

## The utility of the MD extension program in Canadian medical education

### L'utilité du programme d'extension du doctorat en médecine dans l'éducation médicale canadienne

Sunil Ruparelia,<sup>1</sup> David-Dan Nguyen,<sup>2</sup> Anne X Nguyen<sup>3</sup>

<sup>1</sup>Faculty of Medicine, Dalhousie University, Nova Scotia, Canada; <sup>2</sup>Department of Surgery, Division of Urology, University of Toronto, Ontario, Canada; <sup>3</sup>Department of Ophthalmology, University of Toronto, Ontario, Canada

Correspondence to: Sunil Ruparelia, 6327 Cornwall Street, Halifax, Nova Scotia, Canada; phone: (902) 240-7064; email: [sunil.ruparelia@dal.ca](mailto:sunil.ruparelia@dal.ca)

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The medical doctorate (MD) extension program provides students who have completed all curricular requirements for completion of the MD degree with an additional year of clerkship opportunities prior to the Canadian Residency Matching Service (CaRMS) process. This opinion letter highlights the potential benefits and implications of such a program for Canadian medical students.

In Canada, undergraduate medical education (UGME) curriculum is divided into both classroom and hospital-based education. During the later years of medical school (clerkship), students complete elective rotations in their specialties of interest and subsequently apply for residency positions via the CaRMS match. In recent years, the percentage Canadian medical graduates remaining unmatched after the second CaRMS iteration has increased from 0.9% in 2020 to 1.9% in 2023.<sup>1</sup> Should an applicant be unsuccessful in obtaining their desired specialty during the CaRMS match, they have several options for the following year. Some may choose to complete a research fellowship or start a graduate program. However, applicants who embark on these routes are often left without the security provided with affiliation to a medical school, which ensures students access to career planning resources, malpractice insurance, and a student line of credit.<sup>2,3</sup> Moreover, the ability to remain clinically active in a legitimate manner is contingent upon this affiliation.

The MD extension program offers students the opportunity to complete an additional year of elective rotations so long

as they abide by the regulations detailed by the Association of Faculties of Medicine of Canada (AFMC). Clinical evaluations and reference letters have been reported among the most important aspects for matching to a desired specialty.<sup>4,5</sup> The MD extension program provides applicants with opportunities in these areas, allowing them to pursue additional training in their specialty of interest or perhaps an area of medicine to which they have not yet been exposed.

Although the MD extension program has become more common in recent years, it is still not offered by all Canadian medical schools. A position paper put forward by the Canadian Federation of Medical Students (CFMS) in 2017 recommended universal implementation of such extension programs across Canadian medical schools. At the time of this position paper, the CFMS estimated that five of Canada's 17 medical schools did not yet have formal programs for unmatched graduates.<sup>3</sup> Although not all schools make information about such programs publicly available, universality regarding MD extension programs and standardization between them has not yet been established.

The uncertainty and associated stress experienced by unmatched applicants is significant.<sup>2</sup> The MD extension program may combat this by providing students with a path to achieve their career aspirations. Medical education is a long process, with physician burnout a frequent topic of discussion. We suggest that the widespread

implementation of MD extension programs may reduce future physician burnout, as applicants may have more time to seek out and apply for their field of interest. Should an applicant wish to further expand on their clinical exposure, they should be provided with this opportunity.

Barriers to implementation of MD extension programs are multifactorial. One of the concerns that may arise is that the program may promote “high-risk” residency application plans, wherein applicants restrict themselves geographically or to only competitive specialties. However, most MD extension programs encourage a balanced approach, where students can pursue their desired interests while also obtaining a broad knowledge base. Another limitation of MD extension programs is the additional tuition fees (albeit reduced from the standard yearly cost). In the context of the significant financial debt of a Canadian medical degree, this may be a challenge. Students will need to evaluate their situation to determine whether an MD extension program best suits their financial and personal situation. However, we suggest students should have the autonomy to make this decision and have the infrastructure in place to do so.

The MD extension program presents an opportunity for students to delve deeper into clinical and research realms, while maintaining their clinical skills and bolstering their prospects when reapplying to CaRMS. Considering the overwhelming uncertainty and distress experienced by unmatched candidates in the CaRMS process, the implementation of universally available extension programs would serve as a salient measure to alleviate a portion of this burden. Students should be empowered with the autonomy to pursue an extension of their clinical experiences, within an established infrastructure

facilitating this pivotal decision-making process. Embracing MD extension programs is one solution to help trainees shape their medical education and career trajectory in the context of a challenging residency application landscape. We call for future research on this aspect of medical education.

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