



# 2026 CaRMS Forum

MAY 27, 2026

# AGENDA



**OVERVIEW**



**SUPPLY & DEMAND**



**UNMATCHED CMGs**



**APPLICATION STRATEGIES:  
DISCIPLINE COMPETITIVENESS**

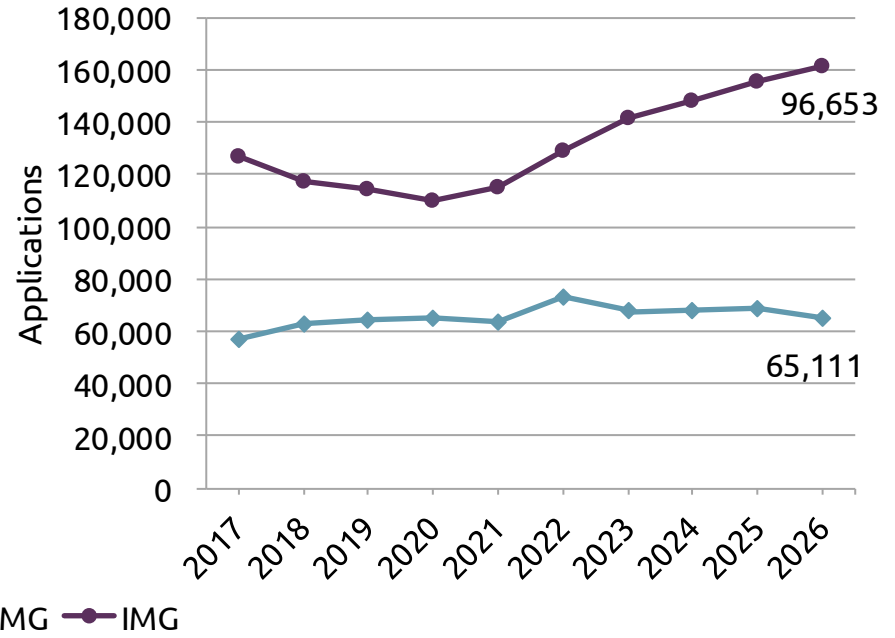
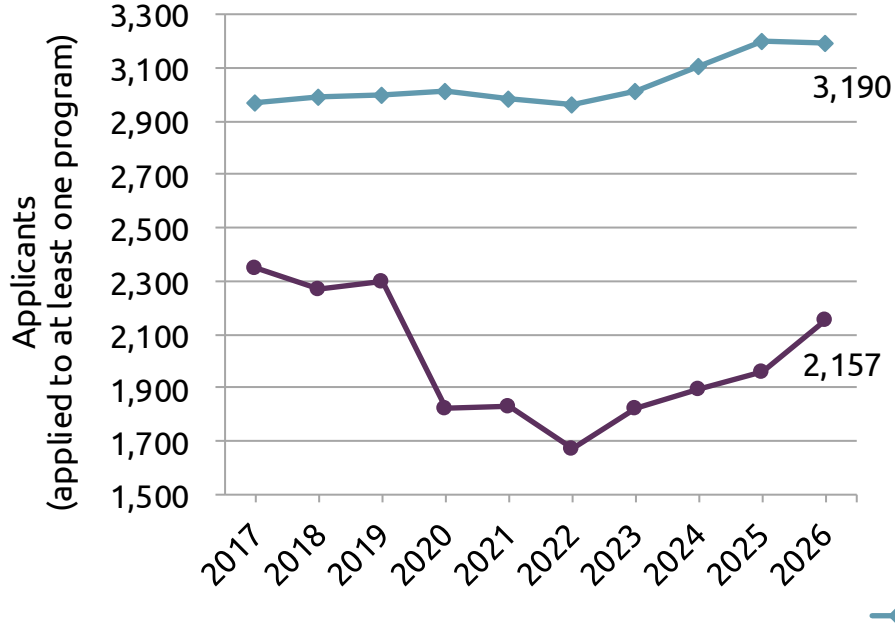


