



# 2023 - 2024 **MATCH BOOK**



A guide to prepare you for the  
**Canadian Residency Match**

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# INTRODUCTION

## MESSAGE FROM THE MATCHBOOK EDITING TEAM

Dear Fellow Colleagues,

We are proud to share the 15<sup>th</sup> Edition of Matchbook, made by students for students, to help and inform Canadian medical students regarding the residency matching process administered by the Canadian Resident Matching Service (CaRMS). We hope this resource helps guide you through the Match as it provides important information regarding the match process, dates and milestones, statistics, tips from physicians, financial resources, and other useful guides.

The 15<sup>th</sup> Edition of Matchbook would not be possible without the help of several individuals. We would like to thank all the participants who submitted their artwork to be included as the cover of the Matchbook. We want to thank all the directors, residents, and students for sharing their advice and words of wisdom to help the next generation of students get through the Match. We want to extend our gratitude to the previous Matchbook editors for their contribution. We are grateful to all members of the CFMS Education team for their efforts in creating the framework of the current Matchbook. Lastly, we thank the Bilingualism Committee for their hard work in sharing a French version of the Matchbook.

The Match can be an extremely stressful process. It is important to remember that it is a Match to cherish. It is an achievement to be proud of. While the Match is important, it does not define you.

If you can imagine it, you can achieve it. If you can dream it, you can become it – William Arthur Ward.

Any questions can be addressed to the CFMS National Officer of Education – Match, Krisha Patel ([noematch@cfms.org](mailto:noematch@cfms.org)).

Sincerely,

Your Education Match Team

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Theodore Liu – Matchbook Stats Lead

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## MESSAGE FROM THE CFMS

Hello fellow medical students,

Congratulations on reaching this next chapter in your career! Whether you received the residency news you hoped for or not, your journey toward becoming an incredible physician is just beginning. For those who matched, congratulations! Celebrate this well-deserved accomplishment and embrace the exciting journey ahead. However, for those who didn't match, know that this outcome is not a reflection of your talent or dedication. Sometimes, a different path opens doors to amazing opportunities. Take some time to process your emotions, and then use this experience as fuel to propel yourself forward. Regardless of the outcome, your passion for medicine and the resilience you have built will continue to serve you well. The CFMS Communication team celebrates all your achievements and excited to see what the future holds for you!

Sincerely,

Megan and Blossom

National Officers of Communications 2023–2024

## MESSAGE FROM THE CaRMS CEO AND CHAIR

Those of you embarking on your journey to a career in medicine have many exciting milestones ahead of you. The CaRMS Match is one of those milestones – and it's a big one. The Match is when you decide the next step along your path to practicing medicine in Canada, and CaRMS is here to ensure you have the tools and information you need to achieve your best possible outcomes.

CaRMS greatly values our relationship with the CFMS and medical students across the country. Medical students were an instrumental part of CaRMS' creation more than 50 years ago as an independent, self-supporting non-for-profit organization purpose-built to administer the national postgraduate residency application and match process. Medical students and learners remain an important voice in CaRMS' governance today.

We know you have many big decisions big and small around the corner, and one of the best ways we can help prepare you for your match experience is with information. Our website, [carms.ca](https://carms.ca), is a great resource for information on every aspect of the Match process – from [timelines](#) and [program descriptions](#), to how to make the [Match Algorithm](#) work for you. The right data at the right time can help you make fully informed decisions, so we encourage you to review our [CaRMS Forum presentation](#) for 2023 match outcome information and multi-year trend data. You can also delve deeper into the data in our [annual Match reports](#).

For decades, graduating Canadian medical students have relied on CaRMS to administer an open, transparent application and match process, rooted in our core values of safety, objectivity, and fairness. Our commitment to you is to continue to steward and safeguard this important process, supporting you throughout your transition to residency.

Sincerely,

John Gallinger  
CEO  
CaRMS

Dr. Andrew Warren  
Chair  
CaRMS Board of Directors

## MESSAGE FROM THE AFMC

Dear medical students,

The Residency Match is an exciting but challenging moment in your medical education journey. As you navigate this transition, I invite you to learn more about the resources available to you through the Association of Faculties of Medicine of Canada (AFMC).

The AFMC represents all Canadian Faculties of Medicine. We work actively and collaboratively with our members and external partners to support learners in their educational transitions.

On the [AFMC website](#), you can explore various resources to assist you in the transition into residency. Through Learner News, we provide continuous updates on the latest developments in medical education, including important Board decisions and Match timelines.

The Canada's Portal for Residency Program Promotion (CANPREPP) was designed to meet your needs in the months leading up to the Match. [CANPREPP](#) is a virtual platform on which applicants to the Canadian residency programs can discover, experience, and connect with any residency program across Canada.

We recognize the impact of the COVID-19 pandemic on Match timelines for 2021–2024 and are pleased to announce that the AFMC Board has approved a return to pre-pandemic [match timelines](#) from 2025 onwards. Moreover, interviews will continue to take place virtually going forward. Virtual interviews allow for a more equitable and accessible process while reducing the environmental impact of in-person interviews.

In our efforts to continue improving and optimizing the transition to residency, the AFMC has established a new task force dedicated to rethinking the final year of medical school. Broad consultations are underway and include representatives from multiple learner organizations. A final report is expected in the Fall of 2024.

The AFMC is here to support you as you navigate the Residency Match process. We encourage you to take full advantage of the resources and tools available to you and to provide any feedback on how we can better support your success.

Sincerely,

Constance LeBlanc

President and CEO

AFMC

# 1. BACKGROUND

## 1.1 Match Process

### Overview

The **CaRMS R-1 match process** allows applicants to decide where to train and Program Directors to decide which applicants they wish to enroll in postgraduate medical training. The R-1 match is the largest match program that is offered through CaRMS, and students from all 17 accredited medical schools in Canada as well as eligible students from the US and international medical students (IMGs) with no prior postgraduate training in Canada or the US participate in the match. It is **offered in two iterations**, where positions and applicants that were not matched in the first iteration can participate again in the second round for another opportunity at a match. **Once matched, applicants are legally bound to attend the residency program and programs are legally bound to accept applicants.** Read more on this topic in Section 1.2: The New CaRMS Contract. Visit the [CaRMS website](#) for more information about this contract.

### Match Algorithm

CaRMS uses the Roth–Peranson algorithm to match students into postgraduate medical training programs throughout Canada. This is similar to the matching algorithm that is used in the United States for their National Resident Matching Program (NRMP), as well as for matches in many other programs including law, dentistry, psychology, optometry, and pharmacy.

### A Brief History of the Matching Algorithm

We will cover here a brief history of the matching algorithm and how it works. We will also run through an example of how the match works, as well as some practical tips about how to rank residency programs. The algorithm used today by CaRMS is slightly more complicated than what we present here because it must deal with complex situations such as couples matching, but we hope that our simplified example will help you understand how the process works.

Interestingly, the work that went into this algorithm won Alvin Roth (Harvard University) and Lloyd Shapley (UCLA) the Nobel Prize in Economics in 2012. Their work was pioneering because unlike traditional markets, where prices can be adjusted so that supply meets demand, the process of residency matching poses a special challenge because residency spots are a limited resource which must be allocated to graduating medical students.

In the early 1900s, residency matching in the US worked roughly in the same way as traditional job offers. This presented a problem, however, because with the scarcity of promising medical students, hospitals would make offers for residency spots increasingly early — often before students had enough time to decide where their interests lied in medicine. With medical students often rejecting residency offers, hospitals would give “exploding” job offers, which had extremely short expiration dates.

Lloyd Shapley and David Gale developed a “deferred acceptance” algorithm in their theoretical work in game theory, whereby applicants take turns applying to programs of their choice, making “tentative matches”, and programs would then take their most preferred applicant who matched with them. Importantly, they showed that such an algorithm would always result in stable matches. That is, after the final match, there would be no switches of an applicant to another program that would be preferable to both sides. Moreover, the deferred acceptance algorithm is one-sided. Whichever side proposes first (the students or the programs) has an overall advantage in terms of how likely they are to obtain their top choice matches.

In the 1950s, the residency matching program in the US brought in the economists Alvin Roth and Elliot Peranson to help with their matching algorithm. Roth discovered that the algorithm that the NRMP was using was very similar to the “deferred acceptance” algorithm that Shapley and Gale had developed. They helped develop the algorithm further and adapt it for some special conditions, including couples matching.

### How does it work?

The match algorithm compares rank-order-lists (ROLs) submitted to CaRMS by both applicants and programs, and then matches applicants to programs based on both parties’ stated preferences. ROLs submitted by applicants indicate a list of programs where they wish to train ranked in order of preference. Similarly, ROLs submitted by programs indicate a list of applicants they wish to train, ranked in order of preference. The ROLs of both applicants and residency programs are confidential. The algorithm is applicant-proposing, meaning that **it starts by attempting to place an applicant in their most preferred program**. In this way, the algorithm provides applicants with their best possible outcome based on the ROL submitted. **At the end of the match process, each applicant is either matched to their most preferred choice based on their ROL, or all choices submitted by the applicant have been exhausted and they therefore go unmatched.**

The ROLs submitted by residency programs concerning their preferred residents are the decision-makers for matching the students who ranked their program highly. An applicant will be ‘tentatively’ matched to a residency program until the CaRMS algorithm determines the match results of all higher ranked applicants. At that point, the CaRMS algorithm could remove the applicant from the program in order to make room for a more preferred applicant. When this happens, the algorithm revisits the applicant’s ROL to seek out a match with their next ranked program. This process repeats itself until all matches are final.

The CaRMS match algorithm is the same for IMGs. The CaRMS algorithm only looks at three pieces of data:

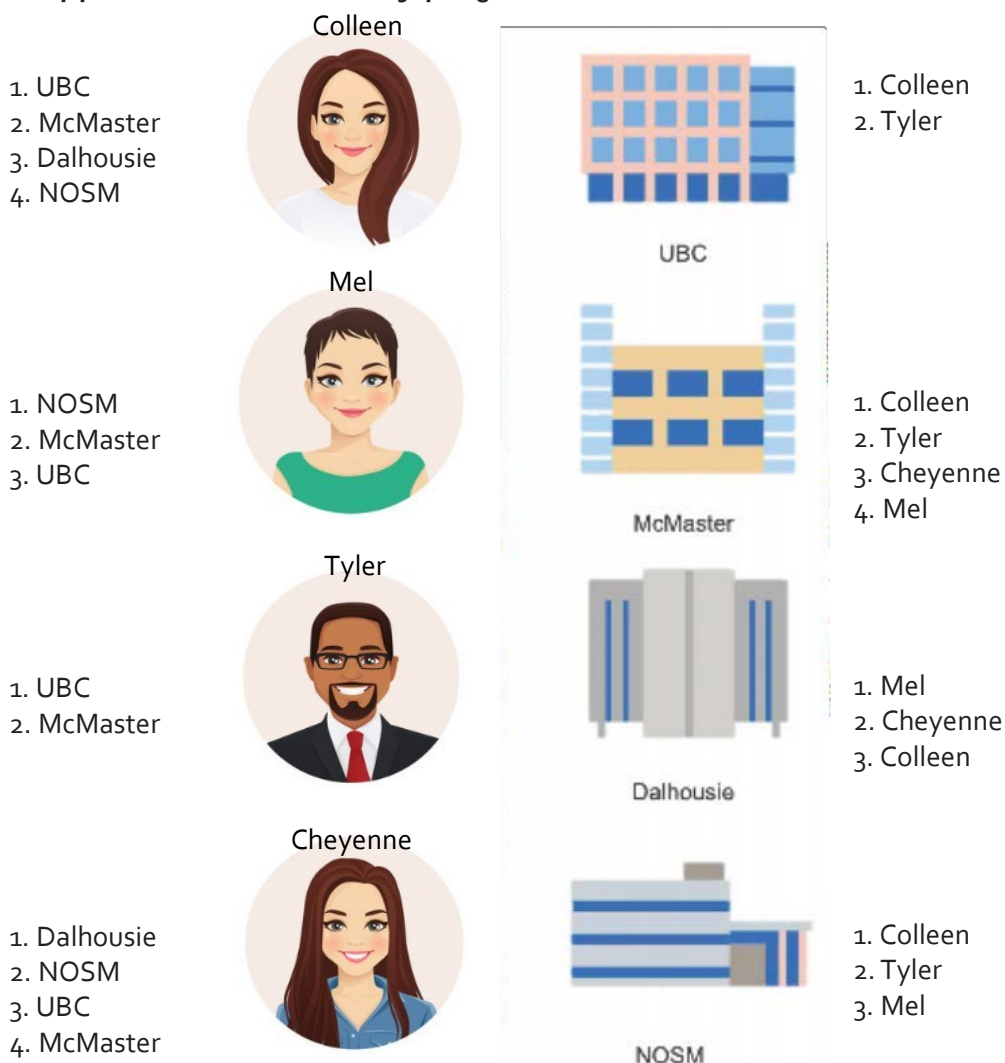
- Applicant ROLs
- Program ROLs
- Number of available positions

Following the first iteration of the match, unmatched applicants can reassess their standing and apply to programs with unfilled positions in the second iteration. The same algorithm is applied to this second match.

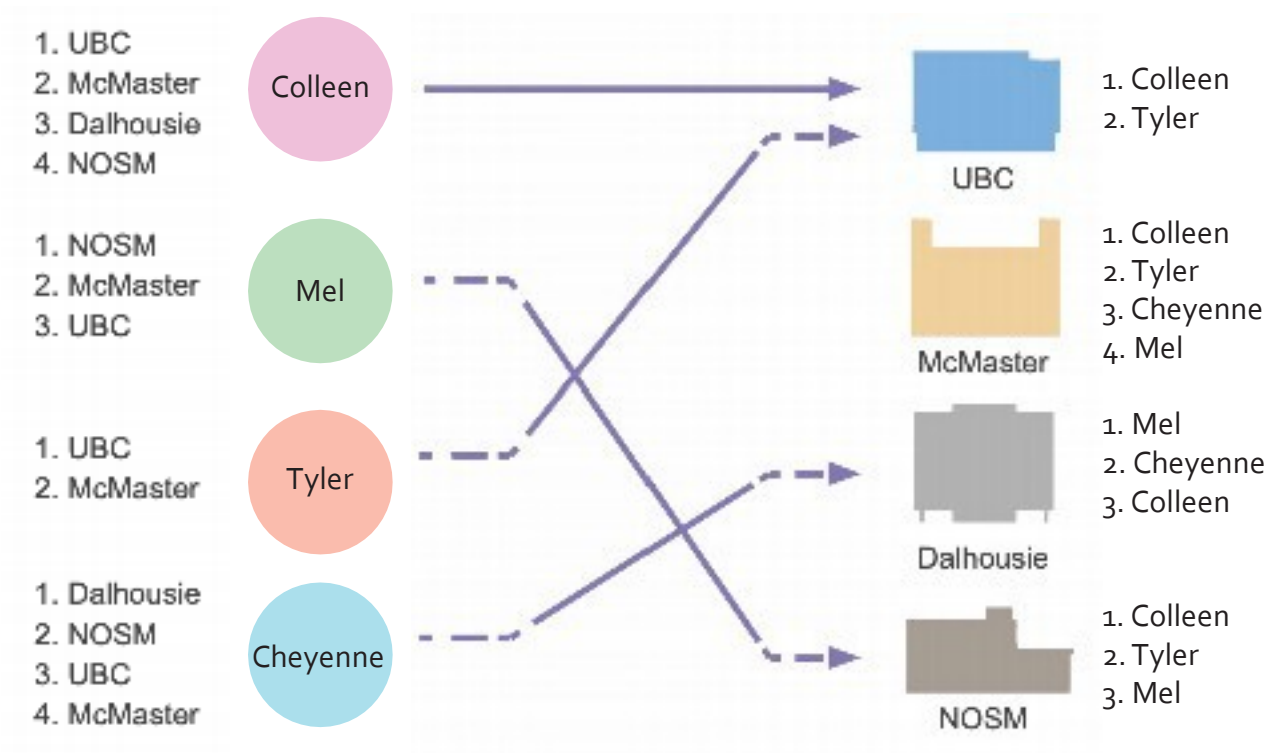
Let's walk through an example...

Imagine there are four applicants (Colleen, Mel, Tyler, and Cheyenne) and four residency programs (UBC, McMaster, Dalhousie, and NOSM), each with one position. The following is how the applicants and the programs have ranked each other:

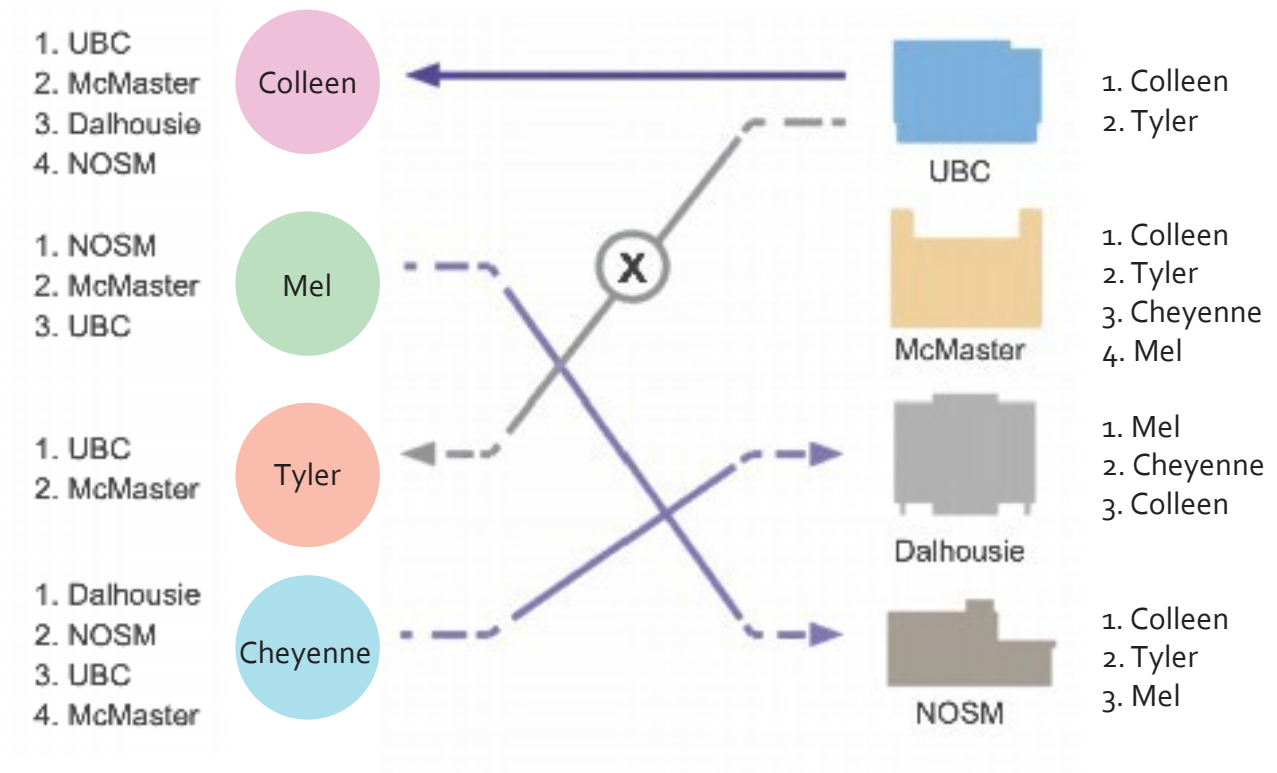
### 1. Applicants and residency programs make their Rank Order List



## 2. Algorithm attempts to match each student with their first choice

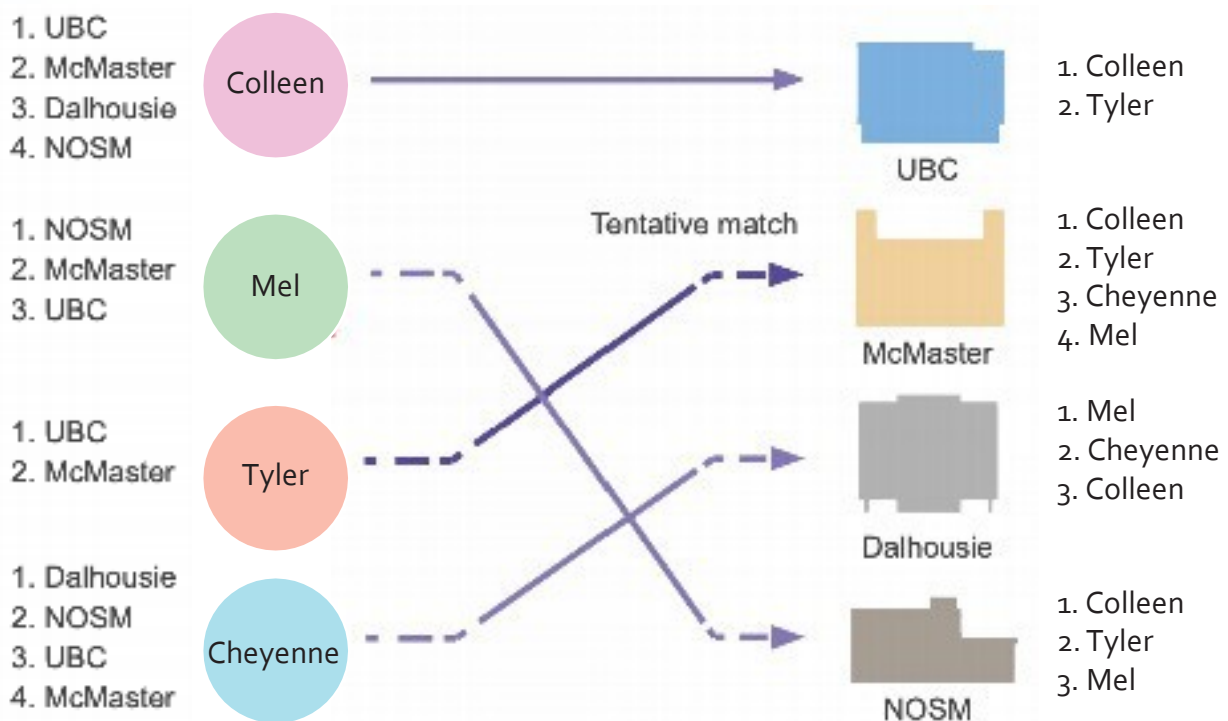


3. Colleen and Tyler are both tentatively matched to UBC, but there is only one spot. Therefore, UBC is able to choose a candidate based on their Rank Order List.

