**February 2019**

**CANADIANS STUDYING MEDICINE ABROAD:**

**A GUIDE FROM THOSE WHO**

**HAVE EXPERIENCED THE JOURNEY**

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**OTHER** – We would welcome your contribution!

**INTRODUCTION**

Are you thinking about applying to medical school in a country other than Canada?

You may have family or friends abroad and are looking forward to getting away from home for a while and pursuing your dream of becoming a doctor. Or you may be the eternal adventurer and can't wait to experience both medical school and a unique cultural experience in another country. Yet again, you may not have succeeded in securing a spot in a Canadian medical school, was told to reapply next year and have decided that you do not want to wait any longer.

One thing is certain: you dream of one day becoming a physician and you know that your determination will carry you forward despite much adversity. You know you are ready to make the commitment, work towards your goal and not falter despite the inevitable ups and down.

You also know that you will need to count on the support of your family and friends to be able to succeed. Inevitably this means having the necessary financial backing to pursue medical studies abroad which can represent almost double the cost of studying medicine in Canada.

If you've answered yes to all, or most of these criteria, you are probably ready to examine things more closely before you apply to study medicine abroad. Before embarking on this venture, it is better to know ahead of time what you are getting yourself into, than to find out too late that you have not considered important elements that may end up jeopardizing your dream and career of becoming a physician. We offer you the following roadmap and advice.

***i) Determined to come back and practice in Canada?***

This is an important question as it will orient many of your decisions and actions in years to come.

To become licensed to practice medicine, you must graduate from medical school and you must complete residency training to become a family physician or specialist and subsequently complete sub-specialty training to become a subspecialist.

Access to residency training in Canada is very difficult for Canadians who graduate from medical schools outside of Canada or the U.S. The current system does not select candidates based on knowledge, skills, and characteristics relevant to the practice of medicine. The current system tries to ensure that those who graduate from Canadian medical schools obtain residency positions, so they can become licensed. There are some positions set aside for “international medical graduates” referred to as “IMGs”. Canadians who chose to study medicine abroad (CSAs) and immigrant physicians are considered IMGs. But the number of positions is small: 343 positions for approximately 2000 applicants.

Currently, less than 20% of International Medical Graduates who apply succeed in securing a residency in Canada. 2015 was the last year where CaRMS made public the success rates of CSAs. In 2015, 800 CSAs applied for residency positions and 241 matched. Many CSAs do not apply for residency in Canada because of the cost/risk factor.

The Society of Canadian Medical Students Abroad considers segregation based on place of graduation for access to residency training discriminatory and unfair. It is currently working to address the issue and has in fact field a court case in British Columbia challenging the current system of exclusion. See link: <http://socasma.com/uncategorized/csas-challenge-the-system-of-exclusion-the-petition/> . Court cases usually take a long time and for this reason, it is best not to assume anything at this point. We encourage you to monitor progress in this regard on SOCASMA's web site and Facebook page and to offer your support whenever possible.

Most CSAs obtain residency training outside of Canada. It is a fact, that the place of residency training often determines where one practices. Many CSAs train in the US and Australia. Only a small fraction currently returns to Canada. Canada does not make it easy for CSAs to return home even after a Canadian has completed residency training and been licensed in a country where training is recognized as meeting the Canadian standards. Whether or not the situation will improve by the time you graduate from medical school remains to be seen. But one thing is certain : SOCASMA is committed to challenging status quo and improving CSA’s chances of coming back to practice medicine in Canada.

***ii) Financial Considerations***

The chapters below will provide you with general information on the cost of attending medical school in different parts of the world.

Where loans are required, most major Canadian banks will lend at least $250,000 to Canadians medical students abroad if you have someone to co-sign and guarantee your loan. Any loan request over and above this amount is dependant on factors considered important by your lender. Your Provincial Ministry of Education also manages, on behalf of the federal government, the Canada Student Loan Program for students who study abroad. The total amount Canada Student Loan allows varies between $25,000 - $35,000. There may also be an opportunity for you to apply for a scholarship.

It is obvious that going to medical school will require you to either have a substantial amount saved over and above what you can borrow from the bank, or have your family contribute financially to your medical education.

As you progress through medical school and your debt load gets bigger you may want to consider purchasing disability and life insurance. Very few companies sell disability insurance for medical students since you usually need to earn a salary to obtain disability insurance. Our search found that the following company sells disability insurance for medical students: <http://zavitzinsurance.com/>. This link is provided for your information and is not an endorsement by SOCASMA. Check for yourself and make your own decision in this regard.

***iii) Applying for residency in Canada***

To apply for residency in Canada, you will need to pass a number of exams administered by the Medical Council of Canada. <https://mcc.ca/> . At this time all provinces require two examinations: the MCCQE1 and NAC OSCE. There are deadlines for application. Try to plan accordingly. Doing the Canadian exams on top of exams in your host country can be daunting. Some students are able to take these examinations in time to compete in the year of graduation. Others wait a year to give themselves more time. Obtaining good scores in these examinations is important as it influences your chances of obtaining an interview and hence the opportunity to match for a residency position.

