

Exploring the Initial Residency Match Intentions of Applicants to FM-EM Enhanced Skills Programs



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Objectives

- Describe the initial PGY1 match intentions of applicants to PGY3 FM-EM programs
- Identify demographic factors that impact application to PGY3 FM-EM programs
- Compare PGY3 applicant initial PGY1 match intentions to the family medicine residents overall

Background

- Focused practices have become commonplace amongst family physicians in Canada
- The 2010 National Physician Survey indicated that 30.5% of general practitioner respondents reported having a focussed practice – emergency medicine was the most common of these
- There are currently at least 30 enhanced skills training programs offered through Canadian medical schools
- The enhanced skills program in Emergency Medicine was chosen for this study for a number of reasons
 - It is the largest of enhanced skills program options – for the 2022 enhanced skills match cycle, 134 out of 277 (48.4%) of total enhanced skills positions that match through CaRMS were for emergency medicine
 - Enhanced skills Emergency Medicine has been utilizing CaRMS for its application process for longer than most enhanced skills programs allowing for a centralized data source to utilize for analysis

Methods

- This study was a retrospective analysis using secondary data from the Canadian Residency Match Service (CaRMS)
- Participants included all applicants to Family Medicine Enhanced Skills training in Emergency Medicine from 2016-2020
- For baseline data related to all PGY 1 Family Medicine residents, a cohort from 2013-2017 was used – this was meant to accommodate for a time lapse between PGY 1 and PGY 3 application cycles

Results

Demographics

- FM-EM applicants represented a slightly younger cohort of overall family medicine residents (27.9 years vs 28.5 years of age – adjusted to time of FMR1 match)
- There was a significant shift towards male applicants to FM-EM training compared to the overall gender distribution of all FM residents (61.1% of all FM residents are female compared to 45.7% of FM-EM applicants). Of note, there was no statistically significant gender difference between successful and unsuccessful candidates to FM-EM programs.
- There is a statistically significant difference in increased Canadian Medical Graduates applying to FM-EM program versus International Medical Graduates when compared to the distribution in FM programs overall (84.1% of FM residents are CMG vs 88.3% of FM-EM applicants)

		FM-EM	FM-R1
Average age		29.7	28.5
Total applicants		1181	7253
Gender	Male	641	2823
	Female	540	4430
Medical School	CMG	1043	6099
	IMG	134	1096
	USMG	4	58

Table 1 – Demographic summary

FM Interest at Time of PGY1 Application

- 30.5% of FM-EM applicants had a non Family Medicine first choice at the time of their initial PGY1 CaRMS match
- This compares to 15.3% of FM residents as a whole
- Of note, there was no difference in the FM interest between successful and unsuccessful FM-EM applicants

		FM 1 st choice	Non FM 1 st choice
FM-EM	All applicants	821 (69.5%)	360 (30.5%)
	Successful	442 (69.8%)	191 (30.2%)
	Unsuccessful	379 (69.2%)	169 (30.8%)
FM-R1		6145 (84.7%)	1108 (15.3%)

Table 2 – FM interest at time of PGY 1 application

First Choice Discipline	Total
Family Medicine	6145
Emergency Medicine	164
Internal Medicine	147
Pediatrics	137
Anesthesiology	90
Obstetrics and Gynecology	88
Dermatology	76
Psychiatry	71
Family Medicine integrated Emergency Medicine	50
Diagnostic Radiology	41

Table 3 – Top 10 first choice specialties of FM residents

Limitations

- For the purposes of first choice speciality, due to confidentiality parameters in the data mining, only the last iteration applied to before the match could be used for this data – for example – a candidate who was unsuccessful to a specialty of choice in the 1st round of the CaRMS match who then applied to Family Medicine in the 2nd round would be listed as a having Family Medicine as a first choice discipline – the assumption is that this underrepresents the number of residents who had a non-FM first choice for both FM residents as a whole and for FM-EM applicants.

Summary of Study

- Applicants to FM-EM programs had a higher likelihood of having a non-FM first choice at the time of PGY1 residency application. This was true for both successful and unsuccessful FM-EM applicants
- There were also differences in gender (increasingly male) and smaller differences in age (slightly younger) and location of medical school graduation (increasing Canadian) for FM-EM applicants

Implications

- From a health human resources perspective as we consider numbers of family medicine trainees across the country and expectations of the future practice patterns of these trainees upon graduation, it becomes an important consideration to consider that a large proportion may end up in specialized practice settings
- While considering the number of enhanced skills positions across the country on an annual basis would help in this consideration, it is also important to recognize that there are other residents who upon the initial residency match did not necessarily seek family medicine as a first choice raising the possibility that they may seek practice styles that don't include comprehensive office-based family medicine

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