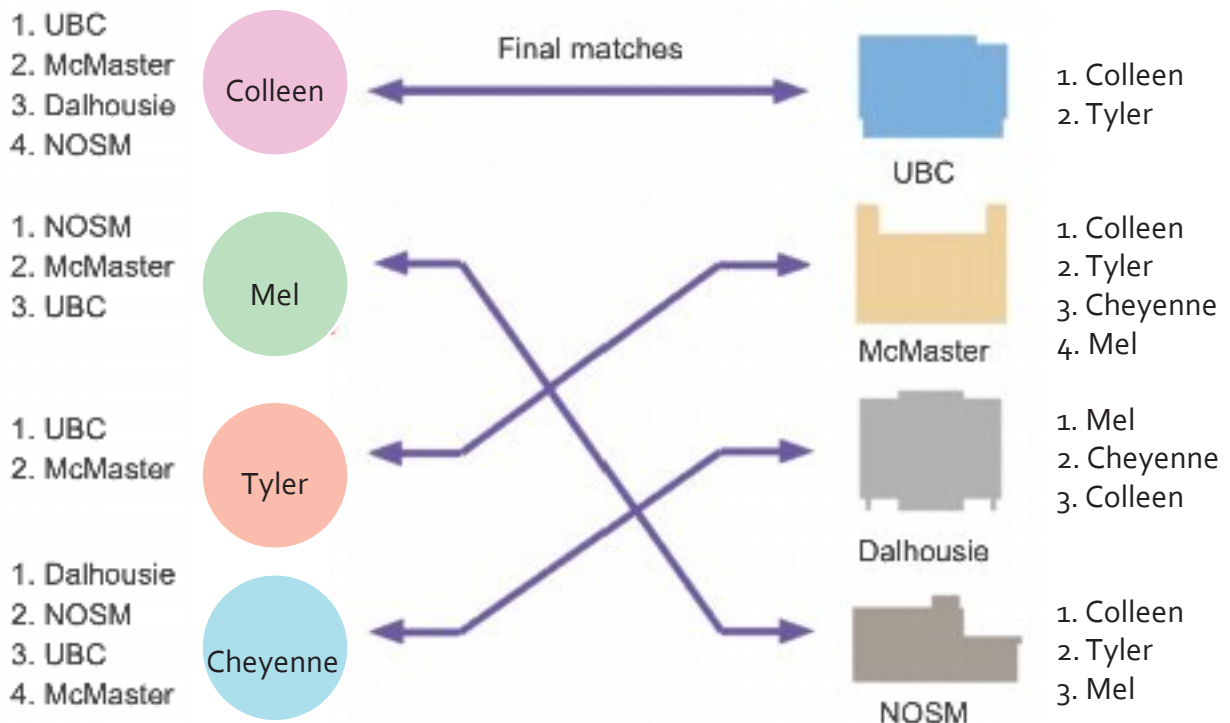




#### 4. Tyler now makes his second choice based on his Rank Order List



#### 5. There are no more conflicts, and therefore a final match is made!



## Rank Strategies

**COLLEEN** is a strong candidate and is confident about her applications and interviews. She chooses to rank UBC Peds first, as this is her preferred program, but she also ranks the others, which she also finds acceptable. The program director at UBC Peds told her that she would be ranked highly. Candidates should be cautious of these statements, and they should not be considered commitments. Colleen has chosen a wise strategy. Applicants should consider ranking all programs they would consider maximizing their chances of matching.

**MEL** also prefers UBC Peds but thinks she has a low chance of getting in and therefore she ranks it last. She leaves Dalhousie Family Medicine off her list because she thinks her interview went terribly, even though she would like this program. These are both poor strategies. Applicants should rank programs in order of preference, and they should rank all programs to which they would consider matching. Ranking should not be influenced by speculations of programs' rankings, as these may be inaccurate.

**TYLER** decides after his interviews that he no longer wants to pursue a residency in Dalhousie Family Medicine or NOSM Internal Medicine, so he leaves them off his list. This is a wise strategy. You should only rank programs that you would consider.

**CHEYENNE** really wants to go to NOSM Internal Medicine but does not think her application is competitive enough. She ranks it first anyway because this is her preferred program, and the other programs will never know she ranked them lower. This is a wise strategy. During the match, an applicant is placed into the most preferred program that ranks the applicant. Always put your most preferred program as your first choice.

## Additional Key Points

Applying to multiple sites within a single residency program may influence the probability that an applicant will be matched. If an applicant ranks more sites within a program, they have created more opportunities for themselves, since they could be ranked on more lists. Nevertheless, a program will not later move an applicant to a location that they prefer more, and therefore, applicants should not rank locations where they are not willing to train.

There is no advantage to ranking programs with more or fewer positions higher. There is also no advantage to ranking programs where you think you have a higher chance of matching higher on your list than programs that you prefer more. Therefore, rank programs based on your personal preferences.

There are three reasons an applicant may not match:

- The applicant was not ranked by a program they ranked.
- The applicant did not rank a program that ranked them.
- The applicant was ranked by a program they ranked, but the program filled with more preferred applicants.

## Second Iteration

If a candidate goes unmatched after the first iteration, they can participate in the second iteration of the R-1 match via CaRMS Online. The second iteration is typically approximately five weeks in duration, and students are not automatically enrolled.

At the end of the first iteration, some programs may have additional spots remaining. CaRMS will post a list of unfilled positions available in the second iteration, at which point unmatched candidates can upload additional documents as needed. Documents that were previously uploaded, however, will still remain on file. Applications continue to be sent to programs through CaRMS Online.

Your Student Affairs Office may assist you during this stage of the process. Note that requirements vary from program to program and are subject to change during the second iteration. The most up-to-date requirements will be posted on [carms.ca](http://carms.ca). Most notable is the short time frame within which applications must be submitted.

As in the first iteration, candidates are legally bound to their matched residency program.

## Tips for Creating Your Rank Order Lists

1. The sequence of your ROL should reflect your true personal preferences.
2. It is impossible to know how a program will rank you or other applicants, so this should not influence your ranking decisions.
3. Factors to consider in determining the number of programs to rank include known specialty and program competitiveness.
4. **Rank all the programs that are acceptable to you and do not rank any programs which you find unacceptable. Remember, a match result is binding, and you are not able to decline a match result.**
5. Postgraduate programs are not permitted to ask you questions about your rank intentions, and you are entitled to decline answering such questions.

## 1.2 Couples Match

### Overview

CaRMS' ranking tools allow two applicants to prepare and submit their ROLs as a couple. Using this option, a preferred program by one partner can be paired with a preferred program by the other partner, and a single ROL composed of these pairings will be used. It is important to note that the CaRMS algorithm treats the paired ROLs submitted by the couple as a single unit of paired ranks. This means that a match is only made if both applicants are preferentially ranked by the programs that the pair has ranked as their top choice. If not, the algorithm moves down to the next pairing, until a match is found.

**Note:** By pairing their choices, couples may be limiting their individual chances of a successful match, as each partner depends on the other for their match results.

If the applicants do not match as a couple, the CaRMS algorithm will not utilize their ROLs separately to find a possible match for each individual. The exception to this is if the couple agrees that one partner matching is a more acceptable result than neither partner matching. Then, one ranking in a pair can be designated as 'no match'. For more details on this, please see an example [here](#)

Couples matching can lead to successful matches, but definitely requires advanced planning. Some considerations to discuss with your partner before deciding on couples matching include:

1. To which specialties are each of you applying? How feasible is it for both of you to match within the same city?
2. Be honest with your thoughts. What are your and your partner's values? Would you be open to applying to many programs in the same location?
3. If your Student Affairs Office offers advice to couples, take advantage of this opportunity! They have likely seen many successful and not so successful couples. Be realistic and book an appointment.

After extensive discussion and after completing your interviews, you are ready to rank. Here are things to further consider:

#### Location vs. specialty

How important is it for you to match to the same location? You may decide on your rank order list differently if both of you would like to match to the same location despite specialty.

#### Programs vs. location

Another important topic is the programs that have appealed to both you and your partner. Do these align with one another? Are they in a location that you can see yourselves enjoying?

### Any other limitations

As emphasized before, it is very important to outline every possible case (i.e. one partner matching and the other not) to maximize your chances together. These choices will undoubtedly be your last resort after exhausting all other options.

A useful resource for applicants considering the couples match is the [CFMS' Couples ROL Tool](#).

Let's walk through another example...

Imagine a couple, Colleen Esterase and Mel Atonin, who decide to try matching as a couple.

**Step 1: Each partner should prepare their own individual list of preferred programs on a separate piece of paper.**

#### Colleen Esterase

1. McMaster Pediatrics
2. UBC Pediatrics
3. MUN Pediatrics
4. Dalhousie Pediatrics
5. Western Pediatrics

#### Mel Atonin

1. McMaster Orthopedic Surgery
2. UBC Orthopedic Surgery
3. Western Orthopedic Surgery
4. MUN Orthopedic Surgery
5. Dalhousie Orthopedic Surgery

**Step 2: Both partners must decide together which PAIRS of programs they are prepared to rank.**

#### Colleen Esterase

1. McMaster Peds
2. McMaster Peds
3. Western Peds
4. Western Peds
5. UBC Peds
6. MUN Peds
7. MUN Peds
8. Dalhousie Peds
9. Dalhousie Peds
10. McMaster Peds
11. No match

#### Mel Atonin

McMaster Ortho  
Western Ortho  
McMaster Ortho  
Western Ortho  
UBC Ortho  
MUN Ortho  
Dalhousie Ortho  
MUN Ortho  
Dalhousie Ortho  
No match  
McMaster Ortho

Note: A couple may choose to rank only some or all possible combinations of their programs. Ranking more pairings will reduce the chance that partners go unmatched. **However, unacceptable pairings should be omitted from the list.**



Step 3: Next, both partners must decide together the order in which these pairs are preferred. Each partner must then enter their side of the list independently into the online system.

The couple might have a final list of paired programs like this:

| Colleen            | Mel                 |
|--------------------|---------------------|
| 1. McMaster Peds   | 1. McMaster Ortho   |
| 2. BC Peds         | 2. McMaster Ortho   |
| 3. McMaster Peds   | 3. Western Ortho    |
| 4. MUN Peds        | 4. MUN Ortho        |
| 5. Dalhousie Peds  | 5. Dalhousie Ortho  |
| 6. Western Peds    | 6. Western Ortho    |
| 7. MUN Peds        | 7. Dalhousie Ortho  |
| 8. Dalhousie Peds  | 8. MUN Ortho        |
| 9. Western Peds    | 9. McMaster Ortho   |
| 10. McMaster Peds  | 10. Dalhousie Ortho |
| 11. McMaster Peds  | 11. UBC Ortho       |
| 12. McMaster Peds  | 12. MUN Ortho       |
| 14. UBC Peds       | 14. McMaster Ortho  |
| 15. UBC Peds       | 15. Western Ortho   |
| 16. UBC Peds       | 16. MUN Ortho       |
| 17. UBC Peds       | 17. Dalhousie Ortho |
| 19. MUN Peds       | 19. McMaster Ortho  |
| 20. MUN Peds       | 20. UBC Ortho       |
| 21. MUN Peds       | 21. Western Ortho   |
| 23. Dalhousie Peds | 23. McMaster Ortho  |
| 24. Dalhousie Peds | 24. UBC Ortho       |
| 25. Dalhousie Peds | 25. Western Ortho   |
| 27. Western Peds   | 27. UBC Ortho       |
| 28. Western Peds   | 28. MUN Ortho       |
| 29. Western Peds   | 29. Dalhousie Ortho |
| 13. McMaster Peds  | 13. No match        |
| 18. UBC Peds       | 18. No match        |
| 22. MUN Peds       | 22. No match        |
| 26. Dalhousie Peds | 26. No match        |
| 30. Western Peds   | 30. No match        |
| 31. No match       | 31. McMaster Ortho  |
| 32. No match       | 32. UBC Ortho       |
| 33. No match       | 33. Western Ortho   |
| 34. No match       | 34. MUN Ortho       |

Once you have listed all your couples rank options, each individual can choose to continue ranking programs to maximize individual match opportunities.

A rank of 'No match' should only be used if the couple agrees that one partner matching is a more acceptable result than neither partner matching. For example, using the pattern below, both individuals from the pair are given the same opportunity for their best-case match result as an applicant who submits an individual rank order list.

For example, if Colleen's best match opportunity was Western Pediatrics (her fifth choice) and Mel's best match opportunity was McMaster Ortho (her first choice), they would match at rank 9. However, if Colleen was not ranked by any programs or ranked behind other candidates and all positions were filled, and Mel's best match opportunity was McMaster Ortho (her first choice), they would match at rank 31, giving both partners the match result they would have received if they had submitted individual ROLs.

## 1.3 The CaRMS Contract

The CaRMS Contract is legally binding and explains the expectations of the applicants and programs participating in the match, as well as the consequences if either party breaches the contract. The contract is interpreted and enforced by provincial laws, as well as the federal laws of Canada. It is important to only rank programs in which you are willing to train. Applicants who wish to withdraw an application to a program must do so before file review. After a match has been made, applicants must obtain appropriate licensure from the medical regulatory authority in the province or territory in which they have matched by July 1. CaRMS has the right to remove applicants from the matching program if credentials cannot be verified or are found to be falsified.

If an applicant matches to a program but decides to not accept the match, the violation will be reported to the CaRMS Match Violations Review Committee and the applicant will be contacted to try to resolve the issue. If the issue is not resolved, the applicant will face a penalty decided upon by the Match Violations Review Committee. The most common consequence is disqualification from entry into CaRMS matches for up to three years. Likewise, programs that violate the CaRMS contract will also be subject to penalties as determined by the CaRMS Match Violations Committee. All contract breaches are reported to licensing authorities and medical colleges and become part of the applicant's professional history.

## 1.4 Frequently Asked Questions

What is included in a CaRMS application?

Application requirements will vary depending on province, school, and program. A typical application will require your transcript and Medical Student Performance Record (provided to CaRMS directly by your medical school). You will also upload a recent Curriculum Vitae (CV)/Resume. There are two different types of CVs for CaRMS:

1) A general CV must be completed via the CaRMS website and will be made available to all programs to which you apply. You will be able to enter details on the following: Language skills, licensure (Medical Council of Canada exams, any international medical training, etc.), achievements and interests, undergraduate education and CÉGEP, graduate education, medical education, clinical electives, professional training, work experience, volunteer experience, scholarly activities, and research (publications and presentations), and more. This CV will not be tailored to each individual specialty if you apply to more than one specialty.

2) You can upload customized CVs as separate documents and assign them to individual programs. If you are applying to multiple specialties, you may wish to upload multiple CVs tailored to each discipline of interest. Not all programs will review your customized CV, however, and thus it is important to review the list of required documents for each program to which you are applying.

Can I submit a bilingual application?

Yes, you may submit applications in both English and French.





What does it mean when a program has multiple streams?

This means that the program offers training at more than one site, such as Western University's Family Medicine program with sites in both London and in Windsor. University of British Columbia's Family Medicine program has more than 19 sites across the province.

I applied to the first iteration, but I didn't receive any interviews, so I didn't submit a RankOrder List. Do I need to withdraw to enter the second iteration?

You do not need to withdraw your application. From the start of the second iteration until file review, you can make changes to your application, assign documents, and apply to other programs.

Can I modify a personal letter after it has been assigned to a program?

Yes, you can modify personal letters until the closing of the application period.

Do I have to rank all of the programs to which I applied?

No, you do not have to rank all of the programs that interviewed you. Rank only the programs in which you would be willing to train.

How do I rank multiple streams in the same program?

Each stream can be ranked individually and should be treated like any other program that you are ranking. No two programs or streams can have the same ranking.

How much does it cost to apply to CaRMS?

Applicants who wish to register for the CaRMS match must pay a participation fee, which varies by match type. Currently, the cost of the R-1 Main Residency Match participation fee is \$290.94, which includes applications to four programs. Each additional program is \$59.49, with no maximum number of programs. You do not have to pay for interviews. Additional fees may be present – a full list of fees can be found [here](#).

I am also applying in the US through the National Resident Matching Process (NRMP). Do I need to notify CaRMS?

If you are participating in the NRMP match in addition to the CaRMS match, you must notify CaRMS through your online application prior to the rank order list deadline. If you fail to notify CaRMS of your participation in the NRMP match, you can be removed from the CaRMS match, and your match results may be voided.

Further FAQs for CaRMS

In order to find further answers to your questions about CaRMS, you may consult the CaRMS website, which contains FAQs covering multiple topics. You may kindly view the FAQs [here](#).



## 2. PREPARATION

### 2.1 Dates and Milestones

Disclaimer: The information below was taken from the CaRMS website and is subject to change without notice. For the most updated deadlines, please visit the CaRMS website.

#### General Information

All final-year medical students applying for entry into postgraduate medical training programs will be going through the R-1 Main Residency Match. The R-1 Main Residency Match is divided into the first and second iteration. Below is important information pertaining to both, which will be essential for you to consider throughout the application process. Due to the ongoing COVID-19 pandemic, the current timelines are flexible and updated as of the date of MatchBook publication, again, please stay updated through the CaRMS timelines [here](#).

As decided by the AFMC Board:

Application Opens: September 11, 2024

Program Selection Opens: October 17, 2024

File Review Begins: November 29, 2024

Interview Offer Deadline: January 14, 2025

National Interview Period: January 18, 2025 –  
February 9, 2025

Match Day: March 4, 2025

Post-Match Process: April 22, 2025 – May 14,  
2025

For most up-to-date information on the Match schedule, please see:

<https://www.carms.ca/match/r-1-main-residency-match/r-1-match-timeline/>

## 2.2 Statistics

Disclaimer: The information below was taken from the CaRMS website and is subject to change without notice. For the most updated statistics, please visit the CaRMS website here.

**2999 total CMGs participated in the 2024 R1 CaRMS Match, with a match rate of 2835 CMGs matching (94.5%).**

496/1284 IMGs Matched (38.6%)

12/15 USMGs Matched (80.0%)

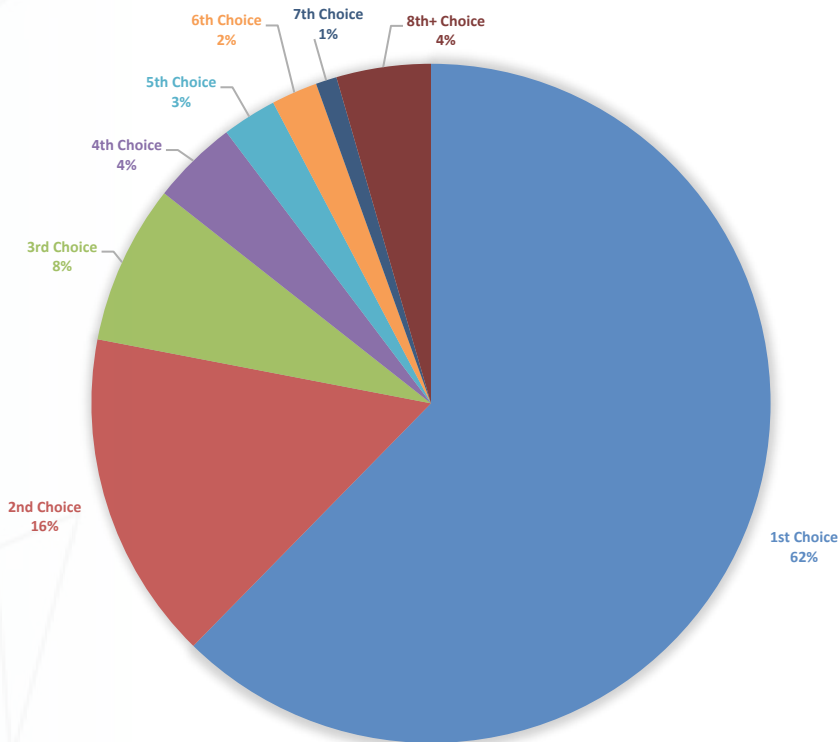
The average CMG applicant applied to 21.2 programs where 80.1% of applicants were matched to one of their top three programs.

