

# The MATCH BOOK



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

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## Executive Summary

The Canadian Federation of Medical Students (CFMS) is the national organization representing over 7800 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 6th 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 CaRMS 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.

### ***Contact information and links***

Special thanks to the staff at:



For details regarding the 2013 match results, please visit [www.carms.ca](http://www.carms.ca), consult the Operations menu and then access the Reports & Statistics menu.

Please direct inquiries about CaRMS to [help@carms.ca](mailto:help@carms.ca) and inquiries about this publication and the CFMS's role to [office@cfms.org](mailto:office@cfms.org)

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## The 2013 Match

### A Message from the CFMS

It's hard to overstate the importance of the CaRMS 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. And, in order to make that eventual transition to practice all of us need to navigate CaRMS 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 2012-2013 Match increased year-on-year by 1.5% to 2934, accommodating the 0.9% increase in final CMG applicants. In contrast, the number of dedicated first iteration IMG positions available increased year-on-year by 9%<sup>1</sup>, to 348.

In 2013, **95%** of new Canadian medical graduates matched in the first iteration, up from the 94% that matched in the first iteration last year. Of the matched applicants, 66% matched to their first ranked program choice and 91% matched to their first choice discipline. Canadian medical students applied to more programs than in previous years, with the average numbers of programs per applicant at 14. There was no increase in the number of disciplines, however. The 2013 match was also notable for the 36% of Canadian medical students who chose Family Medicine as a first choice discipline. In fact, 91% 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. The following highlights some interesting trends within this sub-group. In 2013, 16% of CMGs ranked surgical specialties as their first choice discipline, up from 2012 where 15% ranked the same. 1.7% of CMGs ranked dermatology, 1.2% ranked adult neurology, and 0.6% ranked radiation oncology as their first choice disciplines in 2013, as compared to 1.8%, 1.5% and 0.4% in the previous year respectively. The CFMS will continue to monitor 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.

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

<sup>1</sup> This calculation excludes the 4 Quebec schools, which run an open match between CMG and IMG applicants in the first round. This calculation also extrapolates the 2013 IMG positions in Manitoba and Alberta to 2012, when neither province was offering dedicated IMG positions through CaRMS. This percentage should thus be taken as a conservative estimate.

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. In 2013, only 50.0% of Canadian graduates successfully matched in the second iteration, with 80 students going unmatched. Of note, the number of CMGs unmatched after the first round is actually decreased from the previous year. Generally speaking, Canadian medical graduates are finding it more challenging to match in the second iteration. Last year, the success rate in the second iteration was 62.7% and the previous year was 69.4%. These numbers include CMGs who graduated in previous years and either went unmatched or were switching specialties outside of the formal transfer system. These CMGs are applying in increasing numbers in the second iteration year-on-year and have demonstrably lower match rates. Nevertheless, these numbers suggest that the second iteration is becoming increasingly competitive, and that Canadian medical graduates should rely on matching in the first iteration.

This trend is closely related to the rising numbers of IMGs successfully matching in the various CaRMS iterations. In 2013, 372 IMGs matched in the first iteration of CaRMS (44 in Quebec), while 127 IMGs successfully matched in the second iteration, for a total of 499. In 2012, 331 IMGs matched in the first iteration of CaRMS (44 in Quebec), while 76 IMGs successfully matched in the second iteration, for a total of 407. In 1 year, the number of IMGs who successfully matched in Canada increased by 92, which represents a year-on-year increase of 23%. In the same period, the number that matched in the second iteration increased by 51, for a year-on-year increase of 67%, a substantial change. Of particular interest, the number of applicants from Oceania and the Pacific Islands has increased from 47 to 75, with a 64% match rate in 2013. Finally, the number of applicants from Central America and the Caribbean has increased from 394 to 439, with a 21% match rate in 2013.

As more students graduate from Canadian medical schools, the CFMS will continue to advocate for a corresponding increase in available residency positions to absorb this group of trainees and optimize system features to protect CMG match rates. However, the long-term health of Canadian medical education rests 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

## The 2013 Match: A Message from AFMC

The Association of Faculties of Medicine of Canada (AFMC) is pleased to report on the results of the 2013 Canadian Resident Matching Service (CaRMS) match. They show that, as graduating medical classes grow, faculties of medicine and provincial governments work closely together to provide postgraduate training opportunities.