The residency matching process in Canada is operated by CARMS, a national, independent organization providing application and match services to the Canadian medical education community. <https://www.carms.ca/> Closely review the match process, but also take look at the data and reports to have a better understanding of the specialties that would offer you better odds of matching. Most positions available in the IMG Stream are in Family Medicine.

Finally, look at the various deadlines in the exams and application process, prepare a schedule, and work to that schedule.

***iv) Doing a residency and sub specializing in the United States***

If you decide to apply for residency in the United States, you will need to do the USMLEs (US Medical Licensing Examinations): <http://www.usmle.org/>

Applications and selection for residency are made through the MATCH <http://www.nrmp.org/>

To work in the US as a resident physician you need a visa unless you are a citizen or permanent resident of the US. There are 2 visas offered:

1. The H1B visa which is offered by a few hospitals. This visa is preferable as this visa does not require the cooperation of the Canadian government. However, in order to qualify for this visa you must have taken Steps 1, 2, and 3 of the USMLEs.
2. The J1 visa is the most common visa. However, a J1 visa requires that Health Canada provide you with a Statement of Need. Good news! Since September 2018, Health Canada no longer puts a restriction on the number of Statements of Need that are issued for residencies and fellowships. See following link for more information: <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/statements-need-postgraduate-medical-training-united-states.html>

It is vital that you check with the appropriate national College (CFPC or RCPSC) to ensure that you are getting the necessary rotations in your US programs. There are some differences (eg. general surgery) but US programs can accommodate your needs if you let them know you need to meet Canadian requirements.

For more information on the application process for residency in the U.S., please see Part 1 - MEDICAL SCHOOLS IN THE CARIBBEAN, section vi) Applying for residency in the United States/Canada and section viii) U.S. Visa Requirement.

***v) Doing a residency in the United States and qualifying to practice in Canada***

In order to qualify in Canada you will have to meet:

1. the RCPSC requirements. These are called Specialty Training Requirements (STRs) which are posted on RCPSC's website. It is wise that as soon as you begin residency, you look at these requirements as sometimes in some disciplines, US rotation requirements do not match up with Canadian rotations. It is a simple matter to ask your American program director to give you an extra or different rotation so you can meet Canadian requirements. It is a nightmare trying to get a rotation Canada requires after you have completed residency training. So call the RCPSC to ensure that you can tick the boxes. The RCPSC has a liaison person for American residency. Her name is Julie Waters. Waters, Julie <jwaters@royalcollege.ca>. Sometimes it is best to phone her for more information after getting the first response.  
The RCPSC recommends that you contact them from the outset to figure out what you need in your particular specialty. They do full reviews of credentials at the beginning and/or when you get within a year or two of finishing. They charge a bunch of money for this review. Once you inform yourself with them, you can decide when and if you think it is worthwhile to spring for this expense.

You also need to watch the exams and timing of exams required by the RCPSC.

2. In order to practice in Canada you have to meet the requirements of the provincial College of Physicians and Surgeons. Although all require RCPSC certification, each province has other slightly different requirements. So you should also contact the provincial College to find out what is needed. In some provinces the MCCQE1 and MCCQE2 are required, but in others if you have the USMLEs you are exempt from these requirements. I always recommend that when you start training that you call the College of your preferred provinces and ask them to refer you to their requirements.

3. Provincial recruiting agencies. Each province has a physician recruiting agency. In Ontario it is Health Force Ontario. In BC it is Health Match BC. These agencies can help you find jobs. Usually they have a link on their websites where you can go to your area of specialization and drop down the locations of all the posted jobs in that discipline in the province. They also help you with what you need to qualify to practice in Canada. It is not always that easy or straight forward.   
You can also just find your own job without going through the provincial recruiting agency.

***iv) Other Resources for Canada***

Canadian Medical Association - https://www.cma.ca/en/Pages/cma\_default.aspx

Association des médecins francophones du Canada <http://www.medecinsfrancophones.ca/index.fr.html>

Canadian Institute for Health Information - <https://www.cihi.ca/en>

Canadian Post M.D. Education Registry - <https://caper.ca/en/>

Health Force Ontario <http://www.healthforceontario.ca/en/Home/All_Programs>

Also see health force recruiting branches of other provincial Ministries of Health

**PART 1 - MEDICAL SCHOOLS IN THE CARIBBEAN**

***i) Why choose a medical school in the Caribbean?***

Canadians will usually consider studying medicine in one of the Caribbean islands if they want to better their chance of securing a residency in the United States. Saying that you are studying in the Caribbean can bring a chuckle because people have got this image of you studying on the beach with a margarita in hand. But studying is studying is studying.

If you live in Central or Eastern Canada, studying in the Caribbean has the advantage of just being a 4-hour flight from home and no time lag, which may be something to consider when you have the occasional time off and want to come home.