## 2024 R1 Match Results by School of Graduation (1<sup>st</sup> iteration)

| University  | Current<br>Year<br>Graduate<br>s<br>Matched | Previous<br>Year<br>Graduate<br>s<br>Matched | Total<br>Matched | Current<br>Year<br>Graduates<br>Unmatche<br>d | Previous<br>Year<br>Graduates<br>Unmatche<br>d | Total<br>Unmatched | Overall<br>Match<br>Rate |
|---|---|--|------------------|---|--|--------------------|--------------------------|
| University of Alberta                             | 150   | 0  | 150              | 4   | 1  | 5                  | <u>0.97</u>              |
| University of British Columbia                    | 277   | 4  | 281              | 16  | 1  | 17                 | <u>0.94</u>              |
| University of Calgary                             | 149   | 0  | 149              | 11  | 1  | 12                 | <u>0.93</u>              |
| Dalhousie University                              | 115   | 1  | 116              | 6   | 2  | 8                  | <u>0.94</u>              |
| Université Laval                                  | 196   | 17   | 213              | 20  | 3  | 23                 | <u>0.90</u>              |
| University of Manitoba                            | 105   | 2  | 107              | 2   | 1  | 3                  | <u>0.97</u>              |
| McGill University                                 | 172   | 14   | 186              | 17  | 2  | 19                 | <u>0.91</u>              |
| McMaster University                               | 204   | 2  | 206              | 7   | 0  | 7                  | <u>0.97</u>              |
| Memorial University of Newfoundland               | 72  | 2  | 74               | 4   | 0  | 4                  | <u>0.95</u>              |
| Université de Montréal                            | 269   | 19   | 288              | 25  | 0  | 25                 | <u>0.92</u>              |
| Northern Ontario School of Medicine<br>University | 67  | 0  | 67               | 2   | 0  | 2                  | <u>0.97</u>              |
| University of Ottawa                              | 161   | 2  | 163              | 4   | 0  | 4                  | <u>0.98</u>              |
| Queen's University                                | 101   | 1  | 102              | 2   | 1  | 3                  | <u>0.97</u>              |
| University of Saskatchewan                        | 99  | 0  | 99               | 1   | 0  | 1                  | <u>0.99</u>              |
| Université de Sherbrooke                          | 199   | 12   | 211              | 15  | 1  | 16                 | <u>0.93</u>              |
| University of Toronto                             | 248   | 1  | 249              | 12  | 0  | 12                 | <u>0.95</u>              |
| Western University                                | 171   | 3  | 174              | 1   | 2  | 3                  | <u>0.98</u>              |
| <b>Total</b>                                      | <b>2755</b>                                 | <b>80</b>                                    | <b>2835</b>      | <b>149</b>                                    | <b>15</b>                                      | <b>164</b>         | <b><u>0.95</u></b>       |

The University of Saskatchewan held a 99% match rate in 2024, followed by the University of Ottawa and Western University at 98% in the first iteration.

## 2024 CMGs Matching to Ranked Program Choices

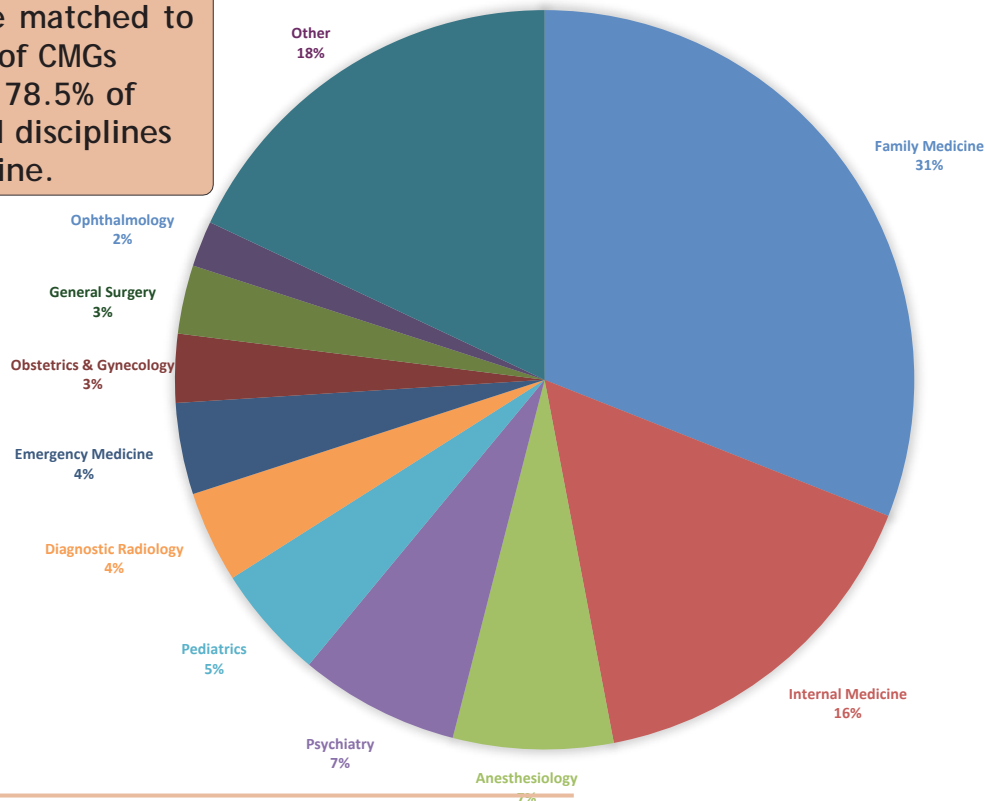


86% of CMG applicants in the first iteration matched to one of their top three choices.

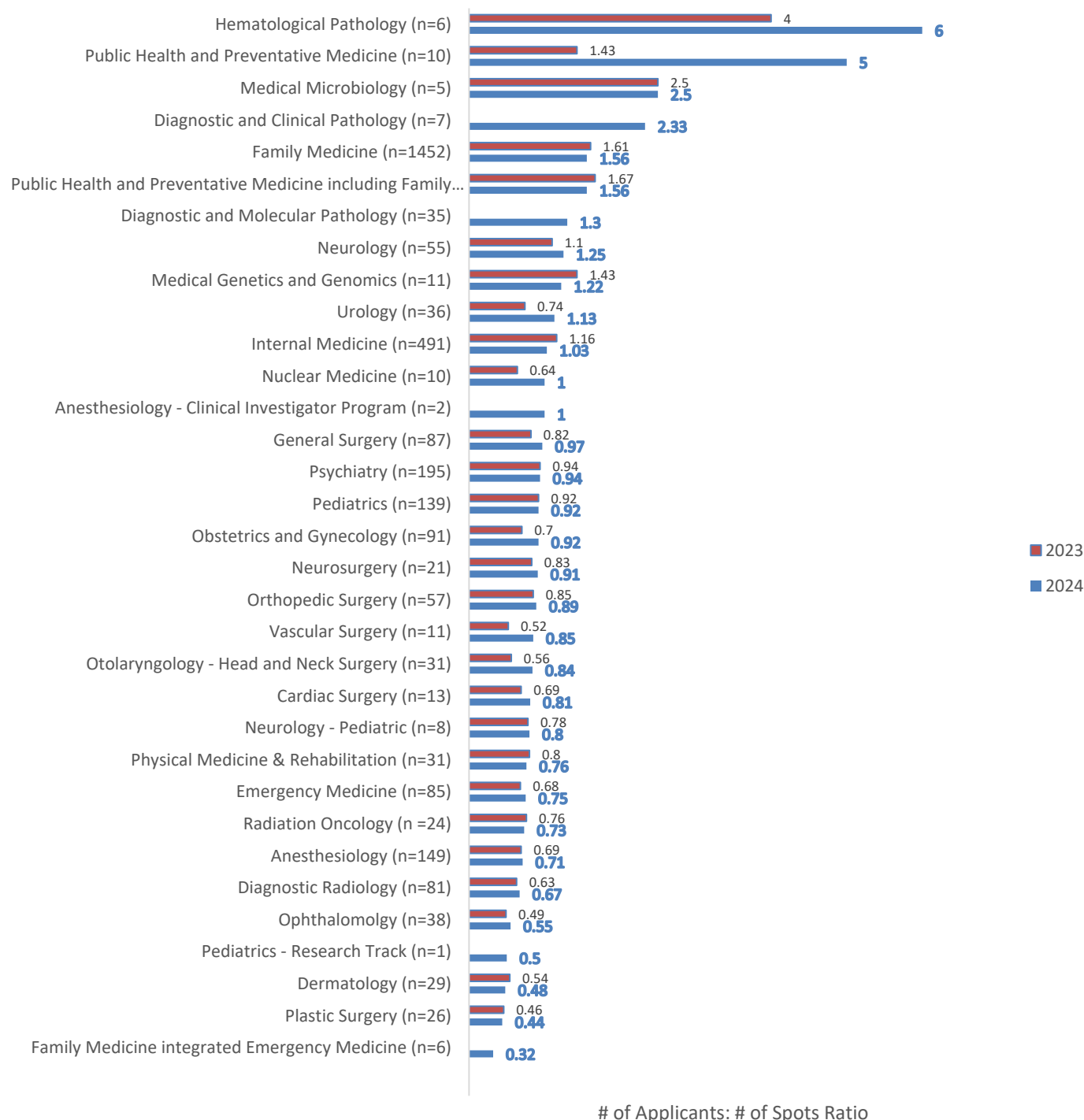
The number of applicants who matched to an alternative choice based on their first-choice specialty in 2023 can be found [here](#).

99.8% of CMGs applying to Family Medicine matched to their first-choice discipline. 92.6% of CMGs applying to Internal Medicine matched to their first-choice discipline. 82.1% of CMGs applying to surgical disciplines and 78.5% of CMGs applying to other non-surgical disciplines matched to their first-choice discipline.

## 2024 Top 10 CMG Discipline Choices



## FIRST CHOICE DISCIPLINE VS. AVAILABILITY (SUPPLY:DEMAND RATIO)



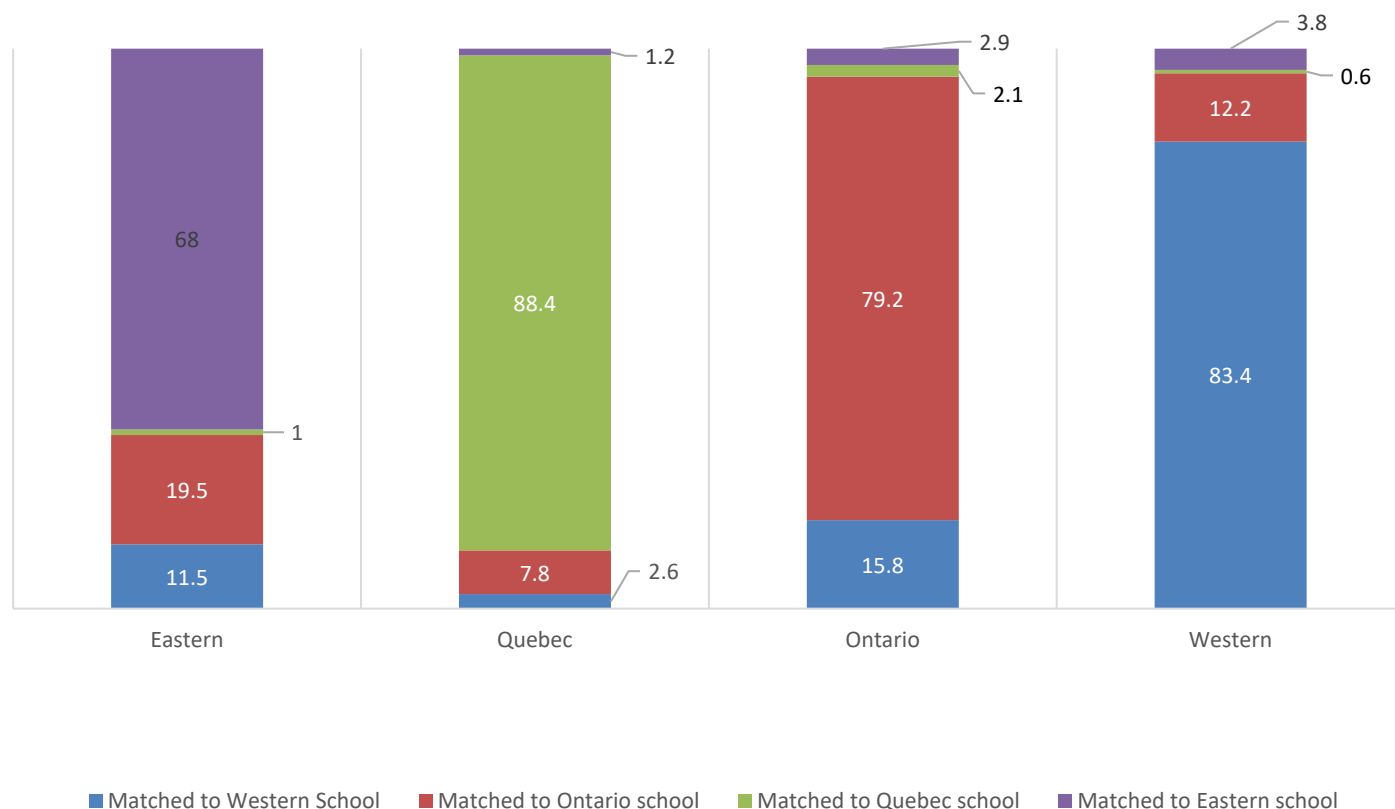
Family medicine integrated emergency medicine was the most in-demand specialty relative to the number of spots in Canada. Other high demand specialties included plastic surgery, dermatology, and ophthalmology. In general, laboratory medicine specialties have more supply than demand.

## 2024 R1 First Iteration Quota

| Discipline  | Quota Offered<br>(#) | % of Total<br>Quota<br>Offered | Total Quota<br>after<br>Reversion (#) | Quota<br>Filled (#) | Quota Vacant |
|---|----------------------|--------------------------------|---------------------------------------|---------------------|--------------|
| Anesthesiology  | 160                  | 158                            | 2                                     | 2                   | 0            |
| Anesthesiology – Clinical Investigator Program                  | 2                    | 2                              | 0                                     | 0                   | 0            |
| Cardiac Surgery   | 13                   | 10                             | 3                                     | 1                   | 2            |
| Dermatology   | 31                   | 31                             | 0                                     | 0                   | 0            |
| Diagnostic and Clinical Pathology                               | 10                   | 4                              | 6                                     | 5                   | 1            |
| Diagnostic and Molecular Pathology                              | 43                   | 34                             | 9                                     | 8                   | 1            |
| Diagnostic Radiology  | 86                   | 86                             | 0                                     | 0                   | 0            |
| Emergency Medicine  | 92                   | 89                             | 3                                     | 2                   | 1            |
| Family Medicine   | 1,702                | 1,450                          | 252                                   | 177                 | 75           |
| Family Medicine integrated Clinician Scholar                    | 2                    | 0                              | 2                                     | 2                   | 0            |
| Family Medicine integrated Emergency Medicine                   | 6                    | 6                              | 0                                     | 0                   | 0            |
| General Surgery   | 94                   | 84                             | 10                                    | 10                  | 0            |
| Hematological Pathology   | 6                    | 2                              | 4                                     | 3                   | 1            |
| Internal Medicine   | 550                  | 535                            | 15                                    | 15                  | 0            |
| Medical Genetics and Genomics                                   | 12                   | 11                             | 1                                     | 1                   | 0            |
| Medical Microbiology  | 7                    | 4                              | 3                                     | 1                   | 2            |
| Neurology   | 63                   | 53                             | 10                                    | 10                  | 0            |
| Neurology - Pediatric   | 9                    | 9                              | 0                                     | 0                   | 0            |
| Neuropathology  | 3                    | 0                              | 3                                     | 1                   | 2            |
| Neurosurgery  | 23                   | 22                             | 1                                     | 1                   | 0            |
| Nuclear Medicine  | 10                   | 9                              | 1                                     | 1                   | 0            |
| Obstetrics and Gynecology                                       | 99                   | 93                             | 6                                     | 6                   | 0            |
| Ophthalmology   | 40                   | 40                             | 0                                     | 0                   | 0            |
| Orthopedic Surgery  | 64                   | 63                             | 1                                     | 1                   | 0            |
| Otolaryngology – Head and Neck Surgery                          | 32                   | 32                             | 0                                     | 0                   | 0            |
| Pediatrics  | 165                  | 163                            | 2                                     | 2                   | 0            |
| Pediatrics – Research Track                                     | 1                    | 1                              | 0                                     | 0                   | 0            |
| Physical Medicine & Rehabilitation                              | 33                   | 33                             | 0                                     | 0                   | 0            |
| Plastic Surgery   | 27                   | 27                             | 0                                     | 0                   | 0            |
| Psychiatry  | 219                  | 204                            | 15                                    | 15                  | 0            |
| Public Health and Preventative Medicine                         | 12                   | 10                             | 2                                     | 2                   | 0            |
| Public Health and Preventive Medicine including Family Medicine | 15                   | 7                              | 8                                     | 6                   | 2            |
| Radiation Oncology  | 25                   | 24                             | 1                                     | 1                   | 0            |
| Urology   | 38                   | 36                             | 2                                     | 2                   | 0            |
| Vascular Surgery  | 11                   | 11                             | 0                                     | 0                   | 0            |



## Graduate Mobility by Region of School of Graduation



## R1 Match - Electives

Matched CMGs did an average of **5.7 elective disciplines**, with an average of total electives of 9.0.

Unmatched CMGs did an average of **5.2 elective disciplines**, with an average of total electives of 9.4.

For more information on electives and other match related data, visit: <https://www.carms.ca/data-reports/r1-data-reports/>

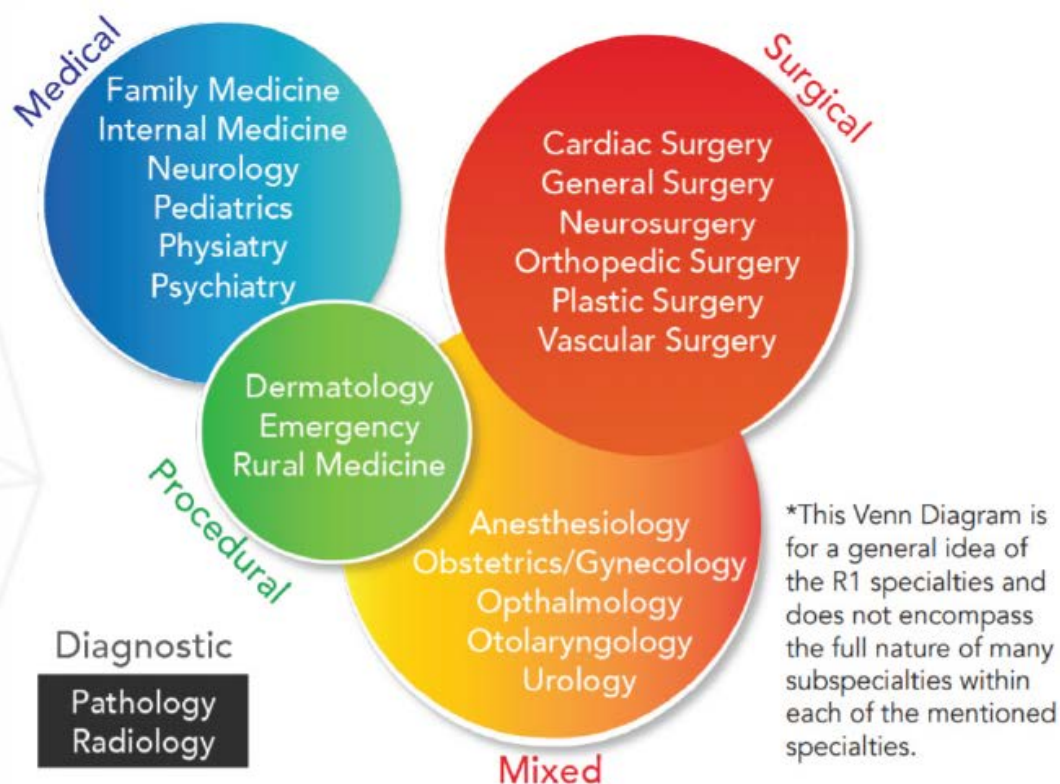
# 3. STRATEGY

## 3.1 Pre-Clerkship and Clerkship

### Choosing your field

#### Medical VS. Surgical

This is often the first step students take to choose a discipline. Are you more drawn to “Medicine,” which often requires a keen interest in forming differential diagnoses and a working knowledge of pharmacology? Or are you more hands-on, fast-paced, and results-oriented? All specialties fall on a spectrum between medical, where there is greater emphasis on the differential diagnosis and pharmacological treatments, and surgical, which is highly procedural. The diagram below will categorize specialties by where they fall on this spectrum. Note that this is a generalization, and how medical or surgical a discipline is may vary significantly by subspecialty or practice. For example, some Internal Medicine specialties may be more procedurally inclined than other Internal Medicine specialties. It also may be perfectly normal to feel torn between medical and surgical subspecialties – not everybody looks at career decisions in the same way!



