

Canadian  
Dermatology  
Association



Association  
canadienne de  
dermatologie



# More Than Skin Deep

**Solutions** to narrow Canada's dermatology gap

**ADVOCACY SERIES**








# Contents

Executive Summary.....	2
Problem Overview .....	4
Introduction & Background.....	4
Description of the Problem .....	5
The State of the Shortages.....	5
Cause of the Shortages.....	10
Impact of the Shortages .....	12
Solutions.....	13
1. Bolster System Capacity.....	13
2. Develop Effective and Efficient Care Models .....	16
3. Integration of Technology .....	17
Conclusion.....	18



# Executive Summary

Dermatologists are essential for the treatment of systemic skin diseases and skin cancer. The Canadian health care system, however, is experiencing a **critical shortage of dermatologists**.

With just over

**800**

dermatologists<sup>1</sup>



To serve a population of

**41.5 million,**<sup>2</sup>

patients already face significant barriers to timely care. Without immediate and coordinated action, the ability of the system to meet increasing demand will dramatically worsen.

Through a comprehensive literature review and conversations with system leaders, **three key areas of improvement were identified.**

- 1. Bolster system capacity** including pan-Canadian health workforce planning, enhanced domestic training of dermatologists, and international recruitment, as well as appropriate compensation for medical dermatology practice.
- 2. Develop effective and efficient care models** including enhanced primary care delivery of skin conditions care, interdisciplinary collaboration and team-based care.
- 3. Integrate technology** including streamline workflows and processes such as EMR optimization, and AI scribe using validated technology.

All of these solutions require that dermatologists, as the skin health experts, lead dermatological care and dermatological care solutions.

Addressing the shortages will require collaborative pan-Canadian solutions. The Canadian Dermatology Association is committed to elevating and driving this work to create a better dermatological care system for patients, providers, and the health system at large.

The optimal dermatologist-to-population ratio is

**3:100,000<sup>3</sup>**

Based on this benchmark, the Canadian Dermatology Association estimates **a shortage of 465 dermatologists across Canada**, a gap too great to close solely through current workforce policies.

# Problem Overview

## Introduction & Background

Canada's dermatologist community issued early warnings in the 2000s regarding a critical shortage of dermatologists<sup>4</sup>. The profession aimed to pre-empt the significant demographic shifts now evident in 2025, specifically a rapidly increasing aging population alongside a dermatology workforce shortage<sup>5</sup>. Despite these warnings, proactive solutions were not implemented, leaving us in a far more difficult position today.

The health human resource (HHR) shortage is one that is prevalent throughout the entire Canadian health care system and extends globally. HHR recruitment and retention challenges have been building for years and were significantly intensified by the pressures of COVID-19<sup>6</sup>. Across the system, **gaps in workforce planning, training capacity, and provider well-being are straining the delivery of timely care.**

These workforce issues reflect deeper, structural challenges in how Canada's health care system was designed. Built in the post World War II era, the system prioritized acute care and hospital-based

services. It was not built to accommodate today's realities of a population with longer life expectancy, rising rates of chronic disease, and increasingly complex care needs. **In 2023, 46.1% of Canadians lived with at least one major chronic disease**<sup>7</sup>. The current model, often referred to as a "sick care" system, is not keeping up with patient demand.

Dermatology is a critical component of an effective health care system and has been directly affected by these system pressures. The skin is the body's largest organ and plays a vital role in overall health, providing a first line of defense against infection and environmental hazards. When skin is diseased, the impacts can be severe. Conditions like skin cancer require rapid diagnosis and treatment to prevent death, while non-life threatening conditions such as eczema, psoriasis, or severe acne can lead to chronic pain, physical discomfort, and serious mental health and systemic consequences<sup>8</sup>.

Dermatologists are skin health experts who **diagnose and treat more than 3,000 different diseases** in both children and adults, engaging in a variety of patient care that combines cognitive skills with surgical skills. However, a study looking at the national average of wait times for speciality care estimated that Canadians are waiting months<sup>9</sup> for access to care. Delayed treatment can result in disease progression, complications, and more complex, and costly interventions.

**Skin diseases in Canada have steadily increased over the years<sup>10</sup>**, yet policy and workforce planning have not kept pace. Without action, delays in access to dermatological care will continue to grow, geographic and jurisdictional inequities in care will deepen, and population health outcomes will worsen.

The following paper provides a statistical analysis of the Canadian dermatologist shortage, the cause and impact of the shortages and a look at potential solutions to bolster the dermatologist workforce in Canada.

---

## Description of the Problem

### The State of the Shortages

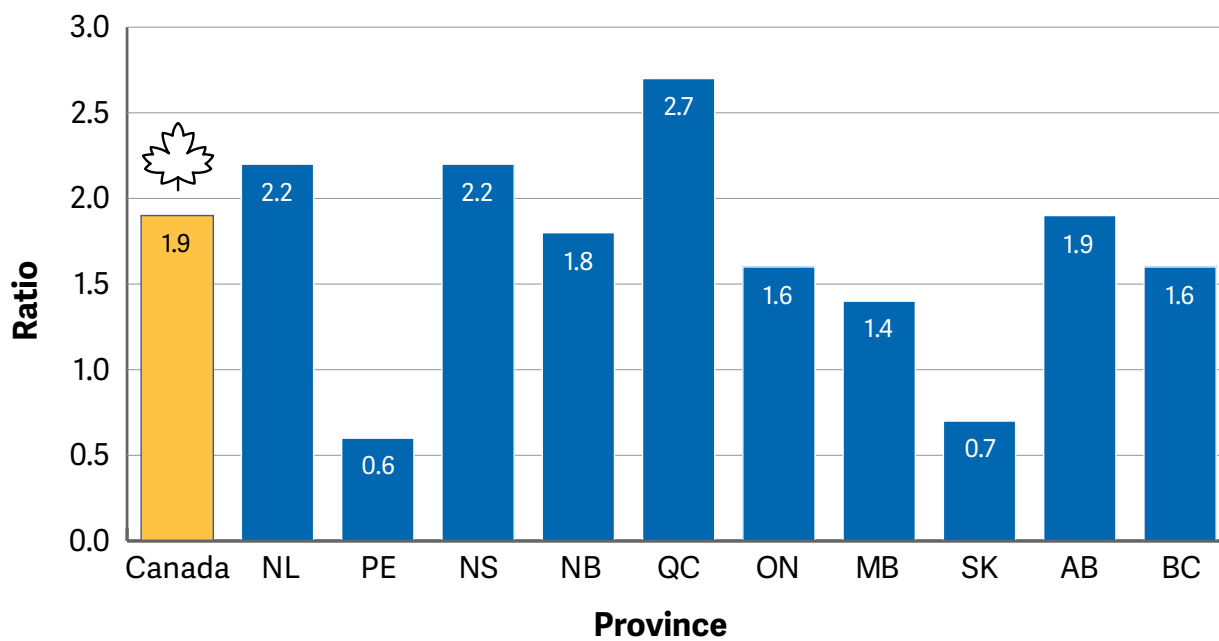
#### Current State:

Canada is experiencing a critical and climbing shortage of dermatologists. In 2023, according to the Canadian Institute of Health Information (CIHI), there were 750 dermatologists registered within Canada<sup>11</sup>, responsible for providing care for a population of 40.5 million<sup>12</sup>. In more relative numbers, this equates to **only 1.9 dermatologists for 100,000 people on average**, however there are jurisdictional differences causing this ratio to be much lower in some areas including Saskatchewan (0.7), Manitoba (1.4), and Prince Edward Island (0.6) (Figure 1).

