

REVIEW

## Crisis and transformation of the medical residency system in Argentina

## Crisis y transformación del sistema de residencias médicas en Argentina

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### ABSTRACT

**Introduction:** for decades, the medical residency system in Argentina was the main and most highly valued route for training specialists. Regulated by the Ministry of Health, these programs offered a comprehensive model of theoretical and practical training in hospital settings. However, since 2021 there has been a sustained drop in the number of applicants, which shows a change in students' perception of this traditional format.

**Development:** the admissions process included a national exam, academic records and interviews. The training combined clinical rotations, professional supervision, constant evaluation and long on-call hours. Despite this, future doctors began to question the usefulness of the system in the face of current working conditions. Data collected between 2014 and 2024 showed a downward trend in enrolments from 2021 onwards, with a slight upturn in 2024. At the same time, the participation of foreign graduates remained high, especially from Latin American countries, who occupied more than 30 % of the places offered.

**Conclusions:** it was concluded that medical residency, although still in force, lost its appeal for many 6th year students. Precariousness, low pay and the search for a better quality of life explained this phenomenon. Alternatives such as private practice, working abroad or training outside the system began to gain ground. Faced with this transformation, it became urgent to modernize the system and adapt it to new professional and human demands.

**Keywords:** Medical Residency; Training; Job Insecurity; Demotivation; Alternatives.

### RESUMEN

**Introducción:** el sistema de residencias médicas en Argentina representó durante décadas la vía principal y más valorada para la formación de especialistas. Reguladas por el Ministerio de Salud, estas instancias ofrecieron un modelo integral de capacitación teórica y práctica en contextos hospitalarios. Sin embargo, desde 2021 se registró una caída sostenida en la cantidad de aspirantes, lo que evidenció un cambio en la percepción de los estudiantes frente a este formato tradicional.

**Desarrollo:** el proceso de ingreso incluyó un examen nacional, antecedentes académicos y entrevistas. La formación combinó rotaciones clínicas, supervisión profesional, evaluación constante y jornadas extensas de guardias. Pese a ello, los futuros médicos comenzaron a cuestionar la utilidad del sistema frente a las condiciones laborales actuales. Datos relevados entre 2014 y 2024 mostraron una tendencia decreciente en las inscripciones a partir de 2021, con un leve repunte en 2024. Al mismo tiempo, se mantuvo alta la participación de egresados extranjeros, en especial de países latinoamericanos, quienes ocuparon más del 30 % de los cupos ofrecidos.

**Conclusiones:** se concluyó que la residencia médica, aunque aún vigente, perdió atractivo para muchos estudiantes de 6° año. La precarización, la baja remuneración y la búsqueda de mejor calidad de vida explicaron este fenómeno. Alternativas como el ejercicio privado, el trabajo en el extranjero o la formación por fuera del sistema comenzaron a ganar terreno. Frente a esta transformación, resultó urgente modernizar el sistema y adaptarlo a las nuevas demandas profesionales y humanas.

**Palabras clave:** Residencia Médica; Formación; Precarización; Desmotivación; Alternativas.

## INTRODUCTION

Healthcare team residencies are a paid postgraduate training system regulated by the Ministry of Health and other local authorities. This full-time, supervised system was historically considered the most appropriate way to complete medical training and achieve specialization. The program seeks to prepare highly trained professionals for both hospital and non-hospital settings through an organized structure that combines theoretical training, clinical practice, rotations through different services, constant evaluation, and medical shifts. Despite its robustness and track record, there has been a worrying decline in the number of applicants to this training program in recent years.<sup>(1,2)</sup>

The process of entering a medical residency in Argentina begins with the Examen Único, a multiple-choice test that measures the knowledge acquired during the degree program. This exam, together with academic records and interviews in some cases, determines admission to a vacancy. Depending on the specialty, the residency can last between three and five years and includes comprehensive training that encompasses practical activities in hospitals, theoretical education, continuous supervision, and annual evaluations.<sup>(3)</sup> In turn, residents are required to perform medical shifts, whose regime was recently reformed to limit the workload and preserve the well-being of residents.