## Shadowing and Observerships

Shadowing or observership is an opportunity to witness a physician at work. Before signing up for shadowing, please consult your home school regarding their shadowing policies. Medical liability coverage is one factor to consider, as well as faculty-organized shadowing opportunities and the potential for mandatory paperwork.

To begin, what are your interests? What drew you into medicine in the first place? Is there a lecturer or clinical skills preceptor whose job you are curious about? What are some questions you have about the specialty? Shadowing a physician working in your specialty of interest may help you determine whether you actually like the work that is involved. Your school may have a compiled list of preceptors willing to take students or may provide administration contacts for certain departments. Courteously contact the preceptor or administrator via email and schedule time that does not interfere with your learning. Before arriving, it is a good idea to review your notes from any relevant lectures or to read up on some of the clinical presentations, procedures, and diagnoses that are commonly seen within that specialty. It may also be helpful to arrive with a list of questions you want answered. This will facilitate your learning during the shadowing experience, and your time there will also undoubtedly be more interesting for you.

When shadowing:

- Be courteous and willing to learn.
- Preceptors will likely try to show you interesting or unusual cases, but it is equally important to focus on their “bread and butter” cases. Did you like the topics that were often seen?
- Be respectful. Make sure that you are not taking learning opportunities away from the clinical clerks doing their rotation. You are there to shadow, not to perform clinical duties.
- If you are shadowing somebody working in a surgical field, see if you can join them in the operating room (again, be mindful of other learners and your insurance policy should they allow you to get involved in a procedure).
- Be mindful of your surroundings and be careful not to interfere with patient care (e.g., contaminating a sterile field in the operating room).
- You are not expected to perform any clinical duties.

## Other Factors to Consider

1) Location of residency: Be mindful that depending on the competitiveness of your desired specialty, you may have to compromise the location where you will be placed during your residency training. Do you have family or a partner who is willing to move with you? This discussion can be had earlier on if the interested specialty is competitive.

2) Lifestyle pursuit: Talk to the residents or attendings who you have shadowed about the life- style associated with their jobs. Be mindful that there is often a stark difference between residency and attending lifestyle. Residency will be rigorous and require a lot of hard work. However, some specialties have longer hours, more call shifts, etc. Consider the lifestyle associated with a career in a certain specialty and whether you will be happy with it.

3) Living rural vs urban: Some specialties will have job opportunities only available in urban, tertiary centers. The practices of certain specialties may also differ significantly between rural and urban settings. Where would you like to live in the future?

4) Job market and additional training: Some specialties offer abundant additional training opportunities past residency (e.g., fellowships). Talk to the residents or attendings to see what kinds of opportunities are available, and if any of them interest you. Is there a particular niche you are interested in? Some specialties also have limited job opportunities and may necessitate additional training to be competitive. Some specialties may also be quite niche and limited to particular locations. Is the need for additional training a potential barrier for you? How flexible are you in terms of location?

5) Compensation and payment model: Physicians in different specialties work in different environments (e.g., academic hospitals, community hospitals, private practice). They may result in different compensation models and different levels of overhead expenses. Some specialties may also earn more than others on average. What are your financial goals? How do you feel about the payment model and work environment? How do you feel about the overhead expenses associated with a specific specialty?

### Additional Resources

Below are some additional resources that could help you learn about various specialties:

- 1) Canadian physician specialty profiles (CMA): The specialty profiles on the Canadian Medical Association contain summary information on Canadian physicians' practices including workload, income and satisfaction, as well as information on educational requirements, supply and demographics. These profiles may be useful to medical students planning their future careers. <https://www.cma.ca/research-and-policies/canadian-physician-specialty-profiles>
- 2) Insights into Physician Workforce Trends in Ontario (OMSA): This document by the OMSA gives an outline of the job market for future physicians in Ontario. <https://omsa.ca/en/hhr-guide>
- 3) Physician Data Centre (CMA): This CMA resource offers a host of statistics regarding physician workforce trends. <https://www.cma.ca/research-and-policies/physician-data-centre>
- 4) Careers in Medicine (AAMC): This AAMC resource helps students explore different specialties based on their personalities and preferences. <https://careersinmedicine.aamc.org/>

## Scholarly Work

Scholarly work includes not only research, but also leadership, teaching, and additional coursework. These opportunities will enrich your learning in medical school and may help you identify interests in medicine outside of clinical work.

### Research

During your pre-clerkship years, there may be funded research opportunities that are supported by your faculty. Check with your undergraduate office for a list of potential principal investigators (PIs)/supervisors for research. Some departments may also have summer studentship opportunities, so be sure to keep an eye out for those. You can also connect with potential supervisors by shadowing them in a clinical setting first.

Note: Don't "shop around" for research projects. Before contacting potential PIs, think about how much time you can realistically commit to a project. Do not be afraid to say no if their expectations do not match up with yours following an initial meeting – this is much better than burning bridges later!

During clerkship, there will be limited time to do research. Keeping this time limitation in mind, get to know the preceptors and residents while rotating through your specialty of interest. There may be opportunities to get involved in a project if you are interested. You may also choose to work on case studies or literature reviews, which are easier to commit to amidst your busy clerkship rotations with ever-changing schedules.

You are not required to have several publications in your field of interest. Your interests may change as you advance through medical school. Furthermore, if you are not interested in pursuing a research project, there are certainly other types of scholarly work in which you can involve yourself.

### Other scholarly work:

- The list is endless! Other activities that can promote learning may include:
- Teaching: This opportunity may present itself through peer- or faculty-led initiatives and may include leading small groups, teaching clinical reasoning, reviewing physical exam skills, providing feedback in simulation environments, and more.
- Leadership & Advocacy: Get involved either locally through your medical student society, provincially through your local medical student organizations, or nationally through the CFMS!
- Speaking on panels
- Quality Improvement courses and/or projects



## Extracurricular Projects

We highly recommend that you engage in extracurricular projects with the right mindset. Ensuring that you balance your involvements with duties during clerkship rotations is crucial, as clinical performance is an important aptitude to excel in. Engage in projects or activities that genuinely interest you!

Check your student body website for a list of existing clubs – if what you are looking for does not exist, consider taking the initiative to start something new! Clubs to consider joining may include:

- Student interest groups: These clubs also are known to organize shadowing opportunities, as well as many other events to help foster your interest in a particular specialty.
- Advocacy groups
- Activity-based groups
- Community involvement groups

## Summer Planning

Summers are a great time to relax and recharge – many students treat it as such, and there is nothing wrong with that approach! Alternatively, you may wish to use this time to explore your future career options.

Below are some options that you could consider:

- Research: As mentioned above, some schools will have paid research opportunities available, as arranged by the faculty. See if you can get paid to further your scholarly work during the summer!
- Shadowing
- SCORE and SCOPE: International Federal Medical Student Association (IFMSA) offers professional exchange programs such as SCOPE (clinical exchange) and SCORE (research exchange). [Click here for more information.](#)
- Others: Travel, volunteering opportunities

## Clerkship Rotations

Clerkship is a challenging yet fruitful time for all medical students. This is the time when you will learn the most, experiencing an exponential growth in your knowledge and skills. Focus on learning the key concepts associated with each rotation. No matter what specialty you pursue, every rotation will contribute to making you a better doctor (and no specialty is off limits when it comes to licensing exam questions!)

Here are some tips to consider throughout your clerkship rotations:

- Be a team player. Be responsible and dependable.
- Be on time (or early!), be present, and learn. Being late is the easiest way to stand out (and not in a good way!) in clerkship.

- Read around your cases. This is when your clinical knowledge will be solidified.
- Many clerks find it very helpful to keep a patient log of memorable patients encountered during clerkship. These are great memory cues/anchors for future CaRMS essays and interviews, as they will help you to remember your significant clinical experiences.

## 3.2 Guide to Elective Planning

After the COVID-19 pandemic, visiting electives has now returned. Please consult the AFMC website for the most up-to-date information and for elective timelines.

Clerkship electives are meant to broaden and enhance your knowledge base, assist you in making a career choice, and provide an opportunity to learn about a specialty in which you are interested. Many students have found that the planning process can be overwhelming, especially when you are getting started. Here is a guide to help demystify the elective planning process.

As of Fall 2023, visiting electives must be at least two weeks long (excluding travel), and a student cannot exceed **twelve weeks** of visiting electives in total. Visiting electives involve application costs, which are separated into Portal Registration Fee and School Application Fees. The Portal Registration Fee is a one-time, non-refundable fee that allows you to access AFMC Portal Services. The fee is currently \$250 for Canadian students and \$650 for international students. The detailed list of school application fees can be found [here](#).

### Step 1: Register on the AFMC Portal

**Register** as a medical student on the [AFMC Student Portal](#). This is an online bilingual service that places students in visiting electives at the 17 faculties of medicine in Canada. Please see Section 4.2: AFMC Elective Portal for more detailed information on this topic.

### Step 2: Prepare appropriate documents

Each medical school may have its own requirements of what they would like you to provide prior to starting your elective. Before applying on the portal, please upload the necessary documents. Generally, schools may ask for:

1. Recent photo of yourself
2. Proof of N95 Mask Fitting: This is usually done at your respective medical schools. Please contact your electives office to ensure that you have a mask fitting done that will be valid during your elective times (i.e. valid until the end of the elective period).
3. Immunization and Testing Form ([here is the 2023 version](#)) [Students can print this form and have it completed by an appropriate health care professional (HCP), i.e., a nurse, physician, physician's assistant, or pharmacist] The immunization and testing requirements of specific schools can be found [here](#). Some schools may have additional immunization requirements, such as for influenza and COVID-19.
4. Resume/CV/Letter of Intent: typically required for certain electives that require specific pre-requisites. Some schools may choose to ask applicants to provide this information in an Attestation of Core Rotations and Electives form.



5. Criminal Record Check (CRC) or Vulnerable Sector Screening (VSS): To be completed by visiting a local police station. We advise you to complete this part early during your clerkship year, as it may take a while to process, ranging from hours to months. Please check the website of the police department where you plan to receive your CRC for more information.
6. Letter of Good Standing: Can be requested to be provided by your respective electives office. This letter indicates that you are in your final year of medical school, that you are in good standing, and that you are covered by your medical school's liability insurance.
7. Prior clerkship rotations: These are inserted into the AFMC Portal within your academic profile. You will need to manually enter each date and specialty.

Please verify required documents via the school pages on the portal, as some requirements are specific to certain institutions. You may be able to send in an application without having submitted all the documents right away. You will need to send your documents in by a certain date but check if the school can accept an elective application while documents are pending.

### Step 3: Choosing your electives

**When to apply:** Depending on the school and season of the elective (e.g., summer vs fall), the elective application window will be open for different times. [Here](#) you can find the Application Window Schedule for 2023. Please check the AFMC Portal for the most up to date information closer to your elective planning. Schools must respond to an elective application within 12 weeks of receipt and students have one week to accept an offer.

**Pre-Requisites:** Some electives require pre-requisites. For example, to register for an elective in a surgical discipline, some schools require you to have completed your core rotation in General Surgery. This information can be found within the institution or specific elective profile on the AFMC Portal.

**Blackout Periods:** Blackout periods are periods of time during which schools do not accept elective students. The most common blackout time periods include Christmas, New Year's and March break. Some programs will list other weeks as blackout periods as well. It is important to seek out these dates on the elective profile in advance, prior to sending an application, to avoid wasting an application.

**Travel:** There is no extra time provided to travel between electives. Students will travel between electives during weekends.

**Credit/Grades:** To receive credit and grades (pass/fail) for your electives, you must ask your supervisor for an assessment. It is the responsibility of the student to obtain their evaluation in a timely manner.

Electives can be done at any Canadian medical school and in any discipline. If you will be applying for residency programs across Canada, it is recommended to utilize electives to visit programs in your specialty of choice as well as round out one's medical knowledge in areas a student feels deficient in.

Beginning in 2019, all medical schools across Canada have agreed to an electives diversification cap allowing students to do **no more than 8 weeks of electives** in any one direct-entry CaRMS discipline (with the exception of post-R3 entry disciplines within the specialties of internal medicine and pediatrics). Some medical schools also require students to complete electives in at least 3 different disciplines to ensure that students get a broad range of experience. The definition of what constitutes a "discipline" varies by school for the 3-discipline rule, however when it comes to the electives diversification policy, definitions were agreed upon by elective directors based on the Royal College list of entry disciplines utilized by CaRMS.

|                                    |                                      |                           |                                     |
|------------------------------------|--------------------------------------|---------------------------|-------------------------------------|
| Diagnostic and Molecular Pathology | General Surgery                      | Neurosurgery              | Plastic Surgery                     |
| Anesthesia                         | Hematological Pathology              | Nuclear Medicine          | Psychiatry                          |
| Cardiac Surgery                    | Internal Medicine                    | Obstetrics and Gynecology | Public Health and Preventative Med. |
| Dermatology                        | Medical Genetics and Genomics        | Ophthalmology             | Radiation Oncology                  |
| Diagnostic Radiology               | Medical Microbiology                 | Orthopedic Surgery        | Urology                             |
| Emergency Medicine                 | Neurology                            | Otolaryngology            | Vascular Surgery                    |
| Family Medicine                    | Pediatric Neurology                  | Pediatrics                | Diagnostic and Clinical Pathology   |
| Neuropathology                     | Physical and Rehabilitation Medicine |                           |                                     |

Some programs may also ask for a broad range of electives. When selecting electives, you may want to consider how you would justify choosing those electives in your interviews. **Another approach is to create a true parallel plan by dedicating a substantial number of weeks to two distinct disciplines.**

In the case of schools that you are highly considering, it would be ideal to work with members of the selection committee if their identity is known to you. It is also advantageous to book electives with staff who are well-known in their field and obtain a reference letter from them.

**Order of Electives:** You may want to consider doing your first elective at home to help you transition from core rotations to electives in a familiar environment. However, if you strongly prefer to match to your home school, you may consider scheduling electives at your home school later when you have more prior clinical experience. Keep in mind that there are various ways to approach the order of your electives.

**Length of Electives:** **The usual length of an elective is 2 or 4 weeks.** Three-week electives are allowed at certain schools but are less common as they are more difficult to schedule. Different medical schools have varied requirements regarding the number of weeks of electives that students must complete in their final year. Generally, schools require around 12 – 24 weeks of electives to be completed in order to be eligible for graduation.

**Contact Preceptors:** Most schools do not allow students to contact preceptors directly, however, there are some exceptions. For most up-to-date details, please refer to the AFMC website.

**Cancellation:** Cancellation policy is generally around 6 to 8 weeks before the start date of your elective. If you do not adhere to the specified dates, please be mindful that you may receive a professionalism warning letter. Please check institution profiles on the AFMC Student Portal for more information regarding their individual policies.

### 3.3 Virtual CaRMS

As was the case in previous post-COVID cycles, interviews are being conducted virtually for the 2023–2024 R1 Match. Virtual interviews have some fundamental differences from the traditional in-person interview and can be either live or asynchronous. “Live” means that you will be connected with an interviewer through video conferencing technology (e.g. Zoom), who will then ask you questions on the spot. In an “asynchronous” interview, there is no interviewer. Instead, video interview technology will present questions to you, and you will record your responses as a video.

#### Exploring the Programs

One challenge that virtual interviews have caused is difficulty with exploring each program. To account for this, the AFMC, CFMS, and individual schools have worked to put together a variety of resources that can help you learn about the different available programs. This includes the increased presence of residency programs on social media platforms, Zoom information sessions with program directors and residents, as well the [Canadian Portal for Residency Program Promotion \(CANPREPP\)](#) website. CANPREPP, an initiative by the AFMC, is a virtual platform where any applicant to a Canadian residency program can discover, experience, and connect with any residency program across Canada. Furthermore, we have also compiled a [Google Sheet](#) with the social media handles of various programs. Note: Since not all programs are on X (formerly Twitter) and Instagram, we will try to routinely update this sheet with the latest information

#### Preparing for the Interview: Establishing the Right Environment

Conducting your interview in the right place ensures that it goes as smoothly as possible. Here are some tips for choosing an appropriate location:

- Make sure to be in a private, quiet area that is free of distractions.
- Avoid bright light sources directly behind you as this will cast a shadow on you; instead, ensure there is a light source in front of you. A ring light is ideal for this, as sunlight, for example, can be unreliable.
- Ensure that there is an outlet nearby in case you must plug in your device to charge.

- Make sure that your internet connection is stable and reliable at your chosen location (check your internet speed at [speedtest.net](https://www.speedtest.net)).
- A wired ethernet connection is much more reliable than Wi-Fi, so take advantage of this option if you are able to.

If there is no suitable space to conduct the interview in your home, you may want to consider private spaces that can be booked at your local library, community centre, or university.

### Preparing for the interview: Practicing

Practicing is essential not only to help reduce anxiety associated with residency interviews, but also to avoid technical difficulties on interview day. One way to practice on your own is by recording yourself answering questions on your computer and re-watching these videos, paying attention to your body language, speech, video quality, and sound quality. You can make appropriate changes after identifying any such issues. However, the best way to practice and receive feedback is by working with others, as this is the closest simulation of the real interview experience. If you can perform a video call with fellow peers or advisors, you can ask for feedback on how you perform. You may be able to identify issues this way that you would not have considered on your own.

When you're practicing, make sure to look at the device's camera rather than at the screen. Setting up your Zoom such that your interviewer's face is directly below your camera is a helpful trick which may make it feel more natural to you. Also, make sure to keep your head and shoulders centered in the camera's view. By practicing this, these actions will feel more comfortable on interview day.

### Interview Day

Give yourself enough time before your interview to double check that your microphone and camera are working and have a back-up ready just in case. Make sure to shut off all programs open on your device and disable notifications so that you don't receive any distractions during your interview. Make sure your device is fully charged when you start. Keep your charger nearby, ensuring that you are near an outlet, in case you run out of battery. These tips may seem like common sense, but it's easy to forget something given the high stress environment of interview day.

Nonetheless, unexpected problems can still arise. What if something goes wrong on interview day?

- An interruption: stay calm and regain your focus.
- A technical issue: stay calm and notify your interviewer or interview coordinator.

Make sure to always have a back-up plan in case any technology issues come up. For example, providing your phone number to the interviewer in advance, or having a back-up device at the ready. Keep a back-up pair of headphones as well.

### 3.4 Tips From Residents

This section is a collection of advice from medical students who applied to residency in the 2022–2023 application cycle, specifically written for their younger cohorts. It also includes a NEW section with advice regarding the virtual interview process from applicants of the 2022– 2023 cycle. We hope that this section can help demystify the process and provide further insight for students applying in this year’s cycle and beyond. If you wish to read more pieces of advice, you may find previous pdf versions of the Matchbook at: <https://www.cfms.org/what-we-do/education/cfms-matchbook.html>. You will have to log into your medical student account to access these resources.

