

# Match Book

2020-2021

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

Produced and distributed by: Canadian Federation of Medical Students

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CFMS Matchbook

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# TABLE OF CONTENTS

## INTRODUCTION

- Message from the MatchBook Leads
- Message from the CFMS
- Message from the CaRMS CEO and Chair
- Message from the AFMC

## Section 1. Background

- 1.1 Match Process
- 1.2 Couples Match
- 1.3 The CaRMS Contract
- 1.4 Frequently Asked Questions

## Section 2. Preparation

- 2.1 Dates and Milestones
- 2.2 Statistics

## Section 3. Strategy

- 3.1 Pre-clerkship and Clerkship
- 3.2 Guide to Elective Planning
- 3.3 Tips from Residents
- 3.4 Balancing Priorities
- 3.5 A Point on Wellness

## Section 4. How-to's and Useful Guides

- 4.1 Hidden Costs of Final Year
- 4.2 Applying to USA (through ERAS)
- 4.3 Working and Training in the NHS of the UK

## Section 5. The Unmatched Scenario

- 5.1 Applying to second and third iteration
- 5.2 Canadian Armed Forces Medical Officer Training Program
- 5.3 Re-applying next year
- 5.4 Exit PGME
- 5.5 Mentorship and Counselling
- 5.6 Financial Support
- 5.7 Tips from Past Unmatched Students

# INTRODUCTION

## MESSAGE FROM THE MATCHBOOK LEADS

The Matchbook, created in 2008 and currently in its 12th edition, is a publication from the Canadian Federation of Medical Students (CFMS). It is a student-written resource tailored for Canadian medical students entering the confusing and sometimes overwhelming residency-matching process administered by the Canadian Resident Matching Service (CaRMS).

2021 cycle is the first time when the CaRMS process will be drastically changed with the Year 3 and 4 (or Year 2 and 3) blended curriculum for the majority of medical schools. During this challenging time for medical students, we hope our 2020 edition MatchBook can provide guidance and a starting point for our graduating class.

For the first time, we have also added a new section for pre-clerkship and clerkship students to help prepare for the CaRMS journey. This new section is called "[Pre-clerkship and Clerkship](#)," embedded into the "Strategy" section. We hope to provide some guidance for pre-clerkship students who are unfamiliar with the CaRMS process. We have also added a new summary section to guide required documents for AFMC. This year, we have also re-organized the "Transition to Residency" section into diagrams that will aid the reader's understanding. We hope to provide clarity in these chaotic times to our final year medical students.

This edition will provide an overview of how the Canadian residency match process works, statistics from previous matches, and practical tips provided by medical students who have gone through the process in recent years. The MatchBook covers the major steps involved in residency application and aids Canadian medical students at various stages of training in planning their strategy for matching to their preferred programs. In addition, the MatchBook was thoroughly reviewed and updated with relevant information applicable to the match process, as well as with useful advice applicable to medical school life and the CFMS.

The CFMS Education Committee was created in 2014 and is responsible for the CFMS Education Portfolio, which comprises several active projects including the MatchBook. Any CFMS member interested in editing future editions of the MatchBook is advised to apply for the CFMS Education Committee in Fall 2020. Any questions can be addressed to the Director of Education, Rishi Sharma ([education@cfms.org](mailto:education@cfms.org)).

Sincerely,  
Your Matchbook Co-Leads

**Chloe Lim**  
Class of 2021  
University of British Columbia



**Adree Khondker**  
Class of 2023  
University of Toronto



## MESSAGE FROM THE CFMS

Hello fellow medical student,

Congratulations on all you have accomplished thus far. This past year has brought upon many challenges, and throughout it all, medical students across Canada have shown their incredible perseverance and innovation. CaRMS is a key moment in our career exploration and development that, even in a normal year, is stressful. This is further amplified by the significant and continuous changes brought about by the COVID-19 pandemic. These changes have created a new reality for the 2021 CaRMS R1 Match, including virtual interviews and the absence of visiting electives. Although this next year will be difficult, I am confident that we will continue to persevere together as a cohort and make the best of our circumstances.

The Canadian Federation of Medical Students (CFMS), as your national representative body, is here to advocate for you. We will continue to represent your interests at national decision making tables to ensure that the 2021 CaRMS R1 Match process is fair and equitable, and that you have the opportunities necessary to make an informed decision about your career. I want to reassure you that we will do our very best to make this a reality, and will engage you and your local representatives to ensure that we are properly representing your views.

In addition to advocating for your interests nationally, we also offer many resources, including our Matchbook, which outlines detailed information about many aspects of the CaRMS R1 Match process. The MatchBook, which is put together through the hard work of our Education Committee, is continuously updated every year to ensure that it provides helpful information for you in an easy to read format. I also encourage you to take a look at the Residency Match Resources section on our website. Here you will find a variety of other resources and supports to help you throughout this process.

The CaRMS process is stressful and long, so please make sure to take the time for self-care. This will prove inextricably important as we continuously adapt to our ever-changing environment. This next year will bring about new challenges, but also new opportunities. The CFMS is here for you throughout it all, and is committed to leveraging this new reality to drive progress in all areas of medical education. Please don't hesitate to contact me at [president@cfms.org](mailto:president@cfms.org).

Sincerely,

**Henry Li**

CFMS President 2020-2021

## MESSAGE FROM THE CaRMS CEO AND CHAIR

CaRMS greatly values our relationship with the CFMS and medical learners across the country. We are committed to continuing to work together to help ensure medical students have the tools and information they need to successfully navigate Canada's postgraduate medical training application, selection and matching system. We're also happy to contribute to the CFMS Matchbook—a valuable resource for those of you embarking on your career selection journey.

We understand that COVID-19 has meant disruptions to everything related to your studies, from visiting electives and clerkship rotations to exams and preparing for your future residency program applications—not to mention the affect it has no doubt had on your family and personal lives. These have been extraordinary times, and we have seen our medical community rise to the challenge. Medical students are no exception. We've been heartened to see medical learners across the country doing amazing work to support their communities—volunteering as contact tracers, public health counselors and screeners, providing support for frontline health care workers, and organizing PPE drives. This ability to pivot where needed is a demonstration of the resilience and dedication that is probably a big part of the reason you've chosen a career in medicine.

Of course, as a result of the upheaval caused by COVID-19, the 2021 R-1 match cycle looks a bit different than any of us expected. The timeline has been shifted later in the year to give you time to build your core competencies through clinical rotations and explore career opportunities through electives. The timeline has also been compressed to ensure a July 1 start date for your residency placements. We want to assure you that CaRMS is here to support you every step of the way to ensure that your match year goes as smoothly as possible.

One of the best ways we can help prepare you for your own match experience is with information. The right data at the right time can help you make fully informed decisions. We invite you to review the detailed data in our CaRMS Forum presentation for 2020 match outcome information, as well as longitudinal data that demonstrates trends over several years. You can also delve deeper into the data in our annual match reports. The biggest welcome news in the 2020 match data is that the number of unmatched current year CMGs after the second iteration of the match has declined for the second year in a row, to 25 (0.9 per cent) from 31 (1.1 per cent) in the 2019 R-1 match. It is also important to remember that even for those who don't match in their graduating year, the road doesn't end there—99.4 per cent of Canadian medical graduates do match within three years.

CaRMS is committed to working with our partners, like the CFMS, to achieve the best possible outcomes for Canadian graduates and to work with all partners for a continuously improving application, selection and matching system.

Sincerely,

**John Gallinger**  
CEO  
CaRMS

**Dr. Eric Peters**  
Chair  
CaRMS Board of Directors

## MESSAGE FROM THE AFMC

Dear medical students:

The process of career decision making and the match into residency is a major part of every medical student's life. This year, more than ever, change is at the forefront of all our decisions in every aspect of our lives.

The Association of Faculties of Medicine of Canada (AFMC) has created [Learner News](#), to keep you informed on the latest news in medical education. The leadership within the faculties of medicine has been extraordinary. We have worked collectively and collaboratively like never before to support all learners. We have confirmed a new [compressed timeline](#) for the 2021 R1 match. The AFMC has also established that all interviews will take place virtually. We are committed to continue evolving medical education as our environments change.

The AFMC Resident Matching Committee (ARMC) has continued to meet regularly to support all those involved in the 2021 match. The ARMC has struck sub-committees that will be addressing application and file review as well as virtual interviews and residency program promotion. ARMC membership includes representation from the Faculty of Medicine Deans, Postgraduate Deans, Undergraduate Deans, Student Affairs Deans, the Canadian Federation of Medical Students, the Fédération des médecins résidents du Québec, the Fédération médicale étudiante du Québec, Resident Doctors of Canada and the Canadian Resident Matching Service.

AFMC is actively engaged in a system-level reform and leads several advocacy efforts to improve the [transition to residency](#) and reduce the number of [unmatched Canadian Medical Graduates](#). This includes lobbying to governments for an increase in the number of residency position, aligning entry routes to societal needs to improve the healthcare needs of Canadians.

AFMC also provides career counseling online tools such as the [Myth Buster video clips](#), developed with faculty leaders from across the country, to help you make these important decisions.

As we continue to work together to address challenges in medical education, I invite you to share any feedback you may have. Please let us know how else we can help support you.

Sincerely,

**Dr. Geneviève Moineau**  
President and CEO  
Association of Faculties of Medicine of Canada

# 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 enrol in postgraduate medical training. The R-1 match is the largest match program that is offered through CaRMS, and students from all 17 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 roughly the same 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 how an example match works, and 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 here helps with understanding how the process works.

Interestingly, the work that went into this algorithm won the Nobel Prize in Economics in 2012 for Alvin Roth (Harvard University) and Lloyd Shapeley (UCLA). Their work was pioneering because unlike with traditional markets, where prices can be adjusted so that supply meets demand, the process of residency matching provides a special challenge because prices cannot be used at all to allocate the limited resources of residency spots or graduating medical students.

In the early 1900s, residency matching in the US worked roughly 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 lie 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”, with programs taking their most preferred applicant who matched 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 economist 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 applicants and programs and 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 it starts with an attempt to place an applicant into 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 possible from their ROL or all choices submitted by the applicant have been exhausted and they go unmatched. It is likely that multiple applicants will rank certain programs as their first choice.

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

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

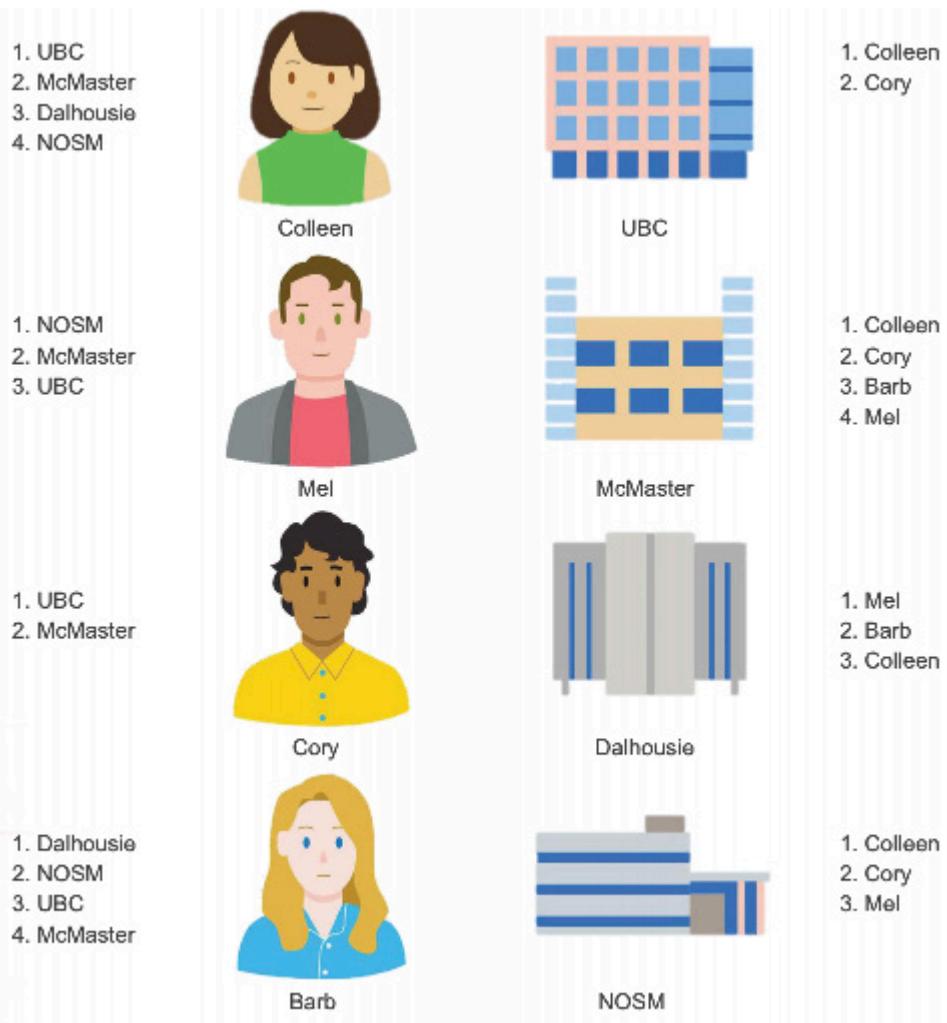
- Applicant ROLs
- Program ROLs
- Number of available positions

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.

