McM						1		3		10	1	1						16
UW0											6							6
NOSM																		
MAN									1				6					7
SASK														- 1				1
ALTA		1													5			6
CAL										1				1	1	1		4
UBC										1							8	9
Total	5	7	11	12	9	6	5	9	15	15	10	1	6	3	6	1	8	129

Specialty switches of trainees from 2012 to 2013 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province before				Training P	rovince Afte	er Transfer			
transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	5					1			6
The Maritimes		4							4
Quebec			36	2					38
Ontario		2	2	50					54
Manitoba				1	6				7
Saskatchewan						1			1
Alberta		1		1		1	7		10
British Columbia				1				8	9
Total	5	7	38	55	6	3	7	8	129

Field of Training Switches are based on post-M.D. training data provided to CAPER by the PGME offices.
 and do not necessarily mean a change in Program.

Specialty switches of trainees from 2013 to 2014 by medical school before and after transfer (excluding subspecialization and visa trainees)

Training School								Traini	ng School A	After Transf	er							
before transfer	MEM	DAL	LAV	SHER	MTL	McG	0TT	QNS	TOR	McM	UWO	NOSM	MAN	SASK	ALTA	CAL	UBC	Total
MEM	9																	9
DAL		2					1	2									1	6
LAV			9															9
SHER				6			1											7
MTL					10													10
McG						6				1							1	8
OTT						1			1	1								3
QNS		1						2										3
TOR					1		1	2	12	1								17
McM									2	5								7
UW0									1		3							4
NOSM								1			1	1						3
MAN													4					4
SASK													1		1			2
ALTA										1					3			4
CAL						1									1	7		9
UBC						1						1				1	12	15
Total	9	3	9	6	11	9	3	7	16	9	4	2	5		5	8	14	120

Specialty switches of trainees from 2013 to 2014 by province before and after transfer (excluding subspecialization and visa trainees)

Training Province				Training P	rovince Aft	er Transfer			
before transfer	NL	Maritimes	QC	ON	MB	SK	AB	BC	Total
Newfoundland	9								9
The Maritimes		2		3				1	6
Quebec			31	2				1	34
Ontario		1	2	34					37
Manitoba					4				4
Saskatchewan					1		1		2
Alberta			1	1			11		13
British Columbia			1	1			1	12	15
Total	9	3	35	41	5		13	14	120

Appendix 3:

Post-M.D. Trainees exiting training in 2009 Canadian citizens/permanent residents only by first and last field of training

Post-M.D. Trainees exiting training in 2010 Canadian citizens/permanent residents only by first and last field of training

