

The increase in unmatched Canadian medical graduates: who is to blame and should we be concerned?

Megan Sorokopud-Jones, BSc (Hons)*

Max Rady College of Medicine, University of Manitoba
727 McDermot Avenue, Winnipeg, R3E 3P5

Abstract

2017 and 2018 saw increased numbers of Canadian medical graduates (CMGs) go unmatched to residency programs following the second iteration of the Canadian Resident Matching Service (CaRMS) match. This increase has been partly attributed to (1) changes to residency programs in Quebec, and (2) students generally ranking more competitive specialities as their first choice in their CaRMS application. It is unclear if the number of unmatched CMGs will continue to rise, but the increase has caught the attention of the Association of Faculties of Medicine of Canada, medical schools and students across Canada.

Keywords: Canadian medical graduates, CaRMS, unmatched graduates, residency

The most recent Canadian Resident Matching Service (CaRMS) matches have had the highest number of unmatched Canadian medical graduates (CMGs) in over 10 years.^{1,2} Recent projections suggest that over 190 prior-year medical graduates will participate in the CaRMS match of 2021, and over 140 medical students graduating in 2021 will remain unmatched following the second CaRMS iteration.³ In 2018, 2980 CMGs applied for residency programs through CaRMS,⁴ and although the vast majority of these students will have begun residency this summer, the proportion of unmatched CMGs is continuing to rise. For instance, 46 CMGs chose not to re-enter in the second iteration of matching, while 69 fourth-year medical students in 2018 and 54 prior year CMGs did enter the second iteration, but again did not match. This totals to 169 CMGs who did not match to a Canadian residency program in the 2018 match.⁴

Responding to the rise in unmatched graduates during the 2017 match, President and CEO of the Association of Faculties of Medicine of Canada (AFMC) Dr. Geneviève Moineau stated; “Based on historical trends we know that some students will not re-enter the match, choosing instead an alternate career that does not lead to practicing medicine... to the detriment of all Canadians.”¹ Responding one year later to the 2018 results, Moineau stated, “It is taxpayers’ dollars that goes to support the training of these [Canadian] medical students, who are the best and brightest... and to me [that] creates this moral imperative that we should

have to actually enable them to complete their training so that they can care for patients.”⁵ These remarks, as well as other recent comments from the Canadian Federation of Medical Students (CFMS), the Canadian Medical Association (CMA), and the AFMC, combined with the formation of an AFMC Resident Matching Committee (ARMC), suggest that the increase in unmatched CMGs has reached a point to where action will be taken. Two big questions remain to be answered: (1) Which parties are responsible and to what extent are they responsible for the recent increase in unmatched CMGs? and (2) can we expect the number of unmatched students to rise or fall in the future?

Responsibility for the current increase in unmatched CMGs

Provincial governments, which fund a large proportion of medical education costs through taxpayers, decide the number of available residency spots in each general practice or specialty program.⁶ A “quick fix” solution to the high number of unmatched graduates would be to increase the number of available residency placements. However, in a 2013 survey of unemployed Royal College-certified physicians and surgeons, 90% reported that one factor responsible for their lack of work was that too few positions in their specialty are available in Canada.⁷ In light of this circumstance, it may not be sensible to create more residency spots without also creating more jobs, as simply increasing the number of

*correspondence to: sorokpm@myumanitoba.ca

residency positions runs the risk of creating new doctors who will be unable to find work once they have completed their residency training.

Medical students must also bear some responsibility for their failure to match to residency positions. While 69 students went unmatched in 2018, 78 residency programs had vacancies that same year. With 65 of those vacancies being in family medicine programs, this suggests that simply increasing the number of residency position is unlikely to result in fewer unmatched CMGs.⁴ Thus, students may need to re-evaluate their chances of matching to competitive residency programs.

Nevertheless, some responsibility falls to the medical schools. If the rise in unmatched CMGs continues, universities may need to consider if they are matriculating an appropriate number of medical students each year, as some medical schools have recently increased their graduating class size by 10% or more. In addition, it may be prudent for medical schools to improve their provision of pre-CaRMs counseling for students entering the match, and, similarly, increase support for graduating students who do not match after completing their undergraduate medical training.

