

**Submission Id:** 4622

**Title**

*Initial Residency Match Intentions of PGY3 Family Medicine-Emergency Medicine Enhanced Skills Program Applicants*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

Context: Entry to enhanced skills training programs in Canada occurs following completion of core Family Medicine residency training. This study is designed to evaluate if these residents had alternate interests for specialty choice aside from family medicine at the time of initial application to first year residency training. The emergency medicine program is used due to the availability of centralized data for applicants. Objective: To understand the initial PGY 1 residency match intentions of Family Medicine residents who later apply to enhanced skills training in Emergency Medicine. Study Design and Dataset: A retrospective analysis using data from the Canadian Residency Matching Service (CaRMS) to analyze the original first choice discipline at the time of PGY 1 match for family medicine residents who are applicants to enhanced skills training in emergency medicine. This study was approved by the University of Calgary Conjoint Health Research Ethics Board. Population Studied: Applicants to enhanced skills training in emergency medicine in Canada between 2016 and 2020. Results: There is an increased proportion of residents who apply to enhanced skills training in Emergency Medicine that had a non-family medicine first choice discipline in their initial residency match relative to the overall cohort of family medicine residents. There is a higher proportion of male applicants and Canadian Medical Graduate applicants to the enhanced skills training program in Emergency Medicine relative to the overall cohort of family medicine residents. Conclusions: Enhanced skills training in Emergency Medicine in Canadian family medicine training programs draws an applicant pool more likely to have had a non-family medicine first choice discipline in the original first year residency match. This is an important consideration from a residency selection and training point of view and from a health human resources perspective as we consider numbers of family medicine trainees across the country in the context of what their future practice patterns will ultimately be.