**FOCUS ON FAMILY MEDICINE**



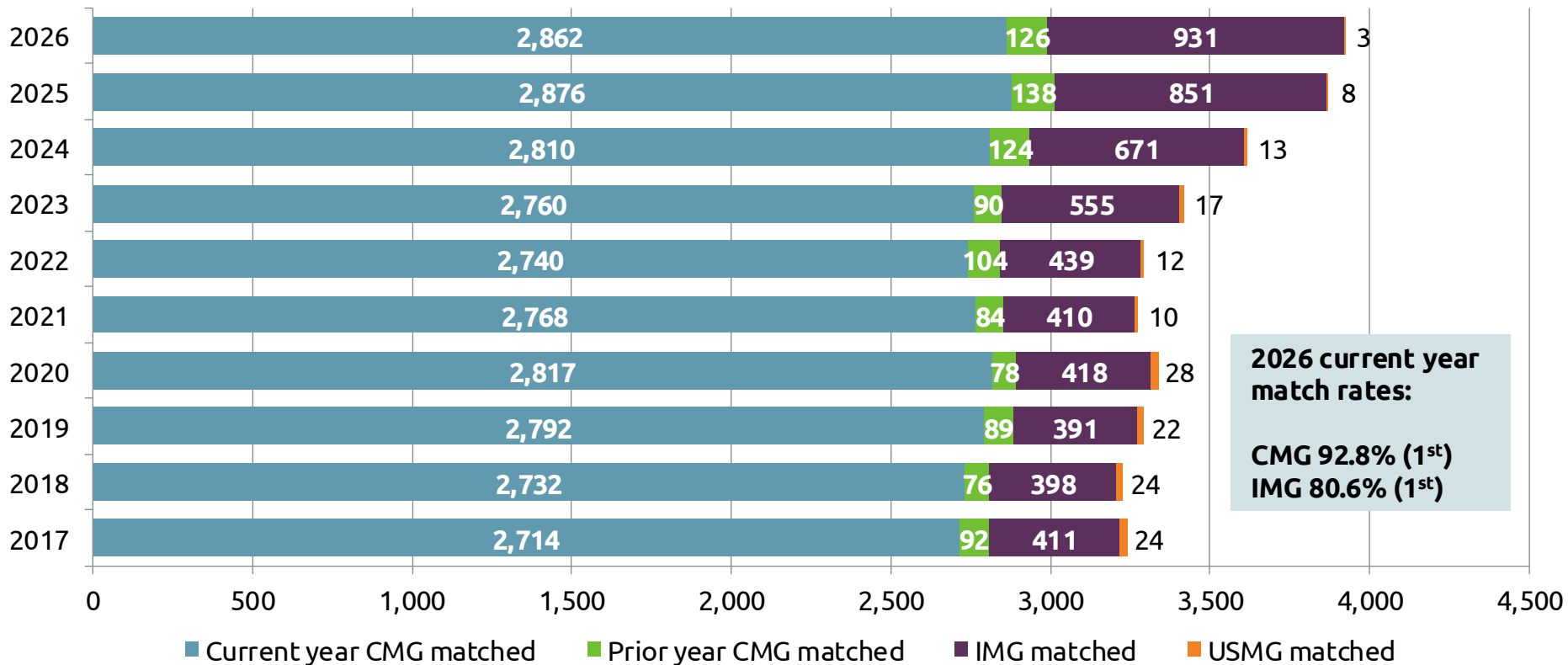
# OVERVIEW

# Applicant activity by eligibility (both iterations)

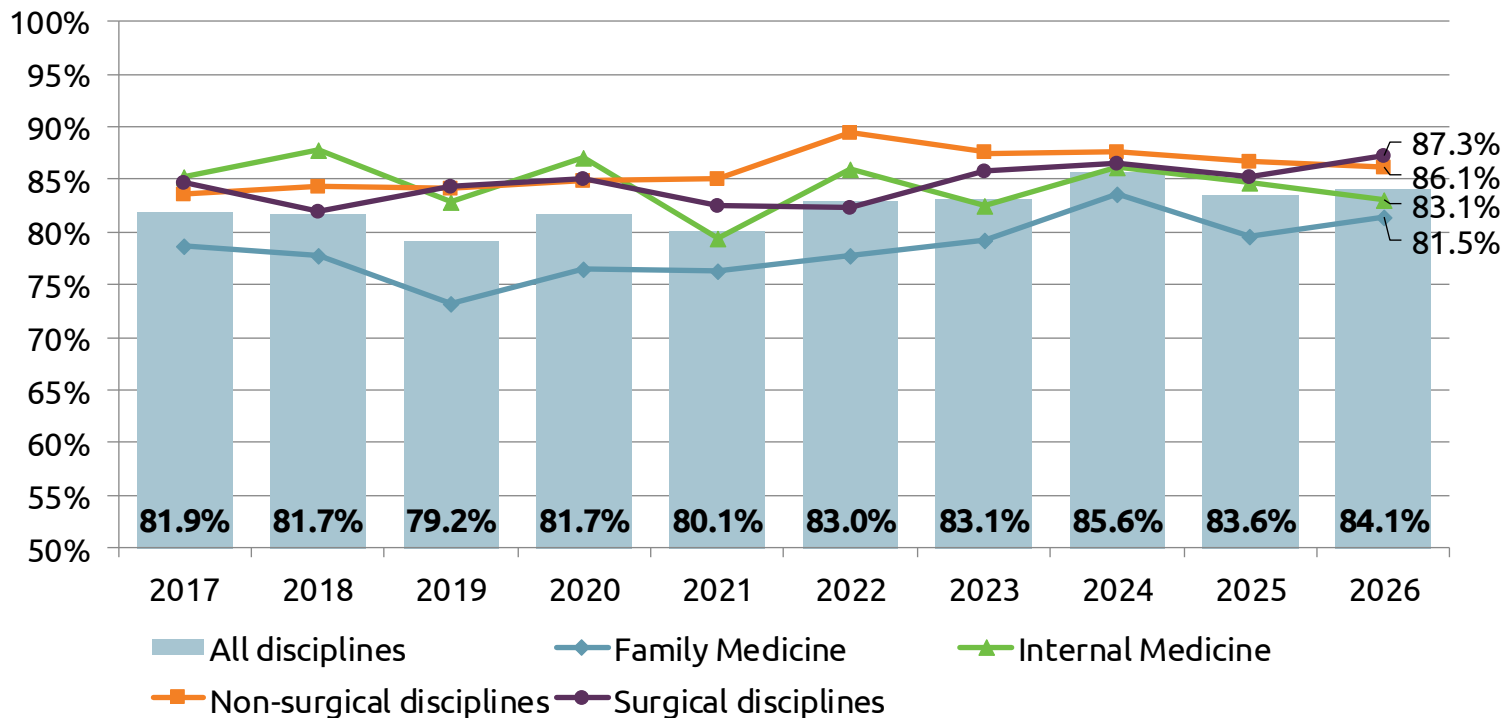


- Growth in applications and applicants is coming from IMGs

# Who entered postgraduate training in Canada



# CMGs matched to one of their top three program choices, by discipline group



Program choice 2026	
1st	60.2%
2nd	15.3%
3rd	8.7%
4th	5.4%
5th	3.0%
6th	1.9%
7th	1.6%
8th +	4.0%



# SUPPLY & DEMAND

# KEY THEMES



## Applicant focus

Applicant focus on disciplines where there are not enough positions in any given year can drive both unmatched rates and unfilled positions