Pamily Medicine	qn	erm	beA gei	mer Med	V	tənəD bəl	eurol eurol Ped	uc Med	ccnb Wed	spa	hys Med 8	глср	ad Onc	ffibnu da	nat Path	en Path	emat Path led Biochem	led Mirco	enropath	ardiac Surg	en Surg	euro-surg	u/l6/q	ццd		lof	tol tho sura	rtho surg		rtho surg lastic surg	rtho surg lastic surg rol ntal	rtho surg lastic surg rol
Medicine   2		a "	a :	9 °	_		-	N _		d "	-	d "	-		-	-	-					-	N	0	0 6	0 0	0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ° 0 ° 0	0 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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uth and Preventive 1 2 gy Radiology Wedicine (Royal College) 1 1 2 edicine 11 1 2 enetics 1 1 1 2 edicine 1 1 2 edicine 1 1 1 2 edicine 1 1 2 edicine 1 1 1 1 2 edicine 1 1 1 1 1 2 edicine 1 1 1 1 1 2 edicine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		-	-	-								-												-	-	-		-	12	121	121
Padiology  y Medicine (Royal College)  edicine enetics  netics  (Pediatrics)  1  edicine nal Medicine 1  ledicine and Rehabilitation 1  honology 1  honology 1  honology 1  honology 1  honology 1	_ ~		-	-						•			-			-									-	-						. o
Radiology  Medicine (Royal College)  edicine  enetics  Pediatrics)  (Pediatrics)  In 1 2  edicine  In 1 2  In 1 1 2  In 1 1 2  In 1 1 2  In 1 1 1 2  In 1 1 1 1 2  In 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i	9														-																
w Medicine (Royal College) 1 1 2 2 enetics 1 1 1 2 2 Enetics 1 1 1 2 Enetics 1 1 1 2 Enetics 1 1 1 1 1 2 Enedicine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			72					ļ ``	2																	-	-	-	-		75 2	75 2
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Pediatrics) 1  edicine and Medicine 2 1  ledicine and Rehabilitation 8	-	-	2	,	330	-	2		_	3		က	4		-				က			-				3	3		-	-	1 378	-
(Pediatrics) 1 edicine and Medicine 2 1 ledicine and Rehabilitation 8						6				_																					10	10 2
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nal Medicine  2 1  Redicine and Rehabilitation  8			-						2																						4	4 5
ledicine and Rehabilitation 8					-				4	_																					9	0 9
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Laboratory Medicine (Undifferentiated)														0	က	-															4	0 4
Anatomical Pathology 2			-		-										24															2	28 16	28 19
General Pathology			-												12	က			-											-	17	17 3 14
Hematological Pathology		-															က					-									4	4 3
Medical Biochemistry					-													2													3 (	3 0
Medical Microbiology					-													Ė	=												12 7	12 7
Neuropathology																																
Cardiac Surgery 1																				_	12										13	13 3
General Surgery 5 1			2		-								-		2		_				3	89	2	_			4	4 6	6 5	6 5 4 1	6 5 4 127	6 5 4 1
Neurosurgery 1			-	-																			14		2			2		2	2 21	2
Obstetrics/Gynecology 6 1		-	-		-																		1	62						6	06	90 5 11
Ophthalmology							-																	.,		28	8	8	1	-	1 30	-
Otolaryngology 1																										2	20	20	20		21	
Orthopedic Surgery 3			-								-											-					4,	28	-	-	1 1 66	-
Plastic Surgery																						-							19		20	
Urology																													53	28 2	28	
<b>Total</b> 1002 17 124 30	30	15	86	27	352	=	30		7	4 145	15	133	35		43	9	9	2	8	_	15 6	93	17 8	84	(,)	36 2	56	26 68	26 68 26	26 68 26 34	26 68 26 34 2523	26 68 26 34

Appendix 3:

Post-M.D. Trainees exiting training in 2011 Canadian citizens/permanent residents only by first and last field of training

First Field of Training Reported to CAPER	Family Medicine	Palliative Medicine	Anesthesiology	Public Health and Preventive Medicine	Dermatology	Diagnostic Radiology	Emergency Medicine (Royal College)	Internal Medicine	Medical Genetics	Neurology	Neurology (Pediatrics)	Nuclear Medicine	Occupational Medicine	Pediatrics	Physical Medicine and Rehabilitation	Psychiatry	Radiation Oncology	Laboratory Medicine (Undifferentiated)	Anatomical Pathology	General Pathology	Hematological Pathology	Medical Biochemistry	Medical Microbiology	Neuropathology	Cardiac Surgery	General Surgery	Neurosurgery	Obstetrics/Gynecology	Ophthalmology	Otolaryngology	Orthopedic Surgery	Plastic Surgery	
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beA geid	∞		-				75		2				က	-		-									-	2	2				-		
Emer Med (RCPSC	က							41																		-					-		
МІ	13							341		_		_			_	_			-							2					_		
Med Genetics									7																								
Neurol	2					-		9		59				-															-				-
Neurol Peds											7			2																			
упс Med						-		2				9																					
Occup Med																																	
Peds	2								-	-				134												_		-					
Phys Med & Rehal	က														16												-				2		
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Tibnu deJ																		0															
rits9 tsnA	-																	-	24	2						-			-				
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Hemat Path																		-			-												
Med Biochem																						-											
Med Mirco								2															2			-							ĺ
Nenropath																																	
Cardiac Surg																									6	2							
Gen Surg	-		-											-											-	97						-	
Neuro-surg																				-						2	17						
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lof0	-																									က				19			ľ
Ortho surg	4														-											4	4				99		ĺ
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Transferred out of specialty	88	0	12	က		4	∞	38	_	3		4		∞	9	2	2	2	က	7	0	0	_	_	2	27	80	9	2	n	10	2	
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Appendix 3:

