# Uni MedSchool For Canadians - Overview of UK, Ireland, Australia,

<https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/>

[Apr 17, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18856244)

Hi all,  
  
I've been talking to a lot of Canadians on here recently and I think it's time someone put up a post with information directed towards Canadian applicants as the majority of information applies to Americans, is a little outdated, or is spread out over multiple threads. I know I had some difficulties in finding this information, so here's hoping it helps out some future applicants. Apologies if this is the wrong forum, 2/5 countries fit here, so I figured this would be the best place to post.  
  
Please comment if anything I've posted is incorrect, if you have anything to add, or if you have some questions! I'm most familiar with the UK and Ireland processes, so if someone has additional information about Australia or the Caribbean, that would be much appreciated.  
  
I didn’t include USMD as that isn’t really going abroad in the same sense as the UK for example. USDO is included as starting in 2016, Canadian USDO graduates are considered IMGs by CaRMS. This means you are limited to the specialties that Health Canada will issue a Statement of Need for in the US, unless you want to apply as an IMG to Canada.  
  
My personal rankings for international schools:  
  
**1. UK \*\*where I’m going, so bias alert\*\***  
You apply to UK schools through UCAS, picking a maximum of 4 medical schools. There are also two private medical schools (Buckingham and UCLan) that you can apply to separately, bringing your total up to 6. Each school has varying requirements, so you’ll need to contact each school you’re interested in to see if you meet their requirements. Graduates, some schools will look at your high school marks as well as your degree, so that’s an additional thing to watch out for. Your degree will also be classified differently depending on the school; all medical schools want a British 2.1 equivalent and different schools will assign different minimum GPAs corresponding to that (ex. school 1 will accept applications if you have at least a 3.4 whereas school 2 wants at least a 3.6). There are programs for both high school students and graduates, with most programs accepting graduates.  
  
There are two admissions tests that you can take in order to apply to UK schools: UKCAT and BMAT. The UKCAT is an aptitude test whereas the BMAT is similar to the MCAT. Different schools require different tests. I only took the UKCAT because most schools accept it, but the BMAT is used by a select few like Oxford, Cambridge, etc. These test scores are only valid for the year you are applying.  
  
A maximum of 7.5% of seats can be given to international students in UK schools, so it can be very competitive. The private schools are different; Buckingham doesn’t care about nationality and UCLan is only for international students. I advise playing to your strengths when applying. For example, my degree came out to a 2.1 but my UKCAT score was well into the 90th percentile. This definitely gave me a leg up compared to other internationals and I primarily applied to schools that gave a lot of emphasis to UKCAT scores.  
  
There’s a separate Scottish-Canadian program, which I think is good. It’s 6 years long and allows rotations in Alberta but it doesn’t give you the backup of the UK and isn’t open to graduates I believe. There’s also the SGUL INTO program (open to high school students and graduates); its big pitch is that it gives you 2 years of clinical rotations in the US but it seems super sketchy and no backup option yet again.  
  
In terms of matching back to Canada, the only downside of going to a UK school is that unlike the others, there is no specific coaching for applying to North American residencies. UCLan is the exception – it’s one of the private schools and they teach to USMLE. But if you are focused on matching back, know two things: it’s unlikely that you’ll get a competitive specialty (not impossible; similar outcomes for each country) and you’re going to have to do a lot of studying on your own.  
  
However, the biggest advantage is that you are able to pursue training in the UK. Despite being an international, as a UK graduate, you’re eligible to apply to whatever training without bias (you will need to switch visas eventually to work, but it doesn’t appear to be much of an issue).  
  
There are also reciprocity agreements between Canada and the UK. Those who do family medicine have an easier time of going between countries. Those who do more specialized things (like surgery) will have to write some qualifying exams in order to get a Canadian medical license, but a job isn’t guaranteed. This means that you may have to stay in the UK indefinitely; I personally am fine with that as I’ve always liked the idea of practicing medicine in London but this is up to the individual.  
  
If you do decide to stay in the UK and train/practice, there are three major differences between the UK and Canada: better pay in Canada, shorter training in Canada, better hours in the UK.  
  
I found that the UK schools (or at least mine) are cheaper than the other options.  
  
**2. USDO**  
On my personal ranking list, this comes second. The application process is the same as to any Canadian or US MD school. And the residency application process is the same as any other international school.  
  
You will be limited to those residencies in the US that Health Canada will issue a statement of need for (ex. family medicine). So, if you want to do a surgical specialty or anything more competitive, your next best option will be to apply through CaRMS as an IMG (note: there are some statements of need issued for surgical specialties but not all).  
  
For me, this is second because while you're still in the US, you're limited to the residencies you can do afterwards. For those of you who are interested in surgical specialties (or more competitive specialties), this may not be a good option as you're essentially limiting yourself to a few things and have the greatest chance at matching to primarily family medicine. This is why I ranked the UK higher - I'm an IMG no matter where I go, but I still have the option of pursuing a more competitive specialty in the UK. If you do prefer primary care, then USDO is something to look into.  
  
