

THE CANADIAN FEDERATION OF MEDICAL STUDENTS

THE MATCH BOOK

An annual review of the residency match by the
Canadian Federation of Medical Students

2014-2015



CFMS FEMC
Canadian Federation of Medical Students Fédération des étudiants et des étudiantes en médecine du Canada
www.cfms.org

Executive Summary

The Canadian Federation of Medical Students (CFMS) is the national organization representing over 8000 medical students across Canada. Our mandate is to provide representation, services and communication within our membership, to our membership and to the world at large. The Match Book is only one of the many services we offer our members.

This year marks the 7th annual publication of the Match Book, produced in consultation with the Canadian Resident Matching Service (CaRMS). This guide is designed to aid Canadian medical students at various stages of training in planning their strategy through a better understanding of the postgraduate match.

Disclaimer

The views presented within are those of the CFMS and do not necessarily represent those of the AFMC, CaRMS, or any other organization, unless otherwise specified.

The CFMS has made every attempt to ensure the accuracy of data presented herein, however absolute veracity cannot be guaranteed.

Contact information and links

Special thanks to the staff at:



For additional information regarding 2014 match results, please visit the *Data and reports* section on carms.ca.

Please direct inquiries about this publication and the CFMS's role to office@cfms.org and inquiries about CaRMS to help@carms.ca

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The 2014 Match: A Message from the CFMS

It's hard to overstate the importance of the match for our members. All of it – the hard work, the sleepless nights, the strain on relationships with friends, partners, and family – all of it is given as sacrifice towards the cause of becoming a physician. In order to make that eventual transition to practice all of us need to navigate the match successfully. It is only natural then that the CFMS make the match a central priority. This Match Book remains a core arm in our approach, providing data, commentary and strategy to our member students.

Overall, the number of positions available to CMGs in the 2013-2014 Match increased year-on-year by 2.0% to 2972, clearly not proportionally accommodating the 5.6% increase in graduating CMG applicants, to a total 2781. The ratio of positions to total CMG applicants is now 1.05, the lowest it has been in 7 years and the lowest since IMGs were first allowed to enter the match. While lower ratios were present prior to this, there is no comparison between the security of the second iteration before 2007 and today. In light of these fundamental numbers – and irrespective of applicant and program match strategies and competitiveness – it is hardly surprising that greater numbers of CMGs are going unmatched than ever before. In contrast, the number of dedicated first iteration IMG positions available decreased year-on-year by 1%, to 346.

In 2014, **95%** of new Canadian medical graduates matched in the first iteration. Of the matched applicants, 61% matched to their first ranked program choice (down from 63% in 2013) and 86% matched to their first choice discipline (down from 87% in 2013). Canadian medical students applied to 14 programs on average, about equal to the value in 2013. There was also no increase in the average number of disciplines applied to. Interestingly, in 2014 94% of CMG applicants applying as couples matched both members, while an additional 4% matched one member of the couple.

The 2014 match was notable for the 38% of Canadian medical students who chose Family Medicine as a first choice discipline, up from 36% in 2013. In fact, 94% of the quota for Family Medicine CMG training positions was successfully filled. The growing flexibility of Family Medicine programs, the job opportunities in the face of widespread employment uncertainty and the mounting zeal towards fulfilling the expressed needs of our communities have all enhanced the appeal of comprehensive primary care.

The Royal College of Physicians and Surgeons of Canada has identified 13 specialties and subspecialties with evidence of underemployment. Of note, many of them are surgical and procedural. In 2014, 13% of CMGs ranked surgical specialties as their first choice

discipline, down from 2013 when 16% did the same. This decrease is most noticeable in general surgery, though all surgical specialties saw decreases aside from ophthalmology and plastic surgery. The number of available surgical positions, however, decreased from 328 to 318 year-on-year, with the biggest reduction occurring within orthopedics. Of further note, interest in psychiatry increased from 4.7% to 5.7% and interest in internal medicine increased from 13.5% to 14.2%. The CFMS will continue to monitor to these trends in the coming years and encourages its members to incorporate projected population health demands, employment opportunities and personal values into balanced assessments of the various specialties.