Post-M.D. Trainees exiting training in 2012 Canadian citizens/permanent residents only by first and last field of training

into specialty Transferred out of specialty Net gain/loss	3 99 -36	9 0 19	9 16	4	-	9 5 14	က	(3)	3 3 0	6 5	2 0 2	5	0 3 -3	7 8 -1	2 7 -5	7 22 -5	7 7 0	8 0	3 6 10	3 9 -6	3 0 3	1 0 1	2 0 2		6 2 4	36 -26	3 10 -7	10 1	5 1 4	5 5 0	7 5 2	6 1 5	4 1 3	328 0
Transferred	5 63	0 19	30 25			_		4	ω	50 11	2	6	3	82	31	1 17	32	8	37 16	13	4	9	12		10	3 10	28	90 11	35	33	. 22		25	4 328
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Urol																										2				_		<u></u>	24	7 28
Plastic surg	2																									က	2				0	24		2 30
Ortho surg								_																		7	_				70		_	3 77
lot0																										.,			_	78		_	_	33
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Neuro-surg										_																_	18				_			2
Gen Surg	4							2						2												107		-		-				117
Cardiac Surg	-							-																	∞	4								14
Nenropath																																		
Med Mirco								2															12											14
Med Biochem								-														9												7
Hemat Path								-												2	4											П		7
Gen Path																		-	2	4														7
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Phys Med & Rehal			-			-									24	-																		26 1
Peds	က					-			7					174	-																	H		181
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Nuc Med											2			2																		H		7
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Emer Med (RCPSC							43	-								-										-								
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sənA	13		121				-	9									-		_						-	-	-							146
Pall Med	13	0		-				က								-										-								19
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ining ER		е		Preventive		ogy	Emergency Medicine (Royal College)				rics)		Jicine		Physical Medicine and Rehabilitation		ÁÉ.	ine	logy		thology	istry	logy					ology			ry			
First Field of Training Reported to CAPER	Family Medicine	Palliative Medicine	Anesthesiology	Public Health and Preventive Medicine	Dermatology	Diagnostic Radiology	Emergency Medic	Internal Medicine	Medical Genetics	Neurology	Neurology (Pediatrics)	Nuclear Medicine	Occupational Medicine	Pediatrics	Physical Medicine	Psychiatry	Radiation Oncology	Laboratory Medicine (Undifferentiated)	Anatomical Pathology	General Pathology	Hematological Pathology	Medical Biochemistry	Medical Microbiology	Neuropathology	Cardiac Surgery	General Surgery	Neurosurgery	Obstetrics/Gynecology	Ophthalmology	Otolaryngology	Orthopedic Surgery	Plastic Surgery	Urology	Total

Appendix 3:

Post-M.D. Trainees exiting training in 2013 Canadian citizens/permanent residents only by first and last field of training