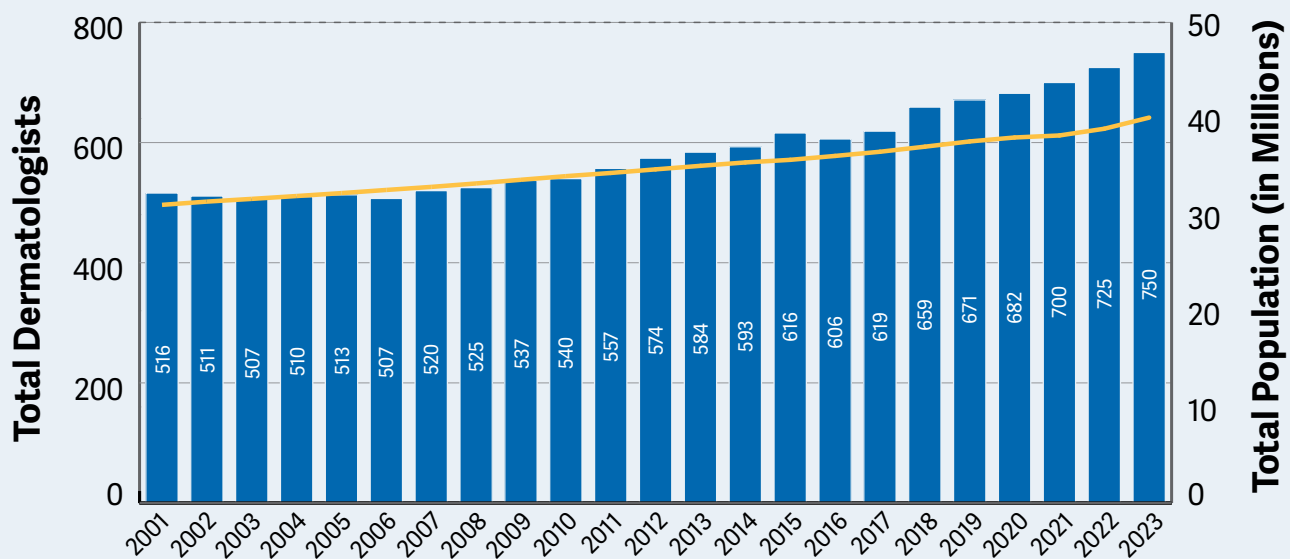
The shortages have been longstanding, a factor of which has been the relatively stable growth of dermatologists over the past 20 years relative to the growth of the Canadian population (Figure 2). Over the past 10 years, the average growth in supply has been about 2.5% or about 17 dermatologists per year. This represents the summation of dermatologists entering and leaving the workforce.

To better quantify the shortage, an optimal dermatologist-to-population ratio of 3:100,000 was identified in a recent study<sup>13</sup>. Based on this ratio, there would ideally be 1,215 dermatologists practicing in Canada, meaning there is **a shortage of 465 dermatologists across the country**.

**Figure 1: Dermatologists per 100,000 Population Across Canada in 2023**



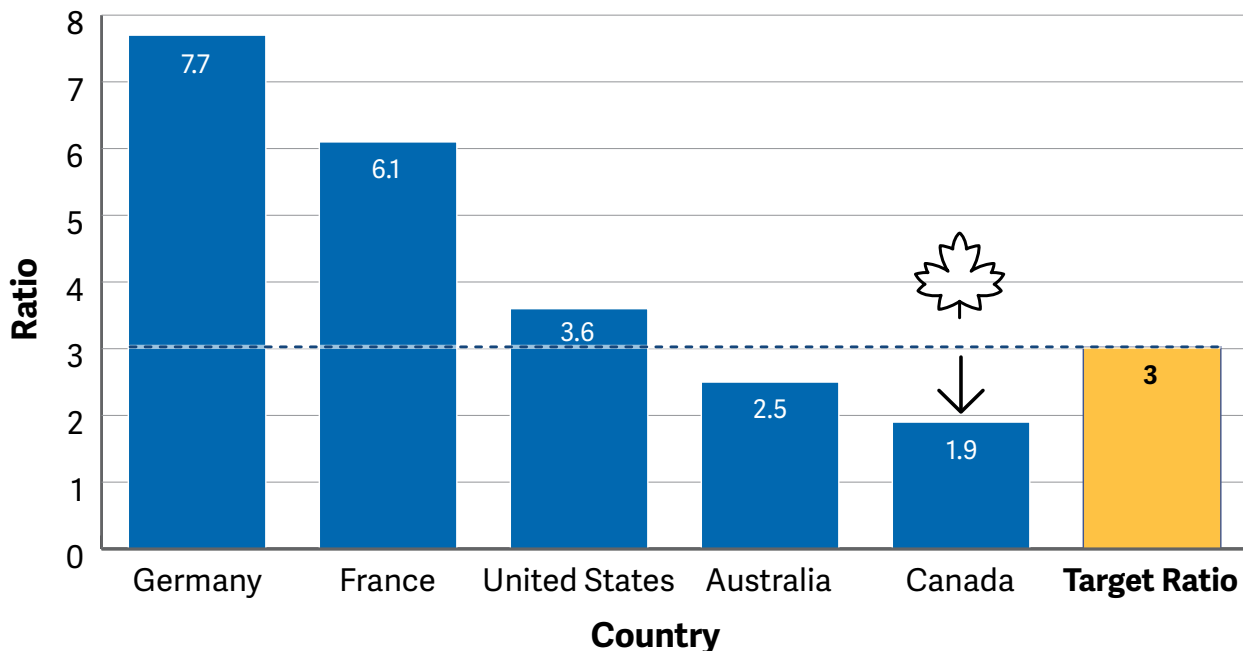
**Figure 2: Population & Dermatology Workforce**



## Compared to Other Countries:

To see where Canada falls compared to other countries in terms of their dermatologist-to-population ratio, the ratios of Germany, France, the United States, and Australia were examined. Canada's ratio was documented as the lowest comparatively, as seen in Figure 3. This demonstrates that **Canada falls significantly behind compared to the other countries identified**, as well as the 3:100,000 target ratio.