## Dynamics

Supply and demand is dynamic - it fluctuates from year to year

Aggregate preferences shift



## Imbalances

Unfilled and unmatched are generally driven by imbalances in supply and demand

Reversions are used to align positions with applicant preferences

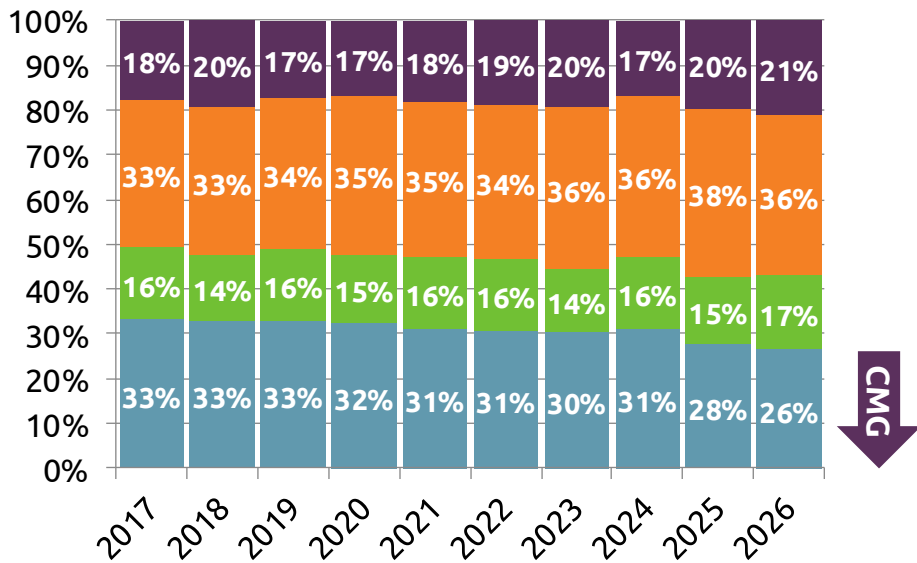


## Trends

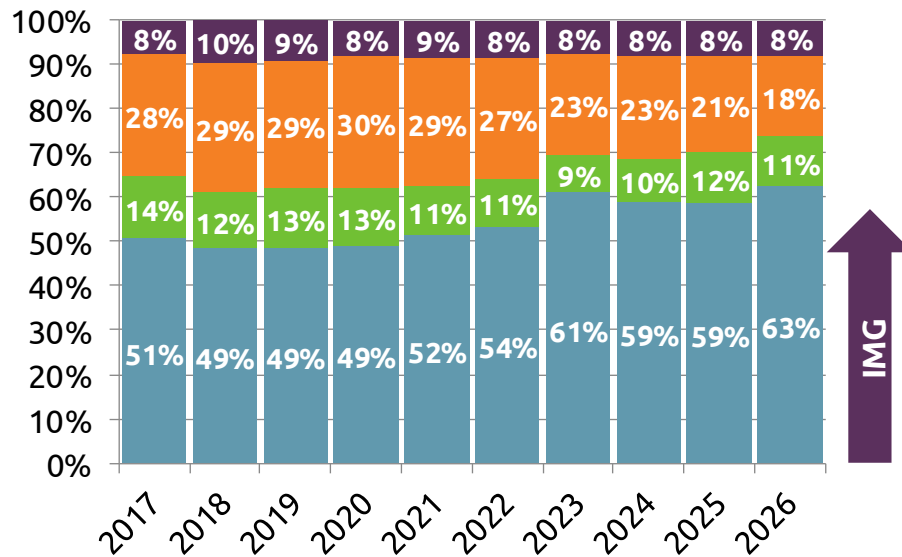
Understanding the trends in supply and demand can help with application strategy

# Applicant preferences – by discipline category

## CMG discipline choices



## IMG discipline choices



■ Family Medicine    
 ■ Internal Medicine    
 ■ Non-surgical disciplines    
 ■ Surgical disciplines

# Reversions

## What are reversions?

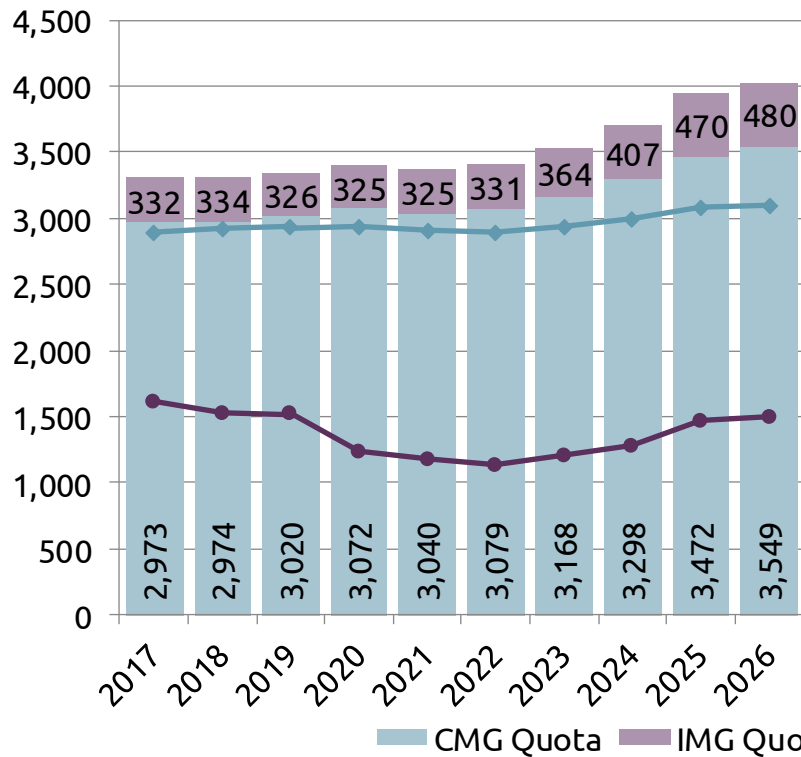
- If a position is not filled after running through the rank order list, it can be transferred (“reverted”) to another program site, discipline, or application stream
- Instructions are submitted to CaRMS before the match and are only implemented if identified positions are not filled
- Reversions allow PGME offices to **maximize the number of applicants matched to training programs**

## Why do reversions matter?

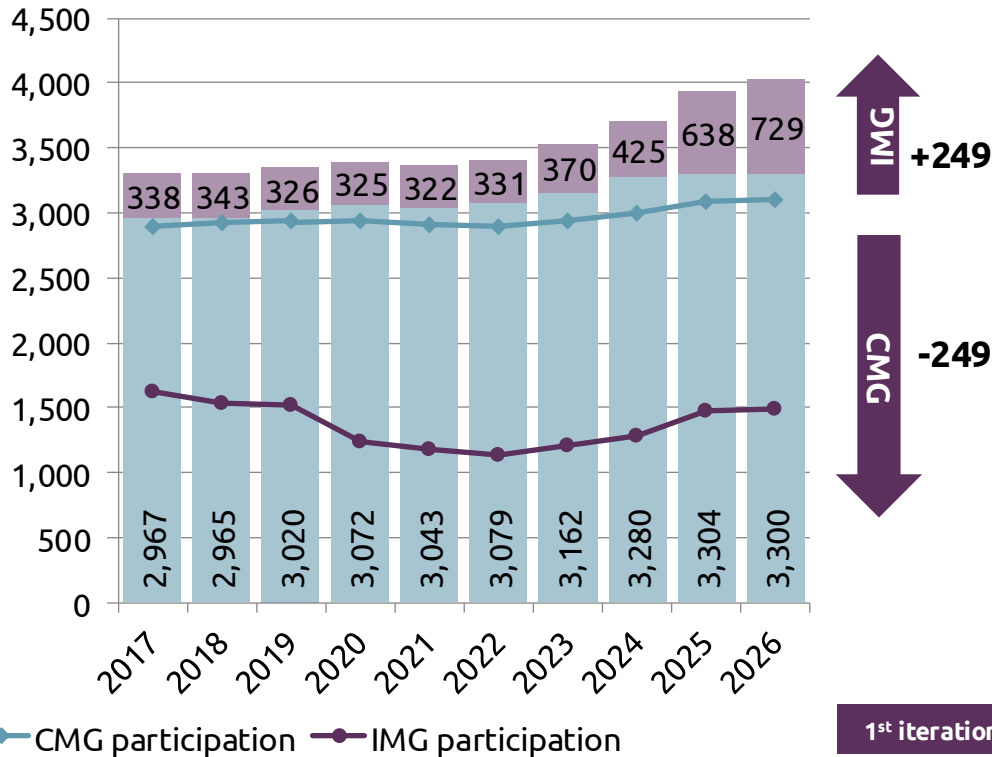
- Increased use of reversions to fill more positions in the first iteration has made them a meaningful driver of match outcomes