You can then return to Canada after completing your US residency. There may be some additional exams/qualifications you have to provide.  
  
**3. Ireland**  
The most popular option for Canadians going abroad! And for good reason – many Irish schools have a large Canadian population and there is a lot of support for applying back to the US/Canada.  
  
Applications are made through the Atlantic Bridge program. There are 6 Irish medical schools, but based on whether or not you have an undergraduate degree, you’ll only be eligible at some or for certain programs. The school profiles are all on the Atlantic Bridge profile. You take a look through them, find the ones you like, and let Atlantic Bridge know through a form on their website (you enter your education history, age, MCAT scores, and schools). Atlantic Bridge will then send you an application package for all the schools you selected with further details as to what essay(s) to write, what kind of reference(s) to get, etc.  
  
The Irish schools do accept the MCAT, so you don’t have to worry about writing another examination.  
  
As mentioned, there is excellent support in matching back to Canada and a high percentage of Irish grads to match back each year. However, there’s no backup option. While it is theoretically possibly to do an internship year in Ireland, it is highly highly unlikely that you will get one. As an international, you are at the bottom of the barrel and all the posts will be filled before they have to scrape so low. There are also no reciprocity agreements.  
  
**4. Australia**  
On par with Ireland for popularity I feel.  
  
Applications can be made through OzTREKK, ISA, or directly to the schools themselves (more expensive option). There are about 8-12 Australian schools, and like the Irish ones, depending on whether or not you’re a graduate, you’ll only be eligible at some. The school profiles are all on the OzTREKK website as well. It’s a similar application process to the Irish schools.  
  
Australian schools want either the GAMSAT or MCAT, so you don’t have to worry about other examinations. Each school has a GPA requirement listed out of 7, so contact them to make sure yours meets the requirement as it’s likely out of 4.  
  
The number of available seats at schools can range from 10-100 for international students. These schools are less competitive than UK and Irish schools due to the increased number of spots and because international medical education brings in a profit to these schools.  
  
I’m not too familiar with the level of support given to matching back to Canada or the US but the numbers are similar to Irish grads.  
  
Like in Ireland, it is theoretically possible to do an internship year in Australia, but that has become much more difficult recently. However, it may still be possible to get an internship somewhere. Further specialty training is not guaranteed however.  
  
Like the UK, Australian specialty training is accepted in Canada. If you complete training in Australia, you are eligible to get a Canadian medical license, providing you sit and pass the qualifying exams.  
  
**5. Caribbean \*\*my least favorite option, so again, bias alert\*\***  
While these schools were a good option in the past, I feel that era has come to a close. You do get a chance to do US rotations with some schools even offering Canadian rotations. But these schools have a record for extremely large class sizes, poor teaching, and high attrition rates.  
  
I personally would urge people to exhaust all other options before considering the Caribbean. This reddit post gives a good overview of some things you should know to make an informed decision: [Official r/premed warning to NOT attend an offshore Caribbean medical school: making an informed decision • r/premed](https://www.reddit.com/r/premed/comments/64zzt7/official_rpremed_warning_to_not_attend_an/)

Last edited: Apr 20, 2017

 Reactions:[Lucky., Mr Giggles, Tcheeb and 2 others](https://forums.studentdoctor.net/posts/18856244/reactions)

Status

Medical Student

[Apr 18, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18856988)

* [#2](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18856988)

Good post, some errors on the Australian side:  
  
Oztrekk isn't the only recruiting company you have to apply through. ISA is another recruitment company that has a couple of applications not included in Oztrekk. Alternatively you don't have to use any recruitment company and apply to the schools directly. The benefit of the company is that the application fees are usually waived and they try to streamline it a bit.  
  
The amount of spots for internationals vary greatly depending on school. For instance, ANU accepts roughly 12 spots while Queensland can be 100. There are roughly 8-12 schools depending on your undergraduate/graduate situation. I'd say the competitiveness is definitely less than Ireland/UK, as there are just alot more spots and Int'l education is very much a economic drive in Aus.  
  
The match stats are pretty much on par with Ireland going back to Canada in the recent years. I would not say the internship situation is even closely as dire as Ireland, currently graduates that wanted to stay are able to find internship *somewhere,*usually in the state they studied. The current status quo is a bit uneasy as always, because nothing is guaranteed if you aren't a citizen, but I'd say still "favorable" to gain an internship if you desire one. Actually looking at the statistics, most graduates tend to stay than match back (not including UQ-Oschner of course). Further training in a specialty is another situation though.  
  
Australia is an approved jurisdiction for residency training for the Royal College and Family College of Canada. So if you become a consultant/attending in Australia after your vocational training and wish to get a Canadian license it is possible to sit the exams and pass to gain a license. Whether you get a job after that is however not guaranteed. Obviously much easier if you're setting up your own GP practice then trying to get ortho surgery time at a hospital.  
  