#### Advice for Pre-Clerkship

- General
- Choosing discipline
- Building Dossier
- Research
- Mental Health

#### Clerkship

- General
- Elective choice
- Clinical Rotations
- Other electives advice

#### Paperwork

- General advice
- CaRMS Application
- Reference letters
- Personal Statement
- Additional Elective

#### Virtual Interviews

- Exploring programs
- Preparing for interviews in a virtual setting

#### Post-CaRMS match

- General advice
- Rank order list
- Couples Matching
- Applying to second iteration
- Final Board Exam



## Pre-Clerkship: Choosing your discipline

| Advice   | Specialty            |
|--|----------------------|
| During medical school I made the most of each rotation and would always try to find what aspects I enjoyed or didn't for each. I would talk to residents and attendings about the best and hardest parts of each as well. I considered what I wanted in regard to daily duties, flexibility, and environment. I broke it down to the people (patients and staff), the setting (pace, out/inpatient), and the daily content (the medicine, procedures, thinking style).   | Psychiatry           |
| I chose where I would feel happiest and fulfilled. I chose where even if there were bad days, the patients and the work would definitely pay off. I chose the field where, even though I would wake up early in the morning, I would still feel energized because of the work that I would do.   | Pediatrics           |
| How much I loved the specialty. I was also really honest with myself about how okay I was with my job impacting my life outside of work (surgery = long hours/days). Know your priorities in life and pick a job that is more or less in line with that (It's okay to prioritize outside work satisfaction, and it's okay to prioritize work satisfaction - just know what is important to you, and try to think long-term lifestyle, not just "now."  | Plastic Surgery      |
| I initially planned to do Emergency Medicine and all my electives were geared towards this. I had thought extensively of doing a 5 year or 2+1, and ultimately decided that there were many other aspects of family medicine that I enjoyed - care of under-served populations, prenatal and maternity care. Furthermore, the burnout rate in emergency medicine is quite high and I felt that Family Medicine would be better for my mental health while allowing me to have flexibility in my practice throughout my career.   | Family Medicine      |
| For me the biggest decision was surgical or non-surgical. I shadowed both surgical and non-surgical disciplines early on in medical school. Once I decided on surgery, I shadowed every surgical speciality. When shadowing I asked residents and staff about the pros/cons of their speciality during downtime in an attempt to get more candid opinions. After this process I had a narrow list of specialties I seriously considered. I was always leaning towards neurosurgery, but ultimately committed to it during my third year selective in it.   | Neurosurgery         |
| I had always been interested in Internal Medicine as I liked the broad variety of specialties available to explore and knew that I was not interested in a surgical specialty. Other factors I considered including my own personal interests/learning style and how they aligned with the culture of the specialty, as well as my personal career and life goals.   | Internal Medicine    |
| I had a neuroscience research background and was attracted to surgical specialties, pediatrics, as well as neurological specialties. I pursued a lot of shadowing in Years 1-2 in OBGYN, general surgery, pediatric surgery, general pediatrics, pediatric neurology, adult neurology, neurosurgery, ophthalmology. When shadowing, I asked a lot about careers - why did the person I was shadowing choose their career, what do they feel are the pros and cons of their work, what sort of work-life balance do they have, what sort of research career do they have? I asked them also about what other specialties they had previously considered and their thought processes when they decided. I did feel that MOST advice from older physicians often did not apply to me and it was younger physicians/new staff who I could identify with more. Some of the most helpful advice I got was from a pediatric surgeon who told me he could have easily been a hematologist too, that all medical specialties have value and it doesn't make sense to believe you only have ONE for you! In Years 3-4 I could really figure out how much I like "doing" each speciality (how do I like: consults, clinic, call, colleagues), which is something you have to "feel" while on rotation/elective. Ultimately this feeling is how I chose the specialties and programs I applied to. | Ophthalmology        |
| When choosing my discipline, I thought about what areas of medicine made me the most excited. Then within those areas I considered the things I disliked the most and how often I would be confronted by those things. I also thought about my personality and what fit with my personality traits. I considered what was important to me outside of medicine to keep me well. I tried to pick a discipline what made me excited to learn, I could see myself doing for a long time, allowed longevity of practice because it fit with my goals and personality.   | Anatomical Pathology |



## Pre-clerkship: Any advice on research/extracurriculars?

| Advice   | Specialty          |
|--|--------------------|
| <p>Try to keep up with extracurriculars that matter to you, not because you want to add it to your CV. Same for research, if it interests you and you have the time go for it! Try to shadow in areas of interest and while doing so see if there are research opportunities (there usually are).</p> <p>Some research is always good. Better to do it in your field for a) talking points during interviews/electives, and b) to network with people and create relationships. It's a good way for people to see your work ethic outside of clinical duties and your commitment to bettering medicine / the specialty. As for extracurriculars, I was asked about these on some of my interviews. Having some extracurriculars / research on your CV so it looks like you've been up to something is important, but ideally pick extracurriculars that you care about because a) they take up a lot of time, and b) when you're talking about them in your interviews you want to sound engaged in the work that you did, and that it was something you cared about. You want to be memorable, so whatever it is, you want to sound passionate / pumped about it.</p> | Psychiatry         |
| <p>Give different things a try and see where your interests lie and also what puts you to sleep. In the end, do what interests you. Don't go running around trying to make some stacked resume with stuff that doesn't. People don't really want to hear about things you don't care about and just did for the CV during your Family Medicine interviews, they want to get to know you in a very short time period, so the things that you're going to end up talking about anyway are the things that you care about and enjoy. If that means your extra curriculars are to continue coaching the sport you love, or continue teaching piano, do it. It'll keep you sane as well.</p>  | General Surgery    |
| <p>I did research prior to medical school so I didn't do any in pre-clerkship. This was mostly because I don't really enjoy it. I put my efforts into other things that I was more passionate about. However, it would be misleading for me not to mention that my research prior to med school filled an entire page of my CV between posters and papers and such so I think it did benefit me to some extent. I would recommend against doing things just to do them because then, yeah, they'll be on your CV but if you get asked about the impact that experience had on you, your answer will probably lack depth. Family medicine typically doesn't emphasize research either so don't sweat it from that angle either. I don't recall being asked about it at all during interviews.</p> <p>So do what interests you! Also, don't discredit your "non-academic" interests. Music, sports, art, etc. all show dedication to an activity and other things like teamwork, focus, perseverance, etc.</p>   | Family Medicine    |
| <p>For extracurriculars - get involved early on! Even if it's just through university-based interest groups, networking early and meeting like-minded individuals can help you talk with students in similar situations to yourself and also find out about opportunities to do research, interact with physicians in the specialty, or to meet with residents who have gone on their own journeys to end up in that specialty. Also, it helps a little bit with CaRMs applications too!</p>   | Psychiatry         |
| <p>Do anything you are interested in. Take on opportunities that interest you and provide you with joy. Don't stress yourself out too much if you can't get research in a particular area of medicine. Hard work and individuals with a good attitude are well rewarded.</p>   | Emergency Medicine |

## Clerkship: Tips for during clinical rotations? Any pearls you would like to share?

| Advice  | Specialty                         |
|---|-----------------------------------|
| Always read around your cases and contribute to the team by helping out others, teach junior learners. Get along with everyone on the team and don't try to "out gun" others as that sometimes leaves a negative view of you in other people's minds.   | Internal Medicine                 |
| Try to make the most out of each rotation. You're not going to love every minute of every specialty, but in a lot of cases this will likely be your only exposure to them! Record any memorable experiences so you can remember them for your interviews. And connect with residents and attendings.  | Psychiatry                        |
| Work hard, do your job (and be kind through it all)...but take the opportunities to rest and relax when they're offered. On the rotation you know you want to match to? Sure, go the extra mile at times. On something you couldn't care less about (surgery) and they tell you to go home early, or to sleep, or to eat...go. If you have something important to finish, get it done quick and then go. Just go. Don't "oh no it's okay, I don't mind staying." Take the time to go be human. On that note, you're not a superhuman and there's going to be days (many) that you're going to have more on your plate that you can manage, and it'll feel overwhelming and like the world is on your shoulders. Some people might be nice about it, some might be shitty and make you feel like garbage. That's not a you problem, that's a them problem. Honestly. It's a reflection of them and their issues, not of you - you're a student, you're there to learn, and you're already working your hardest so there's literally nothing else they should be expecting of you. Also, it's okay to be tired and not have "intelligent" questions for people when they decide to do teaching at 1am.  | Family Medicine                   |
| Trying to answer questions to the best of your knowledge is better than saying "I don't know", even if you're super incorrect. Expectations are low, just show up on time and be keen. It's ok to make mistakes and contaminate things in the OR. If someone is short with you, it's a reflection of them, not you.   | Obstetrics & Gynecology           |
| The short answer - work hard, be kind, be honest, be curious, say thank you, and if you don't know how to do something just ASK.<br><br>The long answer - I honestly believe that if you approach every rotation as if it's the last time you might have the chance to do that particular thing and be curious and enthusiastic about learning it speaks volumes. I also think it's incredibly rewarding if you go out of your way to get to know everyone (unit clerks, nurses, allied members of the care team, and janitorial staff). I always viewed every single person in my environment as part of a team that I wanted to play on. I tried to get to know their roles, their strengths, their challenges, and ways that I could potentially make a difference in their day-to-day in the way I approach my role. Another thing that was helpful for me was simply to be observant and asking what I could do to be helpful. Finally, ask for feedback regularly. I think that having lots of casual conversations about what you can do to improve throughout a rotation gives you the best chance at making the most improvement possible. In doing so, it's easy to show your preceptor that you're diligent, a hard worker, can take feedback, and are invested in your own learning and professional development. Even if you make a mistake - as long as it's clear that you're continually trying to improve people have a lot of grace for that. | Psychiatry                        |
| READ AROUND CASES. If you are going to an OR, try to find the OR sheet the day before you go in so you can see the type of procedures you will be apart of that day and read up about them. You will likely get "pimped" in some capacity, so being prepared shows you're interested and prepared, which will impress staff and residents most of the time. This is easier said than done as once clerkship starts it can be increasingly difficult to read up about cases when you have so many other responsibilities.<br><br>Don't be afraid to <u>say</u> "I don't know". Ask questions when the opportunity arises (Try not to ask things when it may be a tense period [life-threatening] in the OR).<br><br>Work hard, and BE NICE to the people in the operating room, you have no idea how far that goes when you help out the nurses, and anesthesiologist, little things really matter!<br><br>Ask what is expected of you (Ward duties, OR notes/Post-op orders) during your rotation. You can also let your preceptors know what you are interested in, and what you would like to get out of each rotation.<br><br>Talk to residents about the pros and cons of their specialty, why they chose it, how's the work/like balance etc.  | Plastics & Reconstructive Surgery |

| Advice  | Specialty       |
|---|-----------------|
| Approach each rotation with a specific learning goal in mind. Be open to feedback and approach each day with the intention on learning something new. Also, be engaged - this may be the first and last time you see a given speciality.  | Neurosurgery    |
| Situational awareness is key. In the OR you should be able to respond to events without being prompted to. Prepare well before the case by reviewing patient details and the angiograms/echocardiogram. On the wards, know about how the patients are doing such as any overnight fevers, abnormal chest tube outputs, etc. Also, try to solve potential problems and issues ahead of time. Do not be over eager and annoying. Overall, be visible - be on call whenever possible so that anytime something interesting happens you're always around. | Cardiac Surgery |
| Show interest, even if you aren't the most knowledgeable in the field, just making an effort goes a long way. Staff really notice when it seems like someone has no interest learn when to say no, its not unprofessional to say that you don't want to stay late to watch a surgery when you are not interested in surgery and it will not help your learning, staff will not think less of you, most of the time they are just offering   | Anesthesia      |

### CaRMS Application: From personal statement to CVs... What would you like to pass onto the incoming fourth years?

| Advice  | Specialty               |
|---|-------------------------|
| Start early. You should have a working draft of your CV in the summer before you match. Personal letters are like pulling teeth and they will change so much. Make sure to get lots of people to proofread them so you can get all sorts of valuable editing!   | Emergency Medicine      |
| Personal statements: JUST WRITE. Get things down on the page whether you're going to use them or not in the end and then you can edit all you want later. It's hard to start talking about yourself and pick out the important bits so just start writing like you're talking to a friend at first. Try to thing about events or important things to you and then just put it somewhere in the document. Even if it's like a one-word bullet point for now, or an entire paragraph. When starting, it's mostly important to see all the possible things that you can explore to best explain who you are. And then when you are editing later and trying to make it all flow, try to keep it sounding like you. Like this is one of 2 opportunities to show your personality a bit. It's a professional letter, sure, but you can still write like it's you are telling your story.<br>And give yourself a bit of time. The first one takes the most and after that you'll probably do a lot of copy+pasting with some fiddling around with words and rearranging things. | Family Medicine         |
| CVs: I straight up followed the template they give you in one of the lectures in terms of template. I was lucky to have one started for my elective applications, so the bulk of the thinking was done, but it definitely needed a lot of refining in terms of structure of the little blurbs explaining the different events and whatnot. Give yourself time on this. Send it in for editing and make the appt with career services or whoever it is to go over the CV together. And if you can trade with a friend to give them a quick once over, it helps for the little things and for them being honest with you on how something sounds.   |                         |
| Write your personal statement early. Even if you think it's terrible and cliché, just get words on paper. Once you've written enough, you'll see the themes, passion, and uniqueness of your story. Ask friends, family, mentors, and residents for feedback - people who've been with you on this journey want to help and this is a great opportunity.  | Obstetrics & Gynecology |
| When residents offer to read your personal statement for you, take them up on it! They provide very valuable feedback and reassurance that the letter is in line with what the program is looking for.  | General Surgery         |



| Advice  | Specialty          |
|---|--------------------|
| Start early. You should have a working draft of your CV in the summer before you match. Personal letters are like pulling teeth and they will change so much. Make sure to get lots of people to proofread them so you can get all sorts of valuable editing!   | Emergency Medicine |
| Write from the heart, then get lots of people to read it. And be open and receptive to their critique. Also, read as many others as you can (AFTER you have written your own first draft - it's too easy to accidentally plagiarize). You don't actually have to start many months ahead, because you're probably going to get a lot of new experiences and insight. I started in October, but I enjoyed my summer between year 3-4, and did not work on my applications.   | Family Medicine    |
| As much as the programs are evaluating you, you should also be evaluating them. What programs offer what you want from residency? Where do you fit well with the team? Where have their recent grads gone on to work? Take notes during electives and interviews about the pros and cons program - these will serve you well when ranking.  | Neurosurgery       |
| You will no doubt encounter moments or even days where you feel stuck and uninspired. This is OKAY. It will happen to you, to almost all your colleagues, and to many residents and physicians who have walked similar paths. The CaRMS process is a daunting one for sure and you will benefit from having a support system of family and friends (both within medicine and outside of it) who will hopefully be able to help you through these difficult moments. I was personally too proud and too stubborn to share my struggles with my friends and chose to shoulder the stress myself. In hindsight, I suffered for it and this could have hurt my application. Share your struggles with your loved ones and let them try to help you. | Psychiatry         |
| In your last year of medical school, you will have gone through so much in classrooms, clinics, hospitals, call rooms,... You are a worthy applicant with a unique story. Don't be afraid to be honest with yourself and with your application and let that shine through.  |                    |
| Don't fret over the little details of where to put your CV components in the CaRMS website. Just make your pdf uploaded CV look nice and have everything you want on it and I think that's good enough. Start your personal letters months before the submission deadline, do REAL deep thinking about why you want what you want, and try your best to write authentically even if it's for your "backup". If there's something you really care about, write about it! Be concise, but honest to yourself and your values both personally and professionally. Sit down with non-judgemental friends and family and get them to read your letter aloud to you so that you can critique it together.   | Internal Medicine  |
| Don't compare your CVs, everyone has different strengths and interests.   | Pediatrics         |

### Electives: What worked for you in terms of the electives that you chose?

| Advice  | Specialty       |
|---|-----------------|
| It's okay to change your mind if you find something later on in clerkship. I ended up having to try to change many electives a few months before starting and although my strategy ended up falling apart from changing fields of interest, I still ended up where I wanted to be.  | Anesthesia      |
| I applied for a surgical subspecialty, so my advice may be more relevant to those interested in subspecialties. First thing - you need to know yourself. You need to know how much you want that one specialty, if you're willing to go all in, and what the consequences might be if you don't match to that specialty (are you okay going unmatched). I went all in 100%, however, if I had to go through it now with the restructuring of electives (4 max per specialty) I would more seriously consider a similar parallel plan I liked and look strong for both (options are good). | Plastic Surgery |

| Advice   | Specialty            |
|--|----------------------|
| I picked a combination of Family Medicine and Emergency Medicine electives - for reference letters and because those were the two areas I enjoyed. I also took a couple of IM electives to hone skills in areas I thought would be valuable - ICU for procedures, and addictions medicine. IF you are doing EM electives - it is VERY valuable to email the coordinator ahead of time and ask to be scheduled with the same doctor multiple times for reference letter purposes. Generally, you end up with a different attending each day which makes it difficult. | Family Medicine      |
| I chose a good range of electives from sports medicine, chronic pain, psychiatry, child psychiatry, to urban/inner city family medicine. I applied to both family medicine and psychiatry and I wanted to get good breadth of experiences in my electives but all with a certain connection to my specialties of choice. This was to provide me with varied but relatable elective experiences with transferable skills and learning points, but also to provide some context when/if I need to explain my clerkship journey during an interview.                    | Psychiatry           |
| Choose electives where you are thinking you would like to train. Don't pick because it "means something to the committee" - most people won't notice other than "you did an elective here/you didn't do an elective here".   | Ophthalmology        |
| As someone who had done all their schooling in the province that they were born in, I chose a broad spectrum of electives in my specialty of choice across Canada. While some of my electives were general/CTU, I also explored some electives that forced me to confront difficult aspects of the specialty either emotionally or otherwise (e.g. critical care, refugee/social, oncology, etc.) This helped to confirm my interest in the specialty and gave me a wide breadth of experience.  | Pediatrics           |
| I choose electives in my discipline of choice and complimentary disciplines. In terms of locations I travelled broadly for electives and prioritized schools I was legitimately interested in going to. This way I could get a feel for the department, school, and city. This did change the way I ranked in the end.   | Anatomical Pathology |

## Reference Letter: How did you choose your letters or ask for letters?

| Advice  | Specialty         |
|---|-------------------|
| If attendings offers to write a strong letter, they are usually guaranteed to be strong and I would accept even if you are not planning on using it in case you are struggling for some last minute. Always double-check and ask if it will be strong even though this may be awkward. Use your strongest letters even though they may be not from the school you are applying to, I used two home school letters and one OOP one and received interviews no problem as they were all very strong.  | Internal Medicine |
| I chose to start with asking for feedback and if positive I asked if they would be comfortable in providing me a strong letter of reference. I attached them to applications based on where the references where from, what specialty, and who had roots in what areas. I asked for more than I needed and mix and matched to optimize effects based on how I thought the letters may be.   | General Surgery   |
| Some referees offered - when that happens, it's great! I choose my references based on who I had known the longest and who I felt I had a good relationship with. The recommendation from the U of M faculty is a good one. Pick referees in the following order: 1) someone well known in your speciality of interest who likes you, 2) someone less known in your speciality of interest who like you, and 3) someone NOT in your specialty of interest who likes you. Look up the previous years CaRMS program descriptions ( <a href="https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/">https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/</a> ) and see what the programs you're interested want in terms of references (some programs put less emphasis on references needing to be from their specialty). Also, some programs say max 3-5. If you have 5 good letters, great! If you only have 3 good letters, only give them 3. Be strong throughout. A weak/meh letter could be fatal. | Plastic Surgery   |

| Advice  | Specialty       |
|---|-----------------|
| <p>In summary, electives were where I banked on strong letters from the start, but I asked for a couple during clerkship just in case.</p> <p>I know lots of people try to encourage getting letters early on in clerkship, but I certainly didn't and all was well. If you can, that's great, but don't stress about it too much, just try to survive clerkship. I asked my family preceptor (my 6th rotation) because we spent 5 weeks together 1 on 1 and got along quite nicely. I actually also asked my surgical selective preceptor (my 7th rotation) because we also got along really well and spent lots of time together. Of these two that I asked for in my core rotations I actually ended up using the surgery one because I felt that it would be written more strongly based on personality and our interactions through my rotation.</p> <p>Otherwise, it was my family electives where I was confident in asking for letters and using them because I spent 2 weeks 1 on 1 with these preceptors, was able to be really engaged with them, ask questions, have good conversations and not feel like there was a huge hierarchy gap (also having now a year's worth of background from clerkship and feeling slightly more competent).....perhaps I got lucky but I know a good number of friends who said the same thing and that's where most of our letters ended up coming from. It's also like they know you're in 4th year and what's at stake and what you're looking for. So, they're kind of expecting the question at the end.</p> | Family Medicine |
| <p>I found this the absolute hardest part of fourth year, but I learned some valuable things along the way. The letters I felt were the best written were from my four-week rotations, especially when you have the ability to work with someone in a longitudinal way. This can be difficult to predict going into a rotation, and more often than not doesn't work out the way you want it to. I learned that rather than just accepting your bad luck, but don't be scared to ask the residents for help when you're there. Ask who writes good letters or who they would recommend asking for one - this can help you choose an appropriate letter writer and often the residents will know how the staff feels about you. Ask if it's possible to spend some time with Dr. ____ or to follow a patient of theirs. The residents are SO accommodating, and I wish I had asked for their help in my first few rotations. During two-week rotations, I felt this approach worked well: Telling your reference letter writer that you're going to ask them for a letter near the beginning/middle of the rotation. Ideally this would be after doing a few cases with them. I would phrase this as asking for feedback early on and then would let them know that I would like to ask for a reference letter at the end of the rotation. This makes it easier for the writer to pay more attention to what you're doing and then spares you running after them on the last day of your rotation if there's no formal feedback session at the end.</p>        | General Surgery |
| <p>Choose people who know YOU and are going to write you phenomenal letters. There's no point getting a mediocre letter - it neither helps nor harms your application - kind of like just adding nothing. When you ask, make sure you know how much time you're going to have/had with the referee. If it's only a short time, sometimes it's necessary to tell a potential referee you're looking for a letter so they can pay more attention to your performance. Otherwise, ideally you will have already impressed them and then you need to ask for your letter. I would always do this in person whenever possible, and follow up with an email including your up to date CV, photo, deadline for when to submit the letter, and a written summary of the cases you saw together/consults you did.</p>  | Ophthalmology   |



**Virtual CaRMS: Which resources did you use to explore programs outside of your home school, given the lack of travelling electives?**

| Advice  | Specialty |
|---|-----------|
| CaRMS website program descriptions, program's social media, interest nights   | N/A       |
| Website, connecting with residents, reaching out to program directors, having mentors reach out to people at other programs | N/A       |