CaRMS presented additional statistics on unmatched CMGs in the 2014 CaRMS forum. 28% of unmatched applicants only ranked 1-3 programs, while 36% ranked more than 10. 28% of applicants only ranked one discipline, while 16% only ranked one geographic location. While 32% of CMGs who went unmatched in the first iteration ranked surgical specialties first, 25% ranked family medicine first. Clearly, changing match rates cannot be solely explained by match strategies or specialty-specific concerns.

In recent years, some Canadian Medical Faculties have been opening all positions in the match (first and second round) to both Canadian and International graduates. Open matches such as these continue to be conducted in Québec. As for the second iteration through CaRMS, the remaining positions are open to all eligible CMG and IMG applicants. Canadian medical graduates continue to find it challenging to match in the second iteration. This issue is becoming especially acute with the failure of first-iteration positions to grow proportionate to the increased student body.

In 2014, Canadian graduates overall had a 45% match rate in the second iteration, down from 50% in 2013, 63% in 2012 and 70% in 2011. 104 CMGs were unmatched after both iterations in 2014, up from 80 in 2013, 66 in 2012 and 52 in 2011. These numbers includes both current year graduates and previous year graduates applying through the second iteration. In 2014 current year graduates had a 56% match rate in the second iteration, with 55 current-year students unmatched in the second iteration. This, in turn, does not include students who went unmatched in the first iteration and did not enter the second iteration. The total number of unmatched current-year CMGs after both iterations is 71. The second iteration continues to increase in competitiveness and Canadian medical graduates should employ strategies that rely on matching in the first iteration.

This trend is closely related to the number of IMGs successfully matching in the various CaRMS iterations. IMGs can be divided into those that were Canadian citizens or landed immigrants prior to entering university, and those that obtained this status afterwards. The former group is often termed Canadians Studying Abroad by CFMS sister organizations. While the CFMS properly maintains that the two groups should be treated equally in the match, differentiating between them is useful for analysis. In 2014, 374 IMGs matched in the first iteration of CaRMS, with 372 matching in 2013, 331

matching in 2012, and 298 matching in 2011. In 2014, 75 additional IMGs matched in the second iteration, with 127 matching in 2013, 76 matching in 2012 and 82 matching in 2011. Overall, 449 IMGs matched in 2014, with 499 matched in 2013, 407 matched in 2012 and 380 matched in 2011. The decrease in IMG matches between 2013 and 2014 can almost entirely be attributed to decreased matching in the second iteration. This, in turn, is clearly related to the insufficiently addressed growth of the CMG cohort. Nevertheless, CSA match rates continue to increase. According to information from the CaRMS forum, in 2014 64% of IMGs that successfully matched were CSAs, and CSAs had a 32% match rate overall. In 2014, 287 CSAs and 162 other IMGs matched, with 258 CSAs and 241 other IMGs matching in 2013, 231 CSAs and 176 other IMGs in 2012, and 183 CSAs and 197 other IMGs in 2011. Clearly, CSAs are progressively out-competing other IMGs for these spots.

Of particular interest, CaRMS provides statistics on matching IMGs by region of graduation. Certain regions – Oceania, the Caribbean and parts of Europe – are more likely to produce CSAs than others. The number of applicants from Oceania and the Pacific Islands has increased from 75 to 81, with a 52% match rate in 2014. The number of applicants from Europe has decreased from 489 to 478, with a 31% match rate in 2014 (this almost certainly differs by region of Europe, however this information is not publically available). Finally, the number of applicants from Central America and the Caribbean has increased from 439 to 528, with a 27% match rate in 2014. This increase of 89 applicants from the Caribbean is a 20% year-on-year increase.

The CFMS will continue to advocate for appropriate adjustment in available residency positions to fairly absorb increasing numbers of CMGs. The long-term health of Canadian medical education continues to rest on the tight coupling of medical school matriculation rates, the distribution of post-graduate residency positions, Canadian physician resource needs and the infrastructure with which to provide for them. We hope you find this document informative and useful.