# First iteration participation and quota

## BEFORE REVERSIONS



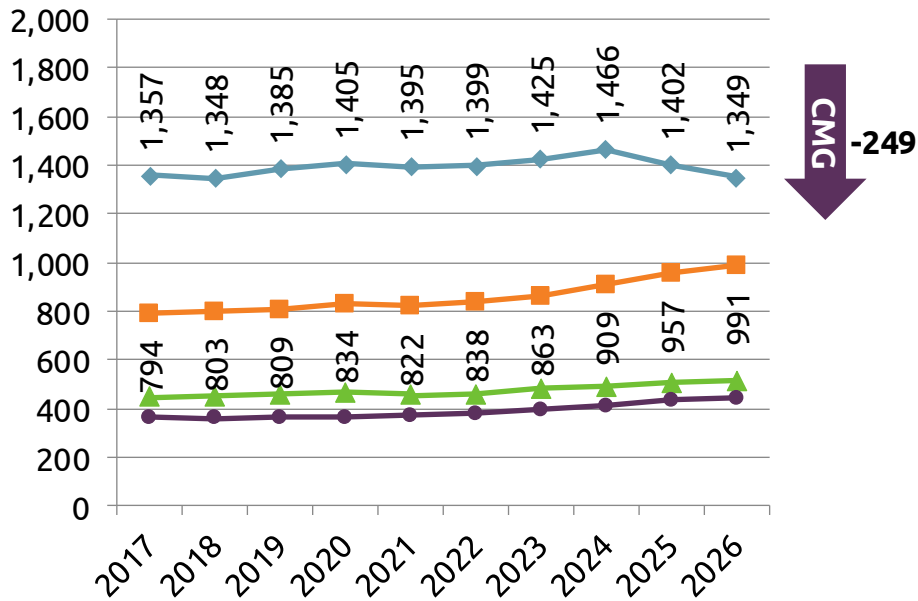
## AFTER REVERSIONS



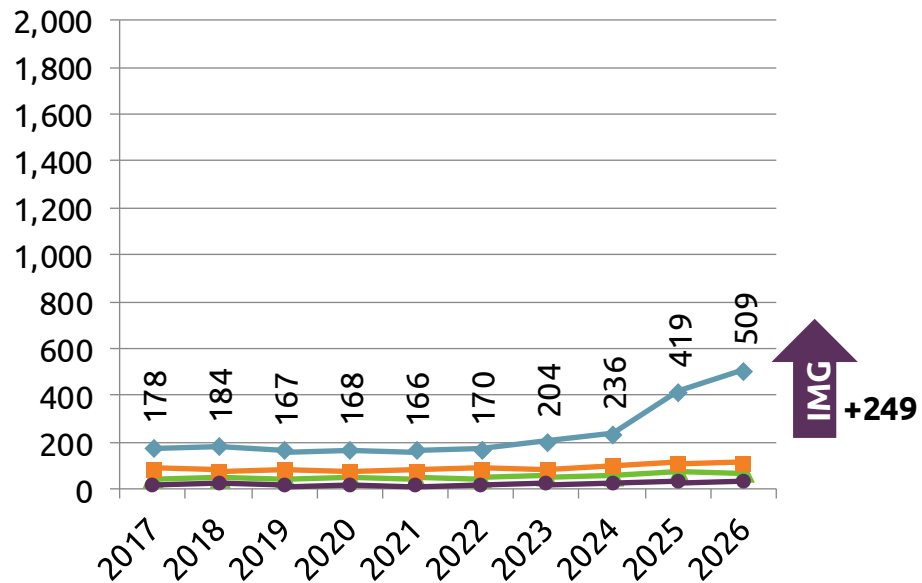
# Positions offered by discipline group

**AFTER REVERSIONS**

## CMG

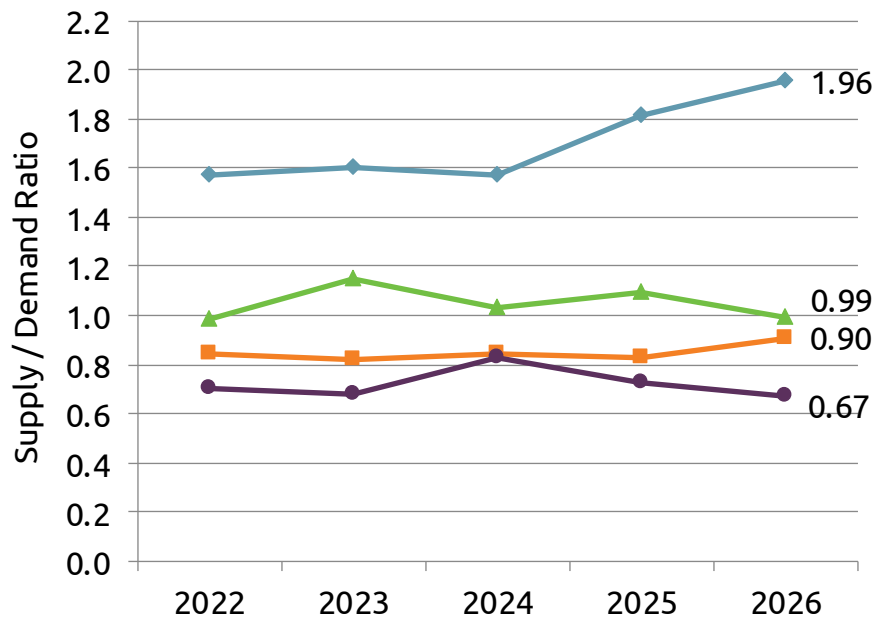
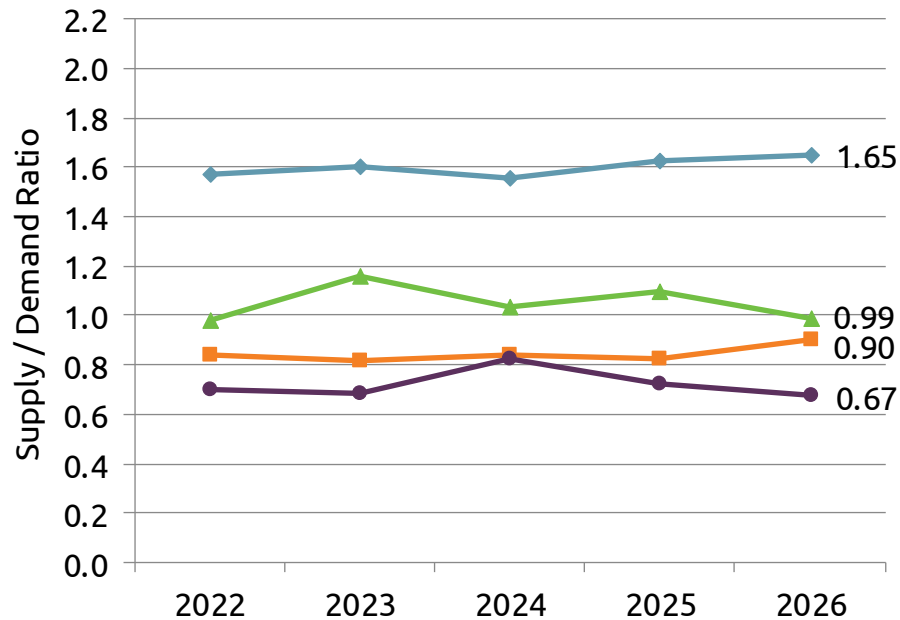


