

Climate effects of CaRMS applications

Thanks to Dr Delva for raising the important issue of excessive Canadian Resident Matching Service (CaRMS) applications.¹ I agree that CaRMS, while fulfilling a very important need, uses up far more resources of students and programs than is necessary. My purpose in writing this is to add the carbon and climate effects to the equation. As family physicians we expend considerable effort educating our society on public health issues like climate change but struggle to adhere to best practices in climate change mitigation ourselves. Eliminating travel for CaRMS by implementing virtual interviews would send a powerful signal that we are making changes in our culture rather than just preaching. This is not a radical proposal and would be considered normal in most other

employment sectors. This would also improve some of the problems Dr Delva lists, such as student expense and time commitment. I hope family physicians across the country will let their residency programs and CaRMS leadership know that we support their efforts to move to a more efficient process, particularly by reducing travel requirements.

—Stephen Ashwell MD CCFP
Victoria, BC

Competing interests

None declared

Reference

1. Delva D. Helping to improve the CaRMS match. *Can Fam Physician* 2021;67:15-6 (Eng), e1-2 (Fr).

Can Fam Physician 2021;67:230. DOI: 10.46747/cfp.6704230

The opinions expressed in letters are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

Correction

In the article “Too soon or too late? Choosing the right screening test intervals,” which appeared in the February 2021 issue of *Canadian Family Physician*,¹ an error appeared in **Table 1**. The correct table row appears below, and the online version has been corrected.

DISEASE OR CONDITION	SOURCE OF RECOMMENDATION	SOURCE OF EVIDENCE	AGE TO START OR STOP SCREENING	INTERVAL RECOMMENDATION
Other				
Osteoporotic fracture	Cohort study ²⁰	Gourlay et al ²⁰	Women: ≥65 y Men: insufficient evidence	T-score > -1.5: 15 y T-score -1.5 to -1.99: 5 y T-score -2 to -2.49: 1 y
	Cohort study ²¹	Crandall et al ²¹		Screen once (no repeat)
Abdominal aortic aneurysm	CTFPHC guideline ²	Meta-analysis ²	Men: 65 y	Once (no repeat)

CTFPHC—Canadian Task Force on Preventive Health Care.

Reference

1. Dickinson JA, Thériault G, Singh H, Grad R, Bell NR, Szafran O. Too soon or too late? Choosing the right screening test intervals. *Can Fam Physician* 2021;67:100-6 (Eng), e48-55 (Fr).

Can Fam Physician 2021;67:230. DOI: 10.46747/cfp.6704230_1

Correction

Dans l'article « Trop tôt ou trop tard? Choisir le bon intervalle pour les tests de dépistage » publié dans le numéro de février 2021 du *Médecin de famille canadien*¹, une erreur s'est glissée dans le **Tableau 1**. La rangée révisée du tableau se trouve ci-après, et la version en ligne a été corrigée.

MALADIE OU AFFECTION	SOURCE DE RECOMMANDATION	SOURCE DES DONNÉES PROBANTES	ÂGE POUR COMMENCER OU ARRÊTER LE DÉPISTAGE	INTERVALLE RECOMMANDÉ
Autre				
Fracture ostéoporotique	Étude de cohorte ²⁰	Gourlay et coll. ²⁰	Femmes: ≥65 ans Hommes: données insuffisantes	Score T > 1,5: 15 ans Score T -1,5 à -1,99: 5 ans Score T -2 à -2,49: 1 ans
	Étude de cohorte ²¹	Crandall et coll. ²¹		Une fois (pas de répétition)
Anévrisme de l'aorte abdominale	Lignes directrices du GECSSP ²	Méta-analyse ²	Hommes: 65 ans	Une fois (pas de répétition)

GECSSP—Groupe d'étude canadien sur les soins de santé préventifs.

Référence

1. Dickinson JA, Thériault G, Singh H, Grad R, Bell NR, Szafran O. Trop tôt ou trop tard? Choisir le bon intervalle pour les tests de dépistage. *Can Fam Physician* 2021;67:100-6 (ang), e48-55 (fr).

Can Fam Physician 2021;67:230. DOI: 10.46747/cfp.6704230_2