The application process for medical schools in the Caribbean is simple and usually requires your marks and may or may not require MCAT results. An interview will follow, and you will learn quickly whether or not you are accepted.

***ii) Things to consider when applying and choosing a school in the Caribbean***

Before you start applying for medical school in the Caribbean consider the possibility of applying and starting a semester other than the Fall semester. Why? Simply because this will give you slightly more time than 4 years to complete your schooling, clinical rotations, exams (especially if you intend to do both U.S. and Canadians exams), applications for residency and interviews. That's a lot in such a short time!

While there are many medical schools in the Caribbean, most Canadians attend one of the following four schools: St. George University (located in Grenada), Ross University (Dominica), American University of the Caribbean School of Medicine (St. Maarten) or Saba University (Saba). While attending these schools is expensive, they generally have a good reputation, a good passing rate for USMLE Step 1 and Step 2 and a good match rate for residency in the U.S. Take a look at these universities' web site to find the requirements for application. These usually include a Bachelor’s Degree with a strong GPA, the MCAT exam results and a number of basic sciences pre-requisites.

Researching reputation, passing rate for USMLE exams and matching rate for residency should be among the first things to consider when choosing which medical school to attend. **Always check the school’s residency match rate. Anything below an 80% match rate for residency comes with its load of risks.** As points of reference, consider the following: in 2018, 3,962 non U.S. IMGs (56.1%) matched to first-year residency positions in the United States. By comparison, the match rate for U.S. allopathic medical school seniors was 94.3% for U.S. Graduates and 51.1% for U.S. IMGS.[[1]](#footnote-1)

You may want to look at student blogs and ask questions. For example, some medical schools have a high attrition rate in the first semester or two. Does this mean that the students are not well prepared, that the school has high standards, or that the school doesn't offer sufficient support for them to succeed? Does the school foster an environment of competition or collaboration? Are there opportunities to do volunteer work. Does it have a committee looking after concerns and considerations that are specific to Canadians? Does it have a social committee for Canadians? Are there counseling services? What is the match rate for Canada? What is the match rate for the US? If you are a francophone or you are bilingual, consider going to St. Maarten for an interesting cultural experience on the French side of the island, St-Martin. If you need a break or have a day off after exams, are there things to do to help you recharge and get away for a few hours from the grueling pace of medical school? -i.e. beach, catamaran, snorkeling, etc. Are there student dorms to facilitate your entry and adaptation into medical school for the first semester? How did the school manage the situation during hurricane Maria in 2017? Were students left to fend for themselves, or did the school offer them shelter, food, water and support? (Pretty important as you are bound to at least experience one hurricane during your two years stay in the Caribbean, some of little intensity, while others can be devastating.) How safe is the neighbourhood around the school? Has the school taken precautions to ensure a safe environment for students? (i.e. complaint process in case of harassment, lights in the streets, shuttle service at night, guards and service dogs in the neighbourhood, etc.) The school will usually have entered into agreements with hospitals in the United States where you can do your clinical rotations. What's the reputation of these hospital programs? Where are they physically located? Is there an agreement between your school and a hospital in Canada where you can do clinical rotations? (For example, some schools have associations with schools in Saskatchewan for clinical rotations.)

***iii) Cost of studying medicine in the Caribbean and doing clinical rotations in the United States***

Attending medical school in the Caribbean, plus doing clinical rotations in the United States and applying for residency usually costs more-or-less double the cost of attending medical school in Canada (which usually totals approximately $200,000 in Canada). In addition to tuition costs, you need to consider: a) the cost of living on the island (year 1 & 2) which may be slightly higher than what you are used to in Canada, b) the cost of moving to different locations in the United States (and possibly Canada) when doing your clinical rotations (year 3 & 4); c) whether or not you need a car, especially if you do clinical rotations in different parts of the United States and have to travel to many different places when interviewing for residency; d) the cost of applying for residency and of travelling to interviews for residency selection (between $10 - $20,000); e) the cost of flying back and forth between medical school and home in Canada, as well as between the location of the different clinical rotations you will be doing; and last, but not least, the difference between the value of the Canadian currency and the U.S. currency which may fluctuate quite a lot between a four year time span.

***iv) Curriculum / Exams / Clinical Rotations***

The curriculum taught in Caribbean medical schools mirrors the curriculum taught in U.S. medical schools. The first two years are mostly spent learning theory and doing laboratories such as pathology. Block exams are usually given once a month to test your comprehension of the material learned and prepare you for the final exam at the end of each semester. Your performance during your first semester should give you a pretty good idea as to how well you are performing and whether medicine is right for you.

While it may initially sound appealing, studying medicine in the Caribbean may not always be what you thought it would be. It can be grueling and stressful, especially at exam times. Many students will experience some difficulty adjusting to their new environment and suffer from "island fever" symptoms at one point or another during their time in the Caribbean. It is important to seek help should these symptoms start negatively impacting your ability to study and perform well for exams. Don't wait! Go and seek help from a physician. See a school counselor as soon as possible.