## IMG



◆ Family Medicine   
 ▲ Internal Medicine   
 ■ Non-surgical disciplines   
 ● Surgical disciplines

# National CMG supply and demand, by discipline group

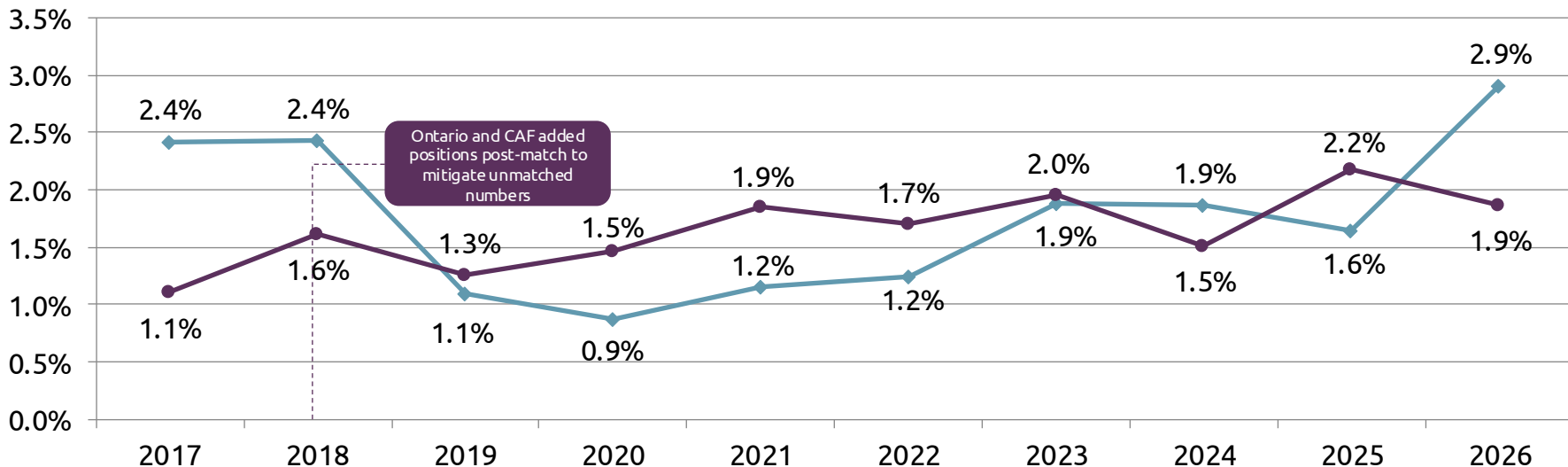
**BEFORE REVERSIONS**

**AFTER REVERSIONS**


◆ Family Medicine   
 ▲ Internal Medicine   
 ■ Non-surgical disciplines   
 ● Surgical disciplines



# UNMATCHED CMGs

# Unmatched current year CMGs after second iteration



68	69	31	25	33	35	54	54	49	87
31	46	36	42	53	48	56	44	65	56

— Unmatched current year CMGs after 2nd iteration

— Current year CMGs who did not match in first iteration and did not participate in second iteration

A doctor in a white coat is using a tablet computer. A stethoscope is visible around their neck. The background is blurred, showing what appears to be a hospital or clinic setting.

**APPLICATION  
STRATEGIES:  
DISCIPLINE  
COMPETITIVENESS**

# KEY THEMES



## Definitions

How do we define  
“more competitive”  
or “less competitive”  
disciplines?

Introduce *application  
strategies*



## Match rates

How do different *application  
strategies* impact match rates?