A total of 3169 medical graduates entered residency programs through the 2013 CaRMS match; 2645 were graduates of Canadian medical schools, 499 were international medical graduates (IMGs) and 25 were graduates of US medical schools. Compared to 2012, 1% more graduates of Canadian medical schools and 23% more IMGs were matched in 2013. The overall record high number of residents entering family medicine, medical, surgical and laboratory training programs shows a responsiveness to graduates of Canadian medical schools as well as those from international medical schools.

AFMC is pleased that 36% of Canadian medical school graduates selected Family Medicine as their first choice discipline. This is the largest proportion choosing Family Medicine in the last 20 years. Family Medicine was also ranked highly by international medical graduates (IMGs); 49% of IMGs chose Family Medicine as their career choice.

The number of students entering medicine has increased each year since the new millennium. The effective and collaborative approach between provincial governments and faculties of medicine continues as the AFMC is co-chairing the Physician Resource Planning Task Force whose mandate is to ensure that physicians are matched very effectively to meet the healthcare needs of Canadians. The AFMC, in collaboration with the CFMS and other important organizations, will continue to play a very active role in supporting this mission.

## **The CaRMS Match: Roles and Responsibilities**

### ***CaRMS***

CaRMS is an independent not-for-profit corporation serving as the gateway from undergraduate to postgraduate medical education in Canada. All Canadian medical schools participate in the Match. CaRMS is governed by a Board of Directors that includes the CFMS, CAIR, AFMC, and other partners in medical education. The CEO, Executive and staff are responsible for the ongoing operations of the organization.

#### **CaRMS Does:**

1. Provide a central, secure electronic interface for application to post-graduate education;
2. Provide a computer-based match algorithm to facilitate this process;
3. Administer the matching process for R-1 entry, in addition to three subspecialty matches: the R-3 Family Medicine/Emergency Medicine Match, the Internal Medicine Subspecialty Match and the Pediatric Subspecialty Match. CaRMS also administers Canadian access to the US application system for PGME.

#### **CaRMS Does Not:**

1. Determine a candidate's eligibility for entry into post-graduate training;
2. Have any role in determining the number of residency positions available in any particular discipline or in any particular location;
3. Have any role in determining the level of participation of IMGs in the match or which residency positions are eligible for IMGs.

The match algorithm ensures that all eligible applicants are matched according to the merits of their applications in addition to the rank lists of the candidates and the post-graduate programs.

### ***Canadian Medical Graduates (CMGs)***

CaRMS Online is the application portal that becomes available at [www.carms.ca](http://www.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 (ROL) are submitted via CaRMS Online 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. AWS users' applications become available for review by PG programs as of November 29, 2012.

Following an application review by the postgraduate programs, interviews are granted in January and February, and these are scheduled by applicants and programs

independently of CaRMS. After interviews, applicants create rank-order-lists (ROLs) of their preferred post-graduate 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.

#### *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 MSPRs, formerly 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 the CaRMS Online to review applications and grant interviews to candidates. Interview dates and times are arranged by the post-graduate programs and typically take place in late January and early February. Postgraduate Directors then create rank-order-lists (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 this as a separate “parallel” match. 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.

## Important Dates for Medical Students for the 2013 Match

The most updated dates can be accessed through [www.carms.ca](http://www.carms.ca) (Operations – Future Matches).

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.

|                                      |   |
|--------------------------------------|---|
| <b>September 4, 2013</b>             | <b>Program descriptions available for review</b><br><b>Token distribution begins</b><br><b>CaRMS Online application opens</b>   |
| <b>October 17, 2013</b>              | <b>Program selection opens.</b>   |
| <b>October 21, 2013</b>              | <b>Milestone 1:</b> Hard copy extra documents/transcripts (certificates, abstracts, publications) expected at CaRMS.  |
| <b>November 8, 2013</b>              | <b>Milestone 2:</b> MSPI arrival. Please contact your undergraduate office if you MSPI is not submitted within 1 week of this date.<br><b>Milestone 3:</b> Translation Requests expected at CaRMS for English-to-French or French-to-English translation. |
| <b>November 15, 2013</b>             | <b>Milestone 4:</b> Letters of reference are due.   |
| <b>November 18, 2013</b>             | <b>Milestone 5:</b> Document assignment and program submission.   |
| <b>November 22, 2013</b>             | <b>CaRMS online closes.</b> All program selections and supporting documentation are due in advance of this deadline.  |
| <b>November 25, 2013</b>             | <b>File review begins.</b> 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 3.  |
| <b>December 3, 2013</b>              | Letters of reference are unmasked   |
| <b>January 18 – February 9, 2014</b> | <b>National interview period.</b> Candidates travel to the various programs where they have accepted interviews.  |
| <b>January 30, 2014</b>              | <b>Rank-Order-List (ROL) period begins.</b>   |
| <b>February 20, 2014</b>             | <b>Deadline: ROL submission.</b> This is also the deadline for withdrawal from the Match. If ROL is not submitted on time, applicant will not be ranked.  |
| <b>March 5, 2014</b>                 | <b>Match Day!</b> Applicants log-in to the Applicant Webstation to discover which single program they have been matched to.   |

