

NEWS

[Return to April 17, 2001 Table of Contents](#)

Family medicine loses lustre as students “vote with feet” in 2001 residency match

Mar. 12 was “match day” for Canada’s medical students, and for Canadian communities pleading for family doctors the news wasn’t very good.

Family medicine emerged from the first round of the 2001 residency match

Rainsberry adds that the shortage of FPs is now so severe that family doctors can set up shop in underserved cities without having to venture near a remote community. This helps explain why 14 of 20 new rural medicine slots in Alberta were unfilled after the first round.

Rainsberry says the college is worried that a trend is developing, since the number of vacant positions has increased every year since 1997, when there were 10.

Dr. Carol Herbert, dean of medicine and dentistry at the University of Western Ontario, thinks the problem is not the number of unfilled slots but the number of Canadian-trained medical students available to fill all positions. (This year, there were 77 more residency slots in Canada than there were Canadian-trained students to fill them.) “Across Canada, we matched only 8 fewer students to family medicine than last year,” she says. “The large number of unmatched positions reflects in part that a substantial number of positions have been added but the number of [Canadian-trained] medical school graduates remained the same.”

Herbert does agree that family medicine has to sell itself to students. “It needs to advertise itself as a wonderful career path. With all of the press about the difficult lot of family physicians, especially in rural communities, it is little wonder that students choose a different path.

“The future of the system depends upon committed, energetic young physicians who will drive change in primary care.”

Banner says the 2001 match is good news for 500 international medical graduates (IMGs) who trained outside Canada and applied for the 2001 match, since there were 153 vacancies after the first round — 91 in family medicine and the rest in medical and surgical specialties. IMGs aren’t guaranteed clear sailing, since there are limits on residency applications from them in some provinces, but Banner says “it

looks like the doors are opening.”

Ilana Porzecanski, a Canadian studying medicine at University College Dublin (*CMAJ* 2000;162:869), thinks the latest match “not only increases opportunities for Canadian IMGs but also increases opportunities for foreign-trained physicians now living in Canada as citizens or landed immigrants.” (Such immigrants need Canadian training in order to practise here.)

“Residency positions should be filled on the basis of the best qualified applicant,” she says. “This means using a common denominator to compare applicants, and the MCCQE 1 [qualifying examination] is the ideal tool for this because everyone who wants to practise in Canada has to write it.”

The 2001 match was full of surprises:

- Eight of the 37 positions in orthopedic surgery remained unfilled on match day. This is the first time there has been an opening since a single spot went unfilled in 1997; the number of spots available has remained constant.

- Anesthesia, one of the most popular specialties in 2001, was one of the least popular just 5 years ago. “Anesthesia was a real surprise,” says Banner. “Seventy-six applicants made it their first choice, and there were only 58 spots.” She noted that 22% of students unmatched after the first round chose only anesthesia.

- The popularity of obstetrics and gynecology continues to wane, with 20% of residency slots remaining unfilled. In psychiatry, 9 of 79 slots went unfilled.

Banner hopes the survey of match participants being prepared with cooperation from the CFPC will provide a hint about family medicine’s lost lustre. “Maybe hospital-based practices with more regular hours are more in line with today’s lifestyle choices,” she says.

Meanwhile, the 2001 results left her shaking her head. “When 20% of family medicine positions go unmatched,” she says, “we’ve entered uncharted territory.” — *Patrick Sullivan, CMAJ*



Ilana Porzecanski: Doors opening for Canadians who train abroad?

with 19% of its 476 openings unfilled. Although many of those 91 vacancies have since been filled by graduates of foreign schools, Sandra Banner thinks the results point to serious problems within a specialty that used to be very popular. “Students appear to be voting with their feet,” says Banner, executive director of the Canadian Resident Matching Service. At Dalhousie University alone, 21 of the 41 family medicine slots sat empty after the first round. The news was almost as dismal for specialized programs in rural family medicine, for which one-third of positions went unfilled.

CMA President Peter Barrett says those results didn’t come as a complete surprise, since “concern has been growing about this over the past year.”

Dr. Paul Rainsberry, director of education with the College of Family Physicians of Canada (CFPC), says the college has responded by helping to prepare a questionnaire for 2001 match participants. It will also organize focus groups to gain medical students’ opinions. “Something about family medicine as a career is not as attractive as it once was,” he says.