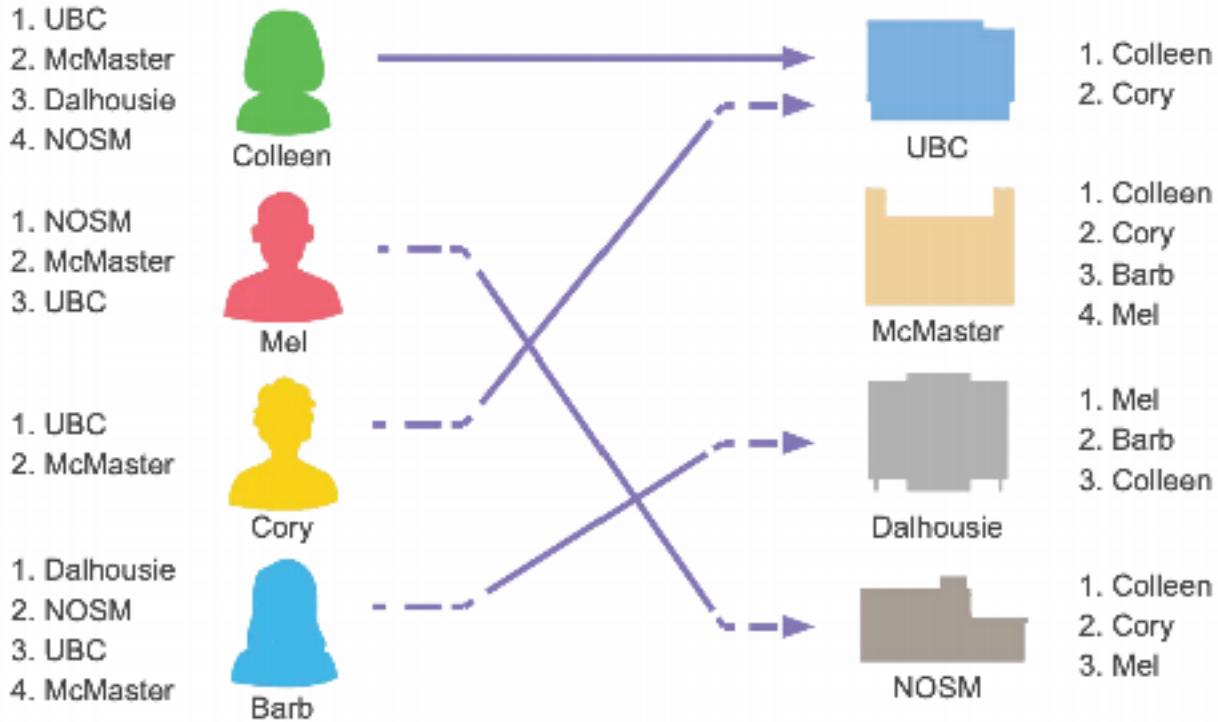
Let's walk through an example...

Imagine there are four applicants (Colleen, Mel, Cory, and Barb) 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:

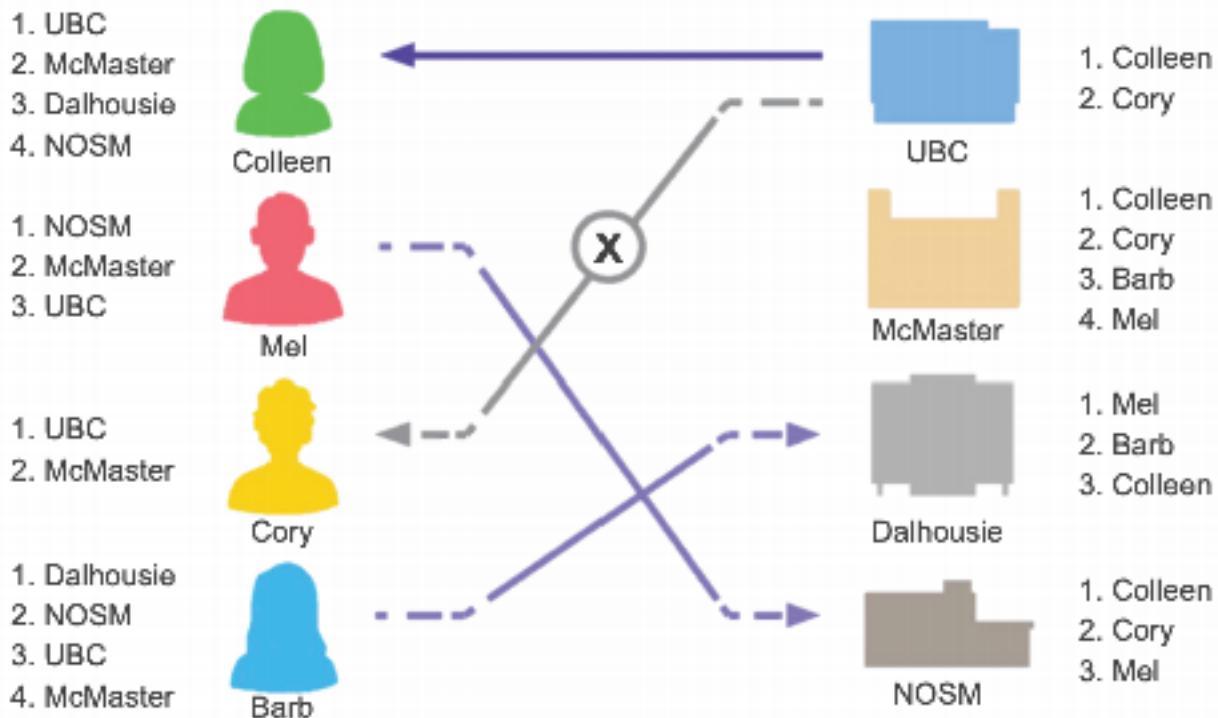
### 1. Applicants and residency programs make their Rank Order List



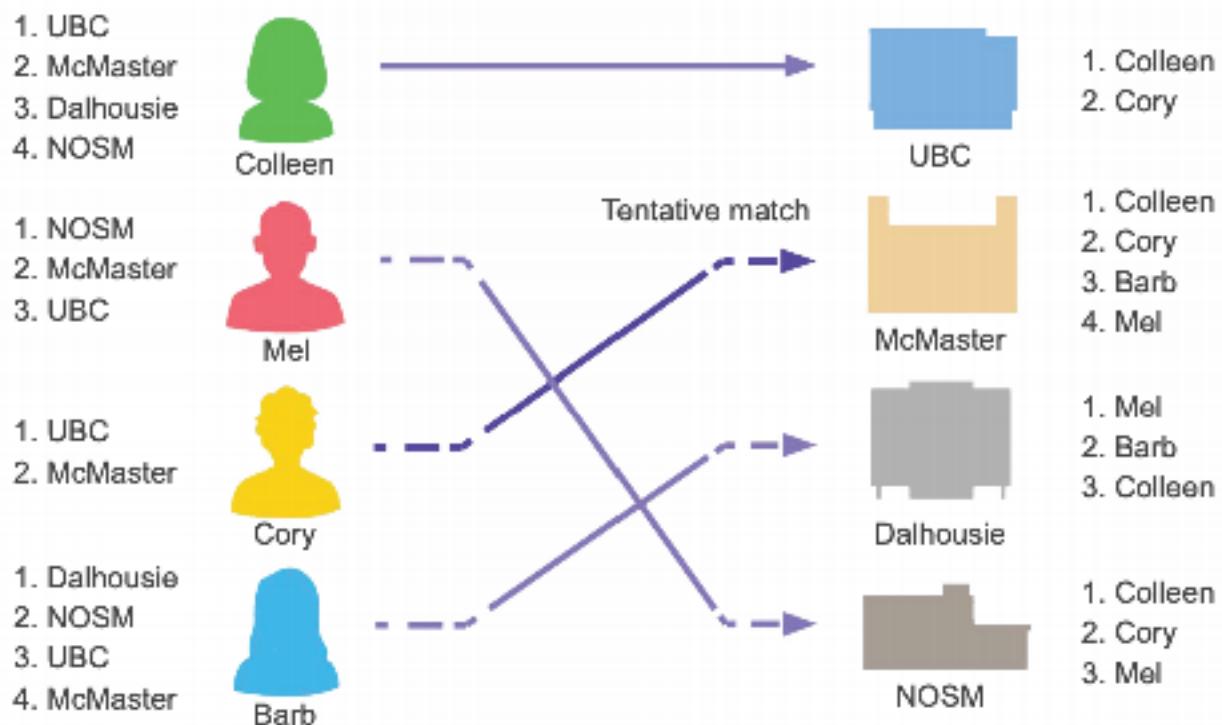
2. Algorithm attempts to match each student with their first choice



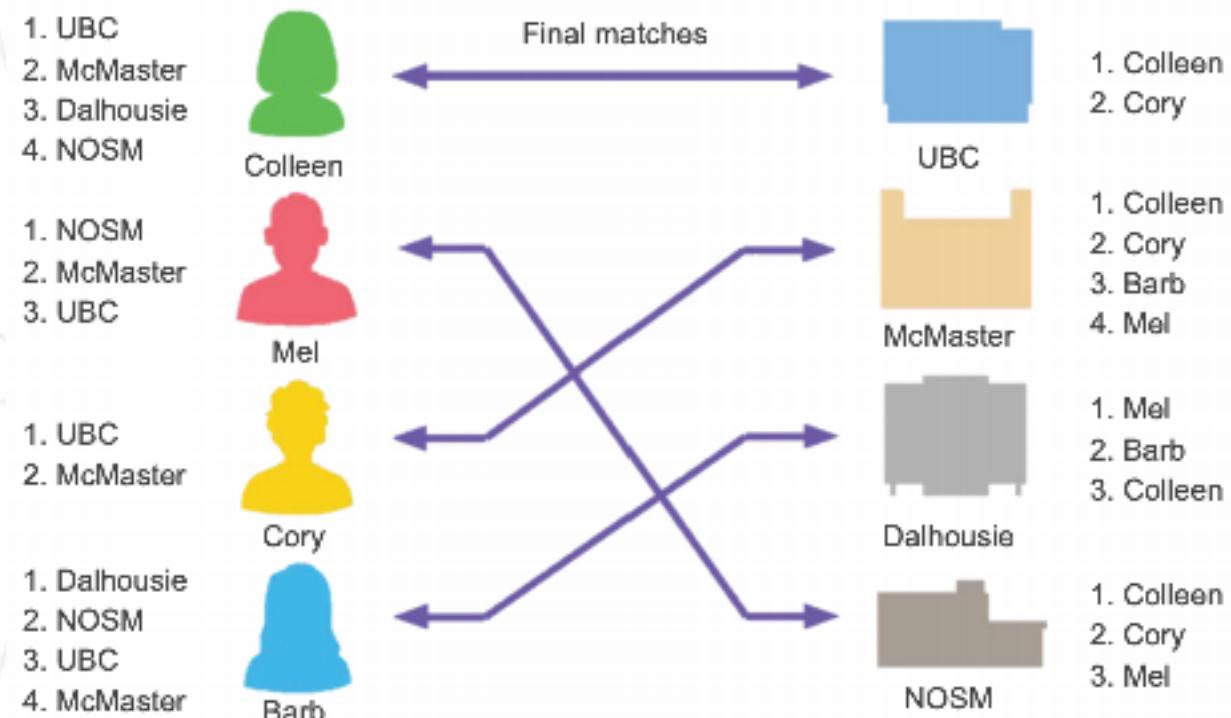
3. Colleen and Cory are both tentatively matched to UBC, but there is only one spot. Therefore, UBC is able to choose a candidate based on their Rank Order List.