During your first year of clinical rotations (third year) you will do core rotations. These can usually be done in one hospital setting or two at the most.

Students usually write the USMLE Step 1 shortly after having completed 2 years of medical school. This is probably the most important and critical hurdle to cross in your journey towards a successful residency applications outcome. The USMLE Step 2 exam is usually done after you have completed most of your core rotations (usually at the end of year 3). Canadians wishing to apply for residency in Canada will need to do the MCCQE1 exam shortly after Step 1[[2]](#footnote-2), followed by the NAC OSCE. Some students take the USMLE Step 3 and the MCCQE1 and/or 2 before applying for residency. Whatever you do, it's important to plan. Check the MCC website (mcc.ca) for when the exams are offered as well as the application deadlines. Check how these fit into the CaRMS deadlines (carms.ca).

As you start third year, you will have to pick your elective rotations. You may be able to choose to stay in one location and do all electives in that one location. Or you can use your fourth year as a way not only to do your electives, but also to make contacts and experience different locations where you may want to apply for residency. Having done an elective in the same university or hospital is highly correlated to matching. Many CSAs travel to various programs for electives so that they can showcase their skills to those who will ultimately be hiring. You will want to chose clinical rotations in locations where you hope to be able to match for residency. You may also be able to do a few clinical rotations in Canada. These are usually limited to a maximum of 3 rotations, but there may be the opportunity to do more. Your decision to do which elective rotations, when and where will depend as to where you plan to apply for residency. If you plan to apply for residency in Canada, you should do your elective rotations in Canada early on in the 4rth year and the same applies if you intend to apply for residency in the United States. Your last rotations for fourth year will take place after the match process if you are applying in the year of graduation.

***vi) Applying for residency in the United States/Canada:***

Fourth year of medical school can be hectic if you need to move around to do elective rotations, as well as study and do several exams (both U.S. and Canadian). Consider getting help to research programs to which you want to apply for residency.

Here`s a summary of the steps for residency applications, as well as some advice for a successful outcome to your residence application.

a) *Decide which specialty you want to pursue.*

Your experience during clinical rotations will usually help you make such a decision. See: https://schools.studentdoctor.net/selector Consider the specialty that you will be pursuing not only from an academic point of view, but also in terms of lifestyle, personal aptitudes, etc. In choosing which specialty to pursue, it is worthwhile to take a close look at statistics outlining your chances of matching into a said specialty. Some specialties require very high Step 1 results (i.e. surgery, dermatology, ophthalmology, etc.), while others are not looking so much at high marks, but more at personal suitability (i.e. family medicine, internal medicine, pediatrics, psychiatry, etc.) See following link:

See following match results reports and surveys : http://www.nrmp.org/main-residency-match-data/

To guide you in your decisions it is helpful for you to take a close look and analyze the following 2016 IMG Match Results: http://www.nrmp.org/wp-content/uploads/2016/09/Charting-Outcomes-IMGs-2016.pdf

b) You will need a J1 visa to work and train in the United States. See following link : https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/statements-need-postgraduate-medical-training-united-states.html

c) Decide whether your application strategy will target just one specialty or two specialties with one being your first-choice pick and the second being your second-choice pick. Be aware that many programs are looking for a “genuine interest” in the discipline you are applying to. To determine this, program directors look to your electives and your research projects. Be prepared to be asked about whether this is your first choice of disciplines.

d) Research where you want to apply while taking note of locations that accept the greatest number of IMGs (usually North Eastern States) and locations that are more amenable to taking Canadians (usually states close to the border or with colder climate).

e) Research programs by paying particular attention to : a) whether or not they accept applications from foreign IMGs (see information regarding visa allocation); b) statistics in terms of IMG recruitment in the past. As a foreign IMG, you will want to apply to anywhere between 100 - 150 programs in the United States.

f) Make sure you have completed all your core rotations before applying for residency and that you have all the required letters of reference.

g) Prepare your personal statement. Try to distinguish your application from others. Most applicants will say that they love to read, and they love to travel. What do you have to offer that is different? Look for advice on the web as to how to write a good personal statement. Being a Canadian, you most likely do not mind the cold weather. You may even enjoy it. Say so! Talk about the winter sports you practice. If you would like to eventually settle in a more rural community, do express yourself as programs in rural environments are usually more difficult to fill. And last, but not least, get someone to edit your text.

h) Prepare your application (picture, resume, personal statement, etc.) and load on the system. Do not forget to submit by deadline! Good luck!

i) **Call / talk to program directors for programs/locations that interest you the most.** This may be very important as this may get program directors to pull your application and ask you for an interview.

j) If you have time, attend conferences to make contacts and secure interviews for residency.

k) Canadian Match Day is before U.S. Match Day. If you match into a Canadian Program, you will automatically be withdrawn from the U.S. Match process. Similarly, if you match in the U.S., you will be prevented from competing in the second iteration of the Canadian match.

l) If you don't own a car, consider renting a car to go to interviews. Book flights and hotel rooms. Dress appropriately and put your best foot forward! Don't forget to ask lots of questions as this will show program directors that you are interested. Many programs will require you to arrive the night before the interview so that you can interact with program directors as part of a social event. The social event may be the evening after the interview. Some programs may pay for your room and meals. Most do not.