**Figure 3: Ratio Comparison of Dermatologists per 100,000 Population Internationally**



When comparing Canada directly to Germany, the comparator country with the highest dermatologist-to-population ratio, in 2023 Canada would have needed an additional 2,338 dermatologists to reach their current dermatologist-to-patient ratio of 7.7:100,000. Compared to Australia, the comparator country with the lowest, albeit still higher than Canada, dermatologist-to-population ratio, in 2023 Canada would need an additional 252 dermatologists for a total of 1,002 to reach their ratio of 2.5:100,000.

It is important to note that these results are indicative rather than conclusive due to the complicated nature of international comparison, as the characteristics of both the populations and the physicians differ, as well as the delivery and payment modalities of each country's health care system. These findings should be interpreted within the context of identifying and learning from high-performing countries, with the goal of examining their achievements to help identify potential pathways for improvement.

## Future State:

Based on the ideal dermatologist-to-population ratio of 3:100,000, by 2033, it is estimated that there will be a **shortage of 396 dermatologists** in Canada.

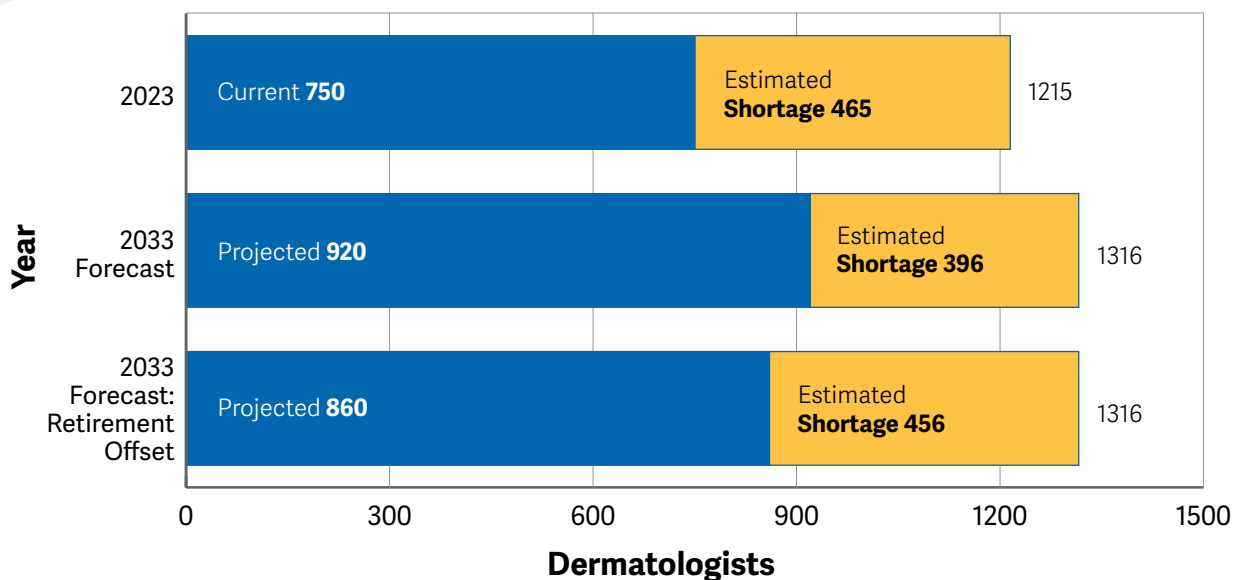
Although this will equate to a decrease in the shortages of dermatologists, this improvement is primarily driven by modest population growth nationwide rather than substantial increase to workforce supply. According to projections from Statistics Canada, the national population is expected to grow by just 6.8% between 2023 to 2033, a significant decline in growth compared to historical data<sup>14</sup>.

From 2023 to 2033, historical data from CIHI suggests that the number of dermatologists is projected to grow at a higher rate of 22%<sup>15</sup>. Equating to 170 dermatologist, or 17 dermatologists per year. While modest population growth suggests a smaller shortage, it is important to note that current

and projected licensed dermatologists may be overestimated due to factors such as dual provincial licensing, practitioners working abroad, and impending or recent retirements<sup>16</sup>.

The retirement of current physicians and the reduced workload as they progress toward retirement will be of particular importance, as this will likely lead to an increase in shortages, offsetting the relative gain in supply due to slowing population growth. When considering the retirees, the forecasted number of dermatologist **shortages for 2033 are likely underestimated and we could expect a shortage of closer to 456 dermatologists**. Based on the data collected and examined, the expected physician shortages seen in 2023 will likely persist into the future unless serious action is taken.

**Figure 4: Current and Future State of Dermatologist Shortages in Canada**



**To meet the 3:100,000 ratio by 2033,** we would need **approximately 71 additional dermatologists to join the workforce every year from 2023 to 2033,** significantly beyond the growth expected at the current rate.

---

### Urban vs. Rural Physician Shortages:

While dermatology shortages exist across Canada, there is an uneven distribution of physicians geographically, with a higher concentration of dermatologists located in larger urban centres<sup>17</sup>.

A recent workforce review conducted in 2023 found that there were no practicing dermatologists in the Canadian territories, further illustrating the lack of physicians in rural and remote locations<sup>18</sup>. These trends have the potential to worsen in the coming years, with more dermatologists continuing to move from rural to urban centres for their practice, further exacerbating the shortages of physicians in these rural and remote areas<sup>19</sup>.

Alongside physician shortages, rural practices were also found to be associated with more patient visits compared to urban locations<sup>20</sup>. The higher number of patient visits may be partly explained by the greater proportion of urban dermatologists engaging in nonclinical activities, such as teaching and research, performing more uninsured services, or focusing on

subspecialized care. In contrast, rural practitioners may be more likely to dedicate a larger share of their time to direct patient care<sup>21</sup>. With a smaller proportion of dermatologists per population in rural locations, alongside increased average visits made to a dermatologist in these areas, rural and remote communities have a high vulnerability to the current and future potential shortages of dermatologists across Canada.