## The Match Algorithm: How It Works

The computer-based match algorithm is executed following the submission of applicant rank-order-lists and program rank-order-lists. These two sets of lists are the only data input. These lists are independent of each other, meaning that the order in which applicants rank their programs has no bearing whatsoever on the order in which programs rank their applicants. The algorithm is student-proposing, meaning that all things being equal, the student's choice takes precedence.

So how does the algorithm actually work? In the simplest terms, an individual applicant is matched to his or her highest ranked program, provided that program is not already fully occupied by applicants who ranked higher on the program rank-order-list. If the applicant's first ranked program is full, the same process is applied to the applicant's second ranked program, and so on, until the applicant's rank-order-list is exhausted. In this manner, the vast majority of applicants are matched to a program in the first iteration of the match.

Following the first iteration, unmatched applicants can reassess their standing and apply to programs with unfilled positions in a separate "second iteration". The same algorithm is applied in this smaller match. In this manner, nearly all CMG applicants are matched and nearly all programs are filled.

Applicants who remain unmatched are then able to arrange interviews and placements into remaining programs independently of CaRMS in a "post-match process".

### *What this Means for Medical Students*

- 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 of those programs which you find unacceptable
- Postgraduate programs are not permitted to ask you questions about your rank intentions and you are able to decline answering such questions

## **How the Match Works:**

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      Program 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 |

| 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 interests 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 they would consider matching to.** 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 Orygmi 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 most preferred program as your first choice.**

## The Second Iteration

If a candidate goes unmatched after the first iteration, they are automatically enrolled in the second iteration. The second iteration is approximately 5 weeks in duration.

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

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 the CaRMS website. Most notable is the short time frame during which the application must be submitted.

After the completed applications are submitted, Match Day for the second iteration is April 11, 2013. Like in the first iteration, candidates will be legally bound to their matched residency program.

|                                   |  |
|-----------------------------------|--|
| <b>March 6, 2014</b>              | <b>The CaRMS online application re-opens for the second iteration.</b> List of available positions advertised online. Applicants select programs they wish to apply to and submit required documentation.  |
| <b>March 11, 2014</b>             | <b>Milestone 1</b> – Hard-copy documents are due at CaRMS by this date   |
| <b>March 12, 2014</b>             | <b>Milestone 2</b> – Documents assigned and all program submissions completed by this date   |
| <b>March 13, 2014</b>             | File review begins.  |
| <b>March 20, 2014</b>             | Rank order list period begins. Do not wait until the last minute to finalize your rank order list.   |
| <b>April 3, 2014<br/>15:00 ET</b> | <b>Rank order list deadline.</b> This is the only deadline in the CaRMS match year. The candidate must submit by the deadline or else he or she will be automatically withdrawn from the second iteration. |
| <b>April 15, 2014</b>             | <b>Match Day. Results available at 12:00 ET.</b>   |

## For the Unmatched Candidate

Every year, there are a number of Canadian medical graduates 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 the candidate remain unmatched; he or she will choose to take part in the “Scramble”, another match process during which the student applies to unfilled positions after the second iteration. A student can also 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 who has never been enrolled in PG training in North America will eligible to be enrolled in the first iteration of the Match<sup>2</sup>.

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 can facilitate document transfer and post-match placement.

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<sup>2</sup> Not the only criterion to be enrolled in first iteration of PG training in Canada.