4. Cory 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 to maximize their chances of matching.

**MEL** also prefers UBC Peds but thinks he has a low chance of getting in and therefore he ranks it last. He leaves Dalhousie Family Medicine off his list because he thinks his interview went terribly, even though he 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.

**CORY** 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.**

**BARB** 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.**

## Other Strategies

Applying to multiple sites within a single residency program may influence the probability 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 they are not willing to train at.

There is no advantage to ranking programs with more or fewer positions higher. There is, also, no advantage to ranking programs that you think you have a higher chance of matching to, higher than programs that you prefer more. Therefore, rank program's based on your own 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, like Mel, goes unmatched after the first iteration, they can participate in the second iteration of the R-1 match in CaRMS Online. They are not automatically enrolled in the second iteration. The second iteration is approximately five weeks in duration.

If all of the applicants on a residency program's rank order list match to other programs which they ranked higher, and/or if they did not rank the residency program, the program will have unfilled positions. This may, also, result because a specific residency program did not rank all of the applicants that ranked it, and would have otherwise received a position there. CaRMS will post a list of unfilled positions available in the second iteration. During this time, candidates can supplement any other documentation they require to apply for additional programs. Documentation that was previously uploaded will still be on file. Applications continue to be sent to programs through CaRMS Online.

Your faculty advisor 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 the application 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 rank order list 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 the competitiveness of the specialty, the competition for the specific programs being ranked, and the qualifications that the applicant offers.
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 able 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, each program desired by one partner can be paired with a program desired by the other partner, and a single ROL composed of these pairings will be used. To have a successful match, both programs on the top pairing must match with both applicants. If not, the algorithm moves down to the next preferred pairing, until both partners match. This is due to the fact that the CaRMS algorithm treats the paired ROLs submitted by the couple as a single unit of paired ranks.

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

*If the applicants do not obtain a match as a couple, the CaRMS algorithm will not utilize their rank-order-lists separately to find a possible match for each individual.*

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. What are the specialties that you would like to match into? How feasible is it for both of you to match to the same place?
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 place?
3. If your Student Affairs Office offers advice to couples, go and get advice! They have seen many successful and not so successful couples. Be realistic and book an appointment.

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

#### Location versus specialty

How important is it 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 versus location

Another important topic is the programs that have appealed to both of you and your partner. Is this necessarily a location that you can see both of you 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 should be your last resort after exhausting all other options.

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

Let's walk through another example...

Imagine a couple, Colleen Esterase and Cory Za, 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

### Cory Za

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

### Cory Za

- 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**

**Cory**

- |                    |                     |
|--------------------|---------------------|
| 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       |

- |                     |                     |
|---------------------|---------------------|
| 1. McMaster Ortho   | 1. McMaster Ortho   |
| 2. McMaster Ortho   | 2. McMaster Ortho   |
| 3. Western Ortho    | 3. Western Ortho    |
| 4. MUN Ortho        | 4. MUN Ortho        |
| 5. Dalhousie Ortho  | 5. Dalhousie Ortho  |
| 6. Western Ortho    | 6. Western Ortho    |
| 7. Dalhousie Ortho  | 7. Dalhousie Ortho  |
| 8. MUN Ortho        | 8. MUN Ortho        |
| 9. McMaster Ortho   | 9. McMaster Ortho   |
| 10. Dalhousie Ortho | 10. Dalhousie Ortho |
| 11. UBC Ortho       | 11. UBC Ortho       |
| 12. MUN Ortho       | 12. MUN Ortho       |
| 14. McMaster Ortho  | 14. McMaster Ortho  |
| 15. Western Ortho   | 15. Western Ortho   |
| 16. MUN Ortho       | 16. MUN Ortho       |
| 17. Dalhousie Ortho | 17. Dalhousie Ortho |
| 19. McMaster Ortho  | 19. McMaster Ortho  |
| 20. UBC Ortho       | 20. UBC Ortho       |
| 21. Western Ortho   | 21. Western Ortho   |
| 23. McMaster Ortho  | 23. McMaster Ortho  |
| 24. UBC Ortho       | 24. UBC Ortho       |
| 25. Western Ortho   | 25. Western Ortho   |
| 27. UBC Ortho       | 27. UBC Ortho       |
| 28. MUN Ortho       | 28. MUN Ortho       |
| 29. Dalhousie Ortho | 29. Dalhousie Ortho |
| 13. No match        | 13. No match        |
| 18. No match        | 18. No match        |
| 22. No match        | 22. No match        |
| 26. No match        | 26. No match        |
| 30. No match        | 30. No match        |
| 31. McMaster Ortho  | 31. McMaster Ortho  |
| 32. UBC Ortho       | 32. UBC Ortho       |
| 33. Western Ortho   | 33. Western Ortho   |
| 34. MUN Ortho       | 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 Cory's best match opportunity was McMaster Ortho (his 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 Cory's best match opportunity was McMaster Ortho (his 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 the laws of the Province of Ontario and the federal laws of Canada. It is important to only rank programs which you are willing to train in. 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 the 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 violation 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 violations review committee. The most common consequence is disqualification from entry into CaRMS matches for up to three years. 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 from your medical school).

You will also upload a recent Curriculum Vitae/Resume: one general, and one specific to each specialties. 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, residency training and electives (for when applying to a subspecialty), professional training, work experience, volunteering experience, scholarly activities and research (publications and presentations), observerships, clinical experience, and fellowships.

### What does it mean when a program has multiple streams?

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

### Can I submit a bilingual application?

Yes, you may submit applications in English and French.

**I applied to the first iteration, but I didn't receive any interviews so I didn't submit a Rank Order 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 the programs that I applied to?**

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

**How do I rank multiple streams in the same program?**

Each stream can be ranked individually and would be treated like any other program that you're 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 in a CaRMS match must pay a participation fee, which varies by match type. Currently, the cost of R-1 Main Residency Match participation fee is \$315.04, which includes applications to nine programs. Each additional program is \$30.50 each, with no maximum number of programs that you can apply to. You do not have to pay for interviews, however if you request an interview via videoconference, the program has the right to charge you for any fees incurred for the accommodation. You can find a list of fees 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 voided.

**Further FAQs for CaRMS**

In order to find further answers to your questions about CaRMS, another resource can be found on the CaRMS website, which contains FAQs for multiple categories of topics. You may kindly find the FAQs by following this link: <https://www.carms.ca/the-match/how-it-works/>

# **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 Match-Book publication, again, please stay updated through the CaRMS timelines [here](#).

#### **As decided by the AFMC Board:**

**The Last Day of the Application Period**  
**February 7, 2021**

**The File Review Period**  
**February 8 to March 5, 2021**

**The Virtual Interview Period**  
**March 8 to March 28, 2021**

**The Second Iteration Match Day**  
**No later than May 18, 2021**

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](#).

2998 total CMGs participated in the 2020 R1 CaRMS Match, with a match rate of 2895 CMGs matching (96.6%).

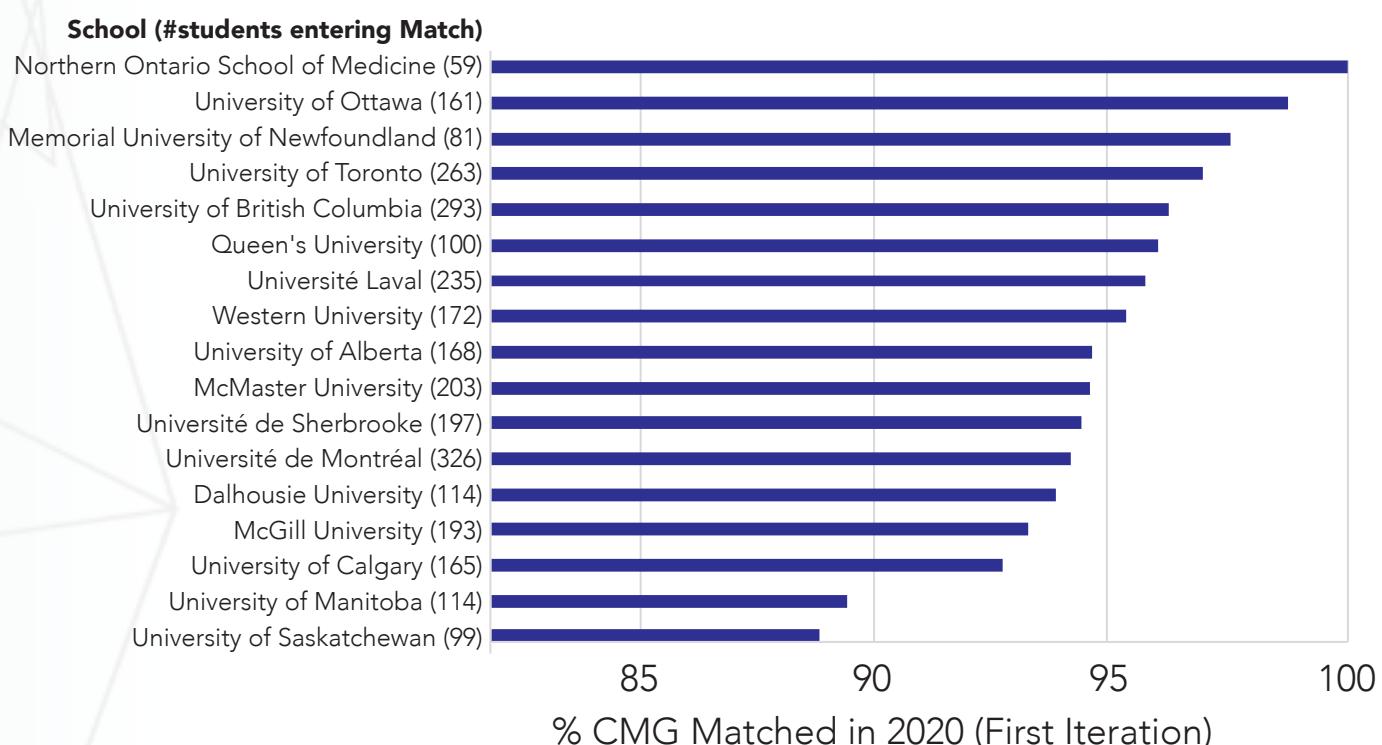
418/1435 IMGs Matched (29.1%)  
28/47 USMGs Matched (59.5%)

The average CMG applicant applied to **21.6 programs** where **81.7%** of applicants were matched to one of their **top three programs**.