Warm regards,



Ian Brasg, CFMS VP Education 2012-2013, 2013-2014

The 2014 Match: A Message from AFMC

The Association of Faculties of Medicine of Canada (AFMC) is pleased to comment on results of the 2014 Canadian Resident Matching Service (CaRMS) match. Overall, they show that faculties of medicine and provincial governments continue to work together to provide postgraduate training opportunities for a growing number of graduates of Canadian medical schools as well as international medical graduates who look for new opportunities in Canada.

A total of 5,261 medical graduates applied for residency programs in 2014, representing a 5.0% increase over last year. At 3,255, a record high number of medical graduates matched into residency programs in 2014. Among these new trainees 2,779 were graduates of Canadian medical schools, 449 were international medical graduates and 27 were graduates of US medical schools.

While the AFMC is pleased to see the successful growth in residency training, we are also mindful of the growing number of new Canadian medical graduates who remain unmatched at the end of the CaRMS process. The number of unmatched Canadian medical graduates increased 82% in the last three years alone, going from 39 in 2011 to 71 in 2014. The recently formed AFMC Resident Matching Task Force will study this trend and work toward decreasing these numbers as part of its mandate to continuously improve service to applicants and institutions alike.

Looking more closely at medical graduate career choices, the AFMC is pleased to note that 38% of Canadian medical graduates selected Family Medicine as their first choice discipline in 2014. This is a marked increase compared to a decade ago, when approximately 25% of graduating medical students ranked family medicine as their career choice.

The AFMC is firmly committed to the social accountability of medical schools, as recommended by the 2012 Future of Medical Education in Canada (FMEC) Collective Vision for Postgraduate Medical Education report. To this end, the AFMC is co-Chairing a Physician Resource Planning Task Force, mandated by the Conference of Deputy Ministers of Health to implement the FMEC vision. In collaboration with federal-provincial-territorial governments, the CFMS and other important organizations, the AFMC is working to produce the right mix, distribution, and number of physicians for Canada. Our first priorities are to improve physician workforce modeling and to bring relevant information to students and those who support students in their career planning. We are confident that these efforts will enhance the resident matching process in Canada.

The 2014 Match: A Message from CaRMS

The Canadian Resident Matching Service (CaRMS) is a national, not-for-profit, fee-for-service organization established in 1969 at the request of medical students seeking an independent entity to provide a fair and transparent application and matching service for entry into postgraduate medical training throughout Canada.

Since its inception, CaRMS has worked in close cooperation with medical students and their representative organizations, faculties of medicine and their staff at the program, undergraduate and postgraduate levels, as well as other stakeholders in the medical education community to match nearly 4,000 applicants each year through four residency matches: R-1 Main Residency Match, Family Medicine/Emergency Medicine Match, Medicine Subspecialty Match and Pediatric Subspecialty Match.

The match for entry-level (R-1) postgraduate positions is CaRMS' largest match. It encompasses all 17 Canadian medical schools and is offered in two iterations each year. A record number of 3,255 graduating students and physicians matched to residency training programs in Canada in 2014 and began their postgraduate training on July 1, 2014. Of these, a total of 2,779 Canadian medical graduates (CMGs) were matched, representing 96 per cent of CMGs participating in the match. The majority (81 per cent) were accepted into one of their top three choices of residency programs, both by discipline and location.

Despite these positive statistics, the 2014 R-1 match saw an increase in the number of unmatched graduating students. CaRMS will be analyzing the application and ranking patterns of the unmatched students to better understand their career pathways, and will share these results with student affairs offices and faculties of medicine to assist and support their career counseling initiatives.

Over the last several years, CaRMS has invested significant time, energy, and financial resources to creating a world-class technical platform for applicants and programs. We also offer comprehensive, bilingual client services and a robust set of help resources. Our goal is to provide a system that facilitates a process that matches as many students as possible to their career choice within the policy framework we are provided.

While CaRMS plays a critical role facilitating a fair, transparent, and efficient transition for medical students to residency, it is the provincial ministries of health, faculties of medicine and their programs that establish the criteria for selection and the processes governing the match.