***m) Match Day*** for the U.S.- If you have matched, go and celebrate! 😊 Also remember that you will need to apply for a Statement of Need with Health Canada once you know where and in which Program you have matched. <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/statements-need-postgraduate-medical-training-united-states.html>

***vii) What to do if you have not matched***

See the following : <http://rookiedoctor.com/interviews/didnt-match-residency-scramble-what-should-you-do/>

In Canada, be aware that there are some opportunities for employment with governments for physicians that have not done a residency. The insurance sector also employs a fair number of physicians that have not completed residency.

***viii) U.S. Visa Requirement***

If you do a residency in the U.S. under a J-1 visa, the U.S. Government requires you to return home for at least 2 years after having completed residency. Coming to practice in Canada will mean doing Canadian certification exams and possibly practicing under the supervision of another physician for a couple of years.

Despite this requirement, most CSAs stay in the US to work. The two-year return home requirement can be “waived”. There are several Waiver Programs which allow foreigners to stay to work upon agreement to work in underserviced areas for two years. If you decide you want to stay in the US, it is wise to educate yourself in respect to your options and to obtain some legal advice.

Another option used to overcome the 2-year return requirement is called “sleeping in Canada”. This is done by establishing a home in Canada close to the border and practicing medicine in the United States. For example, one could live in Windsor, Ontario and practice medicine in Detroit. Again, we advise you obtain legal advice to ensure that you are meeting the requirements of the American visa and immigration department.

In getting legal advice, seek out a lawyer who is familiar with immigration law in the context of medicine.

***ix) Resources for the Caribbean / United States***

Student Doctor Network https://www.studentdoctor.net/

Diary of a Caribbean Med Student http://www.caribbeanmedstudent.com/

Education Commission for Foreign Medical Graduates <https://www.ecfmg.org/>

USMLE Exams <http://www.usmle.org/>

National Residency Matching Program http://www.nrmp.org/

Electronic Residency Application Service (ERAS®)https://www.aamc.org/services/eras/

Freida Online - the residency and fellowship database - https://www.ama-assn.org/life-career/search-freida-online-ama-residency-fellowship-database

Doximity Residency Navigator - https://residency.doximity.com/?\_typ=m

Scutwork.org - https://www.scutwork.com/

Match a Resident - https://www.matcharesident.com/

Resident Swap.org - (includes unfilled residency vacancies) http://www.residentswap.org/how\_it\_works.php?gclid=CjwKEAjwlq24BRDMjdK7g8mD6BASJABBl8n3Ru0Ihn7V5PMYE0ptJnUc8rTuoyBuLGHxUDYAWJKrwxoC-S3w\_wcB

Association of American Medical Colleges - Main page - https://www.aamc.org/

Association of American Medical Colleges - Data - https://www.aamc.org/data

Accreditation Council for Graduate Medical Education - http://www.acgme.org/

Liaison Committee on Medical Education - http://lcme.org/

Foundation for Advancement of International Medical Education and Research https://www.faimer.org/

Scutwork.org - <https://www.scutwork.com/>

**PART II - STUDYING MEDICINE IN IRELAND**

***i) Why choose a medical school in Ireland?***

Throughout Ireland, there are many schools that offer both a direct entry program (straight out of high school) and a GEM/GEP( Graduate entry program). There are approx. 300 students who enroll in Irish medical schools each year. All North American applicants apply via the Atlantic Bridge Program.[[3]](#footnote-3)

The Atlantic Bridge Program streamlines the application process. With one application and one set of supporting documents (transcripts, letters of reference, etc.), students can apply to all six Irish medical schools. Ireland is noted for its high academic standards and for providing a world class medical training. The six Irish medical schools are [The Royal College of Surgeons in Ireland](http://www.atlanticbridge.com/medicine/schools/rcsi/) (RCSI), [Trinity College Dublin](http://www.atlanticbridge.com/medicine/schools/tcd/) (TCD), [University College Cork](http://www.atlanticbridge.com/medicine/schools/ucc/) (UCC), [University College Dublin](http://www.atlanticbridge.com/medicine/schools/ucd/) (UCD) [The University of Limerick](http://www.atlanticbridge.com/medicine/schools/ul/) (UL), and [The National University of Ireland, Galway](http://www.nuigalway.ie/).

In Ireland, successful candidates are awarded a suite of degrees upon their graduation from medical school. Some programs award a total of three degrees: Medicine (MB), Surgery (BCh), and Obstetrics (BAO), while others award a total of two degrees: Medicine (BM), and Surgery (BS). The Irish suite of degrees is the equivalent of the M.D. which is awarded in the USA and Canada.

Irish medical schools tend to have a high match rate for students who want to practice in North America. Irish students are encouraged to take the USMLEs as there is a recognition that there are limited residency positions for IMGs in Canada.