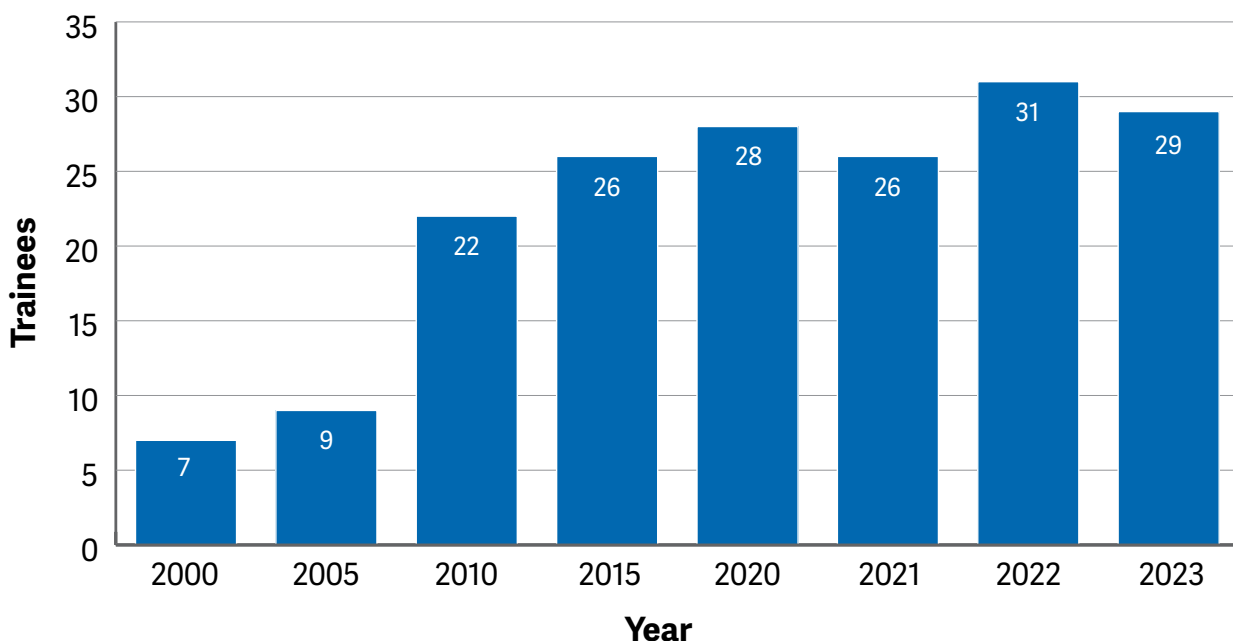
## Cause of the Shortages

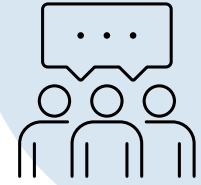
A few factors have contributed to the shortage of dermatologists, including rising demand for dermatological services, systemic constraints on physician training, and shifts in provider work patterns.

In 1991, amid a possible recession and growing public debt, two health economists, Morris Barer and Greg Stoddart, were tasked with reporting on medical resource policy for the federal, provincial, and territorial health ministers. One of the recommendations from the report was to reduce medical school entry class size by 10% by the fall of 1993<sup>22</sup>. Among other recommendations, this policy decision led to the lack of residency spots available and shrank the future dermatology workforce.

Although the number of first-year dermatology trainees (Figure 5) has increased over the past decade, the earlier reduction created a significant lag in workforce supply that the system has yet to fully recover from. With only approximately 29 first-year residency positions available, **training capacity remains insufficient to address the shortages** and meet the care needs of the population.

**Figure 5: Number of First-Year Dermatology Trainees**





Additionally, the composition of the dermatology workforce and the practice preferences have shifted. There is a notable trend in more dermatologists prioritizing greater work-life balance and performing more uninsured services in their practice<sup>23</sup>. This shift can be attributed to generational preferences, with younger dermatologists valuing flexibility and personal time more highly than previous generations<sup>24</sup>.

Simultaneously, a substantial portion of the current dermatology workforce is nearing retirement. **In 2023, over 28% of dermatologists in the workforce were over the age of 60<sup>25</sup>**. With most physicians retiring between the ages of 60 and 69<sup>26</sup>, there is an anticipated exit of experienced practitioners in the coming years.

These trends combined, is creating considerable pressure on clinical capacity<sup>27</sup>.

**For physicians, inflation has eroded compensation.** For instance, over the 2012 to 2023 period in Ontario, inflation was 32.8% while the overall physician fees increases/decreases was zero<sup>28</sup>. Furthermore, the impact of inflation is further compounded by the increases of operational expenses of a practice. Creating a greater deterioration of physician compensation. This financial disparity is leading many dermatologists to gravitate towards non-publicly funded services, such as cosmetic procedures and research, due to their greater financial viability – an outcome that fee schedules are increasingly unable to offer.

**Supply-side challenges are exacerbated by mounting pressures on the demand side.** There are high rates of referrals from other providers causing dermatologists to face a large burden of care<sup>29</sup>. The high rate of referrals is, in part, a consequence of the ongoing primary care crisis. Primary care physicians and nurse practitioners often face their own high patient volumes and lack the capacity, resources or training to manage common skin conditions within a primary care setting<sup>30</sup>. This highlights broader structural issues and underscores the urgent need to better support and strengthen primary care. The collapse of the primary care system has had cascading effects on specialist services, including dermatologists<sup>31</sup>.

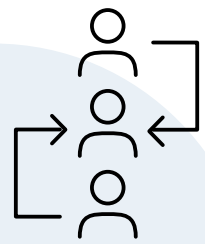
Additionally, **demographic shifts, including the aging population and rising skin cancer rates<sup>32</sup>, are increasing the demand** for dermatology services faster than the workforce can keep up. By 2030, nearly a quarter of Canadians will be older adults<sup>33</sup>. As skin cancer rates increase with age<sup>34</sup>, demand for dermatology services is expected to grow more rapidly<sup>35</sup>.

## Impact of the Shortages

The shortage of dermatologists has implications for providers, patients and the health care system at large.

Patient wait times are a direct way to demonstrate and understand the shortage of dermatologists<sup>36</sup>. Most patients wait for months<sup>37</sup> to meet with a dermatologist, leading to the worsening of conditions and missed opportunities for early diagnosis. This is particularly concerning when the early detection of diseases such as skin cancer is critical for effective treatment<sup>38</sup>. Waiting for medically necessary care can mean the worsening of a condition, potentially requiring more complex care and possibly poorer outcomes from care<sup>39</sup>.

For dermatologists, the shortages have resulted in an increased workload and increased pressure to manage a high volume of referrals. These demands can result in a risk of burnout and can compromise the quality of care delivered. A study looking at burnout in Canadian dermatology residents found that 54% of residents experience high rates of emotional exhaustion, one of the signs of burnout<sup>40</sup>.



# Solutions

To alleviate the dermatologist shortage in Canada, a few key areas for improvement were identified through the literature and through discussions with system leaders. Dermatologists, as the leading skin health expert, must lead and actively contribute to the development and implementation of solutions.