As our community examines these policies, CaRMS is happy to serve as an active and constructive participant in all discussions; we believe that our experience and extensive repository of match data can provide all parties committed to further improving the system with key inputs for review and discussion.

CaRMS' vision is to be a trusted partner in the process of connecting the right physicians to the right careers for a healthier Canada. We look forward to our ongoing collaborative efforts with the CFMS and all of our stakeholder organizations to ensure the continuing realization of this vision.

Sincerely,



Sandra Banner
Executive Director and CEO
CaRMS

The CaRMS Match: Roles and Responsibilities

CaRMS

CaRMS is a national, not-for-profit, fee-for-service organization established in 1969 to facilitate entry into postgraduate medical training throughout Canada.

CaRMS is governed by a Board of Directors that includes the CFMS, AFMC and other partners in medical education.

CaRMS does:

1. Provide a centralized, secure online application for postgraduate education.
2. Utilize a computer-based algorithm to facilitate the match process.
3. Administer the matching process for four residency matches.
4. Facilitate access for Canadians to the US application system for PGME.

CaRMS does not:

1. Determine a candidate's eligibility for entry into postgraduate training.
2. Have a role in determining the number of residency positions (quota) available in any particular discipline or in any particular location.
3. Have a role in determining which applicants are selected for interviews, the interview schedule, interview questions and applicant evaluations.
4. Have a role in determining the level of participation of International Medical Graduates (IMGs) in the match or which residency positions are eligible for IMGs.

Please note that application requirements as well as the number and allocation of residency positions are determined by provincial ministries of health and/or PGME offices. All interview and ranking considerations lie solely with individual programs

Canadian Medical Graduates (CMGs)

CaRMS Online is the online application that becomes accessible via carms.ca in early September for candidates expected to graduate the following spring. Graduating medical students are responsible for submitting all necessary documentation to CaRMS and meeting appropriate deadlines. Applications, program selection, supporting documents and rank order lists (ROLs) are submitted via CaRMS Online and/or mailed directly to CaRMS. Students determine which documents to submit based on the requirements of the programs and these documents are assigned to programs accordingly. Users' applications become available for review by postgraduate programs as of November 24, 2014.

Following an application review by the postgraduate programs, interviews are granted in January and February. Interviews are scheduled directly between applicants and programs, independently of CaRMS. After interviews, applicants create ROLs of their

preferred postgraduate programs to be entered into the match algorithm. Likewise, programs rank applicants. The match is then conducted in a “first iteration” followed by a “second iteration” for applicants who remain unmatched after the first. Once matched, applicants are legally bound to attend the residency program and programs are legally bound to accept applicants.

Medical Schools

Undergraduate medical education programs are responsible for registering their graduating students with CaRMS prior to the student application process. They provide CaRMS with confirmation of a candidate’s good standing and receipt of their MD degree. They also provide medical student performance records (MSPRs), also known as “dean’s letters”.

Provincial Ministries of Health and Education

Government ministries are primarily responsible for the determination of the number of positions available in each entry discipline within their jurisdiction. These are determined and funded based on a number of factors, including societal need, budgetary concerns and capacity in the medical education system. Typically, there are more PGY-1 entry positions available than the number of CMGs each year in order to accommodate re-training and IMGs.

Postgraduate Programs

Every discipline at each school has a Program Director who is responsible for the selection of successful applicants. Following student submissions, directors and program administrators use CaRMS Online to review applications and grant interviews to candidates. Interview dates and times are arranged by the postgraduate programs and typically take place in late January and early February.

The only role CaRMS plays in the interview process is working with faculties of medicine to collect, verify and post the most up-to-date interview dates in a centralized calendar on carms.ca.

Once the interviews are complete, postgraduate program directors create ROLs of applicants that are entered into the match algorithm along with the student ROLs for their choice of programs.