Travelling Europe is a very attractive addition for those who study in Europe.

***ii. Things to consider when applying and choosing a school in Ireland?***

* All applications must be made through Atlantic Bridge- there is a fee.
* You are considered an International student, regardless of your citizenship.
* They offer a direct entry program which is either 5 or 6 years, and a Graduate entry program, for those students who have completed their undergraduate studies. The MCAT is an essential part of the entry.
* Cost of living is considerably higher than in Canada
  + Rent varies from city to city. Dublin city centre is centrally located and the most desired if attending Trinity College or RCSI. Typically, a 1 bedroom is between 1200-1500 Euros, a two bedroom 2000-2500 Euros. If you are willing to travel by transit or purchase a vehicle housing costs are lower as you leave the city centre. Some schools have dormitories. Some students reduce costs by getting together and renting a house.
  + Additional VISA requirements are not needed.
* Opening a bank account, cannot be completed until the school verifies that you have completed the enrollment process, payment etc. (a letter is provided).
* Registering at the GARDA is essential to study in Ireland. The fee is 300 Euros. This is a yearly task. In addition, you must also provide a letter from the school and proof of 3000 Euros in your account for the GARDA card to be processed.

***iii. Cost of studying medicine in Ireland***

Costs vary for each university (may vary slightly depending as to when fees are updated)

**Four-year courses:**

University College Cork – 43,000 Euros / year

University College Dublin – 50,900 Euros / year

The University of Limerick – 43,000 Euros / year

The Royal College of Surgeons in Ireland – 55,500 Euros / year

**Five-year courses:**

University College Cork – 39,000 Euros / year

National University of Ireland, Galway – 39,000 Euros / year

Trinity College Dublin – 39,750 Euros / year

The Royal College of Surgeons in Ireland – 54,000 Euros / year

**Six-year courses:**

University College Dublin – 47,800 Euros / year

National University of Ireland, Galway – 39,000 Euros / year

The Royal College of Surgeons in Ireland – 54,000 Euros / year

***iv. Curriculum, exams, clinical rotations***

***5/6 Year Program Timeline -***

1. *Pre-Med - This year is largely spent preparing you for the large academic jump that is the transition to 1st med. Use it well. Send out summer research/observership applications by December/January.*
2. *1st Med (JC1/JC2) - Research/observership applications for summer should be sent out by the same time as above*
3. *2nd Med (JC3/IC1) - JC3 will be your last semester with teaching in the main campus. IC1 shifts you to Beaumont Hospital[[4]](#footnote-4). Professional clothes will be required at all times. Students may take the bus or consider getting a car for the commute. Spend this summer doing research or electives*
4. *3rd Med (IC2/IC3) - IC2 is the last semester of heavy classroom teaching. IC3 transitions into the clinical rotations. This summer most students write the Step 1 (USMLE - board exam required for US Residencies)*
5. *4th Med (SC1) - this year is entirely spent on clinical rotations. During the year you will complete the written portion of the MCCEE (Canadian board exam)[[5]](#footnote-5) and the USMLE Step 2 CK/CS in the summer. The summer will also be spent doing electives in Canada/US and preparing applications for residency.*
6. *5th Med (SC2) - Last clinical rotations and final exams. NAC OSCE (Canadian board exam part 2) is written in September ideally, and all CaRMS (Canadian Resident Matching Service) applications open in September and close in November. Be prepared to travel for interviews between October and February.*

***v. Graduate Entry Program Timeline -***

*Note: Only applies to Royal College Surgeons in Ireland*

1. *GEP1 - All of your classes will be in Sandyford. In your 2nd semester you will be attached to a team at Beaumont Hospital every Wednesday from 2-5pm. After exams in May, you have 4 weeks of clinical attachment at Beaumont or Waterford in June. Spend the remaining summer on research or observerships.*
2. *GEP2 - All of your classes will be in Connolly Hospital in Blanchardstown. You will write the USMLE Step 1 Exam this summer.*
3. *GEP3 - This year will be focused on clinical rotations. You will also write the MCCEE (Canadian board exam) during the year, and USMLE Step 2 CK/CS in the Summer. The remainder of your summer will be spent doing electives in Canada/US and preparing your residency applications.*
4. *GEP4 - NAC OSCE (Canadian board exam part 2) is written in September ideally, and all CaRMS (Canadian Resident Matching Service) applications are due before Christmas. January-April is Interview Season.*

***vi. Applying for residency***

Applying for residency is incorporated into part 4 and is the same process as all international schools.

***vii. Resources***

***www. Atlanticbridge.com***

***[www.atlanticbridgeforum.com](http://www.atlanticbridgeforum.com/)***

***[www.CARMS.ca](http://www.carms.ca/)***

***[www.rcsicimsa.com](http://www.rcsicimsa.com/)***

**PART III - STUDYING MEDICINE IN THE UNITED KINGDOM**

***i) Why choose a medical school in the United Kingdom (England, Scotland, Wales, N. Ireland)?***

In the UK most students enter straight from high school (A levels) into a five-year program. For Canadian students this provides an option to forego an undergraduate degree and start right away into medical school. On the flip side, the post degree “residency” phases are a little longer than in Canada and the US - but at least you’ll be earning a modest salary (instead of paying tuition!).

