

LETTERS

The overall culture of residency selection needs fixing

I read this article on the Canadian residency Matching Service (CaRMS) with great interest.¹ As a candidate who was not matched to a program after both rounds of CaRMS in 2017, I do not believe that the issues with the match lie inherently with the CaRMS system; rather, they seem to be in the overall culture of residency selection. This falls on not only the selecting programs but also the candidates themselves.

During the application process, candidates canvas for reference letters, write elaborate letters of intent, submit curriculum vitae (CVs), and compile relevant awards, abstracts and publications. Schools provide programs with compilations of evaluations, with grades summarized as passed and failed rotations.

The elements of a successful match seem to be very unclear to all parties. During my conversations with many program directors and committee members, I have found that most do not know what to look for in an applying candidate. Frankly, the consensus is that much of the final selection, at least in smaller disci-

plines, falls to a gut feeling on the fit of the candidate. This, I must assume, is in large part because of the lack of objective measures of a candidate's overall quality.

Traditionally, objective measures might have included a candidate's grades, but, in today's pass/fail culture of medical training, such measures do not truly exist. Rotation evaluations are often generic, as are letters of reference. Successful research does not indicate a superior clinical candidate; there are, in effect, no true measures of clinical capability of applicants unless, perhaps, they completed an elective at the interviewing site. Moreover, performance of a medical student is hard to judge and may not reflect performance as a resident. One online response to the article referred to a rotating internship, which would abrogate this particular concern (see www.cmaj.ca/content/189/47/E1436/tab-e-letters#re-unmatched-canadian-medical-graduates).

Many other systems exist, often based on test scores or grades. The system in Britain has many similar elements to our own but with centralized interviews for each discipline. The decision-making process considers grades, references, personal statements, CV and interviews, and a series of panellists who have not

worked with the applicants construct a nationwide rank list from which selections are made. Although not perfect, this system is much more applicant-centred and objective.

Whether grades and other objective measures are important in assessing a candidate is a completely separate debate, but Canada's current process has left us with a subjective interview process, meant to assess whether the program would like to work with the candidate, with effectively no information on the candidate. Often, it seems as though decisions are made even before this point. As such, it is difficult to know what modifications are needed to repair it.

Amit Persad MD

PGY-1 neurosurgery resident, University of Saskatchewan, Saskatoon, Sask.

■ Cite as: *CMAJ* 2018 April 9;190:E443. doi: 10.1503/cmaj.68993

Reference

1. Wilson CR, Bordman ZN. What to do about the Canadian Resident Matching Service. *CMAJ* 2017; 189:E1436-7.

Competing interest: Unmatched Canadian medical graduate in the 2017 CaRMS.