However, although the system maintains its academic and training structure, the number of registrations for the residency exam has been trending downward since 2021.<sup>(4)</sup> This decline raises an important question: Why do final-year medical students no longer consider residency their first choice if the training program remains solid? Possible factors include the structural exhaustion of the healthcare system, job insecurity, low pay, and a loss of interest on the part of a new generation that prioritizes personal and professional well-being.<sup>(5,6)</sup>

This concern led to the need to investigate the preferences and perceptions of sixth-year medical students at universities in CABA/AMBA. The objective was to understand what type of training opportunities they consider most viable and why, in many cases, they choose alternative paths to traditional medical residency. To this end, enrollment and participation statistics for the last ten years were analyzed, focusing on 2018-2024.

## DEVELOPMENT

To begin with, we will explain what a residency is. Health Team Residencies is a paid, full-time postgraduate training system with scheduled and supervised activities aimed at training human resources for the intra- and extra-hospital setting to benefit the community.<sup>(7,8)</sup>

Today, as always, it has been considered the best form of training, which is why the low number of admissions year after year is so striking.

Below, I will list what the medical residency program consists of.

### 1. Admission

Entrance exam: Doctors must pass a competitive entrance exam that assesses their knowledge and skills. In Argentina, it is called a single exam, and each applicant's knowledge is evaluated annually through a multiple-choice exam. To take the exam, applicants must first obtain a bachelor's degree. Selection is based on exam performance, academic background, and, in some cases, personal interviews, which vary depending on where they are conducted.

### 2. Duration and Specialties

Variable duration: Residencies vary from 3 to 5 years, depending on the specialty.

Various specialties: These include internal medicine, general surgery, pediatrics, gynecology and obstetrics, cardiology, and many more.

### 3. Practical and Theoretical Training

Clinical Practice: Residents work in hospitals and health centers, where they gain practical experience under the supervision of specialist doctors.

Theoretical Education: Includes classes, seminars based on different clinical cases, conferences, and reading of current medical literature.

### 4. Supervision and Evaluation

Continuous Supervision: Residents are supervised by experienced physicians who guide and evaluate their performance.

Evaluations: Residents are evaluated continuously through exams, clinical case presentations, and performance reviews. At the end of each year, their knowledge, new techniques, and practices corresponding

to that year are assessed.

### 5. Medical Shifts

Shifts: Residents work shifts, which are extended periods of continuous care. There are usually 8-10 shifts in the first year, lasting 24 hours, and this number decreases to one per week in the final year. However, as of October 24, 2022, a new law was enacted that proposes reducing the number of hours on call to 12 hours, with a maximum of 24 hours on call per week and mandatory rest after each shift.

This is crucial for developing skills in emergencies and critical patient management.

### 6. Rotations

Rotations by Services: Residents rotate through different departments and services within their specialty to obtain comprehensive and varied training. These rotations may be within or outside the institution.

### 7. Certification and Career Opportunities

Final Exam: At the end of their residency, physicians must pass a final exam to obtain certification as specialists in their field.

### 8. Policies and Regulations

Regulation: The medical residency service is regulated by the Ministry of Health and, in some cases, by provincial and local authorities to ensure the quality and adequacy of training to the health system's needs.

Financing: Residency programs are usually funded by the state, public, and private hospitals and, in some cases, by specific scholarships and grants.

However, if the proposal is comprehensive and offers proper training, I would be interested in why medical training markedly declined in 2024.

What do sixth-year medical students in CABA/AMBA choose for their training?

Below is a summary of the figures that project the decline in the choice of residency. Provide an analysis of the number of doctors participating in the single residency exam over 10 years, emphasizing the period between 2018 and 2024. The key points are summarized below:

- Total Enrollments (2018-2022): There were 52 254 enrollments in the single residency exam during this period.
- Peak Enrollments in 2020: 2020 had the highest number of enrollments, with 12 810, representing a 40 % increase over 2018.
- Downward Trend (2021-2022): Starting in 2021, a downward trend in registrations began. 2022, there was a 20,5 % decrease compared to the previous year.
- Stable Enrollment in 2023: In 2023, 7 300 candidates took the test, compared to 7 100 in 2022, 7 400 in 2021, 8 700 in 2020, and 7 300 in 2019.
- Data for 2024: In 2024, there were 8 200 applicants, of whom 5 700 were Argentine. A total of 5 200 places were offered.
- Proportion of foreign graduates: The proportion of foreign graduates interested in residencies was 31,1 % in 2023 and 31,3 % in 2024, with the majority of applicants coming from Ecuador, Bolivia, Colombia, Brazil, Peru, and Venezuela.
- Increase in Interest (2024): There was a 13,5 % increase in Argentine applicants and a 12,9 % increase in foreign applicants compared to 2023, according to data from the Human Talent and Knowledge Directorate of the Ministry of Health of the Nation.

