

LETTERS

Unmatched medical students: a missed opportunity for the Canadian physician workforce

I read with great interest the article by Drs. Orser and Wilson on the availability of anesthesia services in rural regions.¹ The responses to their article, which have focused on alternative providers for anesthesia services, are similarly interesting. The underlying problem, however, is that Canada has a problem with overall physician workforce availability, which disproportionately hurts remote communities.

The group that often flies under the radar with respect to augmentation of provider workforce in Canada is medical students who are not matched to a residency position. It is well known that residents offer a substantial advantage to health care infrastructure, and each unmatched medical student is a potential member of that workforce who is not used. A number of circumstances can lead to an unmatched status, and there are lessons to be learned from that journey.^{2,3}

The options for medical students who are not successful in a Canadian Resident Matching Service (CaRMS) match are limited. Being unmatched generates important barriers to future prospects of match-

ing to residency programs.⁴ Most students will reassess their strategy and use a year to work toward a master's degree or to complete further electives. Recent evidence suggests that these courses of action may not be useful.⁵ During my short period of being unmatched, a unifying message was that such ancillary activities were ultimately useless in determining how to function as a physician, and that acting in the capacity of a junior physician (i.e., resident) was preferred for learning.

I have previously written about how a rotating internship might offer more opportunities for career selection and for applicant selection,² but the appetite for such an internship seems low. Why not consider rotating internship opportunities for unmatched medical students?

Introduction of a program at the hospital or provincial level to enrol unmatched medical students in a general rotating internship with some amount of remote or rural coverage would increase the resident workforce numbers, offer surge capacity, and provide unmatched learners with opportunities to function as physicians and test their mettle in the trenches of patient care. Program directors would be able to work with these individuals and provide feedback as they would to a junior resident;

in turn, the learner would receive valuable job experience. There could be a small stipend to the learner for their work, and they could be paid for call as well.

Especially in the time of a pandemic, maximizing workforce should be a priority. In addition, this would offer a currently absent pillar of support for the unmatched medical learner, at likely little cost to the system.

Amit R.L. Persad MD

Neurosurgery resident, PGY4, University of Saskatchewan, Saskatoon, Sask.

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