This is by no means a complete analysis of all the possible solutions but does offer a few tangible recommendations for moving forward.



## Bolster System Capacity

### Prioritize pan-Canadian health workforce planning

National workforce planning equips health system leaders with the information they require to adequately respond to current and future patient health needs<sup>41</sup>. To better provide for the population, a balance must be established and met between the needs of the population and the capacity of the health workforce. This balance is the core objective of health workforce planning.

A pan-Canadian approach to health workforce planning is fundamental to understanding the availability and

distribution of resources. In this approach, there is greater emphasis on accountability, collaboration, and reducing provincial/territorial silos<sup>42</sup>.

Canada is vast and diverse, with significant differences in population density, health care needs, and resource availability across provinces and territories. Where some regions may face shortages of dermatologists, others might have an appropriate level<sup>43</sup>. A pan-Canadian lens allows for a national perspective on these

disparities, creating a better understanding, while also enabling the development of strategies to redistribute resources across jurisdictions to ensure that all Canadians have access to necessary care, regardless of where they live<sup>44</sup>.

Central to pan-Canadian workforce planning is the collection and standardization of data. Consistent, high-quality data makes it possible to follow health professionals, such as dermatologists, from training through practice and retirement. These insights form the evidence base for assessing education and training capacity, forecasting workforce supply and demand, and identifying emerging trends and pressures of today and into the future<sup>45</sup>.

As provinces and territories face similar HHR challenges, coordinated national planning reduces duplication of effort,

improves efficiency, and accelerates the development of innovative, system-wide solutions. Jurisdictions can leverage shared knowledge, lessons learned and best practices to address common workforce issues more effectively.

In Canada, organizations are actively working towards effective health workforce planning<sup>46</sup>. It is imperative that the perspectives of dermatologists be incorporated into these initiatives, a central advocacy priority for the Canadian Dermatology Association as the national representative of dermatologists.

For dermatologists to be recognized as the skin health experts and an essential specialty in the Canadian health care system, pan-Canadian health workforce planning must be prioritized and be reflective of this.

## **Expand training capacity amongst the dermatology workforce to enable expansion of existing programs**

Upon identifying the health care needs of the Canadian population and quantifying the required workforce through comprehensive planning, the next step is to assess and enhance domestic capacity to expand the dermatology workforce.

In 2023, there were 29 first year training spots available for dermatology across Canada<sup>47</sup>. To increase the number of training opportunities, two important conditions must be met. Firstly, there needs to be an increase in federal and provincial governmental funding to medical schools, teaching hospitals, and private practices

teaching outside of hospitals to create new residency positions. Funding would cover salaries, educational resources, and infrastructure needs.

Secondly, there needs to be incentivization and appropriate compensation for more dermatologists to teach at medical schools to increase the capacity to train more specialists. Currently, the compensation for teaching is significantly lower than what they would earn in clinical practice<sup>48</sup>, and with the increasing costs of running a practice, there is little motivation for them to volunteer their time.

## Create supportive programs to train international dermatologists

To bolster our system capacity, there needs to be improved processes in place to welcome qualified internationally trained dermatologists into the medical system. This is especially paramount to better support the current workforce and provide the timely care that patients need and deserve.

Internationally trained dermatologists face many barriers when trying to practice in the Canadian health care system. These safeguards are in place to protect patients, however, obstacles are sometimes so

burdensome that dermatologists and other physicians living in Canada end up working in a different field altogether<sup>49</sup>. A review of these processes and programs must be undertaken to identify areas where we can expedite certifications and leverage the talent and skill that is already available. That being said, it is especially important not to compromise on the training quality. Internationally trained dermatologists must be equivalent in training to Canadian dermatologists prior to licensing.

## Emphasize and incentivize medical dermatology

The dermatology specialty is a highly sought after program, and medical schools have no challenges filling available training spots each year. Once in practice, dermatologists are able to shape their practice, including medical, surgical, teaching, research, and cosmetic dermatology services.

Many recent graduates are managing student debt, supporting young families, and facing the rising cost of living and climbing overhead costs. These financial pressures can influence how dermatologists structure their practice, and the financial sustainability of medical dermatology is a growing concern.

Currently, compensation for publicly funded medical dermatology services does not reflect the time, complexity, and value of the care provided. This misalignment has significant effects on patient care, adding to the growing waitlists, especially for services that are poorly remunerated such as chronic wounds, alopecia, and nail surgery<sup>50</sup>.

To better support medical dermatology, both financial and non-financial targeted incentives are needed. Potential strategies include Return of Service agreements, adjustments to the funding model and physician fee schedule to offer more competitive compensation that reflects the unique and essential medical services they provide.



## Develop Effective and Efficient Care Models

**Reconfiguring our approach to how care is delivered is a viable solution to address the needs of the Canadian population and to alleviate the pressures of the dermatologist shortages. Team-based and interdisciplinary collaboration models can be beneficial for both patients and providers in the field of dermatology.**

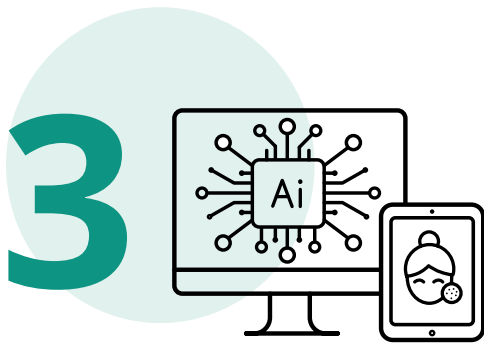
From a patient perspective, these types of care models increase access to dermatological care, reduce wait times, improve the flow of care, and enhance patient outcomes and satisfaction. With the support of a care team, the level of care that is delivered matches the patient's needs to that of the most appropriate provider.

On the provider side, working in an interdisciplinary care model reduces administrative burden and optimizes workflow. Providers work at the top of their scope of practice which allows more patients to be seen. Providers have a reduced risk of provider burnout and improved quality of life and work-life balance. It can also contribute to greater system efficiency offering potential cost savings for the health system.

An important factor of success in dermatological team-based care models is a defined scope of practice for the various care providers on the interprofessional team. All of whom are led by the practicing dermatologists and directly support with clinical and administrative work

depending on the practice needs. Scope of practice varies across care teams, creating uncertainty around roles and responsibilities, making it difficult to implement these models effectively. The creation of a national scope of practice guideline for dermatology would be a beneficial tool for those interested in practicing in a team-based care setting. A standardized guideline would outline best-practices to support, strengthen, and sustain interprofessional collaboration, and to improve outcomes for patients, providers, and the broader health care system<sup>51</sup>. Guidelines would serve as an enabling factor for the expansion and optimization of team-based care models across the country.