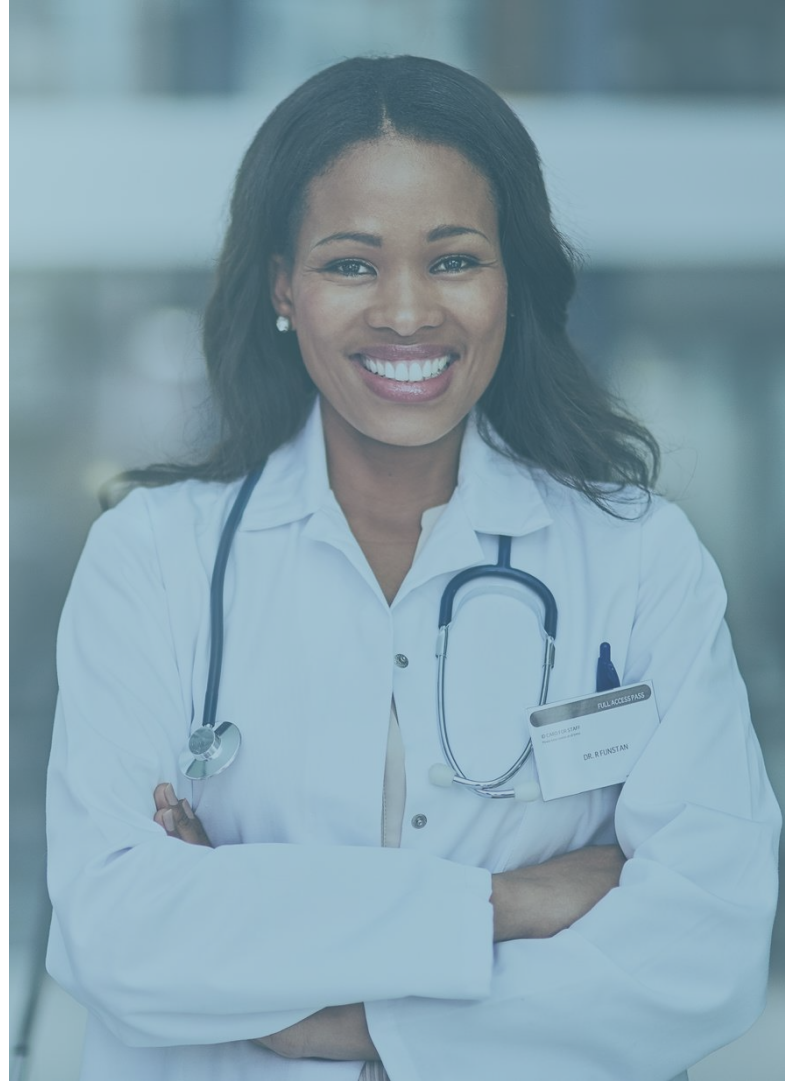
## Conclusion

Summarize initial  
findings

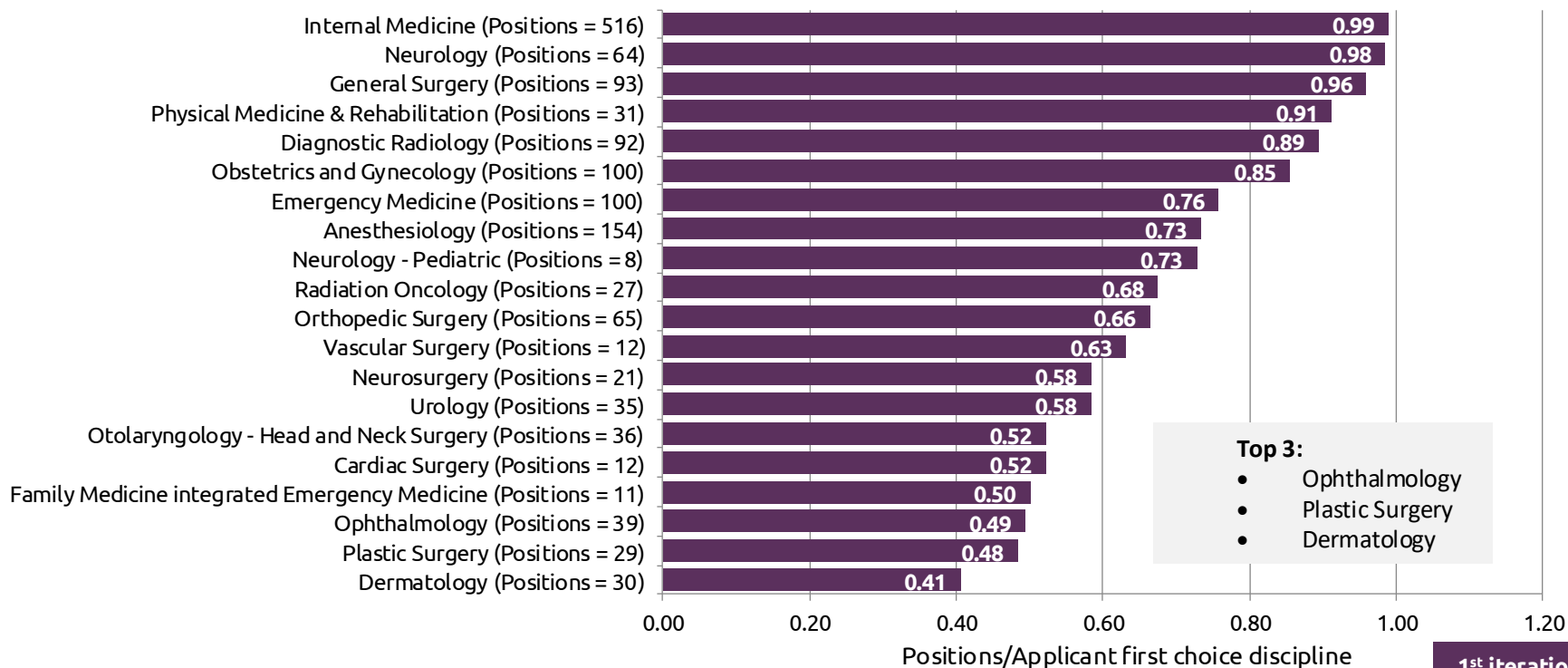
# Definitions

## Discipline competitiveness categories:

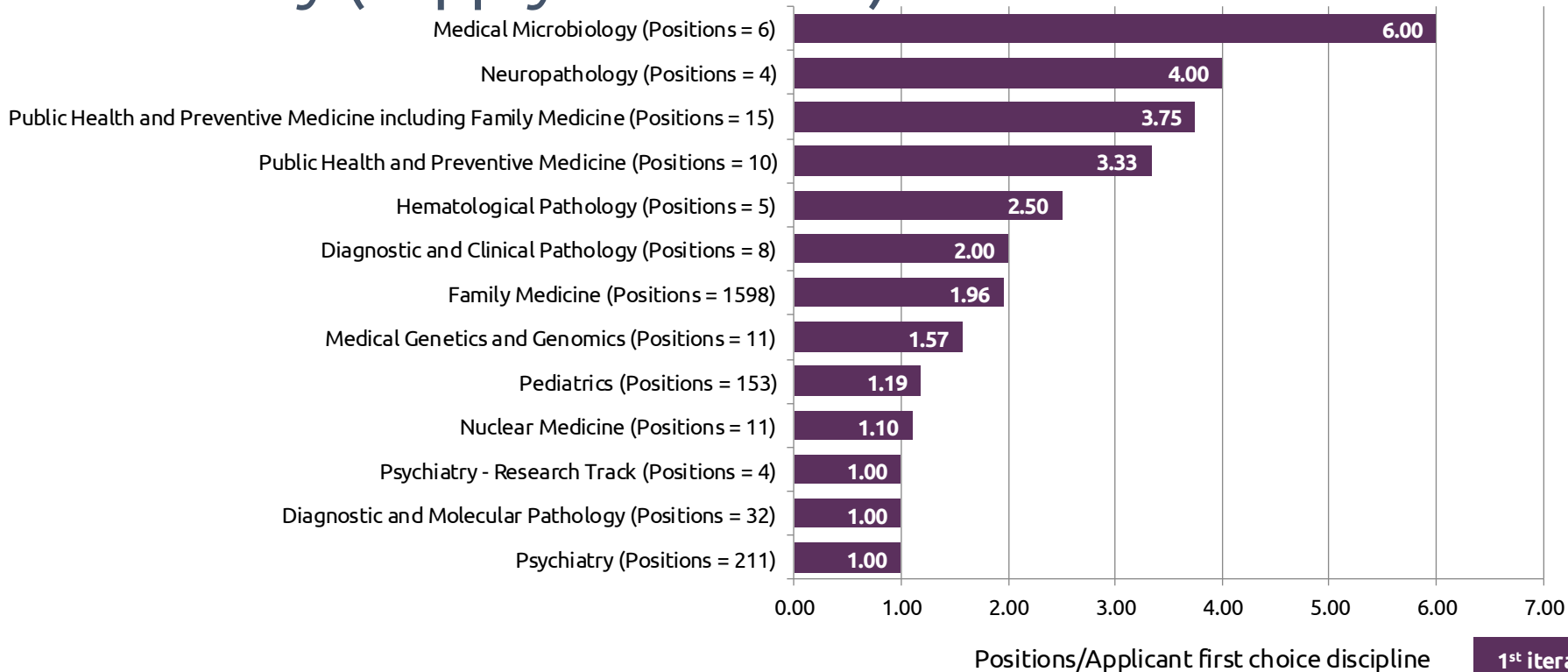
- **More competitive:** CMG supply/demand ratio is *below* 0.9 and quota is above a minimum threshold for discipline (11)
- **Less competitive:** All disciplines not in the *more competitive* category
