



Cautious look at the 2017 CaRMS match results

Francine Lemire MD CM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

Every year family medicine residency chairs, program directors, and College staff await anxiously the Canadian Resident Matching Service (CaRMS) match results. It has become a barometer of perceived interest in family medicine by graduating medical students.

For all residency positions after the first iteration, 2764 positions out of a quota of 2967 were filled, for a fill rate of 93%. For family medicine, 1208 positions out of a quota of 1359 were filled, for a fill rate of 89%. It was the first time since 2012 that the fill rate was below 90%. Family medicine was the first choice for 81% (983) of those who matched to family medicine. Overall, 34% of Canadian medical graduates picked family medicine as their first choice; although this is down from 38.5% in 2015, family medicine is the discipline of first choice by the largest number of applicants. After the second iteration of the match, all of the 56 of the unfilled positions in family medicine were in Quebec (30 at Laval University, 17 at the University of Montreal, 7 at the University of Sherbrooke, and 2 at McGill University in Montreal).¹ What should we make of these results?

Let us recall a difficult time for family medicine in relation to the 2003 CaRMS results, which had a low of 25% of medical students selecting family medicine as their first career choice. Several concurrent strategies were deployed over time that included but were not limited to the following: family medicine interest groups were created for all the faculties of medicine to provide students with information about family medicine, to facilitate contact with positive role models, and to increase students' exposure to the diversity of family practice; the College created the Section of Medical Students; specific strategies were deployed through the Honours and Awards program to better support and recognize medical students' commitment to family medicine; more opportunities were developed to experience the scope of family medicine in a variety of settings, including small and rural communities, earlier during undergraduate medical education; and longitudinal integrated clerkships were introduced in several faculties.

Concurrent with all this, investments in the organization of family practice were made in several provinces, with adoption of the concept of the Patient's Medical Home. Despite this, concerns about access and continuity of care have remained and have been voiced by

the public. Fourteen years later, in looking at a 30- to 35-year career trajectory, does family medicine still offer flexibility? The answer, I believe, is an unequivocal yes. Context of practice is important in all medical disciplines, and probably more so in family medicine. It is the most nimble of disciplines and offers the opportunity to pursue areas of clinical interest, as well as leadership and administrative opportunities. Members of the public recognize the team approach to care, and, at the same time, affirm the privileged relationship they want to continue to have with their physicians. Engaging in family practice comes with expectations of the public and an obligation to address patient and community needs. Achieving this, at the individual, practice, and local or regional health system levels, requires that physicians be prepared to be accountable to each other. This is one of the greatest challenges facing our profession, as well as one of the greatest opportunities. Regarding our accountability to society, it is hoped that a level playing field that involves all health care providers and that is cocreated by providers and decision makers be implemented.

Back to CaRMS and our thoughts about the results. Our residency programs in Quebec remain educationally very strong. They have provided exceptional leadership in the forefront of introducing competency-based education and assessment in Canada. Notwithstanding the number of unfilled positions in Quebec, we need to bear in mind that Quebec medical graduates are choosing family medicine at some of the highest rates in the country.²

The CaRMS results do appear to be regional and not a national trend affecting family medicine. That said, we do know from our National Longitudinal Resident Survey³ that learners are attuned and affected by their perceived support from government. It reminds us of the importance of positive work relationships between government and physicians to align interests and avoid alienating the future work force.

Acknowledgment

I thank Drs Nancy Fowler and David White for their review of this article.

References

1. CaRMS [website]. *R-1 match reports*. Ottawa, ON: CaRMS; 2017. Available from: <https://www.carms.ca/en/data-and-reports/r-1/>. Accessed 2017 Jun 13.
2. Vogel L. Record number of unmatched medical graduates. *CMAJ* 2017;189(21): E758-9.
3. College of Family Physicians of Canada. *Family Medicine Longitudinal Survey: exit survey (T2) results 2016. Aggregate data for 16 participating programs*. Mississauga, ON: College of Family Physicians of Canada; 2016.

Cet article se trouve aussi en français à la page 575.