Team-based care models are an effective way to increase the availability of dermatological care at large. A thoughtful design for care teams is emphasized to support the needs of the population when dermatologists are looking to establish their practices. In these models, dermatologists, as the skin health experts, lead the team and oversee dermatological care.



## Integration of Technology

**There is a wide range of technologies available to support dermatological care and optimize clinical workflows that can alleviate the strain on a limited dermatology workforce. These digital solutions can be deployed across the care continuum to reduce wait times and increase access to care <sup>52</sup>.**

Virtual care modalities such as teledermatology enables patients to securely share photos or videos of their skin concern for remote assessment, diagnoses and treatment by a dermatologist. Teledermatology is an especially useful tool for patients with limited access to specialists, such as people living in rural and remote communities.

In addition to direct patient care, technology can be used to streamline administrative and clinical processes<sup>53</sup>. Electronic referral systems are designed to improve wait times and efficiency by electronically standardizing information and communication within the referral process<sup>54</sup>.

Electronic consultations (e-consults) are another promising method to improve access to specialist care<sup>55</sup>. E-consults allow dermatologists to provide timely advice and guidance to primary care providers through asynchronous consultations, reducing the need for in-person referrals.

The integration of technologies such as artificial intelligence (AI) is another way to incorporate digital solutions. Validated AI-powered platforms can assist in analyzing images of skin lesions, identifying patterns, and supporting diagnostic decision making. While AI cannot replace clinical judgment, it can serve as a valuable decision support tool to improve accuracy, triage cases, and enhance overall care planning. Close oversight by physicians remains essential to ensure the safety, reliability, and quality of care.

By integrating digital tools across both patient-facing and provider-facing systems, there is potential to expand access, reduce inefficiencies, and help alleviate some of the pressure caused by the national shortage of dermatologists. Dermatologists must be involved in the evaluation and the development of utilization guidelines as new dermatology technologies are introduced in the Canadian health care system.

# Conclusion

Canada's longstanding shortage of dermatologists has reached an unsustainable point. With just over 800 dermatologists to serve the entire Canadian population, access to care will continue to shrink, waitlists will grow, and patient risk will increase. Leaving more Canadians vulnerable to life threatening skin diseases and further impacting quality of life for chronic, non-life threatening conditions. The dermatologists that remain will continue to be overburdened, leading to burnout and an exodus from the workforce in favour of opportunities with more work-life balance, further exacerbating the crisis.

**Despite the severity of these challenges, there are viable solutions that, if implemented, would strengthen dermatological care in Canada.** These solutions require a coordinated strategy involving multiple levers, including policy, funding, and system-level planning to effectively begin closing the gap of the dermatologist shortages. Achieving this transformation will require a coordinated pan-Canadian effort. Collaboration between federal, provincial, and territorial governments, health system leaders, and the dermatologist workforce is essential.

The Canadian Dermatology Association believes that the solutions articulated above in conjunction with collaboration and support from the broader health care community can begin to address this gap, helping to alleviate immediate pressures, while also ensuring sustainable dermatological care. The Canadian Dermatology Association is ready to be part of the solution, steadfast in the knowledge that dermatologists are, and will always be, the leading skin health experts.