Gardiac Surg Gen Surg Weuro-surg Ob/gyn Ophth Otho Ortho surg Plastic surg Plastic surg Ortho Transferred Transferred Transferred Transferred	1 1 1 2 1280 44 49	12 0	1 147 17 10	24 5 6	20 6 1	104 22 6	53 10 5	3 471 27 42	8 1 4	47 7 3	7 1 0	4 8 1	1 0 1	193 7 10	27 1 2	176 9 8	29 6 2	5 0 5	43 9 9	7 0 3	2 3 0	3 0 0	11 5 0	1 0	11 0 3	144 5 36	25 2 4	119 1 13	44 4 2	31 5 0	107 11 5	35 2 2	32 34 3 2
Cardiac Surg Gen Surg Neuro-surg Ob/gyn Ophith Otol Otho surg Plastic surg Iorl Urol Total Urol Iorl	1 2 1280	12	147					471																-									34
Cardiac Surg Gen Surg Neuro-surg Ob/gyn Ophth Oth Oth Ortho surg Plastic surg Plastic surg	1 2 1			24	20	104	53		8	47	7	4	-	193	27	176	29	2	43	7	2	က	Ξ		Ξ	144	22	119	44	31	107	35	
Cardiac Surg Gen Surg Neuro-surg Obhth Ophth Ortho surg	-		-					က																			_						Ŋ
Cardiac Surg Gen Surg Neuro-surg Obhth Ophth Otol	-		-					8											-							2							כיי
Cardiac Surg Gen Surg Ob/gyn Ophth Otol	-		-					3																		-		-				33	
Cardiac Surg Gen Surg Neuro-surg Ob/gyn			-					3																		9	7				102	-	
Cardiac Surg Gen Surg Neuro-surg Ob/gyn			-					က											-							က		-		3			
Cardiac Surg Gen Surg Neuro-surg Ob/gyn	-		-																										42				
Cardiac Surg Gen Surg Neuro-surg	-		-																									901					
Cardiac Surg Gen Surg	-		-																							7	21	_					
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Med Biochem								2						_							2												
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Ьеусһ	2					_		_								168																	
Phys Med & Rehab															52																		
Peds	4							_	2					183																			
Occup Med													0																				
Nuc Med	_					4		_		_		3																			-		
Neurol Peds											7			-																			
Neurol	-							4		44						-													-				
Med Genetics								-	4																								
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Emer Med (RCPSC)	2						48										-								-	3		-			2		
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Derm					19			က							-				-													-	
Pub H & Prev Med	က			8										-														-					
sənA	က		137				က	2								-										2							
Pall Med	6	0						-						-					-														
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First Field of Training Reported to CAPER	Family Medicine	Palliative Medicine	Anesthesiology	Public Health and Preventive Medicine	Dermatology	Diagnostic Radiology	Emergency Medicine (Royal College)	Internal Medicine	Medical Genetics	Neurology	Neurology (Pediatrics)	Nuclear Medicine	Occupational Medicine	Pediatrics	Physical Medicine and Rehabilitation	Psychiatry	Radiation Oncology	Laboratory Medicine (Undifferentiated)	Anatomical Pathology	General Pathology	Hematological Pathology	Medical Biochemistry	Medical Microbiology	Neuropathology	Cardiac Surgery	General Surgery	Neurosurgery	Obstetrics/Gynecology	Ophthalmology	Otolaryngology	Orthopedic Surgery	Plastic Surgery	Urology

Appendix 3:

Post-M.D. Trainees exiting training in 2014 Canadian citizens/permanent residents only by first and last field of training

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into specialty Transferred out of specialty	6 73		9 16		6			9 61	4	2	3	4		0 16	2	_	2	0	12 2	8	. 2	. 2	-	0	2	1 28	2	8	. 2	2		5	2	53
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Urol						_		_																		2					_	33	2	38
Plastic surg	2							_						_		-										2					81	- 3		92
Ortho surg																	_									_				_				33
lot0								2																						31				30
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nyg/d0																										_	_	107			_			115
Neuro-surg																											17							19
Gen Surg	က							_						_												109				_			က	120
Cardiac Surg																									유	2								12
Neuropath																								2										2
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Peds	-		-					က	-		က			191														-						201
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First Field of Training Reported to CAPER	Family Medicine	Palliative Medicine	Anesthesiology	Public Health and Preventive Medicine	Dermatology	Diagnostic Radiology	Emergency Medicine (Royal College)	Internal Medicine	Medical Genetics	Neurology	Neurology (Pediatrics)	Nuclear Medicine	Occupational Medicine	Pediatrics	Physical Medicine and Rehabilitation	Psychiatry	Radiation Oncology	Laboratory Medicine (Undifferentiated)	Anatomical Pathology	General Pathology	Hematological Pathology	Medical Biochemistry	Medical Microbiology	Neuropathology	Cardiac Surgery	General Surgery	Neurosurgery	Obstetrics/Gynecology	Ophthalmology	Otolaryngology	Orthopedic Surgery	Plastic Surgery	Urology	