International Medical Graduates (IMGs)

In 2007, IMGs were included in the first iteration of the CaRMS match for the first time. This decision was made by provincial governments in response to a shortage of health human resources. In most provinces, there is a set number of positions for IMGs such that they do not compete directly with CMGs. CaRMS administers these as separate “parallel” streams. In Quebec, IMGs compete directly with CMGs for the same positions. In the second iteration, there is no parallel match; all remaining positions are made available to IMGs and CMGs who compete in an open match process.

Important Dates for Medical Students for the 2014-2015 Match

The most updated dates can be accessed through www.carms.ca Milestones are not deadlines. They are merely guidelines offered by CaRMS to help you manage your time and keep you on track throughout the process.

September 3, 2014	Program descriptions available for review. Token distribution begins. CaRMS Online application opens for first iteration
October 16, 2014	Program selection opens.
October 20, 2014	Milestone 1: Hardcopy transcripts/extra documents (certificates, abstracts, publications) expected at CaRMS.
November 7, 2014	Milestone 2: MSPR arrival. Please contact your undergraduate office if your MSPR is not processed within 1 week of this date. Milestone 3: Translation Requests expected at CaRMS for English-to-French or French-to-English translation.
November 18, 2014	Milestone 4: Document assignment and program submission. Online documents should also be completed by this date.
November 20, 2014	CaRMS Online closes in preparation for file review. All program selections and supporting documentation are due in advance of this deadline.
November 21, 2014	Milestone 5: Hardcopy letters of reference (LORs) are due at CaRMS by this date. This milestone excludes electronic LORs.
November 24, 2014	File review begins. Interviews are granted and scheduled by the programs. Invitations to interview may go out as late as January. Letters of reference will not be available for review until December 2.
December 2, 2014	Letters of reference assigned to programs are made available for review.
January 17 – February 8, 2015	National interview period. Candidates travel to the various programs where they have accepted interviews.
January 29, 2015	Rank order list (ROL) period begins.
February 19, 2015	Deadline: Applicant ROL submission. This is also the deadline for withdrawal from the match. If your ROL is not submitted on time, you will be withdrawn from the first iteration.
March 4, 2015	Match Day! Applicants log in to CaRMS Online to discover which single program they have been matched to.

The Match Algorithm

CaRMS uses a computerized algorithm to match students into postgraduate medical training programs throughout Canada. The match algorithm, known as the Roth-Peranson algorithm, was designed by Alvin Roth and Elliott Peranson and contributed to Roth winning the Nobel Prize for economics in 2012.

How does the match algorithm work?

The match algorithm compares rank order lists (ROLs) submitted to CaRMS by applicants and programs and matches applicants to programs based on both parties' stated preferences. ROLs submitted by applicants indicate a list of programs where they wish to train ranked in order of preference. ROLs submitted by programs indicate a list of applicants they wish to train ranked in order of preference. The final preferences of applicants and programs, as indicated in their ROLs, determines the match outcome.

The algorithm is applicant-proposing, meaning it starts with an attempt to place an applicant into his or her most preferred program. In this way, the algorithm provides applicants with their best possible outcome based on the ROL submitted. At the end of the matching process, each applicant has either been matched to the most preferred choice possible from their ROL or all choices submitted by the applicant have been exhausted and they have not been matched.

Following the first iteration of the match, unmatched applicants can reassess their standing and apply to programs with unfilled positions in the second iteration. The same algorithm is applied to this match.

Tips for creating your ROL

- The sequence of your rank order list should reflect your true personal preferences.
- Rank all those programs which are acceptable to you and do not rank any programs which you find unacceptable. Remember, a match result is binding and you are not able to decline a match result.
- Postgraduate programs are not permitted to ask you questions about your rank intentions and you are able to decline answering such questions.

The Algorithm at Work: A Sample Scenario

Let’s take a look at a smaller version with applicants who have diverse career interests. This will require you to imagine that there are only 4 residency programs in the country, each with only one position available.