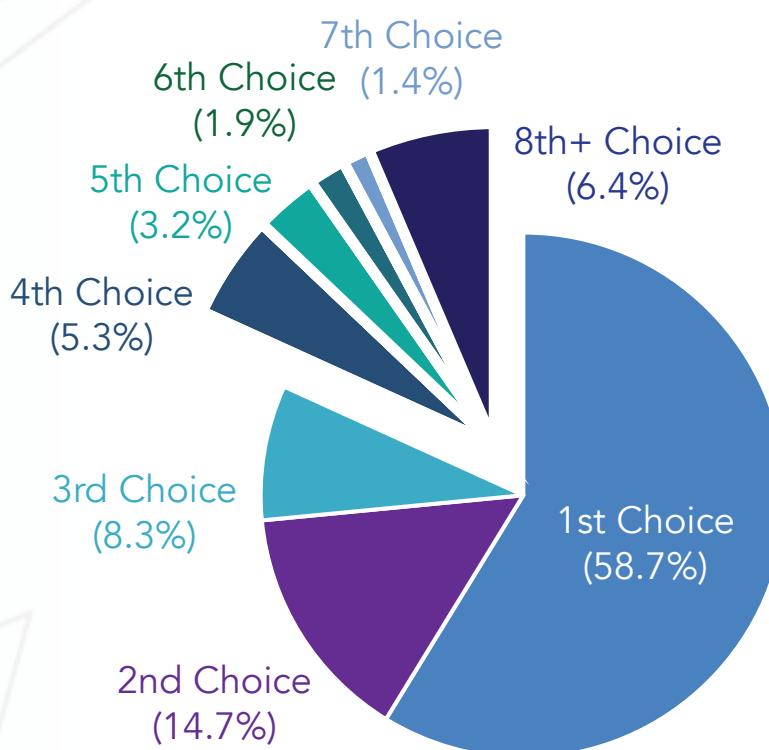
## Who entered postgraduate training in Canada



Of the 3341 total matched graduates in 2020, 84.3% were CMGs. This year showed a similar trend to the most recent 8 years.



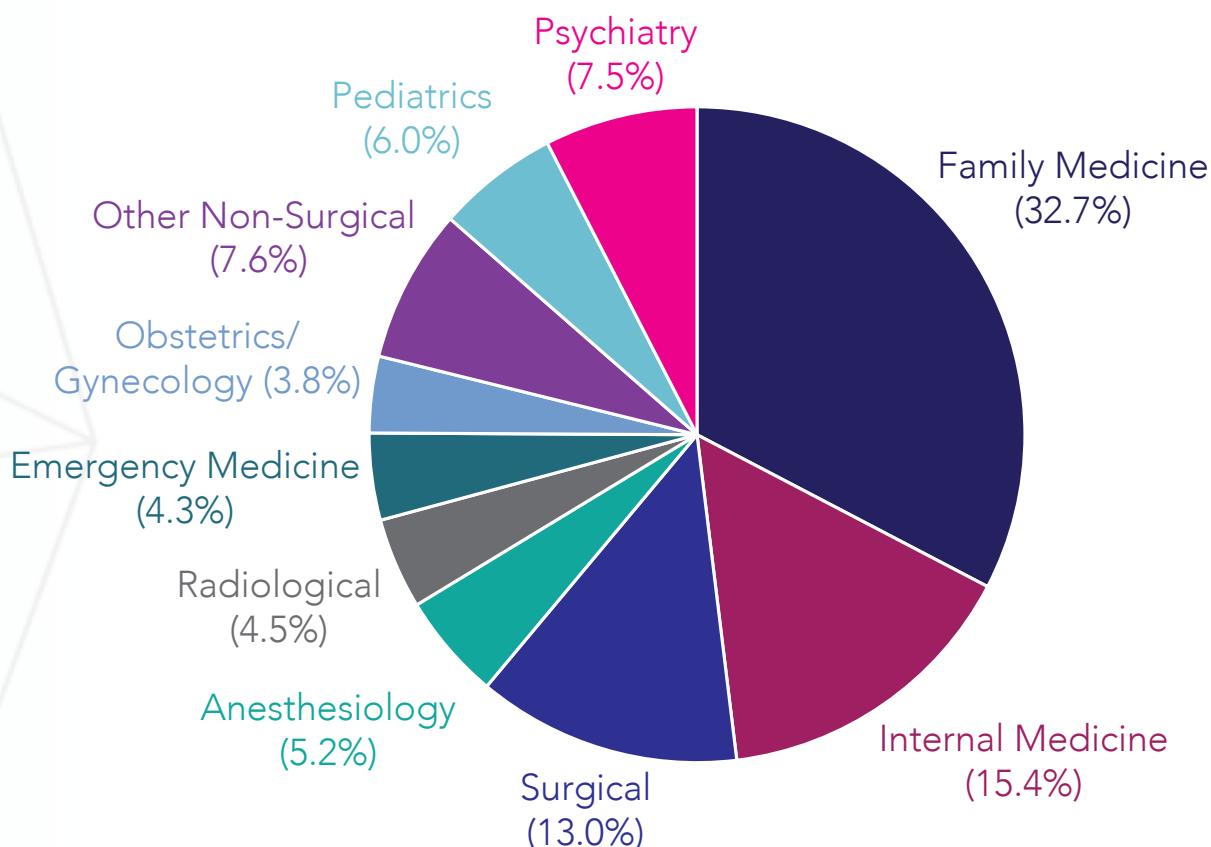
NOSM held a 100% match rate in 2020, followed by the University of Ottawa at 99.7% in the first iteration. The University of Saskatchewan had a match rate at 88.9% in the first iteration.



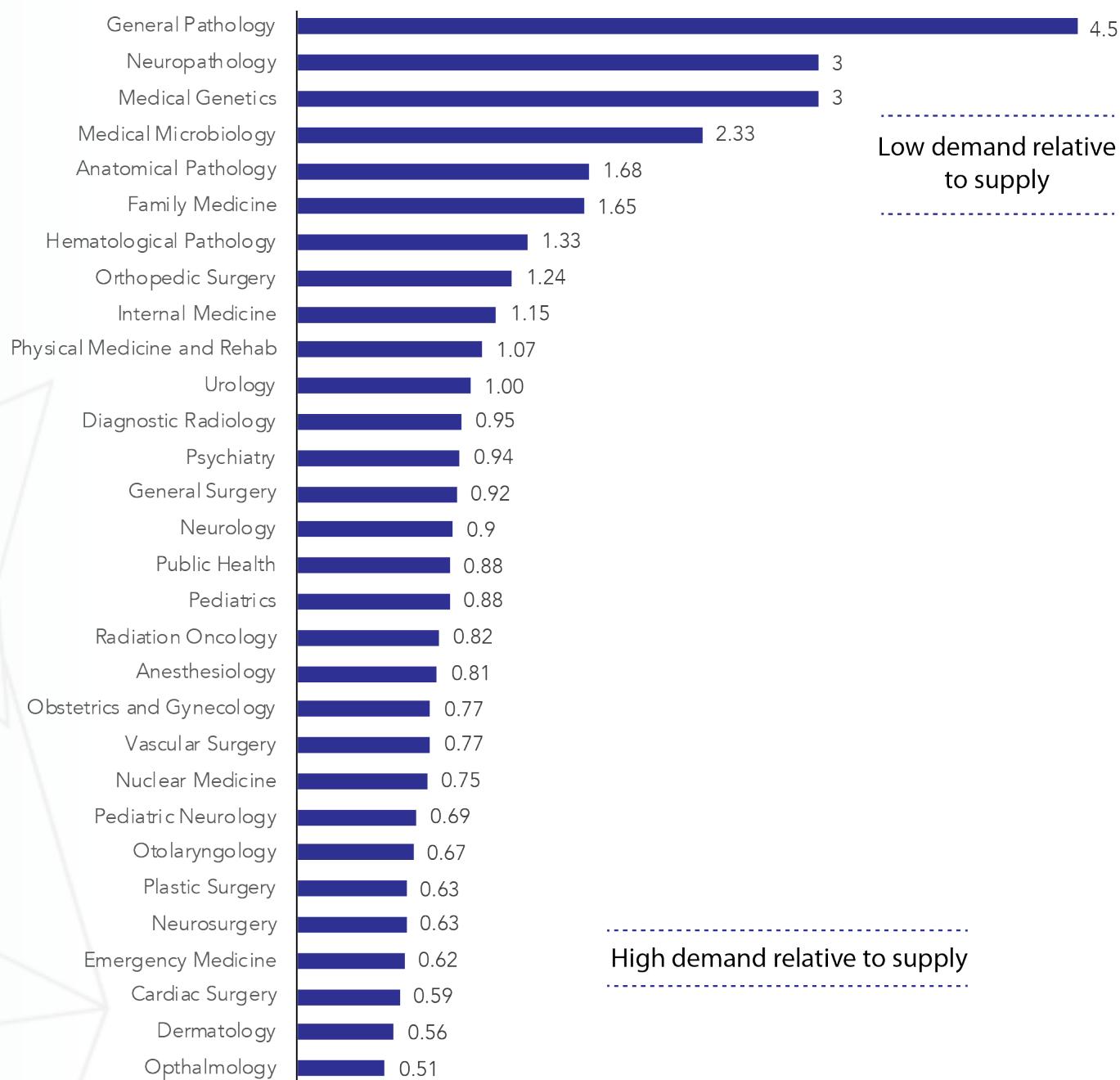
Over 80% of CMG applicants in the first iteration matched to one of their top three choices.

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

## First Choice for CMG Applicants



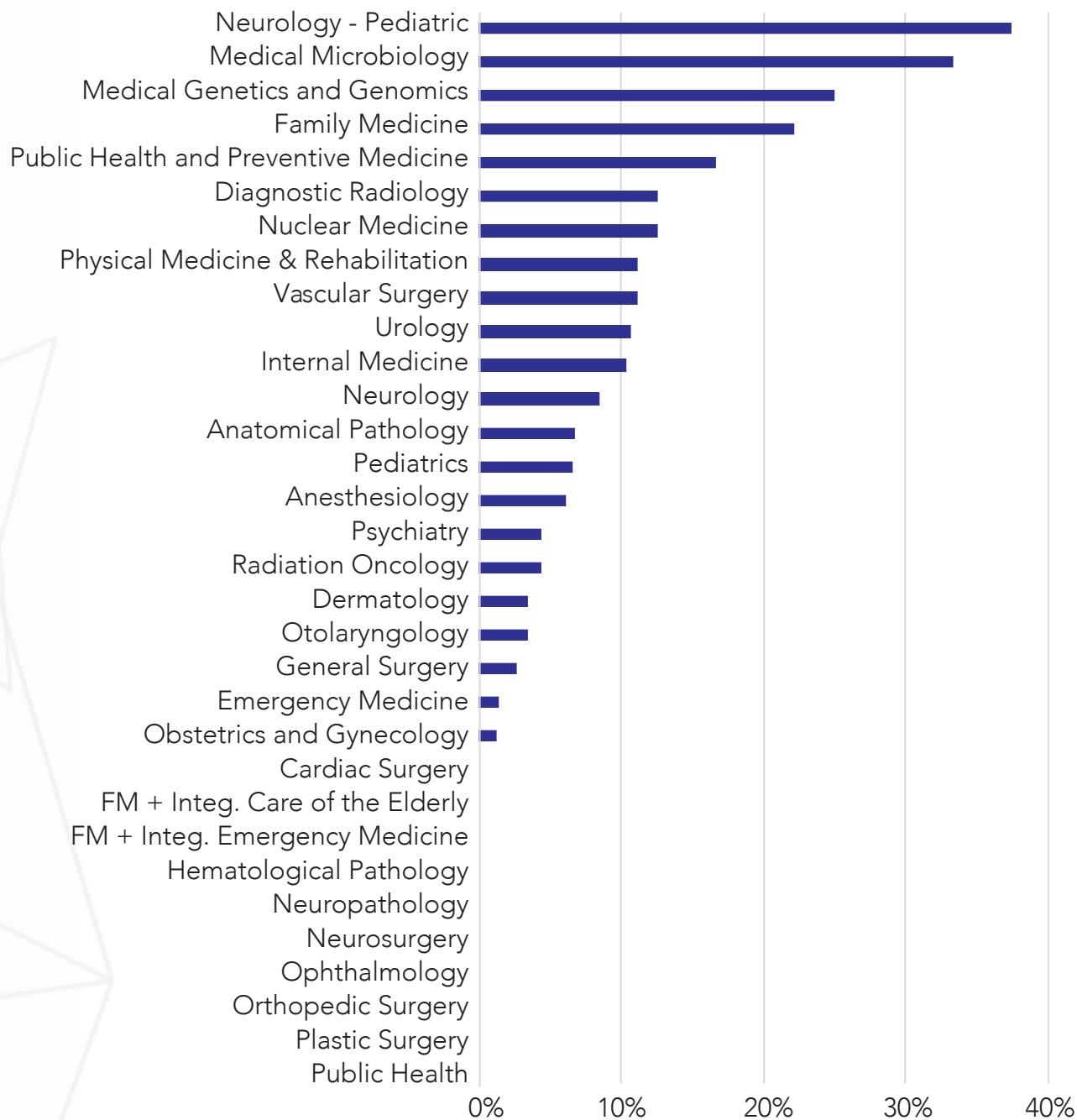
## FIRST CHOICE DISCIPLINE VS. AVAILABILITY (SUPPLY:DEMAND RATIO)



Ophthalmology was the most in-demand specialty relative to the number of spots in Canada. Most surgical specialties fall under higher demand than supply while laboratory medicine specialties are more in supply than demand, in general.