# Endnotes

- 1 The Canadian Dermatology Association. (2024). *Number of active dermatology licenses from Canadian provincial Colleges of Physicians and Surgeons online registers*. Data compiled from multiple sources. Retrieved from <http://cpsnl.alinityapp.com/Client/PublicDirectory/>, <https://cpspei.alinityapp.com/client/publicdirectory>, <https://cpsnsphysiciansearch.azurewebsites.net/>, <https://cpsnb.alinityapp.com/Client/PublicDirectory>, <https://www.dermatoqc.org/repertoire>, <https://register.cpso.on.ca/Advanced-Search/>, <https://search.cpsa.ca/>, <https://member.cpsm.mb.ca/reports/public/physiciandirectoryreport>, <https://www.cps.sk.ca/imis/PhysicianSearch>, <https://www.cpsbc.ca/public/registant-directory>.
- 2 Statistics Canada. (2025). *Table 17-10-0009-01 Population estimates, quarterly [Data Tables]*. <https://doi.org/10.25318/1710000901-eng>
- 3 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Humphrey, S., Kirchhof, M. G., Powell, J., Rosen, C. F., Huck, E., Conway, J., & Kouri, A. (2019). Dermatologic Training and Practice in Canada: A Historical Overview. *Journal of Cutaneous Medicine and Surgery*, 23(3), 307–318. <https://doi.org/10.1177/1203475419840630>
- 4 Maguiness, S., Searles, G. E., From, L., & Swiggum, S. (2004). The Canadian Dermatology Workforce Survey: implications for the future of Canadian dermatology—who will be your skin expert? *Journal of Cutaneous Medicine and Surgery*, 8(3), 141–147. <https://doi.org/10.1007/s10227-004-0107-7>
- 5 Chow, E. Y., & Searles, G. E. (2010). The amazing vanishing Canadian dermatologist: results from the 2006 Canadian Dermatology Association member survey. *Journal of Cutaneous Medicine and Surgery*, 14(2), 71–79. <https://doi.org/10.2310/7750.2010.09025>
- 6 Health Canada. (2022). *Summary Report of the Health Human Resources Symposium*. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/summary-report-symposium.html>
- 7 Statistics Canada. (2025). *Health of Canadians*. Retrieved July 22, 2025 from <https://www150.statcan.gc.ca/n1/pub/82-570-x/82-570-x2024001-eng.htm>
- 8 Andrachuk, L. (2024, November 19). *Dermatology reinvented – virtually no more wait times*. The Health Insider. <https://thehealthinsider.ca/dermatology-reinvented-virtually-no-more-wait-times/>
- 9 Liddy, C., Moroz, I., Affleck, E., Boulay, E., Cook, S., Crowe, L., Drimer, N., Ireland, L., Jarrett, P., MacDonald, S., McLellan, D., Mihan, A., Miraftab, N., Nabelsi, V., Russell, C., Singer, A., & Keely, E. (2020). How long are Canadians waiting to access specialty care? Retrospective study from a primary care perspective. *Canadian Family Physician Medecin de famille canadien*, 66(6), 434–444.
- 10 Bridgman, A. C., Fitzmaurice, C., Dellavalle, R. P., Karimkhani Aksut, C., Grada, A., Naghavi, M., Manafi, N., Olagunju, A. T., Olagunju, T. O., Somayaji, R., & Drucker, A. M. (2020). Canadian Burden of Skin Disease From 1990 to 2017: Results From the Global Burden of Disease 2017 Study. *Journal of cutaneous medicine and surgery*, 24(2), 161–173. <https://doi.org/10.1177/1203475420902047>
- 11 Canadian Institute for Health Information. (2024). *Supply, Distribution and Migration of Physicians in Canada, 2023 — Historical Data [Data Tables]*. CIHI.
- 12 Statistics Canada. (2025). *Table 17-10-0009-01 Population estimates, quarterly [Data Tables]*. <https://doi.org/10.25318/1710000901-eng>
- 13 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Humphrey, S., Kirchhof, M. G., Powell, J., Rosen, C. F., Huck, E., Conway, J., & Kouri, A. (2019). Dermatologic Training and Practice in Canada: A Historical Overview. *Journal of Cutaneous Medicine and Surgery*, 23(3), 307–318. <https://doi.org/10.1177/1203475419840630>
- 14 Statistics Canada. *Table 17-10-0057-01 Projected population, by projection scenario, age and gender, as of July 1 (x 1,000) [Data Tables]*. <https://doi.org/10.25318/1710005701-eng>
- 15 Canadian Institute for Health Information. (2024). *Supply, Distribution and Migration of Physicians in Canada, 2023 — Historical Data [Data Tables]*. CIHI.
- 16 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Humphrey, S., Kirchhof, M. G., Powell, J., Rosen, C. F., Huck, E., Conway, J., & Kouri, A. (2019). Dermatologic Training and Practice in Canada: A Historical Overview. *Journal of Cutaneous Medicine and Surgery*, 23(3), 307–318. <https://doi.org/10.1177/1203475419840630>
- 17 Micieli, R., & Alhusayen, R. (2018). Changes in the Practice Patterns and Demographics of Ontario Dermatologists. *Journal of Cutaneous Medicine and Surgery*, 22(4), 390–399. <https://doi.org/10.1177/1203475418762719>
- 18 Canadian Institute for Health Information. (2024). *Supply, Distribution and Migration of Physicians in Canada, 2023 — Historical Data [Data Tables]*. CIHI.
- 19 Li, A., Toy, J., Purdy, K., Kirshen, C., & Liu, C. (2023). Rural Educational Opportunities in Dermatology Residency Programs: The Solution to Geographic Maldistribution and Shortage of Dermatologists in Canada? *Journal of Cutaneous Medicine and Surgery*, 27(2), 174–175. <https://doi.org/10.1177/12034754221149653>
- 20 Micieli, R., & Alhusayen, R. (2018). Changes in the Practice Patterns and Demographics of Ontario Dermatologists. *Journal of Cutaneous Medicine and Surgery*, 22(4), 390–399. <https://doi.org/10.1177/1203475418762719>
- 21 Micieli, R., & Alhusayen, R. (2018). Changes in the Practice Patterns and Demographics of Ontario Dermatologists. *Journal of Cutaneous Medicine and Surgery*, 22(4), 390–399. <https://doi.org/10.1177/1203475418762719>
- 22 Marchildon, G., & Di Matteo, L. (2023). Physician workforce planning and boom-bust economic cycles: a retrospective on the Barer-Stoddart report. *Canadian Medical Association Journal = journal de l'Association medicale canadienne*, 195(4), E162–E165. <https://doi.org/10.1503/cmaj.221611>
- 23 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Humphrey, S., Kirchhof, M. G., Powell, J., Rosen, C. F., Huck, E., Conway, J., & Kouri, A. (2019). Dermatologic Training and Practice in Canada: A Historical Overview. *Journal of Cutaneous Medicine and Surgery*, 23(3), 307–318. <https://doi.org/10.1177/1203475419840630>
- 24 Marka, A., LeBoeuf, M. R., & Vidal, N. Y. (2020). Perspectives of Dermatology Faculty Toward Millennial Trainees and Colleagues: A National Survey. *Mayo Clinic proceedings. Innovations, Quality & Outcomes*, 5(1), 65–71. <https://doi.org/10.1016/j.mayocpiqo.2020.09.003>
- 25 Canadian Institute for Health Information. (2024). *Supply, Distribution and Migration of Physicians in Canada, 2023 [Data Tables]*. CIHI.
- 26 Silver, M. P., Hamilton, A. D., Biswas, A., & Warrick, N. I. (2016). A systematic review of physician retirement planning. *Human Resources for Health*, 14(1), 67. <https://doi.org/10.1186/s12960-016-0166-z>
- 27 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Kirchhof, M. G., Rosen, C. F., Purdy, K., Powell, J., Humphrey, S., Clermont, M., Elliot, S., Rumleski, L., & Gorman, L. (2020). Dermatologic Training and Practice in Canada: An In-Depth Review. *Journal of Cutaneous Medicine and Surgery*, 24(3), 297–303. <https://doi.org/10.1177/1203475420914619>