Some Canadians may have or be eligible for British citizenship. This won’t reduce your fees (you’ll be paying international student fees), but it may provide you with increased certainty if you decide to stay / need to stay in the UK after your degree to complete post-degree specialist training.

***ii) Things to consider when applying and choosing a school in the U.K.***

Applications are made through UCAS, a central university application system for the UK, and you may apply to up to four medical schools. The deadline for applications is typically October 15, and there are usually interviews in the Dec - Feb period.

Each medical school uses an admissions test as part of its entry requirements. There are four admissions tests. Most schools require the UKCAT; medical schools each state on their websites which test they use. The UKCAT can be written in Canada the summer before the fall application period. Different universities place different levels of importance on the UKCAT. Some use it as a pass / fail, whereas others use the score as part of the overall ranking of students.

Shortlisted applicants will be invited by medical schools for interview. There are several types of interviews, so it is recommended that applicants learn about the different types used. Many seem to use the “multiple-mini” format these days. They may or may not be available by skype. Some schools may interview in Toronto. Interviews offer a chance to see the school and town so it is probably a good idea to travel for the interviews.

**iii. Where to Study?**

There are 33 medical schools in the UK, and they have different teaching methods (traditional, integrated and problem-based learning). Do some research into these teaching methods. Most school have a cap on international students, and you will be competing against other international applicants for those spots. There are various online statistics showing the number of applicants, and the acceptance rate. These can be useful in trying to ascertain how many applicants, how many interviewed, and how many were accepted. <https://www.medschools.ac.uk/media/2357/msc-entry-requirements-for-uk-medical-schools.pdf>

Note the University of St. Andrews offers a “Scottish - Canadian” program. This unique 6-year program is just for Canadians, and it allows you to build a relationship with the University of Alberta. The benefit of this program is that the University provides mentoring and assistance with CARMS. The disadvantage is that you CANNOT stay in the UK to complete your post-degree training if you do not get a Canada or US residency position. You spend 3 years at St. Andrews (BSc Medicine), 3 years at Edinburgh (Bachelor of Surgery) and a rotation in Alberta.

***iv) Cost of studying medicine in the U.K.***

Most Canadians will be classified as International students - even if they have UK citizenship (unless they have lived in the UK or EU for the last 3 years).

* Tuition for five years is typically £150,000 (but each Uni has its own fee structure). Some programs are six years. Some programs offer an “intercalation” year for an “extra” degree.
* Living expenses are in addition and highly dependent on where you are in the UK. London is expensive, many smaller towns are more modest.
* Travel expenses / flights.

You will typically have to demonstrate financial means / support as part of your student visa process.

***v) Curriculum, exams, clinical rotations***

*Medical School*

The Standard Entry Medicine course is usually five years long, but in some institutions, it is six. It can have different abbreviations, such as MBBS or MBChB, but all result in the bachelor’s degree in medicine which is equivalent to a North American MD.

Many programs have “early patient contact” - students spend time throughout the year in primary and secondary clinical care (from Year 1) so universities that are quite rural provide less diversity (or more travel) in the clinical settings. Most schools have a structure of integrated knowledge / clinical, which is quite different from the North American structure of 2 years clinical knowledge followed by 2 years clinical. This structure may not align well with the Step 1 US exam cycle if your UK program isn’t done and all the clinical knowledge modules aren’t completed until the end of Year 5

Most programs have a “normal University academic year” for the first two years (roughly mid Sept to mid June). For most programs the academic years from year three onwards are longer and have much less vacation time, and many clinical rotations (several each year). You won’t be able to rely on summer employment for student earning between years.

Many schools use the objective structured clinical examination (OSCE) exam format throughout the program. This will provide a good base if you plan to take the Canadian exams (see above re residency applying for Canada / US residency in Caribbean section).

*Intercalation Option*

<https://www.bma.org.uk/advice/career/studying-medicine/intercalated-degrees>

As part of your medical studies, you may have the option to do an intercalating degree, which is time out of your regular medical degree to study a specific area of interest. Many medical schools in the UK offer full intercalated degrees, where it is part of the degree for all medical students to take a year off to study a different field. Whilst other medical schools require you to apply for the year off, which usually occurs during your third or fourth year.