- **Top 3:** The top 3 most competitive of the *more competitive* category



# 2026 CMG first choice discipline compared to availability (supply < demand)

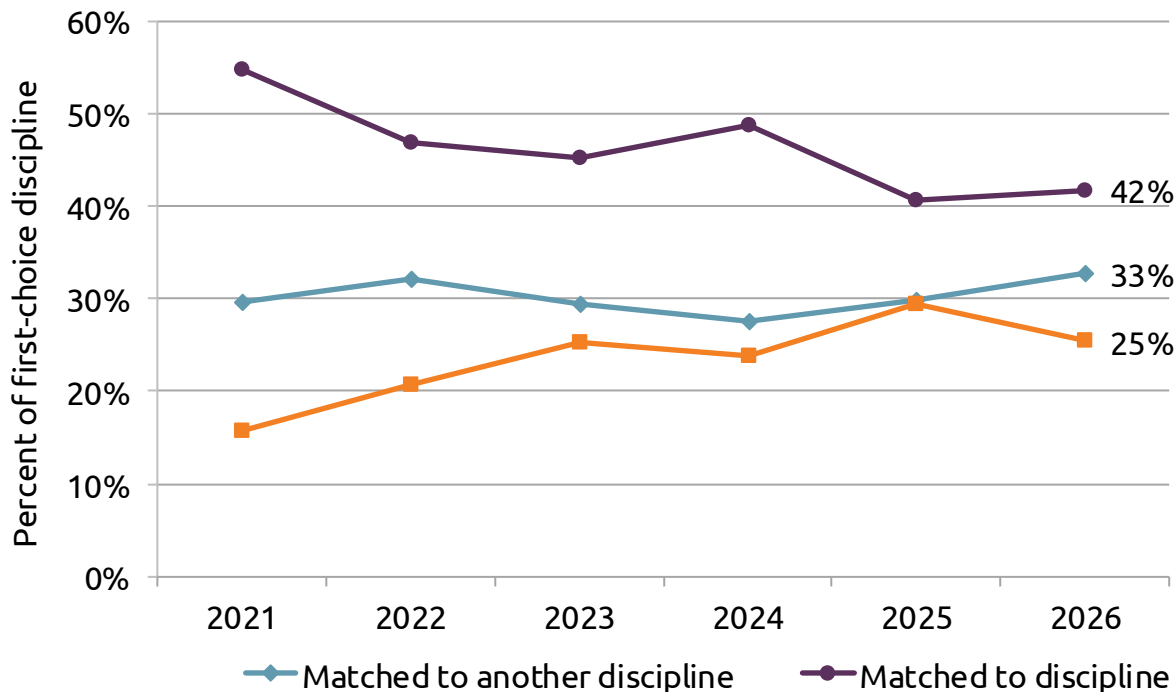


# 2026 CMG first choice discipline compared to availability (supply $\geq$ demand)



Top 3 competitive disciplines:

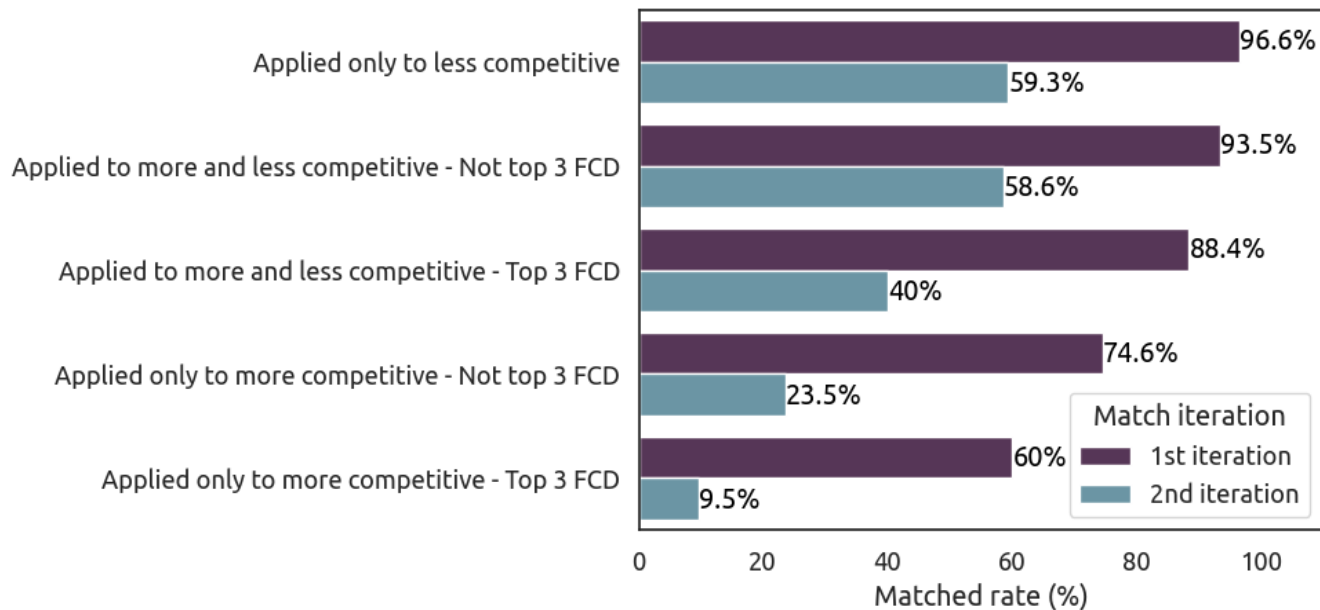
# Trends in match results for highest-interest CMG applicants



