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## How to help the unmatched medical student Comment aider l'étudiant en médecine qui n'a pas été jumelé

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Each year, final year medical students apply for residency positions through CaRMS. And each year, some medical students are left without a post-graduate training position. Last year it was 35, in 2021 it was 33. The lack of a training position leaves these medical graduates without a defined clinical future.

As a previous unmatched CMG after both rounds of CaRMS, I am familiar with the lack of opportunities available to medical graduates in the unmatched period.<sup>1,2</sup> Continuation as a medical student or doing a graduate degree. Aside from clinical rotations, there are no opportunities to advance in clinical skill development. There is also an understanding from physicians that there is no improvement to be had by remaining a medical student.<sup>3</sup> I recall one physician who I respect telling me that it's time to "show what I can do in the trenches as a resident."

In conjunction with this, there is an increasingly notable absence of physician resources in Canada, particularly in selected underserved areas.<sup>4,5</sup> There have been pushes to supplement with ancillary health-care professionals from non-medical backgrounds.<sup>6</sup> Despite this, the point remains the same: there is a physician shortage in Canada.

Why, then, do we do nothing to empower and utilize those medical graduates who are left without a match? I propose a parallel program to employ unmatched medical graduates as interns, similar to the old rotating intern system.<sup>7</sup> Government or the health region could define areas of need for increased physician labor need, and these could be flagged as rotations for unmatched graduates to do as a mandatory portion of their internship.

This type of system would fill several purposes.

Firstly, there would be assistance to stretched medical services. This could include rural family medicine and anesthesia as examples. This could also include areas of interest for the graduate where there is a shortage of staffing.

For the graduates, this system would allow for three key opportunities. Firstly, they would have employment following graduation for medical school and not be required to do an additional year of medical school, for which further tuition and debt may be a barrier. Secondly, it allows for further clinical skill development in a pseudo-resident role. Finally, and perhaps most importantly, it allows the trainee to demonstrate their abilities to programs of interest in a post-graduate capacity as opposed to further rotations as a medical student.

The key to this system for the school and the student would be that the trainees would have to heavily diversify their rotations. This would likely vary from center to center based on need but should include ½ areas of need, ¼ options that could serve as destinations for a match where more spots are available, such as family medicine or internal medicine, and ¼ areas where the medical student has interest, such as surgical subspecialties or diagnostics.

Financing for the system could be similar to funding for residents, but ostensibly would be paid at a rate lower than that of a resident. There are not many unmatched CMGs following two rounds of CaRMS, and so the cost to the system should be quite minimal. Academic regulations and protections could be through the post-graduate medical

education office. And the interns could join the provincial house staff organizations.

While this would be a difficult feature to assemble, I contest that we owe it to both the unmatched students and the Canadian community at large. The cost of undergraduate medical training in Canada is \$45000-75000 per student per year, which translates to \$1.5-2.5 million. In contrast, post-graduate trainees save the system \$200000-350000<sup>8,9</sup> per trainee per year. This translates to a capital gain of ~\$4.5 million as a conservative estimate. In addition, more patients would be served.

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