In the past, the ratio of residency positions to medical graduates was 110:100, whereas in 2017 it was 102:100.³ Although lower than it once was, the current ratio reveals that there should be enough residency positions for all CMGs applying for residency. In the 2017 match, 64 positions went unfilled.⁸ Compared to applicants in the 2015 and 2016 CaRMS match, participants in the 2017 match were more likely (56.5%) to choose disciplines in which the number of applicants was greater than the number of positions available.⁸ Most of the unfilled residency positions (91%), were for positions at universities in Quebec. Of the 58 vacant residency spots in Quebec, 56 of them were in French-speaking family medicine programs – programs which English-speaking students cannot fill.⁶ In the 2017 match, 11% of Quebec graduates matched outside of Quebec, while 1% of the rest of Canadian graduates matched to programs in Quebec.³ This may contribute to the high proportion of residency program vacancies seen in Quebec. In addition, recent changes were made by the Quebec government restricting where family doctors can practice. This restriction is suggested to be responsible for the number of vacant family medicine residency positions in Quebec more than doubling over the past four years, as Quebec graduates seek post graduate education in other provinces.² This recent trend in Quebec demonstrates how government policies at a provincial level can influence how medical students choose to rank programs in their CaRMS applications, and therefore influencing which residency spots are left vacant. Similar trends were noted in the 2018 match, with 85% of the vacant residency placements being at

universities Sherbrooke, Laval, and Montreal.⁴

Moving forward, it is important for AFMC, CMA, and CFMS to reach out to students, government officials, and universities to discuss how to reduce the number of medical students who graduate without having secured a residency position.

Future matches

A recent (2018) report from the AFMC stated: “Data modelling indicates that the number of unmatched CMGs after the [second] iteration is projected to exceed 140 by 2021, with over 190 prior year graduates participating in the match that year. The ratio of post graduate positions to eligible candidates is projected to fall below 1:1 by 2019.”³ These projections assume that there will be no change in the number of graduates, residency positions, matching patterns, and matching rules.³ To decrease the number of unmatched CMGs, the AFMC intends to work with provincial funders to (1) increase the number of residency positions available, (2) work with undergraduate medical faculties to provide appropriate support for unmatched CMGs, and (3) evaluate the application and selection process.³ The report suggests that various strategies to deal with this issue will require cooperation from both the provincial and federal governments, as well as the medical schools and the AFMC, itself. These strategies include: (1) reestablishing a minimum student to residency position ratio of 1:1.1, (2) adding a one-time increase in residency positions to acutely deal with the increase in unmatched CMGs, and (3) shifting a portion of the international medical graduate quota into the CMG quota.³

Recently, the AFMC report on strategies to reduce the number of unmatched CMGs was approved by the CFMS, who also expressed their concerns over “the alarming number of unmatched students.”^{9;10} As the number of unmatched graduates increases each year, it is reasonable to suggest that CaRMs-related anxiety amongst Canadian medical students will continue to grow. As such, there may be an increased demand for career counseling and emotional support amongst fourth year medical students, a need, which according to the 2018 AFMC report , medical schools intend to address.³

Even with the implementation of new policies targeted to address high rates of unmatched CMGs, it is difficult to say with any certainty that the proposed strategies will have the desired result. However, with that said, the recent rise in unmatched graduates has caught the attention of the AFMC, CMA, universities, and students alike, suggesting that the future of Canadian medical graduates in upcoming CaRMs matches may be more optimistic.

References

- [1] AFMC. Gravely concerned about unmatched canadian medical graduates. Available at <https://afmc.ca/news/2017-04-30>, 2017.
- [2] Lauren Vogel. Record number of unmatched medical graduates. *CMAJ*, 189(21):E758–E759, 2017.
- [3] AFMC. Reducing the number of unmatched canadian medical graduates: A way forward. Available at <https://afmc.ca/publications/reducing-number-unmatched-canadian-medical-graduates>, 2018.
- [4] CARMS. 2018 r-1 match reports. Available at <https://www.carms.ca/data-reports/r1-data-reports>, 2018.
- [5] Amina Zafar and Christine Birak. 'you feel like your world is over': Problems and solutions for medical graduates without residencies. *CBC News*, 2018.
- [6] C. Ruth Wilson and Zachary N. Bordman. What to do about the canadian resident matching service. *CMAJ*, 189(47):E1436–E1447, 2017.
- [7] Arun Shrichand. Unemployed physicians in canada: Who are they and why is this happening? Available at <https://www.cahspr.ca/en/presentation/5574e3c-337dee87318501956>, 2015.
- [8] CARMS. 2017 r-1 main residency match report. Available at <http://carms.ca/wp-content/uploads/2017/05/2017-R-1-match-report-full-EN.pdf>, 2017.
- [9] CFMS. Cfms response to afmc report-'reducing the number of unmatched canadian medical graduates: A way forward'. Available at <https://www.cfms.org/news/2018/02/21/press-release-cfms-response-to-afmc-report-reducing-the-number-of-unmatched-canadian-medical-graduates-a-way-forward.html>, 2018.
- [10] CFMS. Medical students support unmatched colleagues. Available at <https://www.cfms.org/news/2017/05/02/medical-students-support-unmatched-colleagues.html>, 2017.