Applicant Rank-Order Lists

- Colleen Esterase**
 1. UBC - Peds
 2. McMaster - Orthopedics
 3. Dalhousie - Family Med
 4. NOSM - Internal Med

- Mel Ignant-Hyperthermia**
 1. NOSM - Internal Med
 2. McMaster - Orthopedics
 3. UBC - Peds

- Cory Za**
 1. UBC - Peds
 2. McMaster - Orthopedics

- Barb Orygmi**
 1. NOSM - Internal Med
 2. Dalhousie - Family Med
 3. UBC - Peds
 4. McMaster - Orthopedics

Program Rank-Order-Lists

- UBC - Peds**
 1. Colleen Esterase
 2. Barb Orygmi

- McMaster Orthopedics**
 1. Colleen Esterase
 2. Cory Za
 3. Barb Orygmi
 4. Mel Ignant hyperthermia

- Dalhousie - Family Med**
 1. Mel Ignant hyperthermia
 2. Barb Orygmi
 3. Colleen Esterase

- NOSM - Internal Med**
 1. Colleen Esterase
 2. Cory Za



Results

- UBC - Peds**
 Colleen Esterase
McMaster - Orthopedics
 Cory Za
Dalhousie - Family Med
 Barb Orygmi
NOSM - Internal Med
 Unfilled

Play-by-Play

Colleen is a strong candidate and is confident about her applications and interviews. She chooses to rank UBC Peds first as this is her preferred program but she also ranks the others, which she also finds acceptable, just in case. The program director at UBC Peds told her that she may not be ranked highly. Candidates should tread with caution when programs express a high level of interest in their application, as these statements should not be considered as commitments. **Colleen has chosen a wise strategy. Applicants should consider ranking all programs they would consider to maximize their chances of matching.**

Mel also prefers UBC Peds but does not think she has much chance of getting in to this competitive program so she ranks it last. She leaves Dalhousie Family Medicine off her list because she thinks her interview went terribly, even though she would like this program. **These are both poor strategies. Applicants should rank programs in order of preference, and they should rank all programs to which they would consider matching.** Their choices should not be influenced by speculations of the level of preference the program has for them, as these may be inaccurate.

Cory decides after his interviews that he no longer wants to pursue a residency in Family Medicine or Internal Medicine so he leaves them off his list. **This is a wise strategy. You should only rank programs that you would consider.**

Barb really wants to go to NOSM for Internal Medicine but does not think her application is competitive enough. She ranks it first anyway because this is her preferred program and the other programs will never know she ranked them lower. **This is a wise strategy. Barb is using the match to maximum advantage. During the match, an applicant is placed into the most preferred program that ranks the applicant. Always put your most preferred program as your first choice.**

The Second Iteration of the 2014-2015 Match

If a candidate goes unmatched after the first iteration, they are automatically enrolled in the second iteration. The second iteration is approximately five weeks in duration.

CaRMS will post a list of unfilled positions available in the second iteration. During this time, candidates can supplement any other documentation they require to apply for additional programs. Documentation that was previously uploaded will still be on file. Applications continue to be sent to programs through CaRMS Online.

Your faculty advisor may be a good advocate for you during this stage of the process. Note that requirements vary from program to program and are subject to change during the second iteration. The most up-to-date requirements will be posted on carms.ca. Most notable is the short time frame during which the application must be submitted.

Match Day for the second iteration is April 14, 2015 at 12:00 ET. As in the first iteration, candidates are legally bound to their matched residency program.

March 6, 2015	The CaRMS Online application re-opens for second iteration. List of available positions posted online. Applicants select programs they wish to apply to and submit required documentation.
March 10, 2015	Milestone 1 – Hard-copy documents are expected at CaRMS by this date.
March 11, 2015	Milestone 2 – Documents assigned and all program submissions completed by this date. Online documents should also be completed by this date.
March 12, 2015	File review begins.
March 19, 2015	Rank order list (ROL) period begins.
April 3, 2015 15:00 ET	Deadline: Applicant ROL submission. If your ROL is not submitted on time, you will be automatically withdrawn from the second iteration.
April 14, 2015	Match Day! Applicants log in to CaRMS Online to discover which single program they have been matched to.

For the Unmatched Candidate

Every year, there are a number of CMGs who go unmatched. Although there are various reasons for this, the most common reasons include: (1) too few programs applied to, (2) too few programs ranked, (3) limited geographic location and (4) unrealistic career planning/strategy, given the degree of competitiveness of certain specialties.