**Virtual CaRMS: What strategies did you use to prepare for and succeed in your virtual interviews? What do you wish you had known about virtual interviews beforehand?**

| Advice   | Specialty |
|--|-----------|
| Preparing questions beforehand, exploring program website and learning a little about the city, looking at the main areas of research at each program. It feels very hard to stand out during virtual interviews when you have no elective experience at the program to reference. The best advice I can give is to know yourself well, know what you offer and know what makes you unique. It's a lot easier to connect when you find some common ground with the interviewer, even something as simple as having a dog/cat or travelling to the same place before. | N/A       |
| Reflected on med school/clerkship experiences, challenging cases, or ones where I learned something, personal strengths and weaknesses, practiced questions by myself and with a group.  | N/A       |
| Practice! Get a friend and grill each other with questions over Zoom. Repeat with another friend. Get feedback from all of them, incorporate it gradually. I did 8 practice interviews on Zoom with friends, mentors, career counsellor, ...   | N/A       |
| And yes, it is ok to have that post-it next to your webcam and have you talking points listed there. I had a whiteboard full of talking points right behind my screen and no one ever noticed anything. Practice your interviews with that support and you will do great.  |           |
| One thing I wish I knew before is how to position yourself in front of the camera. Practice that on your own and ask friends how you looked when talking. Do your hands block your face? Do you look away from the camera often? Do you seem fidgety?  |           |
| COMPILE A MASTERLIST OF EXPERIENCES / STORIES for a few hours one day; you can find ways of incorporating such stories in a variety of ways. Practice with friends for a couple hours every day but don't go overboard.  | N/A       |

**CaRMS: How did you prepare for your interviews? What worked, and what didn't?**

| Advice   | Specialty  |
|--|------------|
| Start practicing early. Before the interviews are even sent out. I found a list of common questions and then thought back to personal experiences that would help answer them. Having a couple examples of "tell me a time you had to ..." in mind ahead of time can decrease the stress so much. I practiced my answers with classmates. I had a format rather than a memorised script. The student advisors can also help out a lot. The main point is really just be yourself. I didn't believe this when I started, but it just felt more natural and less stressful when I stopped trying to be the "best candidate" and just started being myself. | Psychiatry |
| Start during clerkship. Prepare a journal or have something to take note of special moments and experiences worth talking about. And then... Practice, practice, practice.   | Pediatrics |

| Advice   | Specialty          |
|--|--------------------|
| Brainstorm 5-10 clinical and personal scenarios that you can relate to many different qualities and strengths, so that you are ready to use these as examples for different questions.   | Family Medicine    |
| I made a list of CANMED roles and wrote down 2-3 cases that showed me demonstrating those roles and 2-3 cases where I failed. I practiced a lot with friends and got their feedback. In the end- just be yourself.   | Internal Medicine  |
| I reviewed numerous questions out loud by myself and with parents, other students, friends, residents, etc. Know all the major cardiac surgery trials including key findings (e.g., TRICS, PARTNER trial series, etc.).  | Cardiac Surgery    |
| Practice as if you know you're going to completely blank out during your interview! Some people advise just "being yourself" but it's hard to be yourself when you're jetlagged/exhausted and giving the job interview of your life. I practiced full interview lengths (30 mins of questions in a row) with friends/partner while keeping responses <2 mins at least once a day after my interview schedule was sorted. Look up details about each program so you have something to say about each of them that is unique. Have at least 5-10 questions to ask each program (I often was given the opportunity to ask questions at each station and I didn't want to repeat questions). | Ophthalmology      |
| A lot of time on self reflection. Write down interesting cases you saw that you can draw from, they are hard to come up with on the spot if you haven't thought about it ahead of time   | Emergency Medicine |
| Read a lot around important aspects of Anesthesiology, new advancements, ethical debates within the field. Spend a lot of time inward thinking about WHY you see yourself fitting with this discipline.  | Anesthesiology     |
| Practice responses in groups of students ideally with one staff/MD present to also give feedback. Try and get a 1:1 session with a mentor/staff you admire who has experience interviewing people and run through questions with them. The better they know you the better - likely not as worthwhile if you don't have a strong relationship with the preceptor.  | Psychiatry         |
| Know your CV inside and out. Know any research papers inside and out. Regarding practice, do what works for you. I liked to time myself answering common questions (i.e. why this specialty) to get a rough estimate of how long to talk for. Go to the CMA practice sessions!   | Plastic Surgery    |

### CaRMS: What were the challenges that you didn't (or did) expect from CaRMS?

| Advice  | Specialty       |
|---|-----------------|
| I had a lot of moments where I wondered if all this was worth it and if I made the right choice being in medicine. That was an unexpected experience. Things that were solid decisions suddenly became difficult. My advice is if that happens, take a break from CaRMS stuff for a bit. And just get back to what your goal is, and why you want to be a physician. It's a stressful time, but you will get through it and things will work out. Even if they aren't what you expected.      | Psychiatry      |
| To be perfectly honest - the fatigue. I toured across the country and spent the majority of elective away from Winnipeg. If you're traveling across the country, living out of your suitcase, not being able to cook any or most of your own meals, trying to get exercise (and failing) and figuring out transportation - it's darn tiring. It's worth it, obviously. But I was surprised by how draining it was. Know that it'll be hard and keep your spirits up because you can do it! :D | Plastic Surgery |

| Advice   | Specialty               |
|--|-------------------------|
| The CaRMS tour is smack-dab in the middle of cold/flu season. You'll be tired, a bit run down, probably not eating well or exercising, and exposed to a swack of viruses as you tour the country. Many of us wound up sick somewhere along the way. Take care of yourselves, wash your hands, try to stay healthy.   | Family Medicine         |
| Soul searching, challenges associated with the couples match. Also know that no matter what the result is, nobody is completely happy or over the moon. Its a weird, scary process that comes with change no matter what, so its okay to be emotional or have feelings all over the place, even after match day. Good luck!  | Internal Medicine       |
| The CaRMS process is immensely emotionally draining. The interview weeks can be exhausting as you go from interview to social to interview with flights and train rides in between. Find something that will help keep you grounded and mentally well on the trip. I avoided discussing interviews before/after with other candidates and friends as it was so draining. I tried to be a tourist in cities when I had the chance/time as a way to step away from the circus that is CaRMs. It's a marathon and it's okay and normal to feel absolutely burnt out by the end or feeling robotic towards your last interviews. | Obstetrics & Gynecology |
| I think I did not expect how subjective the process is for both the school and the candidate. Much of the decision is feeling - how you feel about your fit in the program, how you feel about your elective there, how you feel about doing your residency training there, and how the program/residents/staff feel about you in the time they get to know you. It's a challenge because these are things that cannot be planned or prepared, they just are the way they are! Don't be afraid to trust how you feel as long as it's sustained and not impulsive!  | Ophthalmology           |
| Didn't expect that I would actually learn about myself as a person, not just a professional. Started to get a really strong sense of my self as I was forced to tell everyone I met who I was and what I cared about. It's a lot easier to be real, and not just say what you think interviewers want to hear. I know its cliché, but I really do believe that by being yourself you make it much more likely that you'll end up where you'll be happy and with a group of people who appreciate and care about the real you, not just the "professional face" you put on in interviews.                                     | Internal Medicine       |
| I found interviews with Program Directors strange - try rehearsing them ahead of time to have a sense of the main things you want to convey about yourself, but they ranged from informal to more direct personal questions (pulled directly from my personal letter and CV) than I was expecting.   | Psychiatry              |

**Post-CaRMS: What were your priorities? What should a fourth year consider regarding the order list?**

| Advice  | Specialty       |
|---|-----------------|
| My family, the program that I really connected with on electives and interviews, the weather, travel ease from that location, career objectives and training opportunities, realistically creating a list based on my preferences (not what I predict others will rank me as) and making sure that I could live there for 5+ years. Rank the way you want to, not how you think others will rank you. | General Surgery |
| Consider fit. Can you see yourself living and working with the staff and residents? I wanted to stay in my hometown, so I ranked it first. But only because I also loved the program there. I was surprised my how much I loved the cities and programs elsewhere too. So keep an option mind if you're flexible.   | Psychiatry      |



| Advice  | Specialty             |
|---|-----------------------|
| Consider your whole life. We get carried away with matching to the most impressive thing and thinking about what everyone else will think. It doesn't matter. What do you love/like? Who are you personally - what kind of balance do you need, what do you need to make time for to be well? What is important to you - do you need to be close to your family/friends?  | Emergency Medicine    |
| All school are good, all programs have strengths and weaknesses, and as residents we can tailor experiences and find opportunities within any program. Your rank order list should reflect what is most important to you - is it proximity to family, is the amount of time required before independent practice, is it living/working environment? Whatever you choose, you will emerge as a physician - make sure you're set up to have fun, be supported, and learn/grow during your residency.  | Family Medicine       |
| 100% you must rank always based on your preferences as to which program you want to train at. I strongly believe you should rank "safely" and rank ALL programs where you would be willing to train at. This means deciding "would I rather go unmatched or train here". This is not the time to be cavalier. I ranked programs where I didn't even get an interview in order to be safe. I did not rank EVERY program I applied to because there were some programs where I would rather go unmatched than go there. I ended up matching to my first choice, but I still would have ranked safely if I had to do it again. When deciding between programs - look at the CaRMS website as to criteria that previous students used to make their decisions. Common factors are physical location, personal factors (family, spouse etc.), career factors (fellowship/research/city vs rural), and a feeling of how you fit into the program. | Ophthalmology         |
| Whether or not you liked the people in your program (co-residents, program directors, administrators etc.). If you get along with the people, that makes a big difference. Think about whether the program will facilitate your long-term learning/career goals. And always consider if the location/program will be supportive of your wellness - you need to be well to learn and be your best self. So maybe that means staying near family or friends.  | Rural Family Medicine |
| Go with your gut! It sounds cliché but you will get a sense about what program you feel is a good fit for you. Everyone has different priorities. A great thing my friend did and encouraged me to do is ask "if I checked my email on match day and matched to x would I be excited, relieved, scared or disappointed?" Don't rank the places you would be disappointed! I know your first thought is beggars can't be choosers but honestly do not rank somewhere you don't want to be.   | Pediatrics            |

### Post-CaRMS: How did you decide on a rank order list given that there were no visiting electives or in-person interviews?

| Advice  | Specialty |
|---|-----------|
| Learned about program and tried to get to know the people there by meeting with them. Got a sense of the program and what its values were, what life would be like, how it aligned with my values. Thought about what I wanted in a career and which programs would best prepare me for that. Most of all it was the people - if I felt I would get along with people and be supported, I ranked it higher. | N/A       |
| I got a strong sense of each program during the program sessions (via CanPREPP) and the interviews. I used this, as well as my perceived performance on the interviews, to decide on my rank order list.  | N/A       |

| Advice   | Specialty |
|--|-----------|
| <p>I decided which factors were the most important to me and ranked according to that. For me, geographical location and proximity to family were the most important. So I ranked my programs based on distance from home, from closest to furthest. Do not take into account more than a few factors. That's when the ROL becomes a nightmare. Keep it simple. Know what matters to you. Is it the location? Is it the specialty? Is it that particular school?</p> <p>And then let your values guide your decision.</p> <p>People who rank based on over-analysis have often been disappointed.</p> <p>And for the program vibe, you can get a sense of that by talking to people. Do not hesitate to talk to residents even after interviews.</p> | N/A       |
| Excel spreadsheet with factors to consider, a weighting assigned to each factor, and a score assigned to each factor   | N/A       |

**Couples Matching: What were your discussions with your partner when it came to ranking? Any advice you would like to pass onto the fourth years?**

| Advice   | Specialty         |
|--|-------------------|
| Think about each of your own priorities and if it is important to stay together or if you are both ok with long-distance. Residency is a long time and having someone you know can provide a lot of support.   | Internal Medicine |
| Be open and honest with each other (COMMUNICATION IS KEY) and depending on how many programs you've both applied to set aside a day to hammer out your preliminary list. There are good apps/excel sheets that generate all the combinations for you then spend some time communicating with each other your order. Found it helpful to alternate picking an order. Also separating into top tier, second tier, and final tier matches.  | Internal Medicine |
| Get an Excel sheet to figure out all the possible combinations, then transfer to a Google sheet to move things up and down. It will take FOREVER to enter things into CaRMS, so plan ahead (we were up until 3am the night before).  | General Surgery   |
| My partner and I were both applying to the same competitive specialty (tragically) we decided not to couples match as it just didn't make sense and while we will now be further apart, we both matched to this speciality and at the end of the day, this is the rest of your life and you need to make hard decisions but decisions that you will have to live with. We both had backup specialties, and honestly would both prefer to have gotten the speciality we wanted instead of being close and not doing what we wanted. | Anesthesia        |
| Talk about the long game. Now is not the time to hold back on relationship goals   | Internal Medicine |
| We had similar interests, knew we wanted to go to the same schools. Try to do electives mutually at schools that you want interviews at. Don't be disappointed when you don't get 'together' interviews at some schools, you will get some 'together' at other schools. The ROL is very lengthy to do as a couple, start early.  | Anesthesia        |

## For the Unmatched scenario: What was your experience, and any recommendations on the next steps?

| Advice  | Specialty               |
|---|-------------------------|
| <p>Most of the people say that going unmatched is random, arbitrary and stochastic, but there is always an objective defect in your strategy/performance that you somehow overlooked.</p> <p>Most of the people say that going unmatched should not define you, but it will shape your future, networks and mindset till the end of your career.</p> <p>Most of the people match, but you clearly didn't...</p> <p>I think it is important to realize that you are truly alone in this. To quote Tolstoy: "Happy families are all alike; every unhappy family is unhappy in its own way." - even those who went unmatched, they all had unique reasons and unique solutions. You cannot blindly follow their path.</p> <p>In my experience, going unmatched is about learning to accept responsibilities, face mistakes and appreciate the fact that you can only rely on yourself. Most of the people will try to help, but most of them will have no capacity to help you - those people who are willing to help and are useful at the same time, those people will be the most valuable for you in these interesting times.</p> <p>I will try to stay away from giving practical suggestions, because going unmatched is all about making crucial personal choices under significant time constraints and psychological pressure. Every day of waiting, every hour of reflecting, every second of committing - all of this will be history of your future life either glorified or condemned to oblivion.</p> <p>Nobody truly prepares for going unmatched. Like the old skin of the snake, it's your time to discard the past with its puerile hopes, deconstruct your dreams and become reborn. It's a stigma that you will have to carry until the end, but it is also liberation, in its most absurd and unorthodox form.</p> <p>If you go unmatched or have friends who go unmatched, realize that this is the outcome of an imperfect system, not a reflection of the applicants themselves.</p> | <p>None</p> <p>PHPM</p> |

For a full list of advice from CMGs matching in previous years, please click [here](#).

### 3.5 Balancing Priorities

Each medical student is a unique individual. As such, **each of your rank-order-lists will likely be reflective of your unique qualities, experiences, and values.** There are many different ways in which a student may wish to organize their residency choices, or their rank-order-lists. We will discuss some of these here. These examples have been simplified for the sake of clarity. For example, in the CaRMS process, an individual may be able to also rank their campus of preference, if the option is available for a specific college, but the following examples do not include this level of detail. All the following examples are fictional.



## Examples of different prioritization methodologies:

One individual may wish to prioritize their rank-order-list based solely on the specialties that they wish to pursue. This would mean that they would rank all locations for their first-choice specialty before ranking all locations for their second-choice specialty. For example, an individual may be very passionate about and wish to apply to internal medicine, with a secondary interest in medical microbiology. As such, they might create the following rank-order-list:

1. Internal Medicine – University of British Columbia
2. Internal Medicine – University of Calgary
3. Internal Medicine – University of Alberta
4. Internal Medicine – University of Manitoba
5. Internal Medicine – University of Toronto
6. Internal Medicine – McMaster University
7. Internal Medicine – University of Ottawa
8. Internal Medicine – Dalhousie University
9. Internal Medicine – Memorial University of Newfoundland
10. Medical Microbiology – University of British Columbia
11. Medical Microbiology – University of Calgary
12. Medical Microbiology – University of Alberta
13. Medical Microbiology – University of Manitoba
14. Medical Microbiology – University of Toronto
15. Medical Microbiology – McMaster University
16. Medical Microbiology – University of Ottawa

Another individual may wish to prioritize their rank-order-list primarily based on their preferred location, and their specialty may be a secondary value. As such, they would rank many different acceptable specialties in their preferred location prior to moving on to their next potential location. The following serves as an example of how they may wish to do this:

1. Diagnostic and Molecular Pathology – University of Toronto
2. Diagnostic and Clinical Pathology – University of Toronto
3. Neuropathology – University of Toronto
4. Diagnostic and Molecular Pathology – Western University
5. Diagnostic and Clinical Pathology – Western University
6. Neuropathology – Western University
7. Diagnostic and Molecular Pathology – Queen's University
8. Neuropathology – Queen's University

A quasi-prioritization system could involve prioritizing by specialty in acceptable locations, and then prioritizing other acceptable specialties in these locations. The choice for ranking residencies is likely multifactorial for most people, and their ranking should reflect these factors. This is especially true since most specialties require a long period of training and dedication, and the majority of students will likely finish their programs in their late twenties or early thirties.

Another student really loves a specific specialty: Cardiac Surgery. Therefore, they rank this particular specialty all over Canada, and then rank other preferred specialties in a preferred location, and so forth, similar to the previous example included. Unfortunately, they cannot speak French and, therefore, for either personal or educational reasons, do not wish to rank Université de Montréal or Université Laval. They may create the following rank-order-list:

1. Cardiac Surgery – University of British Columbia
2. Cardiac Surgery – University of Manitoba
3. Cardiac Surgery – Western University
4. Cardiac Surgery – University of Ottawa
5. Cardiac Surgery – University of Alberta
6. Cardiac Surgery – University of Calgary
7. Cardiac Surgery – McMaster University
8. Cardiac Surgery – University of Toronto
9. Urology – University of British Columbia
10. Urology – University of Manitoba
11. Urology – Western University

Another student may potentially decide to use the Electronic Residency Application Service (ERAS), in order to apply to programs in the United States as a backup, just in case they do not match through CaRMS. More details concerning applying through ERAS are found later on, in section 4.3 of this Match Book.

Moreover, if a student is considering applying primarily to a competitive specialty, it is recommended that they also consider applying to other specialties that they would find to be acceptable. This is referred to as parallel planning, and in this manner, students can reduce the risk of going unmatched.

Different methods of prioritization can also be combined based on each student's own unique set of circumstances and values when developing a rank-order-list. Remember that at the end of the day, you will have to live with the decisions that you make!

### Choosing Between Two or More Residency Programs, for Specific Ranking

There are various methods to help you decide your rankings of various programs. One potential way that other medical students have found useful is making a scoring system by providing scores from 0 to 10 for various factors per program, based on their relative importance to the student. This method is a useful tool that can help with making difficult decisions. Ultimately, students can also choose to go with their gut feeling.

The following may serve as an example for a student who is considering a residency in Psychiatry at University of Saskatchewan, versus a residency in General Surgery at Northern Ontario School of Medicine, based on their own particular preferences:

| Factor   | Weight | Psychiatry<br>(U of S) | Weight | Gen. Surg.<br>(NOSM) | Weight |
|--|--------|------------------------|--------|----------------------|--------|
| Proximity to Family                                      | 7      | 5                      | 35     | 7                    | 49     |
| Proximity to Entertainment in City                       | 3      | 8                      | 24     | 4                    | 12     |
| Length of Residency                                      | 4      | 6                      | 48     | 6                    | 24     |
| Variety of Interesting Techniques in Specialty           | 8      | 4                      | 24     | 9                    | 72     |
| Ability to have longitudinal relationships with patients | 8      | 10                     | 80     | 3                    | 24     |
| Passion for specialty                                    | 10     | 8                      | 80     | 7                    | 70     |
| Job opportunities in desired location after residency    | 5      | 4                      | 20     | 8                    | 40     |
| Cost of living   | 2      | 6                      | 12     | 7                    | 14     |
| Need for services or specific specialty in area          | 9      | 3                      | 27     | 9                    | 81     |
| <b>Composite Score</b>                                   |        | <b>350</b>             |        | <b>386</b>           |        |

## Personal Priorities or Values in Life

One issue with couples could arise when one individual has matched in a year prior to their partner. In such a case, these two individuals may wish to consider how they would like to prioritize their specialty and location choices, as demonstrated above. Remember, there is much more to life than just medicine, matching to a specific specialty, or career choice! Each student values these things differently and should take their values into account when ranking programs. Some individuals may even decide to switch career paths in the middle of their residency program, and start another residency program, though this can be difficult.

The CFMS recommends that students sit down with themselves, or perhaps with friends, family or loved ones, and think about what they truly value in life when ranking residency programs. You are not simply defined by being a doctor, or by being a part of a certain medical specialty; each student is so much more.

Remember that students are not alone in these decisions. Each Canadian medical school provides access to student services that will aid and support you through these difficult decisions. It is highly encouraged that each student seeks the advice of a career counselor, or equivalent person, to obtain tailored advice.