## Applicant Match Rates by Discipline

| Discipline – Rows that are highlighted illustrate specialties that were more competitive in 2013 than in 2012. Many of them are surgical and procedural. | CMG Match Percentages in 1 <sup>st</sup> Round in Relation to 1 <sup>st</sup> Choice Discipline |                 |                             |                             |                             |                             |
|--|---|-----------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|  | Alternate Choice 2013   | Un-matched 2013 | 1 <sup>st</sup> Choice 2013 | 1 <sup>st</sup> Choice 2012 | 1 <sup>st</sup> Choice 2011 | 1 <sup>st</sup> Choice 2010 |
| Anatomical Pathology   | 0%  | 0%              | 100%                        | 93%                         | 82%                         | 84%                         |
| Anesthesia   | 17%   | 6%              | 77%                         | 72%                         | 79%                         | 89%                         |
| <b>Cardiac Surgery</b>   | <b>14%</b>  | <b>14%</b>      | <b>72%</b>                  | <b>100%</b>                 | <b>100%</b>                 | <b>70%</b>                  |
| Dermatology  | 32%   | 2%              | 66%                         | 65%                         | 60%                         | 56%                         |
| Diagnostic Radiology   | 13%   | 4%              | 83%                         | 69%                         | 80%                         | 74%                         |
| <b>Emergency Medicine</b>  | <b>28%</b>  | <b>4%</b>       | <b>68%</b>                  | <b>69%</b>                  | <b>68%</b>                  | <b>75%</b>                  |
| Family Medicine  | 1%  | 2%              | 97%                         | 96%                         | 98%                         | 99%                         |
| General Pathology  | 0%  | 0%              | 100%                        | 100%                        | 100%                        | n/a                         |
| <b>General Surgery</b>   | <b>16%</b>  | <b>16%</b>      | <b>68%</b>                  | <b>80%</b>                  | <b>81%</b>                  | <b>80%</b>                  |
| Hem. Pathology   | 0%  | 0%              | 100%                        | 100%                        | 100%                        | 100%                        |
| Internal Medicine  | 4%  | 1%              | 95%                         | 88%                         | 91%                         | 95%                         |
| Laboratory Medicine  | 0%  | 0%              | 100%                        | 92%                         | 88%                         | 80%                         |
| Medical Biochemistry   | n/a   | n/a             | n/a                         | 100%                        | 100%                        | 100%                        |
| Medical Genetics   | 0%  | 0%              | 100%                        | 100%                        | 100%                        | 100%                        |
| <b>Medical Microbiology</b>  | <b>25%</b>  | <b>0%</b>       | <b>75%</b>                  | <b>100%</b>                 | <b>75%</b>                  | <b>80%</b>                  |
| Neurology  | 6%  | 0%              | 94%                         | 83%                         | 83%                         | 81%                         |
| Neurology - Pediatric  | 14%   | 15%             | 71%                         | 67%                         | 83%                         | 71%                         |
| Neuropathology   | 0%  | 0%              | 100%                        | n/a                         | n/a                         | 100%                        |
| <b>Neurosurgery</b>  | <b>9%</b>   | <b>14%</b>      | <b>77%</b>                  | <b>83%</b>                  | <b>80%</b>                  | <b>94%</b>                  |
| Nuclear Medicine   | 0%  | 0%              | 100%                        | 83%                         | 100%                        | 67%                         |
| <b>Obstetrics/Gynecology</b>   | <b>17%</b>  | <b>7%</b>       | <b>76%</b>                  | <b>86%</b>                  | <b>86%</b>                  | <b>75%</b>                  |
| Ophthalmology  | 17%   | 8%              | 75%                         | 60%                         | 58%                         | 65%                         |
| <b>Orthopedic Surgery</b>  | <b>4%</b>   | <b>14%</b>      | <b>82%</b>                  | <b>86%</b>                  | <b>85%</b>                  | <b>86%</b>                  |
| <b>Otolaryngology</b>  | <b>22%</b>  | <b>12%</b>      | <b>66%</b>                  | <b>73%</b>                  | <b>67%</b>                  | <b>78%</b>                  |
| Pediatrics   | 15%   | 7%              | 78%                         | 78%                         | 81%                         | 86%                         |
| <b>Physical Med &amp; Rehab</b>  | 6%  | 0%              | 94%                         | 85%                         | 88%                         | 100%                        |
| <b>Plastic Surgery</b>   | <b>23%</b>  | <b>25%</b>      | <b>52%</b>                  | <b>58%</b>                  | <b>59%</b>                  | <b>53%</b>                  |
| Psychiatry   | 5%  | 1%              | 94%                         | 92%                         | 94%                         | 92%                         |
| Public Health  | 19%   | 12%             | 69%                         | 67%                         | 80%                         | 81%                         |
| <b>Radiation Oncology</b>  | <b>12%</b>  | <b>0%</b>       | <b>88%</b>                  | <b>92%</b>                  | <b>78%</b>                  | <b>85%</b>                  |
| <b>Urology</b>   | <b>22%</b>  | <b>8%</b>       | <b>70%</b>                  | <b>83%</b>                  | <b>67%</b>                  | <b>60%</b>                  |
| <b>Vascular Surgery</b>  | 26%   | 7%              | 67%                         | 53%                         | n/a                         | n/a                         |

## 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

“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

## 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                                |

## Notes

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