## PERCENTAGE OF STUDENTS WHO MATCHED TO SPECIALTY IF RANKED AS ALTERNATIVE

Matched with ranking Specialty at 2nd or lower rank

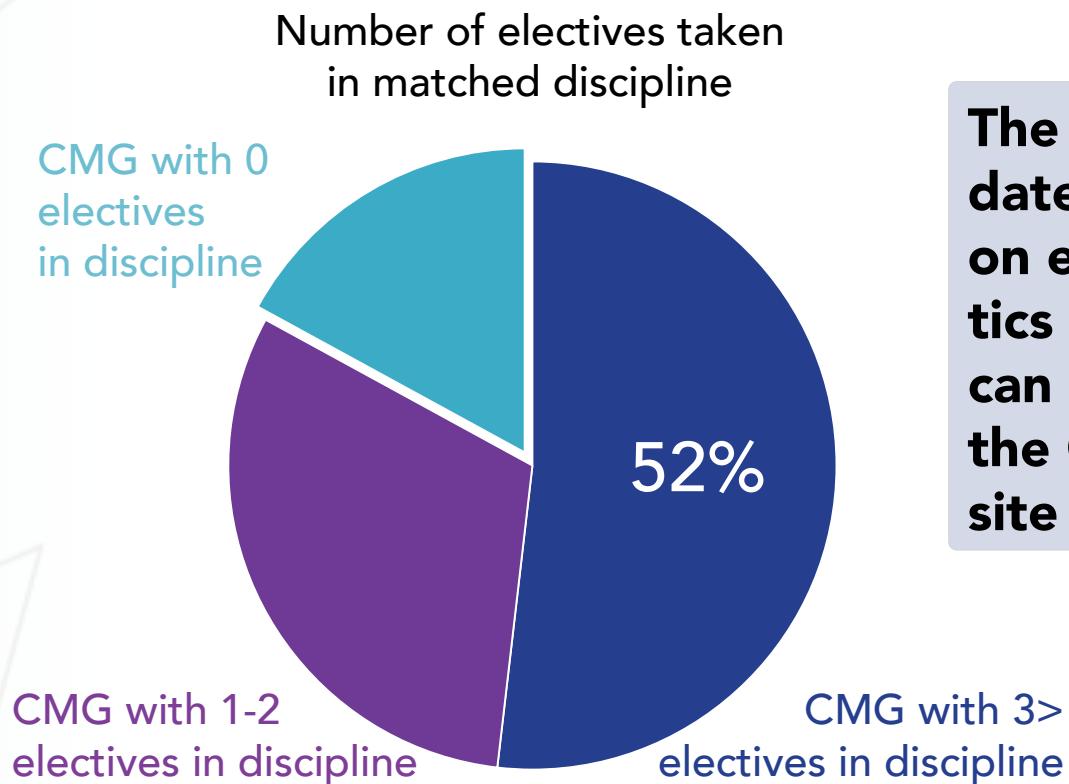


Family Medicine was most often matched to as alternate choice, whereas very few, if any, applicants to matched to surgical specialties if ranked as an alternate. Full results on alternative matching is provided [here](#).

## 2020 R1 FIRST ITERATION QUOTA

DISCIPLINE	CMG	REGULAR	IMG	CMG ROS	REGULAR STREAM INcludinG MOTP/MMTP	CMG STREAM INcludinG MOTP/MMTP	MOTP-MMTP	COMPETITIVE STREAM
Anatomical Pathology	27	13	5					
Anesthesiology	86	29	9					
Anesthesiology - Clinician Investigator Program	2							
Cardiac Surgery	7	2	1					
Dermatology	15	12	2	2				
Diagnostic Radiology	56	25	6					
Emergency Medicine	62	10	5					
Family Medicine	685		168	2	507	177	24	9
Family Medicine integrated Care of the Elderly	1							
Family Medicine integrated Emergency Medicine	2							
General Pathology	6		3					
General Surgery	66	15	4					
Hematological Pathology	5		1					
Internal Medicine	314	152	54					
Medical Genetics and Genomics	6	2	1					
Medical Microbiology	7		2					
Neurology	37	11	5					
Neurology - Pediatric	6	2	1					
Neuropathology	4							
Neurosurgery	15	2	1					
Nuclear Medicine	4	5						
Obstetrics and Gynecology	66	15	5					
Ophthalmology	24	13	1					
Orthopedic Surgery	42	7	6					
Otolaryngology - Head and Neck Surgery	22	7						
Pediatrics	108	29	17					
Pediatrics - Clinician Investigator Program	1							
Pediatrics - MD-PHD stream	1							
Physical Medicine & Rehabilitation	23	7	1					
Plastic Surgery	18	5	1					
Plastic Surgery - Clinician Investigator Program	1							
Psychiatry	125	57	23					
Psychiatry - Research Track	2							
Public Health and Preventive Medicine	2	5	1					
Public Health and Preventive Medicine including Family Medicine	15							
Radiation Oncology	19	4						
Urology	22	8	2					
Vascular Surgery	8	2						
Total	1912	439	325	4	507	177	24	9

## 2020 R1 ELECTIVES



The most up-to-date information on elective statistics from all years can be found on the CaRMS website [here](#).

The average applicant did electives in at least 5 unique disciplines

55% of applicants who matched did an elective in the discipline at their matched school

81% of ranked applications came from applicants who did at least one elective in that discipline

The average applicant in 2020 did 8.0 electives outside their matched discipline with 3.9 electives in their matched discipline

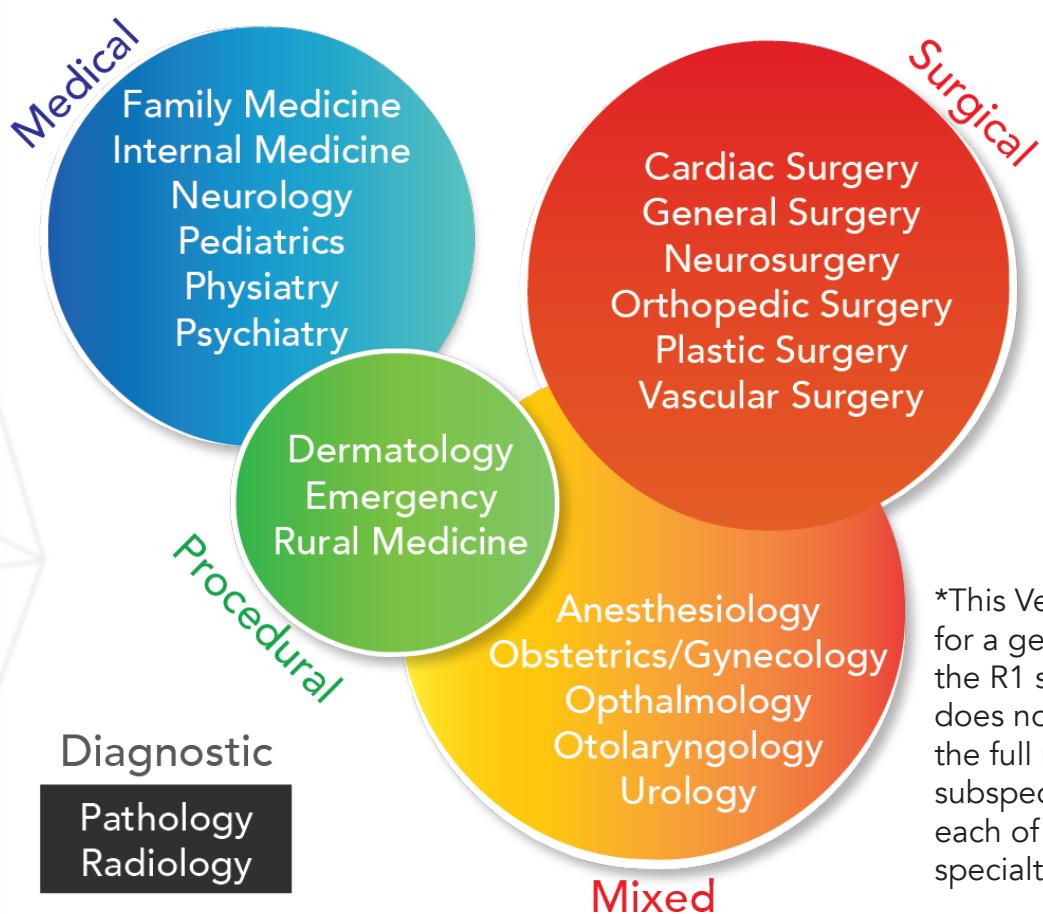
# 3. STRATEGY

## 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.



\*This Venn Diagram is for a general idea of the R1 specialties and does not encompass the full nature of many subspecialties within each of the mentioned specialties.

## Shadowing and Observerships

Shadowing or observership is an opportunity to observe a physician at work. Before signing up for shadowing, please consult your home school regarding policies on shadowing. 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? 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 provided administration contacts for certain departments. Courteously contact the preceptor or administrator via email. Schedule time that does not interfere with your learning. Before arriving, it is a good idea to review your notes from a relevant lecture or to read up on some of the clinical presentations and diagnoses that are commonly seen within that specialty. This will facilitate your learning during the shadowing experience, and your time there will also undoubtedly be more interesting for you.

- 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 the learning opportunity 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).
- You are not expected to perform any clinical duties

## Other Factors to Consider

What is important to you? You may want to consider the following factors.

- Location of residency: Be mindful that depending on the competitiveness of your desired specialty, you may have to compromise the location you will be placed during your residency training. Do you have family or a partner who is willing to move with you? This is a discussion that you may want to have with yourself earlier on if the specialty you would like to choose is competitive.
- Lifestyle pursuit: Talk to the residents or attendings who you have shadowed about the lifestyle 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.
- 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?

## 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

You are not required to have several publications in your field of interest. Your interests may change as you advance through medical school. Furthermore, should you not be interested in pursuing a research project, there are certainly other types of scholarly work in which you can involve yourself. During your pre-clerkship years, there may be funded research opportunities that are supported by your faculty. See if your undergraduate office has a list of potential principal investigators (PIs)/supervisors for research. Another way to get your foot in the door is by clinical shadowing opportunities.

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.

