



The Association of Faculties of Medicine of Canada electives diversification: a discussion of its implications in anesthesiology

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To the Editor,

In May 2019, the Association of Faculties of Medicine Canada (AFMC) Undergraduate Medical Education Committee activated the AFMC Student Elective Diversification Policy (SEDP) that would begin in the 2020–2021 elective cycle.¹ The policy enforces a national cap upon students, allowing a maximum of eight weeks of elective time in any given specialty. The rationale for its implementation is that focusing on single field electives is impractical given the increasing number of unmatched students in Canada. Across all disciplines, an average applicant has an estimated 5% chance of unmatched.² Without SEDP, this number was to increase because of the rise in number of unmatched students applying again the following year and the constant flow of fourth year applicants.³ With SEDP, applicants are encouraged to parallel plan. Choosing electives in another discipline would result in increasing students' chances of matching to a speciality.⁴

In 2020, the average number of anesthesia electives per matched applicant in anesthesia was 4.7. Only 2.6% (3/115) of candidates matched without taking an elective in their discipline.⁵ 97% (783/801) of all ranks given by programs were to applicants who had done an anesthesia elective. Anesthesia programs ranked 325 of 801 (40.5%) Canadian medical graduates who did an elective at their

selected university in anesthesia, suggesting that prior to the SEDP, performance at a home anesthesia elective was a key indicator in matching. Similarly, it has been previously found that anesthesia programs value an applicant's performance at their university.^{3,4}

Little is known about how the SEDP will affect the ability to both apply and do well at anesthesiology programs and electives. Currently, only 12 of 17 anesthesiology programs state they offer the two-week elective option.⁵ This limitation has implications not only on a program's ability to evaluate an applicant but also on the applicant's ability to evaluate a program. Moreover, this shortage will likely be exacerbated by students parallel planning for other specialties.

Such application limitations require change in the anesthesia programs and their selection processes. First, they can better outline what they want from applicants. Only 14 of 17 programs have listed extracurriculars like research as indicators in their selection criteria.⁵ They can further explain how parallel similar electives will be viewed, if anesthesia is unavailable at their institution.

With an elective cap in place, however, all students are at least similarly restricted. By mandating a maximum number of electives to all applicants, it is possible that decisions for selection programs are less likely to be locally focused. The reverse may be true as well; there may be an internal discussion of institutions to preferentially select their own applicants, a trend that was often observed prior to the SEDP.³

In this way, the SEDP enforces cultural changes on applicants while not asking the same from selection committees. Work is needed on both sides to make the application more transparent and available. Still at its foundation, SEDP is an important milestone in encouraging the development of more well-rounded medical applicants.

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Only time will tell if it will be successful in its goal of decreasing the rate of unmatched candidates.

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References

1. *The Association of Faculties of Medicine Canada*. AFMC Student Electives Diversification Policy | The Association of Faculties of

- Medicine of Canada - Today's Research, Tomorrow's Doctors. Available from URL: <https://afmc.ca> (accessed June 2020).
2. Hammoud MM, Andrews J, Skochelak SE. Improving the residency application and selection process: an optional early result acceptance program. *JAMA* 2020; 323: 503-4.
3. Silverberg SL, Purdy KM. Unmatched Canadian medical graduates. *CMAJ* 2018; DOI: <https://doi.org/10.1503/cmaj.68737>.
4. Courneya CA, Cheung WY, McMillan J. High dives and parallel plans: relationships between medical student elective strategies and residency match outcomes. *Can Med Educ J* 2019; DOI: <https://doi.org/10.36834/cmej.53018>.
5. *Canadian Federation of Medical Students*. Match Stats: A discipline by discipline briefing of CaRMS match and electives data. Available from URL: <https://www.cfms.org/files/matchbook/MatchStats.pdf> (accessed June 2020).

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