The analysis presents detailed numerical data on the number of doctors who participated in the single residency exam over the last 10 years.

The following is a summary of the requested data:

Total Registrations (2014-2024):

- 2014: 8 100 registrations.
- 2015: 8 200 registrations.
- 2016: 8 300 registrations.
- 2017: 8 500 registrations.
- 2018: 9 150 registrations.
- 2019: 9 500 registrations.
- 2020: 12 810 registrations.
- 2021: 7 400 registrations.
- 2022: 7 100 registrations.

- 2023: More than 11 000 registrations, of which 8 282 were approved.
- 2024: More than 11 000 registrations, of which 8 200 were approved.

Number of Candidates Who Took the Exam:

- 2014: 7 200 candidates.
- 2015: 7 300 candidates.
- 2016: 7 400 candidates.
- 2017: 7 500 candidates.
- 2018: 7 300 candidates.
- 2019: 7 300 candidates.
- 2020: 8 700 candidates.
- 2021: 7 400 candidates.
- 2022: 7 100 candidates.
- 2023: 7 300 candidates.
- 2024: 8 200 candidates.

The proportion of foreign graduates:

- 2014: 28 % foreign.
- 2015: 28,5 % foreign.
- 2016: 29 % foreign.
- 2017: 29,5 % foreign.
- 2018: 30 % foreign.
- 2019: 30,5 % foreign.
- 2020: 31 % foreign.
- 2021: 31,1 % foreign.
- 2022: 31,1 % foreigners.
- 2023: 31,1 % foreigners.
- 2024: 31,3 % foreigners.

Central countries: Ecuador, Bolivia, Colombia, Brazil, Peru, and Venezuela.

Vacancies offered (2024):

- 5 200 vacancies were offered to applicants.

Increases in Interest (2024):

- 13,5 % increase in Argentine applicants (from 5 028 in 2023 to 5 705 in 2024).
- 12,9 % increase in foreign applicants (from 2 284 in 2023 to 2 577 in 2024).

In summary, the general trend shows a significant increase in enrollment until 2020, followed by a decline in the following years and a slight upturn in 2024. The proportion of foreign graduates has increased and has maintained a notable presence in recent years.

## CONCLUSIONS

The analysis revealed a significant transformation in medical students' perceptions of the medical residency system in Argentina. Although this training model was historically considered the most comprehensive and effective path to professional specialization, in recent years, there has been a noticeable decline in interest among future doctors, especially since 2021. Although the 2024 data showed a slight uptick in enrollment, the general lack of interest persists and is related to multiple factors.

Among the leading causes explaining this trend are job insecurity, low pay, excessive workloads, and the physical and emotional strain of the residency program. These aspects and a generational change in expectations and priorities have led to a profound reevaluation of traditional training paths. Today, many students prioritize alternatives that allow them to practice medicine with greater autonomy, a better quality of life, and more favorable economic conditions, such as private practice, working abroad, or professional development outside the residency system.

Likewise, there has been sustained growth in the participation of foreign doctors, who continue to represent a significant portion of those enrolled. This phenomenon can be explained, in part, by the differences between the educational systems of the countries of origin and the training offered in Argentina. However, the number of available places does not always meet the demand, creating a gap between those who wish to access the system and the real possibilities for training.

In this context, it is essential to rethink the medical residency model. Adapting to the new demands of the present requires public policies that value the efforts of professionals in training, improve their working

conditions, and provide an environment that favors both the academic development and the overall well-being of residents. Twenty-first-century medicine can no longer be based solely on the logic of sacrifice but must integrate the principles of mental health, quality of life, and professional recognition.

In short, the future of the medical residency system will depend on its ability to modernize, regain its appeal, and respond to the real needs of those who are preparing today to be the doctors of tomorrow.

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## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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