### 3.6 A Point on Wellness

To all final year medical students,

Let me start by saying congratulations for everything that you have accomplished so far in medical school. From coast to coast, each one of you has dedicated a monumental amount of time and personal sacrifice to make it to the point where you are today. These last few years have likely been life-changing; both challenging and rewarding in ways you may have never imagined. There may have been hiccups along the way, but here you are, ready to take the next step. It's something to be incredibly proud of. I encourage you to take a moment now to reflect on the journey so far and acknowledge all the successes (and failures) that led you to this stage.

I remember looking towards the CaRMS process in your position one year ago, with all sorts of emotions flooding my mind. There was probably some excitement in there, but I can say that it was certainly overshadowed by a sense of anxiety, doubt, or dread of undergoing what seemed like a 6-month long job interview. I think it's safe we can all get together and say: "CaRMS is stressful".

Let's start there. Let's acknowledge that this unique matching process subjects us to adversities that few career paths face quite so starkly: uncertainty about the future, a sense of loss of control, and the possibly of needing to uproot your life in an instant. Further, your class has had a uniquely challenging experience with COVID-19 and the loss of many clinical opportunities. All is to say, each person's experience is different, but you are feeling overwhelmed, it's likely that most of your peers do too.

Looking into the next few months, I'd like to offer you a few things that helped my cohort last year:

1. Have a bit of a plan but take it one day at a time. You will have more than enough on your plate and to think about it all at once can be overwhelming. Come up with a rough timeline of when you will do what, and then just focus on the task of the day or week. Compartmentalize in a way that works for you, to give yourself some time each week to not think about medicine or CaRMS, as difficult as that may be!
2. Have each other's backs. Check in with your classmates often and support them in the ways they want to be supported. Keep having each other's backs on the wards, during interviews, zoom socials and info sessions too. Remember, everyone experiences CaRMS differently, and you're all in it together. (Pro tip: It's often courteous to avoid talking about the number of interviews people have at info sessions and socials). Be positive champions for your colleagues: you may very well work together one day!

3. Keep an open mind. CaRMS will expose you to situations or options you may have never foreseen, and I would encourage you all to open your mind to each possibility, as each program has something different to offer. For those of you applying broadly, prepare yourself for any outcome by coming up with genuinely positive aspects for each school/city. Two days before match day, a preceptor told me “CaRMS will give you what you need, but you won’t know what you need until you have it”, and I believe that now more than ever.

4. Remember: CaRMS doesn’t define you. It may play a role in determining what specialty you end up practicing in, but it does not define what kind of doctor you will be, does not define your happiness in life, and most certainly does not define your success.

I’d like to wish you the best of luck in what I’m sure will be a whirlwind of a year. There’s no doubt that it will come with stresses (to say the least), but at the end of the day, and no matter the outcome, you will make it through. Work hard, support one another, seek help if you need it, and remember that you all made it here for a reason. You got this!

Sincerely,

Jack H. Yuan, MD

Outgoing CFMS National Officer of Wellness  
Internal Medicine PGY-1

# 4. HOW-TO'S and USEFUL GUIDES

## 4.1 Hidden Costs of Final Year

Getting into medical school was our first challenge — paying for it is another. There is no doubt that medical school is expensive! In addition to paying tuition fees and buying books and medical supplies, we need to be prepared for the **additional expenses associated with rotations and away electives (if relevant)**. This year, the Canadian Resident Matching Service (CaRMS) interviews will once again be conducted in a virtual format.

Costs related to electives and CaRMS vary depending on how many away electives you select and the number of programs to which you apply. The average number of applications submitted by medical students entering 2023 was 22.5, up from 21.4 in 2020. From a financial perspective, Family Medicine applicants should be aware that each site counts as one application, and thus they may incur higher total costs.

Here are some of the more significant additional costs that you can expect in your final year.

Breakdown of costs:

| CaRMS Cost  | Other Costs  |
|---|--|
| <ul style="list-style-type: none"><li>R1 Match Participation Fee: \$290.84 (includes applications to 4 programs) Each additional program is \$59.49 plus applicable taxes</li></ul> <p><i>For programs with multiple training sites at a university, the program application fee is charged for the first site an applicant applies to. Any other sites they apply to within the same discipline at that university are not subject to an additional program application fee.</i></p> | <ul style="list-style-type: none"><li>Medical Council of Canada Qualifying Exam (MCCQE) Part 1 application fee: \$1,420</li><li>ERAS Handling fee: \$307.72</li><li>Association of Faculties of Medicine of Canada (AFMC) online portal registration fee: \$250<ul style="list-style-type: none"><li>Administrative fee for elective applications (cost varies depending on school): \$50–100</li></ul></li><li>Elective experience (travel estimate): \$2,000</li></ul> |

\*\*\* Keep in mind that these figures are for 2023–2024 and should be re-evaluated for subsequent years.



## Tips for Reducing Cost

### 1) Set Up a Budget

One of the best things you can do early on in your medical school experience is to set up a budget. Building an annual budget will help you estimate your costs and potential income—and help you better manage your money. Knowing your final-year costs ahead of time will allow you to make changes to your budget so that you're prepared. We encourage you to set up a meeting with an MD Advisor\* in your final year of medical school to discuss your transition to residency.

\*MD Advisor refers to an MD Management Limited Financial Consultant or Investment Advisor (in Quebec), or an MD Private Investment Counsel Portfolio Manager.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit [md.ca](http://md.ca).

### 2) Consider a Line of Credit

Many medical students take out a line of credit at some point during their education, and many banks offer lending options specifically for students. Make sure you don't over-borrow. As with any type of debt, effective management is crucial. A heavy debt load or a bad credit record can affect everything from your future job opportunities to your ability to acquire, establish, or incorporate a medical practice.

### 3) Make Use of Credit Cards

Many credit card companies offer rewards or cash-back, often free of charge for medical students. Paying for your travel expenses, for example, by credit card has a few advantages: there is always an interest-free grace period between the purchase date and the payment due date, and some cards offer insurance on car rentals and even some types of travel insurance. Conversely, however, credit cards can also come with financial risk, especially if you miss the grace period and end up paying high interest rates. Missing payments entirely could have a negative effect on your credit rating.

### 4) Consider Utilizing CFMS Discount Deals

The CFMS offers its members discounts for a variety of businesses related to travel and accommodations, educational resources, wellness, tax services, and more. Please visit the [CFMS website](#) for the most up-to-date information concerning the discounts, as these may vary from year to year. As a CMA member, you also have access to additional discount offers such as saving on insurance.

### 5) Consider Utilizing CFMS Discount Deals



The CFMS offers its members discounts for a variety of businesses related to travel and accommodations, educational resources, wellness, tax services, and more. Please visit the CFMS website for the most up-to-date information concerning the discounts, as these may vary from year to year. As a CMA member, you also have access to additional discount offers such as saving on insurance.

## Wellness

| Company Name                              | Deal Description  |
|---|---|
| UpToDate                                  | Obtain 50% discount on subscription, and 50% discount on MobileComplete access (offline access to UpToDate) * |
| UWorld                                    | Save up to \$100 USD on Step 1 and Step 2 exam prep materials   |
| Wolters<br>Kluwer/Lippincott<br>Resources | Receive a 30% discount  |
| Canada Q bank                             | Save 20% *  |
| MEDSKL                                    | Free Question Bank!   |
| USMLE-Rx                                  | Obtain 30% discount *   |
| Pharmacology You<br>See                   | Obtain 10% discount *   |
| Osmosis Prime                             | Obtain 40% discount   |
| Lecturio                                  | Get 14-day free trial then 50% discount   |
| 3D4 Medical<br>Complete<br>Anatomy App    | 10% from ANY sale price *   |
| Skyscape                                  | 30% off for first 30 days. 25% off longer subscription.   |
| PEPID                                     | Discount on 1-year subscription   |
| Medelita                                  | 30% off all items including scrub jackets, tees, and stethoscopes   |
| Harvard Medical<br>School                 | \$200 tuition off for HMX online courses  |

## Tax Services

| Company Name               | Deal Description                      |
|----------------------------|---------------------------------------|
| LASIK MD Vision Correction | Complimentary vision enhancement plan |

| Company Name | Deal Description   |
|--------------|--|
| MNP          | Free basic personal tax return for medical students, residents and their spouses |

\*For these companies, the discounts could not be confirmed, user has to log in to see if the discount is available.

## 4.2 Applying to USA (through ERAS)

Applying to residency positions in the United States proceeds through the Electronic Residency Application Service (ERAS), while matching to residency proceeds through the National Residency Matching Program (NRMP).

CaRMS can upload your Medical Student Performance Record (MSPR) and transcripts to ERAS for the 2024 match. You can request this by emailing [eras@carms.ca](mailto:eras@carms.ca). They must receive these documents at least one week in advance of the ERAS deadlines, which can be found [here](#). However, you will need to upload photographs through MyERAS. Also, referees must provide their letters of reference through the ERAS Letter of Recommendation Portal (LoRP).

### Step 0: USMLE

Virtually all programs require the results of [Step 1](#) for file review. This can be taken in select Canadian cities. In 2020, it was announced that USMLE will be converted to a pass/fail system, which was implemented in 2022. Adequate preparation for [Step 1](#) can take 1 – 6 months. Recommended resources include your medical school notes, [UWorld](#), [Pathoma](#), and [First Aid](#). Before purchasing any of these resources, make sure to check the [CFMS website](#) to see whether a discount code is available.

As of 2024, Step 2 only involves the [clinical knowledge \(CK\)](#), with the Clinical Skills (CS) portion permanently cancelled as of 2021. Step 2 may not be required for the selection process but must nevertheless be completed before offers may be accepted. Select Canadian cities offer the Step 2 exam.

### Step 1: Apply to ERAS

ERAS is a separate system from CaRMS Online. Please note that some programs do not go through ERAS (such as Ophthalmology or Plastic Surgery). Canadian medical graduates who wish to participate in the US match must register with ERAS through CaRMS. Registration for ERAS typically starts in June and closes in May of the following year, but this is subject to change. The 2024 ERAS registration will have opened as of June 07, 2024. See the [new ERAS timeline for the 2024 Match](#). Read individual program descriptions carefully, since application deadlines and document requirements vary between different programs.

To read more about ERAS, please visit the Association of American Medical Colleges website: <https://www.aamc.org/students/medstudents/eras/>. The complete list of programs participating in 2024 ERAS can be found at: <https://services.aamc.org/eras/erasstats/par/>.

### Step 2: Applying to CaRMS and ERAS

You can register for both the US and Canadian residency matching programs and can submit a rank order list to both CaRMS and NRMP.

CaRMS is typically run before the NRMP. If you are matched to an R-1 residency position through the first iteration of CaRMS, you will automatically, and without notification, be withdrawn from NRMP.

Unfilled positions in the first iteration of NRMP are available through their second round, which is typically after CaRMS first iteration. The second round of the NRMP is referred to as the Supplemental Offer and Acceptance Program (SOAP). If you are matched to an R-1 residency position through SOAP, you will automatically be withdrawn from the second iteration of CaRMS. For more information regarding the NRMP match, please visit the NRMP website. Please note the [new NRMP timeline for 2024](#).

### Step 3: Applying for a J-1 Visa

The J-1 visa is a non-immigrant visa. Once a medical residency training contract for a program in the United States has been obtained by a Canadian medical graduate, they must apply to the [Educational Commission for Foreign Medical Graduates \(ECFMG\)](#) for their J-1 visa.

For more information, please visit: <https://ca.usembassy.gov/visas/canadian-students/>. The J-1 visa application to the ECFMG must include a 'ministry of health letter' or 'Statement of Need' from Health Canada. To apply, please contact Health Canada or go to the [Health Canada website](#).

Health Canada contact: [j1visa@hc-sc.gc.ca](mailto:j1visa@hc-sc.gc.ca)

## 4.3 Working and Training in the NHS of the UK

This section of the Matchbook is meant to provide information to Canadian medical graduates considering working or training in the National Health Service (NHS) of the United Kingdom (UK). Please visit the [website](#) for more information on registration and licensing. This section was adapted from information gathered from the [NHSEmployers.org](#) website.

In addition to professional registration with the General Medical Council (GMC), any doctor wishing to work in the UK must satisfy immigration requirements and receive permission to work. Immigration occurs under five Tiers. Please see the [Working and Training in the NHS Guide](#) for IMGs for information concerning these various Tiers.

### General Medical Council (GMC) Registration Requirement

Canadian medical students can apply for full registration if they have a recognized medical degree and have satisfactorily completed either Foundation Year 1 in the UK, or acceptable 12-month period of similar postgraduate clinical experience (for example, an overseas internship). Otherwise, they may only apply for provisional registration.

The GMC will require evidence to support applications for registration, demonstrating that the doctor:

- Holds an acceptable primary medical qualification
- Has the requisite knowledge and skills for registration
- Is not impaired from practice
- Has the necessary knowledge of English.

Doctors may demonstrate their medical knowledge and skills in one of the following ways:

- A sufficient score on the professional and linguistic assessments board (PLAB) test. This is an examination of language skills and medical competence, to be taken in two parts. Part 1 can be taken overseas, while Part 2 must be taken in the UK.
- Sponsorship by a medical Royal College or other sponsoring body, where suitability has been determined by the sponsor.
- An acceptable postgraduate qualification.
- Eligibility for entry in the specialist or GP registers. An acceptable level of proficiency in the English language could be demonstrated by the International English Language Testing System (IELTS), administered by the British Council in several countries. For more information, refer to the [British Council website](#).

UK training for doctors consists of the Foundation Programme (two years of hospital- and community-based training immediately following completion of a medical degree), followed by specialty training (for example, as a GP or surgeon). Specialty training may be 'run through' training lasting six or seven years (three years for GP training), or may be split into core (basic) and higher specialty training, which generally last for two to three years and three to four years respectively.

Access to UK training programme posts for non-UK/European Economic Area doctors and dentists is restricted under the UK's immigration rules predominantly to those circumstances where the resident labour market test is met, and no suitable UK/EEA applicant is available (as specified under Tier 2 of the immigration rules).

Applicants outside of the EEA will only be able to apply for the Foundation Programme if there are vacancies that are not filled by eligible candidates as part of the national recruitment. If you are ready to apply for registration, please visit the following website to [find your application route](#). After ensuring that you fulfill all of the relevant requirements for application through your specific route, please visit [GMC Online](#) and set up an account. Once you have started your application, you can save it and come back to it later if needed. You have three months to complete your application. If you do not submit it within this timeframe, you will have to start a new application.

# 5. UNMATCHED SCENARIO

Unfortunately, competent and qualified medical students continue to go unmatched due to systemic issues, and finding oneself unmatched is a very real possibility for many. In 2023–2024, there were 149 current year unmatched Canadian Medical Graduates (uCMGs) after the First Iteration of the CaRMS Match and 54 after the second. This does not include the 40 CMGs who went unmatched in the first iteration and chose not to participate in the second.

The sense of isolation from peers, uncertainty surrounding next steps, and financial expenses have been reported as major sources of stress by past unmatched students. Accordingly, the Unmatched Canadian Medical Graduate Task Force has compiled the following strategies and supports to assist in developing a sound plan, promote mental well-being, and ease financial burden for students who find themselves in the unmatched scenario.

Note: The options outlined below are subject to offering by the school of training. Please check with your Student Affairs Office to confirm feasibility.

## 5.1 Applying to second iteration and post-match process

### Applying in the Second Iteration

Immediately after the Match results are released, unmatched students are required to make a few time-sensitive decisions. One of these is whether to apply in the CaRMS Second Iteration. Unmatched students have the choice to opt out of the second iteration and thereby delay entry into postgraduate training by one year. They can then enter the match again in the first iteration of the following year. However, it is important to consider that many schools require their students to go through the second iteration in order to be eligible for their extended clerkship programs. To aid prospective applicants in making an informed decision, the following points have been highlighted:

The Second Iteration application window opens on the day of the release of First Iteration match results and closes in only 7–14 days.

- As the window for application changes from year to year, please confirm the Applicant's Timeline at the CaRMS website.

Prospective applicants should review the list of unfilled residency positions and identify those positions that they are willing to train in.

- The list of unfilled positions is available on the CaRMS website and may be requested through the Student Affairs Office.
- There may be unfilled positions in the applicant's first choice or second choice specialties, however, the majority will be in Family Medicine (many of these are in rural areas or only available to Francophones).



- A 'competitive' designation means that the position is also open to IMGs. Recently, Alberta, Manitoba and Ontario decided to keep IMGs and CMGs as separate streams in both the first and second iterations, meaning that Second Iteration spots are all non-competitive.

A 'ROS' (return of service) designation means that there is a post-residency requirement to work in that province's underserved communities for a set number of years, sometimes in a predetermined subspecialty (for example an Internal Medicine ROS may have an accompanying mandatory fellowship in general internal medicine).

Prospective applicants should consider the greater competitiveness of the Second Iteration. In 2023, 60.6% of current year CMG applicants matched in the Second Iteration vs. 93.5% in the First Iteration. Reasons may include:

- C.V. not geared towards specialty applied to, such as electives completed and/or demonstrated research interests.
- Competition with IMGs.
- Many Family Medicine positions inaccessible to Anglophones.
- Enthusiasm for specialty not relayed through Personal Statement or interview.
- Increasing numbers of unmatched CMGs entering the Second Iteration.
- High number of unmatched CMGs entering the Second Iteration.

Prospective applicants should also consider the greater competitiveness of choosing to participate in the following year's Match. In 2023, 90.4% of previous year CMG applicants matched in the First iteration and 43.6% in the Second iteration.

Applicants are encouraged to reach out to family and friends, and/or mentors and preceptors in whom they can confide for support and advice in making a decision. The decision ultimately takes a lot of self-reflection and discussions with loved ones, and mentors often bring valuable insight into life in a specialty that you have not previously considered.

Applicants are encouraged to get in touch with their Student Affairs Office for important information and additional support.

- Alternative options vary in offering by school of training.
- Participation in the Second Iteration is required by some schools to attain eligibility for alternative options. Applicants should consult their Student Affairs Office to learn about all options available to them.

Prospective Second Iteration applicants should consider:

- The requirements for application (e.g. Personal Statement criteria) may change and should be checked through the CaRMS Program Descriptions.
- There is a fee for each application. For the last two years, Scotiabank and MD have worked with CFMS to provide financial assistance of \$150 for uCMGs to apply to the 2nd iteration. Scotiabank and MD Financial Management are proud to support this initiative as the exclusive financial services partner of the CFMS. Please contact [education@cfms.org](mailto:education@cfms.org) for more information

- Documents from the First Iteration are kept, though new documents can be uploaded. The 'My Information' sections cannot be edited once an application is submitted and one cannot remove/cancel an application once submitted.
- Consider seeking out new or modified reference letters where possible, particularly if applying to a new discipline. Should your Student Affairs Office have a Letter of Reference toolkit, consider forwarding this to your referee. Be open and honest to some of your preceptors and explain the delicate situation that you are in. Most are going to bend backwards to write some of the nicest letters that will ever be written about you if you convey your commitment to the Second Iteration position!
- **CVs used for the first iteration should be modified to emphasize areas that are relevant to the position being applied for in the second iteration.**
- When writing the Letter of Intent, do not shy away from the fact that you are currently an unmatched student. Be mature, transparent, and to the point. If you are applying to a different specialty, try to find parallels between your initial discipline of interest and the new discipline.
- **Ask academic advisors or mentors (in the relevant specialty, if possible) to review your new CV and Statements.**

Upon obtaining an interview, please consider that:

- Character, work ethic, enthusiasm, and understanding of the specialty are especially important to relay. Prepare to be asked what you think went wrong during the First iteration. You can think of an explanation or simply state that you gave it your all and it came down to numbers in the programs that fit you best.
- Videoconference interviews will be used this year. Ensure that your equipment is working, and that the necessary software or app is installed on an alternative device (e.g. cell phone) in case technical issues arise with your computer. Try to stay at home where you have a quiet space with a reliable internet connection, ensure the space around you is tidied, and dress professionally.
- Keep in mind that backing out of an interview after obtaining one or not ranking a school you interviewed with in the Second Iteration could be viewed negatively if you end up applying there the next year.

Ranking a program is still binding! After applying for the Second Iteration, there is time to withdraw your application before the Second Match Day. **Once the Second Match occurs, the contract for that program is binding.**

- Matching in the Second Iteration with the intention of transferring to another program later is discouraged. Switching into more competitive programs is very difficult and rare. Consider whether or not you will be happy in the programs you apply for and in the career you will have within the discipline.

## Applying in the Post-Match Process - “The Scramble”

Within a couple days after the 2nd Iteration results are released, CaRMS may enable a Post-Match Process (PMP). Programs with positions that went unfilled after the 2nd Iteration have the option of participating but are not obligated to do so. Unlike the first two iterations, there are no application fees in the PMP nor is the matching algorithm used. Instead, CaRMS serves as a traditional job application site, allowing students to submit applications to the programs of their choice with all steps past that being up to the programs.

Schools may send offers for interview or acceptance at any time. Typically, they will place a two-day time limit on the offer before moving on to the next candidate. Applicants should expect short turn-around times between interview offers, interview dates, and offers for a position.

As there is no Rank Order List, offers are not binding and applicants may decline offers with no repercussions.