Should a candidate remain unmatched; he or she can choose to take part in what is known by medical students as the “Scramble”, or more formally as the “post-match process”. During this time, students apply directly with medical schools for unfilled positions after the second iteration.

An unmatched student from the first iteration can opt out of the second iteration to delay entry into postgraduate training for a year, and enter the match again in the first iteration of the following year.

Any candidate who goes unmatched should consult their undergraduate office to determine their options. This may involve discussing their career planning with a faculty advisor. Individual faculties may have a point-person who can help unmatched students strengthen their application for next year. Examples include another year of undergraduate medical education or a fellowship in research before enrolling in the match the next year. Any candidate from a qualifying school who has never been enrolled in postgraduate training in North America will be eligible to apply in the first iteration of the match*.

If the student chooses to apply to a program following the second iteration, students may need to contact individual schools to identify any programs that still have availability and apply directly through them. Although access to CaRMS Online will be unavailable at this point, CaRMS facilitates document transfer in the post-match process and posts a list of available programs on carms.ca.

* Not the only criterion to be enrolled in first iteration of postgraduate training in Canada

Applicant Match Rates by Discipline

Discipline	CMG Match Percentages in 1 st Round in Relation to 1 st Choice Discipline					
			Matched in 1 st Iteration			
	Un matched 2014	Alternate Choice 2014	Matched to 1 st choice discipline			
		1 st Choice 2014	1 st Choice 2013	1 st Choice 2012	1 st Choice 2011	
Anatomical Pathology*	0%	9%	91%	100%	93%	82%
Anesthesia	10%	17%	73%	77%	72%	79%
Cardiac Surgery ^{!*}	20%	20%	60%	72%	100%	100%
Dermatology [!]	8%	43%	49%	66%	65%	60%
Diagnostic Radiology	3%	15%	82%	83%	69%	80%
Emergency Medicine	5%	29%	66%	68%	69%	68%
Family Medicine	4%	1%	95%	97%	96%	98%
General Pathology*	0%	0%	100%	100%	100%	100%
General Surgery	6%	9%	85%	68%	80%	81%
Hem. Pathology*	0%	0%	100%	100%	100%	100%
Internal Medicine	2%	3%	94%	95%	88%	91%
Laboratory Medicine*	0%	0%	n/a	100%	92%	88%
Medical Biochemistry*	n/a	n/a	n/a	n/a	100%	100%
Medical Genetics*	0%	0%	100%	100%	100%	100%
Medical Microbiology*	0%	25%	75%	75%	100%	75%
Neurology	0%	3%	97%	94%	83%	83%
Neurology – Pediatric*	0%	0%	100%	71%	67%	83%
Neuropathology*	n/a	n/a	n/a	100%	n/a	n/a
Neurosurgery*	20%	0%	80%	77%	83%	80%
Nuclear Medicine*	0%	0%	100%	100%	83%	100%
Obstetrics/Gynecology	9%	13%	78%	76%	86%	86%
Ophthalmology [!]	18%	14%	68%	75%	60%	58%
Orthopedic Surgery	9%	3%	88%	82%	86%	85%
Otolaryngology	11%	11%	77%	66%	73%	67%
Pediatrics	3%	20%	77%	78%	78%	81%
Physical Med & Rehab [!]	4%	11%	85%	94%	85%	88%
Plastic Surgery [!]	31%	22%	47%	52%	58%	59%
Psychiatry [!]	7%	7%	86%	94%	92%	94%
Public Health*	0%	18%	82%	69%	67%	80%
Radiation Oncology*	0%	0%	100%	88%	92%	78%
Urology	9%	19%	72%	70%	83%	67%
Vascular Surgery*	0%	22%	78%	67%	53%	n/a