### Other Scholarly Work

The list is endless! You can be involved in many other activities that can promote learning, including:

- **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. Some of your clinical instructors may also be interested in facilitating learning through a variety of different modalities (e.g. online modules, podcast, videocast).
- **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 important 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
- More recently: COVID-19-related 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

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/program 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. Please note that AFMC has released an [official statement](#) that due to the COVID-19 pandemic, there will be no out-of-province electives. Exceptions may be made when a home school cannot provide any clinical experience in a specific discipline. This section will therefore be more relevant to future medical classes.

### 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 2020 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]
4. Resume/CV
5. Criminal Record Check (CRC): 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 of 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:** The elective application window will open 26 weeks prior to the elective start date at 6PM PST/ 9PM EST on the preceding Sunday night. For example, if applying for an elective starting on September 28th (Monday) 2020, you would need to apply on March 29th, 2020 (the Sunday night 26 weeks prior). Please check the AFMC Portal for the most up to date information on the application window, as it is subject to change due to circumstances such as post-COVID-19.

**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.

Anatomic 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	Orthopedics Surgery	Urology
Emergency Medicine	Neurology	Otolaryngology	Vascular Surgery
Family Medicine	Pediatric Neurology	Pediatrics	
General Pathology	Neuropathology	Physical Medicine and Rehabilitation	

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. **An other 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:** The schools that allow students to contact preceptors in advance of submitting your application to confirm an elective are University of Toronto, University of Montreal, Dalhousie University, and University of Calgary. It is recommended to look into each of these schools for a detailed process of contacting preceptors.

**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 Tips from Residents

#### Pre-CaRMS: Choosing your discipline

This section is a collection of advice from incoming R-1 residents who applied to residency in the 2019-2020 application cycle, specifically written for their younger cohorts. 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

##### Interviews

- Booking
- Traveling
- How to prep for interviews
- During interview
- Asking right qs during interview
- After interview

**Post-CaRMS match**

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

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Advice	Specialty
I found my speciality during clerkship. I kept an open mind, with residents and attendings on rotations I was interested in and found where I fit in best in terms of interest, getting along with staff, and future lifestyle.	Anesthesia
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 regards 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 of 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
I knew I wanted to work with kids and this was choosing between pediatrics and pediatric neurology. I loved both.	Pediatrics
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 specialities 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

Advice	Specialty
<p>I had a neuroscience research background and was attracted to surgical specialities, pediatrics, as well as neurological specialities. 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 specialities 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 specialities 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 specialities and programs I applied to.</p>	Ophthalmology
<p>Throughout clerkship I reflected on which rotation I most enjoyed, felt most at home, and could see myself having the happiest long-term career in. I typically like a lot of variety and anticipate that my career will evolve over time, so I loved the breadth and flexibility of Family Medicine, especially Rural Family Medicine. Plus, I was happiest while on this block.</p>	Rural Family Medicine
<p>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.</p>	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>	Psychiatry
<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>	Plastic Surgery
<p>I had no publications on my application, however I was involved in a large research project (with little affiliation to the specialty I was applying) throughout medical school which was near completion. I had also started a second project within my chosen specialty, and I had the opportunity to present at multiple conferences before CaRMS. I definitely felt this was helpful when discussing my resume and research with my interviewers at my home site, because already they knew about my project. The quality over quantity approach worked out well for me, but I also think there are some places which are more "research-heavy" where I did not receive an interview. As for extra-curriculars, I just joined what I found interesting/fun</p>	General Surgery

Advice	Specialty
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.  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.	Family Medicine
I flip flopped between what specialties I wanted, so my resume was quite a mishmash of activities. I think the cliche advice that just do the things you want to do is true. I think (in varying amounts of importance depending on the specialty) all programs look for a mix of leadership, community service, academics / research, and some degree of personality (ex. artistic or athletic endeavours). It's easy to get burnt out if, for example, you're spending lots of time on research, when really you love community service. Play to your strengths.	Family Medicine
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!	Psychiatry
Extracurriculars should focus on things that make you happy and you can talk about passionately. None of my extracurriculars were obgyn related but were often a point of discussion where I was able to showcase my interests and personality.  Research is common among all applicants! Most if not all have some research (not necessarily a publication!) But not necessarily specific to obgyn. Explore women's health within different specialties or scopes	Obstetrics & Gynecology
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.	Emergency Medicine
My best advice on research and extracurricular activities is really to choose activities that you actually enjoy - not those that will look the 'best' on paper. For one thing, you will have way more fun and be much more motivated to be engaged. For another, it truly comes across in interviews when you can speak passionately about an activity that you did - especially if you did it for a long time because it was so important and meaningful for you.	Pediatrics

## 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
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

Advice	Specialty
<p>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 than 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...</p> <p>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.</p> <p>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.</p> <p><b>READ AROUND CASES.</b> 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.</p> <p>Don't be afraid to say "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).</p> <p>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!</p> <p>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.</p> <p>Talk to residents about the pros and cons of their specialty, why they chose it, hows the work/life balance etc.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>Learn when to say no, it's 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</p>	<p>Family Medicine</p> <p>Psychiatry</p> <p>Plastic and Reconstructive Surgery</p> <p>Neurosurgery</p> <p>Cardiac Surgery</p> <p>Anesthesia</p>

Advice	Specialty
<p>It's a long haul in the sense that you have so little control over your life and schedule. But the best thing you can do is be kind, be curious, and always offer to help. If you don't know something, ask questions and be willing/open to learn and be taught. People like people who are trainable and want to improve. Read the room and when residents/physicians are stressed out, try to find ways to be helpful (even specifically asking what you can do to help the situation). Most of all, be kind to yourself. You will likely feel like you know nothing at times, and feel useless at times, and then feel exhausted/tired after you've done that for 26 hours straight on a call shift. Know that everyone goes through this and it is normal and it will get better eventually. You are at a stage where you should always have support or someone to ask because you are not expected to know everything and that is ok. It is part of this stage of learning.</p> <p>Be proactive. Read up around cases. Show up early. Ask questions. Keep a notebook of pearls you learn that you have with you at all times. Have a good attitude and show that you want to learn. Make sure to keep track of cases o that caused you to reflect, be happy, sad and more. Write them down - they will be useful when writing your CaRMS letters and for your interview preparation.</p>	Rural Family Medicine  Emergency Medicine

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

Advice	Specialty
<p>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 proof read them so you can get all sorts of valuable editing!</p> <p>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 think 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 telling your story.</p> <p>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.</p>	Emergency medicine  Family Medicine
<p>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.</p>	
<p>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.</p>	Obstetrics & Gynecology
<p>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.</p>	General Surgery
<p>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.</p>	Family Medicine

Advice	Specialty
<p>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.</p>	Neurosurgery
<p>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.</p> <p>Share your struggles with your loved ones and let them try to help you.</p>	Psychiatry
<p>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.</p>	
<p>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 nonjudgemental friends and family and get them to read your letter aloud to you so that you can critique it together.</p>	Internal Medicine
<p>Spend a lot of time on your personal statement and have many people read them over. Make you sure you ask people who will actually provide critical feedback.</p>	Diagnostic Radiology
<p>Don't compare your CVs, everyone has different strengths and interests.</p>	Pediatrics

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

Advice	Specialty
<p>Practiced with friends, supports from the university, prepare for common questions, ask the previous Med 4s for help.</p>	Family Medicine
<p>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.</p>	Psychiatry
<p>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.</p>	Pediatrics
<p>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.</p>	Family Medicine

Advice	Specialty
Waiting for interview invites was the worst part of the whole process. It's a rollercoaster of stress and it is hard not to anchor your confidence on the results. Interview distribution is not a reflection of your worth or competence, people do well with 2 or 12 interviews.	
Practice, practice, practice. Have thoughtful answers the core questions (tell me about yourself, why this specialty, why this program) and practice left-field questions with friends, it's really hard to put yourself out there but you will feel more confident with practice.	Obstetrics & Gynecology
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
Practice! Practice with your friends, with physician mentors if you can, with fellow students interested in the same discipline. Go through all of the classic questions - even just to start thinking about your answer. Surprise each other with the weird questions - to practice thinking on your feet. Give yourself a time limit. But don't over-do it, if you can help it - you don't want your answers to be too rehearsed and to lose their authenticity.	Pediatrics
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
Practice with friends and family! The more you practice out loud the better! Prepare answers for the typical questions (tell me about yourself, time of conflict, etc.) They won't all be asked in every interview but having answers to common questions is very helpful.	Obstetrics and Gynecology

## Elective Choices: 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
10 weeks cardiac surgery done with geographic diversity. 2 weeks general surgery. I also did pre clerk electives in ICU and radiology which helped a lot.	Cardiac Surgery
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 were 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 specialty of interest who likes you, 2) someone less known in your specialty 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
In summary, electives were where I banked on strong letters from the start, but I asked for a couple during clerkship just in case.	
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.	Family Medicine
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.	
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 to ask 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.	General Surgery
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.	
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.	Ophthalmology
I asked on any elective I worked with a preceptor for more than 3 days with, except my first elective, I felt like I was too new to clerkship and they wouldn't have anything special to say. You will have an idea of how strong the letter will be from their response, i.e., are they hesitant to do so? probably a bad sign, but if someone offers to write you a letter or seems keen that is a good sign	Anesthesia
In general during 4th year electives, people anticipate that they will be asked for letters. I would ask for midpoint/end of elective feedback and then ask for a letter if the feedback was positive or promising. Joint letters (i.e. multiple people contributing to a letter that one person writes) are also a good idea for electives where you have had multiple preceptors. Also, it's a good idea to look at the CaRMS website to get an idea of the number of letters that you will need to acquire for different specialties.	Pediatrics
I asked a lot of people for letters, and at every core rotation and elective. There's no such thing as too many letters!	Diagnostic Radiology
The people that challenged me the most and that I learned the most from!	Public Health and Preventive Medicine (including Family Medicine)

## CaRMS: Any travel tips that worked well for you?

Advice	Specialty
Calculate whether uber or renting a car would be cheaper. Personally I paid more to not stay in shared rooms because I wanted my own space to calm my nerves.	Psychiatry
Convenience is more important than money during CaRMS. Take the flights you need and don't be shy to rent cars (I think in most places it was cheaper than taking an Uber from the airport).	Internal Medicine
Plan out the travel before you say yes to anything or you could end up travelling back and forth unnecessarily. Take a serious look at the interview dates offered by the different schools and programs as often some will conflict. I went in with a game plan of the dates I wanted (if there are multiple interview dates offered) and tried the best I could to get them. Plan out for sure the ones that are the most important to you as you will want to be as fresh as possible for those ones.	Anatomical Pathology

## What were the challenges that you did not (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
It is a lot more emotionally and mentally exhausting than I expected.	Family Med
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 schwack 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. It's a weird, scary process that comes with change no matter what, so it's okay to be emotional or have feelings all over the place, even after match day. Good luck!	Internal Medicine
It is a whirlwind and a marathon at the same time. You will sometimes lose track of the days and the number of interviews you've done and it all blurs together. It is hard to stay focused and in the moment, and sometimes you will need a moment to catch yourself and bring yourself back into that interview, remind yourself about "why _____?" and clear any other schools and programs and distractions.	Psychiatry
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

Advice	Specialty
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 cliche, 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
There is an emotional toll with the process, have close friends or family to talk through it. I was undecided between 2 disciplines and was surprised that it took up until right before submitting rankings to figure it out.	Family Medicine
Be in the moment, enjoy the ride. You will get super tired, especially if doing the EM tour. Sleep when you can. Some candidates will inevitably whether conscious or unconscious try and make you feel bad or inferior. trust in the system, and know to be proud about where you have gotten, getting the interview is a huge accomplishment and you should be proud of that!	Emergency 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
I was surprised how exhausting the whole process was. My schedule was not unreasonable, and with the lack of call and rounding I had intended to tackle a bunch of side projects while I was traveling and interviewing - these did not really happen. The whole process is quite draining and I think you should really just plan to focus on your interviews and find opportunities for wellness and rest in between.	Pediatrics

## Post-CaRMS Match: 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
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 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
Everyones priorities differ - proximity to a partner/family/friends, strengths of a program, location. Think about what matters the most to you and rank accordingly. If parallel planning, consider ranking by location	Internal Medicine
Location actually mattered a fair bit to me. That said, my rank order was considerably influenced over the course of my tour. For family medicine, there is the extra burden of ranking individual sites. I took advantage of all the presentations on interview day to learn more about each individual site. This was very helpful!	Family Medicine

Advice	Specialty
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
My priorities for my rank order list were to balance professional and personal goals. I considered where I felt most comfortable, where I would get a good education, but also where I wouldn't be social isolated. I would recommend making a list of your priorities, consult your loved ones on this too - this choice impacts them! Then order the programs by which one gives you most of the things you are looking for.	Anatomical Pathology
What will my life look like as a staff in this field immediately post-residency, 10 years in, 30+ years in - will it still be full-filling? Will I have time for other things that matter to me? Is it a growing field? Is the location somewhere where (if) the person who may move with you will also have things to do?	Psychiatry
Go with your gut! It sounds cliche 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

## 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 specialty 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 specialty 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.	Anesthesiology

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

Advice	Specialty
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.	
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.	
Most of the people match, but you clearly didn't...	
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.	
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.	None
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.	
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.	
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.	PHPM

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

### 3.4 Balancing Priorities

Starting with 2021 CaRMS Match cycle, the interviews will be performed virtually via videoconferencing. 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.