Helpful advice:

- Apply as soon as the PMP application period opens; interviews may be offered as early as three days into the process.
- Be ready for same-day interviews.
- You may be able to ask your Undergraduate Dean to advocate for you. Check with your Student Affairs Office regarding this option and what else can be done.
- Programs that did not grant you an interview in 2nd Iteration may for the PMP.

## 5.2 Canadian Armed Forces Medical Officer Training Program

An alternative pathway to residency that has been offered in previous years is the Canadian Armed Forces Medical Officer Training Program (CAF-MOTP). In the past the MOTP Surge program has allowed unmatched students to enter Family Medicine residency programs throughout Canada on the condition that they fulfill 4 years of post-residency service with the CAF. Requirements to apply for the MOTP Surge program include being Canadian citizen, being eligible to obtain your M.D. this year, participating in this year's First Iteration match, and passing the CAF screening process.

This program will not be offered for the 2024 R-1 main residency match and has not been offered for the past 3 years (2020–2021, 2021–2022, 2022–23); however, it may be offered in the future depending on the demand and requirements of the Armed Forces. Although the decision to offer spots through this program for this year has already been made, in previous years, this decision has usually been made in the Spring of the match year and has at times been made after the First Iteration Match. The CFMS will provide updated information on this matter in the future, should more information become available.

## 5.3 Reapplying Next Year

While going unmatched presents a difficult obstacle to your professional journey, it may also be an opportunity for much reflection and personal growth, which then strengthens your candidacy for the next cycle. Many schools offer an 'extra year' with reduced tuition (check with your local Student Affairs Office). Some schools have a formalized extended clerkship program, while others provide greater flexibility and other options for pursuing research and/or graduate degrees, such as an MBA. You may consider dedicating some time to additional electives and/or other interests outside of clinical practice. Such interests may include research, education, public health, etc. To ultimately relay the value of the unmatched experience at the next CaRMS interview, it is best to select a mix that builds on self-reflection and feedback.

### Reflection and Feedback:

- **Re-evaluate each part of your application and clinical performance.** Was there any aspect that you doubted or felt uneasy about?
- **Reach out to your preceptors and referees for their honest opinions.** Explain the situation and consider obtaining detailed feedback on your performance according to the [CanMEDS](#) roles. They may reveal an area for improvement or suggestions for next steps. **Reach out also to a trusted mentor or to your academic counsellors.**
- **Consider speaking with colleagues and asking for their honest opinions.** It may be difficult for them to say or for you to hear, but there may have been a negative impression given off, even if unintentionally.

### Application Considerations for your extra year:

- Starting in 2019, the CFMS has worked with AFMC to allow uCMGs to set up an M.D. extension student type profile on the AFMC Portal, allowing students to apply for electives in shorter time frames, after regular deadlines have passed. This should be set-up by your school's Electives Office once you join the extended clerkship program. Pursuing additional electives is especially valuable if you felt that your clinical performance could have been better or if you wish to explore another specialty.
- Should you wish to pursue more electives, your school may advise you not to graduate in order to maintain liability insurance and allow you to remain eligible to use the AFMC Portal to secure placements. This decision should be made in consultation with the local Student Affairs Office and take into consideration your school's extension to clerkship program.
- For students in Quebec schools: Extension to clerkship 5th year programs is still not available. Students must graduate but may potentially obtain a few weeks of electives prior to graduation.
  - Typically, students in Quebec end up being limited to a maximum of 3–4 weeks of electives (allowance varies by school) under the school's liability insurance.
  - Following graduation, you most likely have to pay for and set up your own electives and pay for your own liability insurance if you obtain an elective. Thoroughly research options at elective schools you are interested in, as some schools offer programs that help students buy liability insurance and participate in electives.

#### Specific Elective considerations:

- It is recommended that you do not pursue an elective that you have previously completed, meaning the same discipline and school, unless you have a strong reason for doing so.
- Consider electives of a longer duration, as they may allow for a letter of reference that attests to a more thorough assessment of your abilities.
- Should you have financial or time constraints, consider completing a greater proportion of your electives at your home school. This may not be as detrimental as it seems. Electives of a longer duration may also help to reduce the costs associated with travelling.
- **For family medicine applicants, be sure to have a good breadth of experiences and secure at least one or two rural electives.**
- During these electives, it is advised to not hide your experience of going unmatched, as staff or residents may be more understanding and seek to advocate for you. The stigma of going unmatched cannot however be ruled out, so do not be discouraged, but remain confident if preceptors seem to be searching for a weakness. Try to speak as little as possible about your previous discipline of choice, as it may be mistaken for you not being ready to commit to a new discipline.
- If possible, consider meeting the program director on an elective and discussing your story; you may not have the room to do so thoroughly in your personal statement.

#### Scholarly Projects:

- Research projects or programs are especially useful for re-application to competitive specialties.
- Start thinking about potential projects as early as possible and identify a supervisor to help you. Prior preceptors may have ideas.
- When choosing a project, try to select a topic that is applicable across different specialties to maximize the impact of the project on your applications for the following year.
- If clinical research is not for you, consider alternative projects, such as those in medical education or quality improvement. Ideally, you want to have results to speak about during the interview process, so projects with shorter turn-around times, such as those in quality improvement, may be valuable.

#### Master's Programs:

- Many institutions offer course- (or thesis-) based graduate programs that can be completed within 1 year.
- First, identify areas of interest to you (e.g. medical education, global health, public health, business), then look up possible programs at your home institution and elsewhere. Your local Student Affairs Office will be able to provide more information about which programs may be more beneficial than others.

### Applying the Following Year to the United States

For unmatched students who are willing to cross the border, the United States presents a great opportunity for matching, as there are far more residency positions available. Keep in mind, however, that the process will require significant time and effort, and even the US has a growing unmatched problem. It is recommended that prospective applicants consult their local Student Affairs Office for resources on successfully matching to the US. Please refer to section 4.2 for more information.



Below are a few key points for consideration:

- Residency programs require completion of the USMLE Exams.
- Given that interviews are offered on a rolling basis (as early as October), it is advised to have everything ready for submission by the September window when submissions are first accepted.
- Applicants often take 4–8 weeks of electives in their preferred programs to improve their competitiveness. These are essentially auditions. They are also costly and may require malpractice insurance purchase from the home school (if not provided by the US hospital).
- Prospective applicants should consult those who took this route by contacting their Student Affairs Office. They may provide pearls such as which programs (or even States) tend not to take Canadian graduates.

A resource which some unmatched students who desire a surgical residency have found helpful is [US Surgeon](#), which is an agency that helps learners find residency vacancies in the US and assists with the VISA process. You can email [director@ussurgeon.net](mailto:director@ussurgeon.net) with uCMG in the subject line to explore this process.

### Applying Throughout the Year to Other Countries

For unmatched students who are willing to study abroad, other countries such as New Zealand and Australia offer residency training programs which start in January. Each of these countries and residency programs will have their own requirements, and as such, it is recommended that each medical student weigh the potential benefit of studying abroad and the few months saved of being unmatched, with the time commitment and stress involved with pursuing applications to countries and residency programs abroad. Students who wish to eventually practice in Canada should thoroughly research the process specific to their country/countries of interest. Returning to Canada with a residency completed abroad is not easy. It may take years to obtain licensing or even require redoing parts of residency and/or other training.

NEW: The CFMS has prepared a table with information on all the supports that medical schools in Canada offer to students who are unmatched after the Second Iteration. The information was collected in May 2021 and should be current, however please confirm all details with your Student Affairs office.

| School  | Extended Clerkship "Fifth year"      | If yes to previous question, what are the expectations of the extended clerkship, and how many weeks of Pre-CARMS electives are offered? Is there an option to complete research and/or complete a postgraduate degree? If the answer is No, what options are available for unmatched students during their gap year? | Does your school accept "5th year" students from other universities for electives (in non-COVID times)? | Does your school offer financial aid (e.g. reduced tuition for 5th year, application fees) to unmatched students? | What support modalities (ex. elective planning, interview prep, CV writing sessions, etc.) are available to unmatched medical students at your school both after the 1st and 2nd iterations? | What wellness support modalities are available for unmatched medical students at your school both after the 1st and 2nd iterations?                    |
|---------|--------------------------------------|---|---|---|--|--|
| UBC     | 4-8 weeks of electives during summer | Master of Health Science Program  | Unsure  | Limited scholarships to cover the expenses of electives   | One-on-one electives planning, interview prep, CV and letter writing guidance.   | One-on-one support sessions, group support sessions  |
| Alberta | Yes                                  | Students need to have gone unmatched in both R1 and R2. They are offered 12 weeks of electives and the option to complete either MDMBA or MDSTIR (Special Training in Research)   | No  | No specialized bursaries  | Provide: career counselling, document review, interview prep, and ongoing emotional support.   | Dedicated psychologists and coaching, dedicated debrief and information session for all unmatched students followed by a 1:1 debrief for every student |
| Calgary | Yes                                  | Up to 26 weeks of electives are available with additional options to partake in research projects or post-grad degrees.   | Yes   | Bursaries available   | All of those are available through the Student Advising and Wellness (SAW) office which stay in contact with the students through the year & helps with CaRMS prep for next cycle.           | SAW faculty advisors, Psychologists, Psychiatrists, PFSP. All available on urgent and non-urgent basis.  |

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| Sask | Yes | Students who have participated in R1 and 2 and opted to continue in MD route are eligible for 1 year of extended clerkship. The year is composed of 4 modules: career advising and mentorship, research project, clinical electives, and clinical experiences. It included up to 16 weeks of electives, 13 of which are pre-CaRMS. | No | No but students can contact student center for any financial issues | Close follow up with career advisors for elective planning, interview preparation and to have assistance with all elements of the CaRMS application process. | Mandatory meeting with Director of Student Services, assigned dedicated mentor and physician career advisor. Support is tailored to student need. |
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| Manitoba | Yes | Flexible plan created based on student needs. | Yes | On a case by case bases | Elective planning, interview prep, CV and personal letter assistance, coaching | Regular contact with student affairs office and creation of residency spots on a case-by-case basis. |
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| NOSM | Yes | 16 weeks of electives and research electives are possible. No post-grad options. | No | Reduced tuition | Students have access to all of the usual supports of the UME program and Learner Affairs to assist in career planning that they would have at any point in their medical education. | Continued support in terms of dealing with bad news and moving forward in preparing for future match preparation, mentorship, collegial support, and external supports. |
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| Western | Yes | Student has to apply broadly to residency spots. They will have the opportunity for clinical electives and research for the duration of summer and until CaRMS deadline. | Yes | Reduced tuition for 5th year | Ongoing coaching for career planning, interview prep, application review, etc. | Wellness support offered through the Learner Experience Office |
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| McMaster | Yes | 16 weeks of electives between June and October (liable to change during pandemic) | No | Tuition is pro-rated for the additional electives period. | All usual CaRMS preparatory programming/sessions, extra individual & small group support | Dedicated wellness counselor. Career Counsellor and SA Director available throughout entire process. |
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| Toronto  | Yes | Minimum of 4 weeks of electives and up to 30 weeks. Research and post-grad options available.   | Yes | Yes   | Provide: intense personal statement and interview coaching for R2, Elective advising, application preparation, one-on-one physician advisor, interview prep course | Provide: counselling on Match day, regular check-ups by Associate Dean of Student affairs and Director of the Career Advising system, connecting with previously unmatched students.                        |
| Queens   | Yes | Follow the electives number caps of 4th year. No post grad option.  | No  | Yes   | Frequent follow ups with career counsellors (application process, provide feedback on CV, give interview prep etc.)  | Wellness advisors meet with all unmatched students immediately after the results. Provide regular meetings. Increased access to dedicated counselor at Queen's Wellness centre.                             |
| Ottawa   | Yes | Students need to have gone unmatched for R1 an R2. Students will have 30 weeks of clinical electives and 12 weeks of non-clinical (research, leadership, humanities). | No  | Up to 70% of tuition can be returned through reimbursements | Provide: elective planning, one on one sessions for CV review, personal letter review and mock interview   | Mandatory meeting with the faculty and SA Office, one-on-one meeting with counsellor and Assistant Dean Student Affairs followed by continuous counselling support and regular check-ups by Assistant Dean. |
| McGill   | No  | Research options, educational non-clinical options, access to the Well Office   | No  | N/A   | Provide: one-on-one sessions for R2. Also, career counselling with all of the above plus rank ordering strategy and frequent emotional support sessions.           | Provide: Unmatched day support group, Post-Match Day Support Group for Unmatched Students, Unhappily Matched Support Group  |
| Montréal | No  | Research, other university degree, health sciences pedagogy, degree in public health, epidemiology, bioethics, etc.   | No  | N/A   | Students receive emails for preparation for matching and help from the Bureau d'aide des étudiants et résidents en médecine BAER.                                  | Offer to meet with faculty (email the afternoon of the match), offer of BAER (counselor and physicians), peer support, support from university student services.  |

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| Sherbrooke | No  | Complete an MSc in our joint MD/MSc program  | No  | N/A                                      | <p>Personalized meetings with a member of the program's management, where the different support options are presented according to the need of the student.</p> <p>We have confidential faculty meetings to assist with student life; support from program directors at meetings to review strategies for the 2nd iteration or other options; and a psychology service offered on all our campuses.</p>   |
| Laval      | No  | Opportunity to do an additional year of research (Master's or other) or a selected individual training.  | Yes | N/A                                      | <p>Personalized contact by the program and Student Affairs</p>  |
| Dalhousie  | Yes | Students needs to have gone unmatched for both R1 and R2. Options include electives, research, and continuation of a post-grad degree if started before unmatched. | No  | Yes                                      | <p>All of those listed as well as meetings with faculty mentors and Student Affairs specifically to assess progress and provide general support.</p> <p>Individual meeting with SA office on match day with psychological adjustment and assessing need for further follow up. Help develop clear plan within 3 days.</p> <p>Provide evening calls when necessary and faculty mentors. We also liaise with PGME and UGME regarding position and elective opportunities.</p> |
| MUN        | Yes | 8-12 weeks of Pre-CaRMS electives and a mandatory research project to highlight the student's strengths as an applicant.   | No  | No but students do not pay added tuition | <p>Provide: one-on-one career advising sessions on CaRMS document prep, ranking strategy, interview prep and specific career planning</p> <p>Provide: two well-being consultants, direct contact with Learner Well-Being and Success Faculty Directors, emergency services for learners in distress, and connecting with previously unmatched students.</p>   |



## 5.4 Exit PGME

This option involves graduating with an MD and seeking out an occupation that does not require a residency. This rules out registration with the provincial licensing body, and one may not independently provide care for patients as a physician would. There are, however, companies (such as those in the pharmaceutical industry, consulting firms) that hire MDs as consultants or liaisons. This career path requires significant reflection on what type of career one may be happy with but is nevertheless an option that some have considered in the past. Alternative careers where an MD is valuable include but are not limited to:

- Medical consultant
- Medical education research and administration
- Medical liaison in the pharmaceutical company
- Research PhD or fellowship in clinical research

A quote from Greg Malin, MD PhD Medical Educator, College of Medicine, U of S, Anatomy Professor and Academic Director, UGME Program, [greg.malin@usask.ca](mailto:greg.malin@usask.ca)

"I completed my MD in 2004, and during my final year, decided not to apply for residency, because my wife and I were going to have our first child and I decided to take a year off to focus on that. After graduating, I took on a teaching fellowship in the anatomy lab, because in my year off, I wanted to stay connected to medicine and I always loved anatomy. It was here that I discovered a love for teaching, which I also discovered was greater than the passion I had for clinical medicine and working with patients. It took some time and reflection to acknowledge this and to make the decision to not pursue clinical medicine. I then needed to decide how to pursue teaching/education as a full-time career, so I went to my Dean at the time, and he helped me to understand that if I didn't want to engage in clinical practice, I would need to establish my credentials as an educator, hence completion of a Masters and PhD in education. This was a logical step considering my interest in teaching. This took me approximately 8 years to complete (it could be done in a shorter timeframe, but I was teaching full time for the College, simultaneously). I liken my Master's and PhD to a "residency" – it was not easy, but I have not looked back. With this career, I am still quite connected with medicine but in a different way. It is important to understand that my path was guided by passion and interest in teaching, which was guided by that first anatomy teaching experience. It was not a fallback. It may take some time to find what your passion is and may or may not be connected to medicine (and that's okay) but talking to people and reflecting on/exploring interests is key, and just like residency, acknowledging that more work/learning will be part of that journey. This is an unusual path with few mentors, so I would be happy to be a point of contact."



## 5.5 Mentorship and Counselling

An unmatched year can be difficult and confusing. Mentorship and career counselling can provide great benefits both professionally and emotionally. Fortunately, there are multiple options available to support and guide unmatched students.

| Resources Available  | More Information   |
|--|--|
| Unmatched CMG Peer Support Network                             | An anonymized forum launched by the CFMS for unmatched CMGs to find previously discussed topics, ask their own questions, and chat with other previously unmatched students. Please contact <a href="mailto:psn.contactus@gmail.com">psn.contactus@gmail.com</a> for more information.   |
| Local Student Affairs Office                                   | Services offered vary between schools but may include: <ul style="list-style-type: none"><li>- Analysis of your application</li><li>- Review of personal essays and applications</li><li>- Feedback from program directors</li><li>- Practicing interview skills</li><li>- Information about research opportunities, graduate programs, and other career options</li><li>- Local peer mentorship</li></ul> |
| Preceptors or mentors  | Many preceptors will be happy to help you figure out what difficulties you faced, give feedback about how you could improve, write strong reference letters for your subsequent applications, and provide professional advice.   |
| Third party counseling firms (MedApplications, MD Consultants) | Services include: <ul style="list-style-type: none"><li>- One-on-one sessions with resident and physician mentors</li><li>- Application reviews</li><li>- Interview training</li></ul>   |
| Physician Health Programs (PHP)                                | A confidential, self referral process that can be initiated by contacting a toll-free number at 1-800-851-6606   |

Links to above info:

[Unmatched CMG Peer Support Network](#)  
[MedApplications](#)  
[MD Consultants](#)  
[PHIP](#)

# REFERENCES

- "Advice on Electives." Dalhousie University. Accessed December 30, 2018. <https://medicine.dal.ca/departments/core-units/student-affairs/career-support/advice-on-electives.html>.
- "AFMC Student Portal – About." Accessed June 2, 2019. <https://www.afmcstudentportal.ca/About>.
- "Answers to Common Questions Quick Reference Guide for Students." Accessed December 30, 2018. [https://www.afmcstudentportal.ca/content/pdf/Answers\\_to\\_Common\\_Questions\\_Quick\\_Reference\\_Guide\\_for\\_Students.pdf](https://www.afmcstudentportal.ca/content/pdf/Answers_to_Common_Questions_Quick_Reference_Guide_for_Students.pdf).
- "Application to the US (ERAS)." CaRMS (blog). Accessed December 30, 2018. <https://www.carms.ca/the-match/application-to-the-us-eras/>.
- "Booking-Electives.Pdf." MD Consultants. Accessed December 30, 2018. <http://mdconsultants.ca/wp-content/uploads/2017/12/Booking-electives.pdf>.
- "Countries in the EU and EEA." GOV.UK. Accessed March 18, 2019. <https://www.gov.uk/eu-eea>.
- "Couples Ranking Example." CaRMS (blog). Accessed December 30, 2018. <https://www.carms.ca/match/r-1-main-residency-match/applicant/ranking-r1/couples-ranking-example-r1/>.
- "Elective Scheduling Help Document for Students." University of Manitoba, January 4, 2018. [http://umanitoba.ca/faculties/health\\_sciences/medicine/education/undergraduate/media/Help\\_Me\\_With\\_Electives.pdf](http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Help_Me_With_Electives.pdf).
- "Fixing the 'Match': How to Play the Game." Accessed December 30, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3399603/?otool=icaumlib>.
- "How It Works." CaRMS (blog). Accessed December 30, 2018. <https://www.carms.ca/the-match/how-it-works/>.
- "How to Book Electives – Medical Student's Society." Accessed December 30, 2018. <http://www.mcgillmed.com/elective-and-career-planning-made-ridiculously-simple/how-to-book-electives/>.
- "Match Fees." CaRMS (blog). Accessed June 2, 2019. <https://www.carms.ca/match/r-1-main-residency-match/match-fees-r1/>.
- "MCCQE Part I | Medical Council of Canada." Accessed June 2, 2019. <https://mcc.ca/examinations/mccqe-part-i/>.
- NHS Employers. "Working and Training in the NHS Guide for International Medical Graduates." Accessed March 18, 2019. <http://www.nhsemployers.org/case-studies-and-resources/2014/08/working-and-training-in-the-nhs-a-guide-for-international-medical-graduates>.
- "NMS | About the Match." Accessed December 30, 2018. <https://natmatch.com/matchingprogram.html>.
- "Playing With Matches." Simons Foundation, September 24, 2010. <https://www.simonsfoundation.org/2010/09/24/playing-with-matches/>.
- "Policies." CaRMS (blog). Accessed December 30, 2018. <https://www.carms.ca/policies/>.
- "The Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel." Accessed December 30, 2018. <https://www.nobelprize.org/prizes/economic-sciences/>



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