- Lower proportion of most-interested applicants matching to top 3 most competitive disciplines
- Higher proportion of most-interested applicants going unmatched

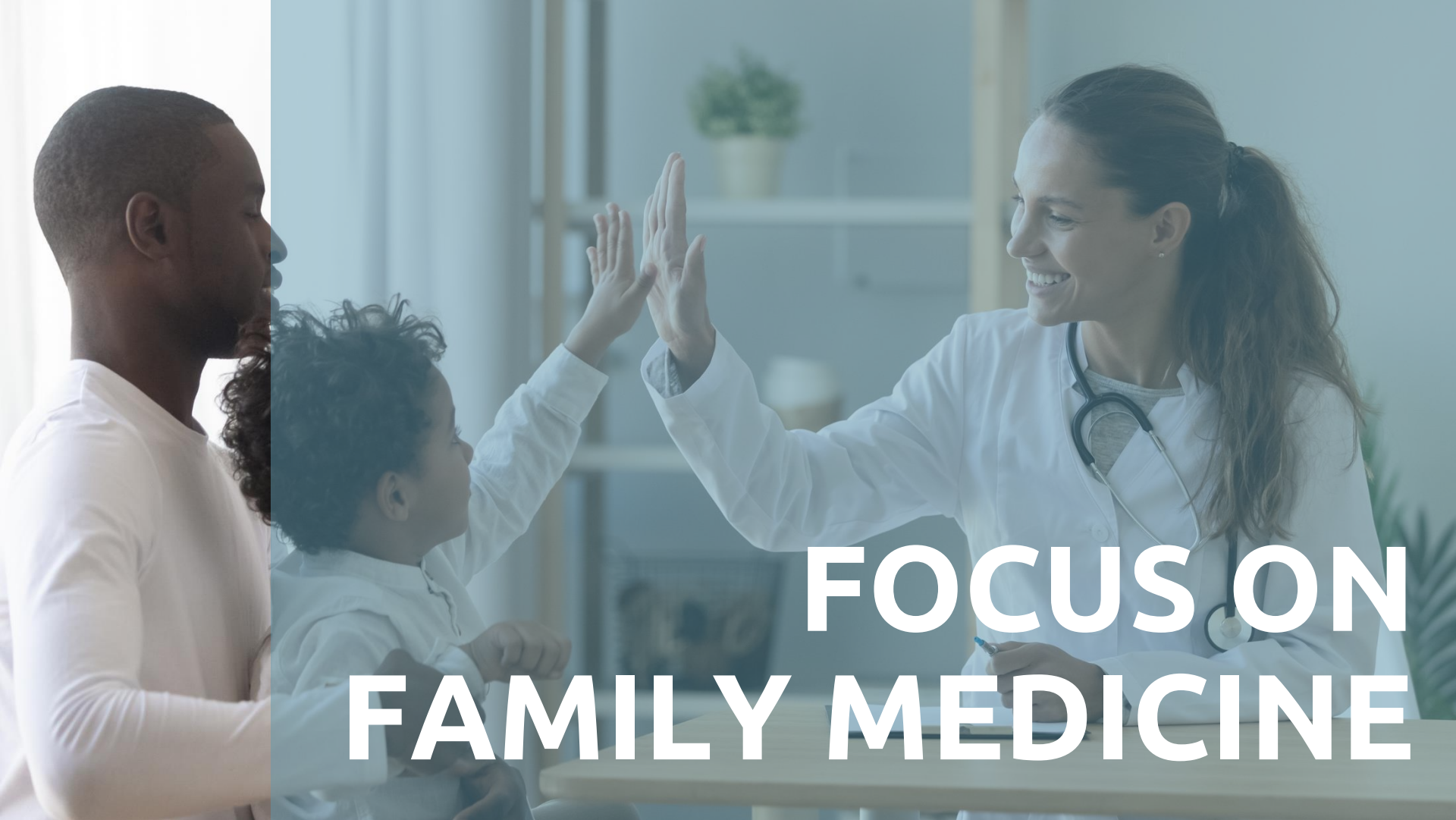
# 2026 R-1 Match rates by application strategy

- Focusing on *more competitive* disciplines lowers match rates
- Only 60% of applicants that applied only to *more competitive* disciplines and had a top 3 FCD matched



# Conclusions

- 20-25% of unmatched from 1<sup>st</sup> iteration are focused on top 3 most competitive disciplines
- Match rates are higher for applicants who include disciplines with more positions relative to intensely interested applicants
- Our research also shows:
  - Repeatedly coming back to the match and selecting a top 3 most competitive discipline can be a risky strategy for applicants
  - No disadvantage to using a more diversified rank order list (i.e., including other, less competitive disciplines with lower ranks)



# FOCUS ON FAMILY MEDICINE

# KEY THEMES



## Imbalance

Supply and demand imbalance exists



## Opportunity

There is lots of opportunity in Family Medicine - both for CMGs and IMGs



## Reversions

Reversions are used to move supply to where demand is to increase fill rates



## Strategic role

Application strategies that incorporate Family Medicine are effective (in improving match rates)

## 2026 Family Medicine reversions by region

- It is important to consider reversion use early in application strategy
- Implication: there may not be enough positions in an applicant's preferred region if they wait until 2<sup>nd</sup> iteration to consider a career in Family Medicine