! – Large increase in competitiveness compared to previous year

* – Less than 25 applicants, interpret trends with caution

n/a – No first choice in this discipline

Supplementary Historical Trends

Year	Quota for 2nd iter.	Unfilled quota after 2nd iter.	Unmatched CMGs after 1st iter.	Current CMGs matched in 2nd iter.	Unmatched current CMGs after both iter* .	Prior year CMGs matched (both iter.)	Overall IMGs matched (both iter.)
2014	224	61	154 (140 [#])	71	71	69	449
2013	293	87	130	59	62	74	499
2012	268	81	161	84	69	65	407
2011	303	103	139	91	39	50	380

Iter. – Iteration

* – Some of whom did not enter 2nd iteration

– Unmatched current year graduates

Acronyms

AFMC	Association of Faculties of Medicine of Canada
CAIR	Canadian Association of Internes and Residents
CaRMS	Canadian Resident Matching Service
CFMS	Canadian Federation of Medical Students
CMG	Canadian Medical Graduate
IMG	International Medical Graduate
MSPR	Medical Student Performance Record
PG	Postgraduate
PGY	Postgraduate Year
R (#)	Resident (year of residency)
ROL	Rank order list

Tips from Residents

“Inform yourself as to the expectations of the program and location to which you'd like to match; you need to know what they prefer in terms of the quantity of electives in their specialty and the need for doing electives in their location in order to be considered.”

“Choose your referees judiciously; ask them if they're willing to write a ‘strong’ reference letter for you, which will increase your chances of having good letters written on your behalf.”

-- Meghan Cusack, NOSM

“Throughout medical school, keep your CV up to date. The fall of your final year of clerkship can be extremely busy with CaRMS applications and this is the one thing you can get out of the way before the whole process begins.”

-- Jonathan DellaVedova, McMaster

“Don't think that you need to do all your electives in a specific discipline to make yourself a strong candidate. Doing different electives provides breadth and frequently makes candidates more informed about what's out there.”

-- Ivan Cacic, McMaster

“Get as many opinions as you can from people that have both gone through CaRMS AND ranked applicants for CaRMS.”

-- Brent Thoma, U of S

“Get started on your personal statements early. When writing, make sure you are answering the questions or addressing the points that the program wants to hear about; some programs are very specific. Most importantly, when you're assigning your documents, make sure you assign your personal statements to the correct programs; there's nothing quite like reading about how amazing general surgery is, when the student is applying for emergency medicine.”

-- Kaif Pardhan, U of T

“Research projects that are submitted to a journal, even if not accepted/reviewed yet, carry a lot more weight on your CaRMS application than those that are not submitted yet. If at all possible, try to at least get your papers submitted to a journal before the CaRMS deadline so you can include them on there.”

“When trying to choose a specialty, don't just look at the specialty itself but look at the specialists in that area who you've encountered. Do you see yourself fitting in with this group? Do their personalities and interests align with yours? Do you want to work with these people for the rest of your life? Often the answers to these questions will help you choose your career path more clearly than looking at the work itself.”

“Don't get stressed out about CaRMS! It seems like a much more daunting process than it will be; while choosing a specialty is (obviously) a big task, the process of CaRMS is relatively simple and straightforward. Do your best to stay organised with various tasks (CV, personal statements, letters of reference) and you'll find that the CaRMS process is much more manageable than you were expecting.”

-- Nawaaz Nathoo, UBC

“Whether you are writing your personal statement or answering questions in an interview, don't ever think about what your audience might want to hear. Even though it sounds trivial, try to convey your unique personality and talk about what you've done that makes you interesting. This is what will set you apart.”

-- Salina Teja, UBC

“When choosing a career, don't choose based on the most interesting aspects of a specialty because everything, to some extent, is interesting. Choose based on your ability to tolerate the most trying aspects of a specialty.”

-- Anonymous Resident

“Speak to recent grads but make sure you also speak to those with grey hair or dyed hair. Make sure they're happy with their career choice and find out why or why not.”

-- Anonymous Resident

“Don't forget that CaRMS is as much about you interviewing a program as a program interviewing you. Consider what you would like in a program that you match to, and ask those questions at your interview. Jot down the answers the evening after you interview - this will be so helpful when you're having to rank 10+ programs after the whirlwind tour.”

-- Anonymous Resident