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 of the following examples are fictional.

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. Anatomical Pathology – University of Toronto
2. General Pathology – University of Toronto
3. Neuropathology – University of Toronto
4. Anatomical Pathology – Western University
5. General Pathology – Western University
6. Neuropathology – Western University
7. Anatomical 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 (U of S)	Weight	Gen. Surg. (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. The following figure may provide some insights into specific requirements of each university in terms of elective planning.

# Answers to Common Questions: A Quick Reference Guide for Students

	University of British Columbia	University of Alberta	University of Calgary	University of Saskatchewan	University of Manitoba	Northern Ontario School of Medicine	Western University	McMaster University
Can I contact the electives office?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can I contact preceptors?	No	No	No	No	No	No	No	No
Does the faculty maintain a waitlist?	Yes	No	No	No	No	No	No	No
Can students use the comment box on their application form to add additional elective dates?	No	No	N/A	Yes	Yes	Yes	Yes	Yes
Does the Elective Coordinator know the elective availability?	Yes	No	No	No	No	No	No	No
Does the faculty office organize Observership Shadowing for visiting students?	No	No	No, must be organized between student & preceptor	No, must be organized between student & preceptor	No	No	Contact department directly	No
What is the latest week I can cancel my confirmed elective?	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date
If I cancel my confirmed elective, will an unprofessional letter be sent to my school?	Yes if cancellation is rec'd less than 6 wks before the start date, without mitigating circumstances	Yes if cancellation is rec'd less than 6 wks before the start date	Yes if cancellation is rec'd less than 6 wks before the start date	Yes if cancellation is received less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before the start date	Possible if cancellation is rec'd less than 6wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date
Do you offer 1 week electives?	No	Yes	No	No	No	No	No	No
My home school is in Canada, how early can I apply for an elective?	26 to 12 wks before start date	26 to 10 wks before start date	26 to 8 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date
My home school is outside of Canada, can I complete more than 12 weeks within Canada?	Not exceeding 8 wks	We do not accept int'l visiting students	We do not accept int'l visiting students	We do not accept Int'l visiting students that are not residents of SK	Not exceeding 8 weeks	Yes, consult portal for particulars	Not exceeding 8 weeks	Not exceeding 4 weeks
Are additional documents required after application submission?	Yes, once confirmed. CPSBC Licensing Package, details in confirmation	Sometimes, you will be notified via Portal as needed	Sometimes, you will be notified via Portal as needed	Yes, License and Immunization & Serology forms	Yes, once accepted	Yes	Yes, consult Portal profile	Yes, consult Institution Profile
English is not my first language; will I be required to provide a proof of language?	Yes, see language requirements in Policies	Yes, see lang. requirements in student types + req. docs.	No	Yes	No	Yes	Yes	Yes
French is not my first language; will I be required to provide a proof of language?	N/A	N/A	N/A	N/A	No	No	No	No

# Answers to Common Questions: A Quick Reference Guide for Students

	University of Toronto	Queen University	University of Ottawa	Université Laval	Université Sherbrooke	McGill University	Université de Montréal	Memorial University	Dalhousie University
Can I contact the electives office?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can I contact preceptors?	Yes	No	No	No	No	No	Yes	No	Yes, consult Institution Profile
Does the faculty maintain a waitlist?	No	Yes, consult Institution Profile	No	No	No	No	No	No	No
Can students use the comment box on their application form to add additional elective dates?	Yes	Only if within the elective window of date of application	No	Yes	Yes	No	Yes	Yes	Yes
Does the Elective Coordinator know the elective availability?	No	No	No	No	Yes	No	No	No	No
Does the faculty office organize Observership Shadowing for visiting students?	No, contact hospital	No	No	Contact hospital for availability	No	No, contact department or supervisor	No	No	No
What is the latest week I can cancel my confirmed elective?	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	4 wks before the start date	8 wks before the elective start date	8 wks before the elective start date	6 wks before the elective start date	8 wks prior to the start date	6 wks before the elective start date
If I cancel my confirmed elective, will an unprofessional letter be sent to my school?	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 4 wks before the start date	Yes if cancellation is rec'd less than 8 wks before start date	Yes if cancellation is rec'd less than 8 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if insufficient or no notice of cancellation is provided	Yes if failure to provide 6 wks notice.
Do you offer 1 week electives?	No	Yes with some departments	No	No	No	No	No	No	No
My home school is in Canada, how early can I apply for an elective?	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 12 wks before start date	26 to 12 wks before start date	26 to 16 wks before start date	26 to 6 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date
My home school is outside of Canada, can I complete more than 12 weeks within Canada?	Not exceeding 4 weeks	Not exceeding 4 weeks	Not exceeding 4 weeks	No	No	Not exceeding 8 weeks	N/A	Not exceeding 8 weeks	Not exceeding 4 weeks
Are additional documents required after application submission?	Yes, student will be notified via the Portal	N95 mask fitting, if not completed (Int'l Students)	Possibly, will be contacted directly.	Only for « étudiants hors-Québec »	No	Possibly, you will be contacted directly	No	Yes, consult Institution Profile	No
English is not my first language; will I be required to provide a proof of language?	Yes, applicable to international students	Yes	No	No	Non	No	No	Yes via Home School Verification	No (for Cdn. Students) Yes (for Int'l. students)
French is not my first language; will I be required to provide a proof of language?	N/A	No	No	Yes	Yes	No	Yes	No	No

## AFMC Student Portal – FAQs by school (a Quick Reference Guide)

Answers to common questions on the AFMC Student Portal can be found in the following two pages, organized by school. Please note that this information is subject to change without notice. Specific school policies can be found [here](#).

## 3.5 A Point on Wellness

To my fellow final year medical students,

While it may seem hard to believe, we are drawing near to the end of our journey as medical students. First, let me say, congratulations! Throughout our training, yes, we have gained medical knowledge. Equally importantly, I would argue anyhow, we have had the opportunity to learn perseverance, practice compassion, hone our resiliency and demonstrate grit. Both personally and academically, we have accomplished so much. I encourage you to take a moment to acknowledge and celebrate your successes. You are truly amazing!

Now to address what has begun to linger on all our minds... the match! The match is historically a period that challenges our wellness as medical students. While each individual experience is unique, it is not uncommon for students to feel isolated, inadequate, and anxious throughout the match process. Additionally, as final year students amid the COVID-19 global pandemic, we are encountering new and unprecedented hurdles with respect to the match. The well-worn paths forged by those ahead of us have become unpassable. We have been forced to begin cutting new trails, without a map to guide us. This year, we have experienced significant changes to clerkship schedules. We have seen the cessation of electives as we have come to know them. Furthermore, we are the first cohort to experience 100% virtual CaRMS interviews. Navigating all these changes at such a monumental moment in our careers is understandably stress, and quite frankly, scary.

In light of this, I ask of you two things:

**Take care of yourself**

Prioritize your wellness, whatever that means for you. I recognize that this too has become especially challenging in the wake of the COVID-19. We are no longer able to rely on the things we have done in the past to augment our wellness. With this said, I encourage you to think about your wellness prophylactically. What resources are available to you at your school? Reach out to friends, peers, family or whomever you feel safe with. Prioritize the things that make you, you! Read your book, watch Netflix, go for a walk, sew, paint, cook, SLEEP! Also, please remember, it is okay not to be okay. I know this may feel counter to the "perfectionist" culture in medicine. However, to change this, and shape the culture in which we will practice in, we must first be open and transparent with ourselves. Honestly identifying when we are unwell is not a sign of weakness or failure. Rather, it demonstrates emotional maturity and strength.

Look out for those around you

Let's support one another! CaRMS is often associated with a sense of competition or the compulsion to "rank" higher than another. However, your experience during the match process, is only and exactly that - your experience. The success of your peers, and your own personal success is not mutually exclusive. As future colleagues of this collaborative profession, we must not associate another's success with our failure. Additionally, we must look out for one another. In medicine, we are often too good at masquerading our struggles. Check in on your colleagues. Provide support if you can. At the end of the day, we are all in this together.

As the CFMS National Officer of Wellness I have had the immense pleasure of getting to know many of you across the country. Students I have interacted with from every school tout the warm and supportive cultures at their respective schools – something that each and every medical student collaboratively contributes to. It is because of this that I am so honoured to graduate alongside all of you. I have no doubt that your future will be filled with much success. I wish you all the best.

Stay well,

**Hayley Hill**

4th Year Medical Student  
Queen's University

"A true vocation calls us out beyond ourselves; breaks our heart in the process and then humbles, simplifies and enlightens us about the hidden core nature of the work that enticed us in the first place." -David Whyte

# 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's no doubt that medical school is expensive! It's not just the cost of tuition and books: as we head into our final year of medical school, we'll need to be prepared for the additional, variable expenses associated with rotations, away electives and Canadian Resident Matching Service (CaRMS) interviews.

Costs related to electives and CaRMS will vary, depending on how many away electives you select and the number of programs you apply to. The number of programs that medical students apply to keeps rising every year. In 2016, the average number of programs per applicant was 17.7, up from 12.1 just in 2013. The number continues to increase entering 2019.

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

CaRMS Costs	Other Costs
<ul style="list-style-type: none"><li>R1 Match participation fee: \$302.89 (includes application to nine programs). Each additional program fee is \$31.00 plus applicable taxes</li><li>Total CaRMS costs (including travel): Generally between \$3,000 and \$5,000, depending on how many applications you submit and where the matches are located</li></ul>	<ul style="list-style-type: none"><li>Medical Council of Canada Qualifying Examination (MCCQE) Part I application fee: \$1230</li><li>Association of Faculties of Medicine of Canada (AFMC) online portal registration: \$200</li><li>Administrative fee for elective application (cost varies depending on school): \$100 to \$400</li><li>Elective experience (travel estimate): \$2,000 ERAS handling fee: \$284.50</li></ul>

### 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 in advance of each year of medical school 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 not caught off guard. We encourage you to set up a meeting with an MD Advisor\* in your final year of med school to discuss your transition to residency. MD Financial Management is the exclusive financial services partner of CFMS. For more financial information, visit <https://cfms.org/resources/student-finances>.

## **Consider a Line of Credit**

Many medical students use 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.