- 28 Ontario Medical Association and Ministry of Health. (2024). *Year 1 Arbitration Brief of the Ontario Medical Association*. <https://www.oma.org/siteassets/oma/media/pagetree/news-and-events/oma-psa-2024-28-year-1-arbitration-brief.pdf>
- 29 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Kirchhof, M. G., Rosen, C. F., Purdy, K., Powell, J., Humphrey, S., Clermont, M., Elliot, S., Rumleski, L., & Gorman, L. (2020). Dermatologic Training and Practice in Canada: An In-Depth Review. *Journal of Cutaneous Medicine and Surgery*, 24(3), 297–303. <https://doi.org/10.1177/1203475420914619>
- 30 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Kirchhof, M. G., Rosen, C. F., Purdy, K., Powell, J., Humphrey, S., Clermont, M., Elliot, S., Rumleski, L., & Gorman, L. (2020). Dermatologic Training and Practice in Canada: An In-Depth Review. *Journal of Cutaneous Medicine and Surgery*, 24(3), 297–303. <https://doi.org/10.1177/1203475420914619>
- 31 Canadian Institute for Health Information. (2024). *Better access to primary care key to improving health of Canadians*. <https://www.cihi.ca/en/taking-the-pulse-measuring-shared-priorities-for-canadian-health-care-2024/better-access-to-primary-care-key-to-improving-health-of-canadians#:~:text=A%20strong%20primary%20health%20care,a%20doctor's%20office%20or%20clinic>
- 32 Public Health Agency of Canada. (2023). *Skin cancer*. <https://www.canada.ca/en/public-health/services/sun-safety/skin-cancer.html>
- 33 Gallant, G., & Coletto, D. (2025). *The Coming Crisis Few Are Talking About: Canada's Ageing Population*. <https://www.niaging.ca/commentary-posts/2025/4/10/the-coming-crisis-few-are-talking-about-canadas-ageing-population>
- 34 Conte, S., Ghazawi, F. M., Le, M., Nedjar, H., Alakel, A., Lagacé, F., Mukovozov, I. M., Cyr, J., Mourad, A., Miller, W. H., Jr, Claveau, J., Salopek, T. G., Netchiporouk, E., Gniadecki, R., Sasseville, D., Rahme, E., & Litvinov, I. V. (2022). Population-Based Study Detailing Cutaneous Melanoma Incidence and Mortality Trends in Canada. *Frontiers in Medicine*, 9, 830254. <https://doi.org/10.3389/fmed.2022.830254>
- 35 Finstad, A., Almuhan, N., & Alhusayen, R. (2021). Provision of Dermatologic Care in a Universal Health Care System: A 17-Year Review. *Journal of Cutaneous Medicine and Surgery*, 25(5), 511–520. <https://doi.org/10.1177/12034754211008164>
- 36 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Humphrey, S., Kirchhof, M. G., Powell, J., Rosen, C. F., Huck, E., Conway, J., & Kouri, A. (2019). Dermatologic Training and Practice in Canada: A Historical Overview. *Journal of Cutaneous Medicine and Surgery*, 23(3), 307–318. <https://doi.org/10.1177/1203475419840630>
- 37 Liddy, C., Moroz, I., Affleck, E., Boulay, E., Cook, S., Crowe, L., Drimer, N., Ireland, L., Jarrett, P., MacDonald, S., McLellan, D., Mihan, A., Miraftab, N., Nabelsi, V., Russell, C., Singer, A., & Keely, E. (2020). How long are Canadians waiting to access specialty care? Retrospective study from a primary care perspective. *Canadian Family Physician Medecin de famille canadien*, 66(6), 434–444.
- 38 Stătescu, L., Cojocaru, E., Trandafir, L. M., Țarcă, E., Țirnovanu, M. C., Herede, R. E., Săveanu, C. I., Tarcău, B. M., Popescu, I. A., & Botezat, D. (2023). Catching Cancer Early: The Importance of Dermato-Oncology Screening. *Cancers*, 15(12), 3066. <https://doi.org/10.3390/cancers15123066>
- 39 Barua, B., Esmail, N., & Jackson, T. (2014). *The Effect of Wait Times on Mortality in Canada*. Fraser Institute. <https://www.fraserinstitute.org/sites/default/files/effect-of-wait-times-on-mortality-in-canada.pdf>
- 40 Shoimer, I., Patten, S., & Mydlarski, P. R. (2018). Burnout in dermatology residents: a Canadian perspective. *The British Journal of Dermatology*, 178(1), 270–271. <https://doi.org/10.1111/bjd.15549>
- 41 Canadian Health Workforce Network & Ontario Health Toronto. (2024). *How-To Playbook for Health Workforce Planning*. [https://ontariohealthprofiles.ca/ontariohealthtoronto/doc/Planning%20How-to%20Playbook\\_Final\\_September%202024.pdf](https://ontariohealthprofiles.ca/ontariohealthtoronto/doc/Planning%20How-to%20Playbook_Final_September%202024.pdf)
- 42 Health Canada. (2022). *Summary Report of the Health Human Resources Symposium*. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/summary-report-symposium.html>
- 43 McMullen, E., & Kirshen, C. (2024). Solutions for Addressing the Dermatologist Shortage in Rural Canada: A Review of the Literature. *Journal of Cutaneous Medicine and Surgery*, 28(4), 365–369. <https://doi.org/10.1177/12034754241247521>
- 44 Health Canada. (2025). *Caring for Canadians: Canada's Future Health Workforce*. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/workforce-education-training-distribution-study.html>
- 45 Health Canada. (2025). *Caring for Canadians: Canada's Future Health Workforce*. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/workforce-education-training-distribution-study.html>
- 46 Health Canada. (2023). *Health Workforce Canada established to improve health workforce data and planning*. [News Release]. <https://www.canada.ca/en/health-canada/news/2023/12/health-workforce-canada-established-to-improve-health-workforce-data-and-planning.html>
- 47 Canadian Post-M.D. Education Registry (CAPER). *Annual Census of Post-M.D. Training*. Various years. <https://caper.ca/postgraduate-medical-education/annual-census>
- 48 Dermatology Times. (2020). *The "triple threat" and the future of academic dermatologists*. <https://www.dermatologytimes.com/view/triple-threat-and-future-academic-dermatologists>
- 49 Canadian Medical Association. (2025). *Why do international trained doctors face barriers working in Canada?* <https://www.cma.ca/healthcare-for-real/why-are-there-doctors-canada-who-dont-practice-medicine>
- 50 Mydlarski, P. R., Parsons, L. M., Pierscianowski, T. A., Humphrey, S., Kirchhof, M. G., Powell, J., Rosen, C. F., Huck, E., Conway, J., & Kouri, A. (2019). Dermatologic Training and Practice in Canada: A Historical Overview. *Journal of Cutaneous Medicine and Surgery*, 23(3), 307–318. <https://doi.org/10.1177/1203475419840630>
- 51 Associations of Family Health Teams of Ontario. (2023). *Guide for Interprofessional Primary Care Teams*. [https://www.afhto.ca/sites/default/files/2023-04/Guidance%20Document\\_IHP%20Scope%20of%20Practice%20\\_FINAL-2023.pdf](https://www.afhto.ca/sites/default/files/2023-04/Guidance%20Document_IHP%20Scope%20of%20Practice%20_FINAL-2023.pdf)
- 52 Wyonch, R., & Falk, W. (2025). *Landscape of Virtual Care and the Primary Care Access Gap*. C.D. Howe Institute. <https://cdhowe.org/publication/landscape-of-virtual-care-and-the-primary-care-access-gap/>
- 53 Al-Haque, S., B-Lajoie, M.-R., Eizenman, E., & Milinkovich, N. (2024). *The potential benefits of AI for Healthcare in Canada*. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/the-potential-benefits-of-ai-for-healthcare-in-canada>
- 54 Azamar-Alonso, A., Costa, A. P., Huebner, L. A., & Tarride, J. E. (2019). Electronic referral systems in health care: a scoping review. *ClinicoEconomics and Outcomes Research*, 11, 325–333. <https://doi.org/10.2147/CEOR.S195597>
- 55 Vimalananda, V. G., Gupte, G., Seraj, S. M., Orlander, J., Berlowitz, D., Fincke, B. G., & Simon, S. R. (2015). Electronic consultations (e-consults) to improve access to specialty care: a systematic review and narrative synthesis. *Journal of Telemedicine and Telecare*, 21(6), 323–330. <https://doi.org/10.1177/1357633X15582108>



Canadian  
Dermatology  
Association



Association  
canadienne de  
dermatologie

## Canadian Dermatology Association

320 March Road, Suite 400  
Ottawa, ON K1K 2E3

Tel: **(613) 738-1748** or **1-800-267-3376**

[dermatology.ca](http://dermatology.ca)

