Correspondance

Sanmugasunderam and Romanchuk state that our program is "just a consensus model." We would argue that the consensus component of the model is an integral reason for its success. It was through consensus that we agreed upon the criteria to measure. We then selected the most objectively validated tools and agreed upon a relative scoring system. Another jurisdiction might go through the same process and come up with different criteria or a different scoring system. We feel that surgeons are more likely to accept the process if they have been involved in creating it.

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Burgeoning career opportunities in radiation oncology

Four years ago *CMAJ* reported that residents training in radiation oncology were experiencing difficulty securing career staff positions in Canada and were seeking employment elsewhere, while others were leaving the specialty before completing training.[1] Currently, approximately 60 funded staff positions in radiation oncology are vacant and specialists are being recruited actively outside Canada by a number of provinces.[2] The Royal College of Physicians and Surgeons of Canada has recently revised its regulations to once again allow physicians in this specialty to have postgraduate training obtained outside North America assessed to determine their eligibility to sit Royal College examinations and ultimately obtain Canadian certification.

There are approximately 275 funded radiation oncology staff positions at 33 cancer treatment centres across Canada. This represents an increase of more than 60 positions in the last 4 years, including 35 in Quebec alone.[3] Attrition from the specialty is between 3% and 4% per year. Trends for the past 15 years show that the number of patients being treated by radiotherapy has increased by approximately 4% per year.[4] This rate is unlikely to change in the next 10 years.

Once the shortfall of 60 radiation oncologists is eliminated, Canada will need approximately 25 of these specialists per year to account for attrition and increasing need. However, for the next 4 years an average of only 14 residents will complete training each year. It is unlikely that this shortfall can be made up simply by offshore recruiting because other countries are experiencing similar problems. It is quite clear that for the foreseeable future, Canadian trainees in radiation oncology will have employment opportunities across the country.

This letter is to affirm to medical school graduates that the specialty will provide good career opportunities for trainees for many years to come.

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National stroke surveillance program needed in Canada

The Canadian Stroke Systems Coalition is to be congratulated on developing recommendations for creating a systems approach to stroke care in Canada.[1] Implementation of the recommendations should considerably reduce Canada's stroke burden.

To better understand the national stroke demographics and to monitor the actual impact of programs and research will require emphasis not only on monitoring of stroke risk factors as proposed by the Canadian Stroke Systems Coalition, but also on surveillance of stroke care, stroke incidence and stroke mortality. National stroke surveillance would allow us to develop an overall picture of stroke in the Canadian population, do time trend analyses, better ex-