***vi) After Medical School (“residency”)***

*Applying for residency in Canada or the USA. See above in Caribbean section.*

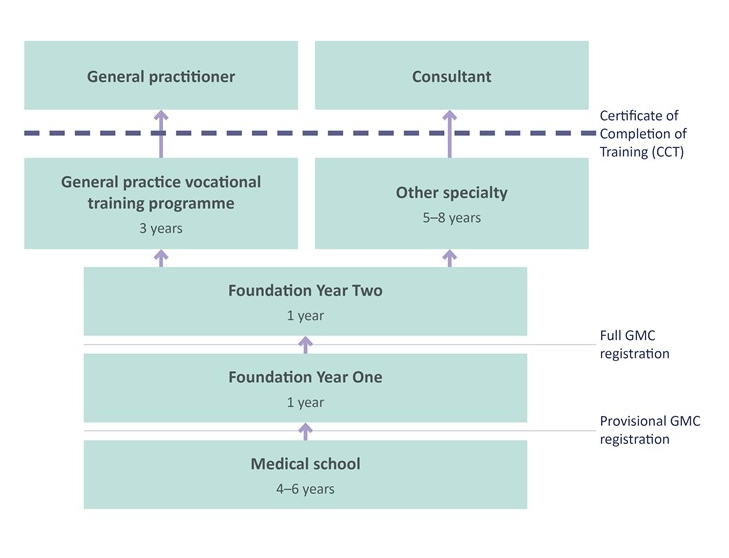
*Foundation Years:*

*After completing the medical degree, medical students are given provisional registration with a licence to practise by the General Medical Council. Students who wish to practise medicine in the UK then go on to apply to the* [*Foundation Programme*](http://www.foundationprogramme.nhs.uk/pages/home)*. This is a two-year training programme for newly qualified doctors. After successful completion of its first year, the General Medical Council grants full registration with a licence to practise. This is necessary to practise as a doctor in the UK. This is also known as “Junior Doctor”. Even if you plan to apply back to Canada for residency - you may want to consider completing your FY programme so you don’t close the door on your UK license to practise.*

*Foundation program consists of about 3 rotations each year, across a range of specialities and in different healthcare settings. Foundation training is paid employment and takes place in foundation schools, which are based in hospital Trusts. During the application stage, candidates will rank* [*foundation schools*](http://www.foundationprogramme.nhs.uk/pages/home/deaneries-foundation-schools) *according to where they would prefer to work for the two years following graduation. Each application is then given a score which is determined from the results the candidate achieves in the* [*Educational Performance Measure*](http://www.foundationprogramme.nhs.uk/pages/fp-afp/faqs/EPM#answer123) *and* [*Situational Judgement Test*](http://www.foundationprogramme.nhs.uk/pages/fp-afp/faqs/SJT)*. This score will decide which foundation school applicants are allocated to.*

*VISA - International students who graduate from medicine can apply for a tier 4 visa to complete their foundation programme in the UK (via the UK Foundation programme Office). You will have to apply for a Tier 2 visa to continue into GP or Specialist training. To be eligible to apply for specialty training (including GP) you will need to be able to work without restriction in the UK.* [*https://www.gov.uk/tier-4-general-visa/eligibility*](https://www.gov.uk/tier-4-general-visa/eligibility)

[*https://www.bma.org.uk/advice/employment/immigration/guide-to-uk-immigration/training-in-the-uk#specialtytraining*](https://www.bma.org.uk/advice/employment/immigration/guide-to-uk-immigration/training-in-the-uk#specialtytraining)



***vii) Resources***

***Medical School Council UK*** [***https://www.medschools.ac.uk/***](https://www.medschools.ac.uk/)

***MSC UK - applying to medical school international applicants -*** [***https://www.medschools.ac.uk/studying-medicine/applications/international-applicants***](https://www.medschools.ac.uk/studying-medicine/applications/international-applicants)

***Applying to Medicine UK - UCAS***

[***https://www.themedicportal.com/application-guide/ucas/***](https://www.themedicportal.com/application-guide/ucas/)

**PART IV - STUDYING MEDICINE IN AUSTRALIA**

***i) Why choose a medical school in Australia?***

***ii) Things to consider when applying and choosing a school in Australia?***

***iii) Cost of studying medicine in Australia***

***iv) Curriculum, exams, clinical rotations***

***v) Applying for residency in Australia***

***vi) Resources***

**PART V - STUDYING MEDICINE IN POLAND**

***i) Why choose a medical school in Poland?***

***ii) Things to consider when applying and choosing a school in Poland?***

***iii) Cost of studying medicine in Poland***

***iv) Curriculum, exams, clinical rotations***

***v) Applying for residency in Poland***

***vi) Resources***

1. http://www.nrmp.org/press-release-thousands-resident-physician-applicants-celebrate-nrmp-match-results/ [↑](#footnote-ref-1)
2. The MCCEE will only be available until 2019 at which time the MCCQE1 will replace it. [↑](#footnote-ref-2)
3. Those with EU citizenship may want to check whether they may apply directly. [↑](#footnote-ref-3)
4. Beaumont Hospital is for the Royal College. Other schools assign different hospitals some of which are out of town. It is common for the student to have to bear the cost of housing and travel while doing rotations in hospitals out of town. [↑](#footnote-ref-4)
5. The MCCEE is being replaced by the MCCQE1 effective for the 2020 competition year. [↑](#footnote-ref-5)