

The Problem of Unmatched Canadian Medical Graduates: Where Are We Now?

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Over the past few years, there has been a heated national debate on the Canadian Resident Matching Service (CaRMS), spurred in part by the tragic case of Robert Chu, a highly qualified Canadian medical graduate (CMG) who chose to end his own life in 2017 after remaining unmatched for two consecutive years.¹ Over the last decade, the number of unmatched CMGs has increased steadily from 11 in 2009 to 69 in 2018.² When accounting for the number of CMGs who chose not to apply for the second iteration after going unmatched in the first iteration, there were 115 CMGs who could not obtain residency positions in 2018.^{3,4} In a country with a projected shortage of physicians, why is it that a growing number of CMGs cannot find residency positions?

Since 2009, the Canadian Medical Association and the Canadian Federation of Medical Students have recommended an ideal target of 120 spots for every 100 CMG applicants in order to optimize the matching algorithm.^{5,6} In 2009, there were 112 spots for every 100 CMG applicants,⁷ which although was less than desired, still allowed for the majority of students to match into a specialty of their choice. Over the past decade, this ratio has steadily decreased to the point where there are now 101 spots for every 100 CMG applicants.² When language differences are taken into account, there may be less than 98 spots for every 100 English-speaking applicants due to a greater number of Quebec graduates matching outside of Quebec than English speakers matching inside Quebec.²

There are many reasons for the relative shortage of residency positions. Medical school class sizes have grown at a rate faster than that of residency positions over the past decade.⁸ Since 2014, residency positions have failed to increase and even suffered cutbacks while the number of applicants continues to grow.⁸ In 2015, Ontario cut 50 residency positions due to cited “scarce healthcare dollars.”⁹ At the same time, the number of international medical graduates (IMGs) applying for residency in Canada has been growing, many of whom are Canadians who studied medicine abroad.¹⁰ The number of CMGs applying to the US and international residency programs has also decreased over the past decade.¹⁰ Finally, students who fail to match for a residency position in the previous year re-enter the match, adding to the pool of current-year candidates. Overall, a mismatch between the number of graduating students and available spots has resulted in this crisis.

Going unmatched is an anxiety-provoking topic for medical students. In addition to the stigma and emotional toll caused by a year of uncertainty, there are significant career and financial repercussions. With neither student status nor professional license, unmatched graduates depend on their school and provincial legislation for the ability to work in clinical settings.¹¹ In addition to potentially paying for another year of tuition, unmatched students are required to immediately begin paying back their student loans and lines of credit—which can

total more than \$100,000—without a resident salary.¹ Unfortunately, their chances of being successfully matched the following year are not optimistic either. Over the past three years, an average of 41% of prior-year CMGs failed to match, compared with only 3.5% of current-year CMGs.^{2,12,13} Their medical degree is essentially useless without residency as one cannot practice medicine without a license.

Across Canada, student affairs, undergraduate medical education (UGME) committees, and student leaders are collaborating to find a solution to this crisis. In January 2018, the Association of Faculties of Medicine in Canada released a position paper titled, “Reducing the number of unmatched CMGs: A way forward.”⁶ In May 2018, the Canadian Federation of Medical Students published its own position paper.¹⁴ Among the strategies and recommendations put forward by both parties, increasing the ratio of CMG spots to CMG applicants to 1.1 was seen as the priority, either by increasing funding or shifting IMG positions to CMGs.⁶ Both parties also agreed that the first step would be to increase support for unmatched CMGs, such as providing career counseling and increasing access to opportunities during a year off.^{6,14}

As of 2018, all Canadian schools have improved the availability of individualized career counseling and match data for students as early as their first year.¹⁰ The majority of schools now allow a “fifth year” for unmatched students to obtain additional clinical elective experience.¹⁵ Other schools are instead offering graduate-level programs to gain research experience and develop complementary skillsets in epidemiology, education, or business.¹⁵

For UBC graduates, there are currently two main options available: expedited access to a UBC Masters of Health Science (MHSc) program or the ability to organize their own clinical traineeship within BC, provided they can find an appropriate supervisor.¹¹ In a UBCMJ interview, Dr. Janette McMillan, Associate Dean of Student Affairs at UBC, revealed that UBC UGME is in the process of developing a new program that would offer UBC-supported clinical time for unmatched graduates.¹⁵ She stated, “The more flexibility we can offer for our [unmatched] students, the better we can meet each individual graduate’s need.”¹⁴ During the interview, she also proudly mentioned that every CMG that had finished the UBC MHSc and worked with Student Affairs matched the following year, though not necessarily in the specialty they applied for in their first attempt.¹⁵

Provincial governments have also begun to recognize the importance of this issue. As a temporary fix, the Ontario provincial government responded in April 2018 by announcing that it would fund 53 additional positions in the coming match cycle for unmatched Ontario CMGs, with the requirement of a two-year rural service contract.¹⁶ In May 2018, the Canadian Armed Forces also announced that they will work to fund additional family residency spots for the Medical Officer Training Program.¹⁷ Though these are steps in the right direction, it remains to be seen whether this funding will be available for the coming years.

As a nation with an aging population and increasing health

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needs, Canada needs to continue prioritizing healthcare and ensure that medical students trained with taxpayer money can continue to residency so that they have the opportunity to contribute to the community as practicing physicians. With increasing attention to this issue and collaboration between stakeholders, there is hope for a future that protects Canada's resource of young doctors.

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