## **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. But credit cards can also come with financial risk, especially if you miss the grace period and end up paying high interest rates. Just be sure to pay down your credit card bills by their due dates; missing payments entirely could have a negative effect on your credit rating.

## **Consider Utilizing CFMS Discount Deals**

The CFMS offers its members **discounted deals** for a variety of businesses related to travel and accommodations, educational resources, wellness, tax services, and other businesses. Please visit the CFMS website for the most up to date information concerning offered deals, as the discounts offered vary from year to year. As a CMA member, you also have access to additional discount offers.

## **Look for Travel Deals**

Transportation will eat up a large portion of your travel expenses, so don't forget to ask about student rates when you make reservations. CMA members get discounts from Via Rail and Enterprise/National car rentals, and the CFMS also offers a number of travel discounts. All of these offers are available to Canadian medical students. However, the dates for travel discounts and rates may be subject to change. These offers are subject to change or expiry. Please see <https://www.cfms.org/resources/discounts-travel.html> for more information on current CFMS deals, and to access the discount codes. Restrictions may apply.

## **Take Advantage of Loyalty Programs**

Many companies offer member programs that allow you to accumulate points or privileges on every trip. Ask family members if they would consider donating points for you to use.

## **Consider Accommodation Alternatives and Discounts**

For many medical students, electives will take place across the country and costs for flights, accommodation and meals can add up quickly. Some students may have the option to stay with friends or family, while others will have to find hotels, Airbnbs or sublets. As a CMA member, you can get discounts from several hotel chains, and the CFMS offers discounts for Choice Hotels. You can also try to stay at university residences and apartment complexes to avoid costly hotel bills.

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).

## Educational Resources

Company Name	Deal Description
Wolters Kluwer/Lippincott Resources	30% off resources.
Pharmacology You See	10% off.
CanadaQBank	25% off Question Banks.
MEDSKL	Free question bank access.
Littman Stethoscopes from Stethoscope.ca	5% off stethoscopes. Free laser engraving with purchase. 50% off stethoscope carrying case with stethoscope purchase.
Drugs & Drugs' Pocket Guide	Free electronic version
Osmosis	<ul style="list-style-type: none"> <li>• 4-year subscription: \$299 USD</li> <li>• 2-year subscription: \$199 USD</li> <li>• 1-year subscription: \$149 USD</li> </ul>
Medelita	Discount of 40% off all regularly-priced items.
UpToDate	<ul style="list-style-type: none"> <li>• 1-year subscription: \$99 USD</li> <li>• 2-year subscription: \$169 USD</li> </ul>
VisualDx	75% off.
3D4 Medical Complete Anatomy App	10% off.

## Wellness

Company Name	Deal Description
Running Room	10% off footwear, apparel and accessories.
Mark's	10% off.
Lasik MD	<ul style="list-style-type: none"> <li>• Free consultation with no obligation.</li> <li>• Exceptional flat-rate pricing.</li> <li>• Complimentary Vision Enhancement Plan.</li> </ul>

## Others

Company Name	Deal Description
MNP	Free tax filing services
Staples Business Advantage	Please see website for more information.

## 4.2 Applying to USA (through ERAS)

Application to residency positions in the USA 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 for the 2021 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 ERAS deadlines, which can be found here. However, you will have to upload any photographs through MyERAS. Also, referees will provide their letters of reference through the ERAS Letter of Recommendation Portal (LoRP).

### Apply to USA (through ERAS)

ERAS is a separate system from CaRMS Online. 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 next year, but is subject to change. Read individual program descriptions carefully since application deadlines and document requirements vary between different programs.

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

### Apply to CaRMS and NRMP

You can register for both the US and Canadian residency matching programs, and submit a rank order list to both CaRMS and NRMP. CaRMS is run before the NRMP. If you are matched to a 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 the Supplemental Offer and Acceptance Program (SOAP). If you are matched to a 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.

### Apply for J-1 Visa

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

For more information, please visit:

<http://canada.usembassy.gov/visas/visas/student-and-exchange-visas.html>.

The J-1 visa application to 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.

# 5. UNMATCHED SCENARIO

Unfortunately, competent and qualified medical students continue to go unmatched due to systemic issues, such that finding oneself unmatched is no longer a rare possibility. While 2020 showed a small improvement, there remained 137 current year and 13 previous year unmatched Canadian Medical Graduates (uCMGs) with no post-graduate training after the first iteration of the CaRMS Match and 25 current year and 12 previous year uCMGs after the second iteration. This does not include the 42 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 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 or not to apply to 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 2nd 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 2nd Iteration application window typically opens on the day of the release of 1st Iteration match results and closes 7-14 days later.

As the application window changes from year to year, please confirm the Applicant Timeline on the [CaRMS website](#).

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

The list of unfilled positions will be available on the CaRMS website and may be requested through any local 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 require comfort with the French Language).

**A position with a 'competitive' designation means that it is also open to IMGs.**

Recently, select schools in certain provinces (Alberta, Manitoba and Ontario) decided to keep IMGs and CMGs as separate streams in both the first and second iterations, meaning that for most specialties, second iteration spots are all non-competitive.

A 'ROS' (return of service) designation means 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 be cognizant of the greater competitiveness of the 2nd Iteration. In 2020, 74.2% of current year CMG applicants matched in the 2nd Iteration vs. 95.2% in the 1st iteration. Reasons may include:

- Applications only submitted to a small subset of programs.
- Competition with IMGs.
- C.V. not geared toward specialty to which the student has applied, such as electives completed and/or demonstrated research interests.
- Enthusiasm for specialty not relayed through Personal Statement or interview.
- High numbers of unmatched CMGs entering the second iteration.
- Many Family Medicine positions difficult for Anglophones.

Prospective applicants should also be cognizant of the greater competitiveness of participating in the following year's Match. In 2020, 78.7% of previous year CMG applicants matched in the 1st iteration and 49.2% in the 2nd iteration. (CaRMS 2020)

**Applicants are encouraged to reach out to family and friends, and/or mentors and preceptors in whom they can confide for support and advice while making a decision about which path to take.** 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 training options vary between schools.
- While participation in the 2nd Iteration is not mandatory, it is required by some schools to attain eligibility for alternative options, such as extended clerkship programs.

Prospective 2nd 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 second 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.
- Application documents from the 1st 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 with your preceptors, explain the situation you are in, and convey your commitment to the 2nd 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 your 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 convey. Prepare to be asked what you think went wrong during the 1st 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 2nd iteration could be viewed negatively if you end up applying there again in the future.

Ranking a program is binding! After applying for the 2nd iteration, there is time to withdraw your application before the 2nd Match Day. Once the 2nd Match occurs, the contract for that program is binding.

- Matching in the 2nd iteration with the intention of transferring to another program later is discouraged. While transfers are becoming more common, 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 to which you are applying.

## 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 is through the Canadian Armed Forces Medical Officer Training Program (CAF-MOTP). This MOTP Surge program allows 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. Given the shortage of Family Physicians in the CAF, a surge in positions available has been offered but is not guaranteed for the 2021 cycle. Keep in mind that you may apply to CAF-MOTP at any time during your medical degree. Please refer to this link for more information about the program. To apply for the MOTP Surge program, you must be a Canadian citizen, be eligible to obtain your M.D. this year, participate in this year's 1st iteration match, and pass the CAF screening process. Entrance this year requires two applications:

### 1. CAF Application

- [Open a job application](#) to register with the CAF.
  - Await instruction by email to contact the nearest recruitment centre to complete a Canadian Forces Aptitude Test (CFAT) and Trait Self Descriptor (personality test). CFAT is at a Grade 10 academic level, evaluating verbal skills, problem-solving, and spatial ability. A practice CFAT can be found [here](#).
  - You must then pass a medical exam to establish fitness for military service, and undergo a job interview.

## 2. Family Medicine Program Application

- This is a standard CaRMS application and interview process.
- Timeline: In 2020, the CAF-MOTP was part of the second iteration, unlike in 2018 and 2019. Therefore, the deadline was March 19, 2020 with the second iteration deadline. It is anticipated that this structure will be maintained in 2021.

You may email [HealthSvcsRecruiting-RecrutementSvcsdesante@forces.gc.ca](mailto:HealthSvcsRecruiting-RecrutementSvcsdesante@forces.gc.ca) or visit the [CFMS website](#) for more information.

## 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 are 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.](#)

## 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, UofS, Anatomy Professor and Academic Director, UGME Program, 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 Masters 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
<a href="#"><u>Unmatched CMG Peer Support Network</u></a>	Peer mentors to help navigate the year ahead. Reach out to <a href="mailto:education@cfms.org">education@cfms.org</a> to request a mentor.
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 counselling firms ( <a href="#"><u>MedApplications</u></a> , <a href="#"><u>MD Consultants</u></a> )	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>
<a href="#"><u>Physician Health Programs (PHP)</u></a>	A confidential, self-referral process that can be initiated by contacting a toll-free number at 1-800-851-6606.

### Links for above information

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

## 5.6 Financial Support

The debt accumulated throughout medical school and the prospect of accumulating more through future applications and/or an unpaid year can be concerning. Below are some resources to help alleviate the financial stress.

Resources Available	More Information
CFMS Discounts	For the last two years, Scotiabank and MD have worked with CFMS to provide financial assistance of \$150 for uCMGs to apply to the second iteration. Scotiabank and MD Financial Management are proud to support this initiative as the exclusive financial services partner of the CFMS. Please contact <a href="mailto:education@cfms.org">education@cfms.org</a> for more information. Refer to section 4.1 for more information about other discounts.
School Bursary Programs	Contact your Student Affairs Office to determine what bursary or financial aid is available.

## 5.7 Tips from Past Unmatched Students

Advice	Specialty
If you are retrying for a competitive specialty, find a strong and influential mentor who is willing to advocate for you. Their influence will significantly affect how you are viewed coming into the next application cycle.	R1 Family Medicine
<ul style="list-style-type: none"> <li>- Don't worry about what is outside of your control. Instead, focus your attention on what you can change.</li> <li>- Reach out and seek advice from your preceptors, mentors, and even residents you met on your electives. Most of my connections this year were formed through networking.</li> <li>- For once, you have time to really consider what it is you want. So take that time and honestly ask yourself what you want in life.</li> <li>- You can do as much or as little as you want in your unmatched year. For once, no one is telling you what to do (and that can be scary), but it also means that every day can be enjoyable!</li> <li>- Medicine does not define your life and CaRMS is inherently flawed. There is nothing wrong with you.</li> <li>- Spend time on hobbies and relaxing. About 90% of my CaRMs interviews during my second go at CaRMs revolved around my interests.</li> <li>- Unless there is an obvious reason you did not match, don't waste your time trying to figure out the real reason you did not match because there likely isn't a good one. If the question ever comes up, give a generic answer and move onto how this year strengthened you as an individual and as an applicant.</li> <li>- Don't forget to breathe.</li> <li>- Find a mentor if you don't have one. It's okay to approach a previously unmatched resident to mentor you just through this year.</li> </ul>	R1 Anesthesia
<ul style="list-style-type: none"> <li>- Don't let this define you, this is big but manageable.</li> <li>- Meet with your advisors to make a plan as soon as you can.</li> <li>- Try to learn from this in some way, whether about you or the process.</li> <li>- Reach out to all of your contacts if you plan to reapply.</li> <li>- Don't consider changing specialty goals as a defeat; this is the perfect opportunity to reevaluate goals.</li> <li>- Nobody is judging you, reach out to your friends for support.</li> <li>- Take care of yourself first and foremost.</li> </ul>	R-3 Neurosurgery
<ul style="list-style-type: none"> <li>- Write the USMLEs.</li> <li>- Stay engaged in clinical care. Ideally, do the 5th year/extended clerkship program if your university offers this, program directors want to see that you are truly interested in patient care.</li> <li>- Work towards a Master's degree.</li> <li>- Do research.</li> </ul>	R1 Anatomical Pathology

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