I am a current Canadian studying at an Aus school.

Last edited: Apr 18, 2017

 Reactions:[WolfLarson, Mr Giggles, ubc2017 and 1 other person](https://forums.studentdoctor.net/posts/18856988/reactions)

[Apr 18, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18857024)

* [#3](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18857024)

Although I agree the Caribbean might be the worst place to go as a Canadian (this is just based on anecdotes though), your analysis of them seems a bit bias. The big four schools do have agreements with various Canadian schools too for rotations (ie. SGU students can rotate at UofSask)  
  
J1s are very easy to obtain, as long as you land the residency. Statement of needs a bit trickier, as its quite limited in numbers and specialties depending on what you are gunning for but this isn't a "Caribbean" issue, it's just doing a residency in the US issue so applies to most people that really desire to come back to practice in North America.  
  
Yes the attrition rate is probably the highest of the 4 options above, some classes in Aus are quite large (UQ probably the largest). I can't honestly say the teaching is "poor" if you're going to say SGU or Ross, they base their teaching on the USMLE curriculum, so I imagine their pre-clinical teaching is probably quite adequate at least, and more relevant if you are gunning to return to N.A. Clinical teaching can however be hit and miss, depending on the site you rotate at.  
  
The biggest turn-offs for the Caribbean for me was the cut-throat culture, high attrition rate and lack of a back-up option if you fail to match.

 Reactions:[Mr Giggles and ubc2017](https://forums.studentdoctor.net/posts/18857024/reactions)

[Apr 18, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18857112)

* [#4](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18857112)

What DoctorS84 said.  
  
Lol, 20 spots per school for internationals in Australia.  
I wonder what that would be like.

in for a rude awakening if you're attending as big a school as UQ (what is it, class of 550 now with half the class international if including the Ochsner peeps?) Some Australian schools have no interviews, no selection actually either, just minimum cut-offs (looking at you, UQ). obviously not all. If you were worried about getting into a medical school, even with that in mind, you could actually find one that will just take your high school grades and forget undergrad (here's to you JCU, trade off is 6 years of medical school as opposed to 4). While it can be embarrassingly non-competitive getting in it, it is relatively much more competitive getting out of school and into a job.  
  
with regards to support in matching to North America, it really depends on the school. ANU given it's teeny cohort and mix of mostly singaporean/malaysian (could have changed now), means like 0 support (cause why cater to one token North American). on the other hand, you get more time to study as an australian medical student v.s. a north american one. if you drop enough money and time into a prep course like Kaplan, or whatever's popular now, I'm sure you'll do just fine.  
  
Also, pretty sure there's far more than 7 medical schools in Australia.  
For full listings - I actually really loved the helpfulness of this not-for-profit website: worldwidemed.co  
  
(what would that be like..7 medical schools offering 20 spots to internationals each..7 x 20 = 140. Dang. [versus the actual number of 632 s](http://www.medicaldeans.org.au/wp-content/uploads/Table3.pdf)tarting first year in 2016 across the country. versus the graduate time series - h[ow many internationals per school graduate per year -](http://www.medicaldeans.org.au/wp-content/uploads/Table5.pdf)class of 2015 - had 492 international students across the land. courtesy of [Medical deans of australia & new zealand](http://www.medicaldeans.org.au/statistics/annualtables/))

Last edited: Apr 18, 2017

Status

Resident [Any Field]

[Apr 19, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18860007)

* [#7](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18860007)

Take the match rates for grads from Australian schools with a grain of salt.  
  
Currently, not all who attend the Australian schools apply back home. given that Australia is 'a back option' currently, if you decide not to write any board exams or do craptastic on them, no worries, just don't apply home. there's no board exams for internship in Australia. It means the match result is often skewed. those who applied back (whether uSA or Canada), generally knew they had a strong chance and had good scores, great LORs and away rotations. it's both hard work and expensive to put together applications for the match. the match rates would be very different if say, everyone was forced to take it and return home in a hypothetical situation.

 Reactions:[bucketsofberries and DoctorS84](https://forums.studentdoctor.net/posts/18860007/reactions)

Pre-Medical

[Apr 19, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18861932)

* [#8](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18861932)

[Martin\_2017 said:](https://forums.studentdoctor.net/goto/post?id=18857335)

Great post!  
  
Does anyone have any thoughts/insight regarding RCSI-MUB? I've tried posting a couple of times on another thread, but received no responses. I'm concerned about things I've read in the media, and I'm wondering if any Canadians out there have experience with this school, have matched back to Canada, know anything further about the accerdiatation situation etc....  
  
I've summarized some of the key controversial critiques I've come across below:  
  
This article published by the Irish Medical Times, Oct 6, 2015 states, "A human rights NGO run by Irish lawyers has submitted to the United Nations Human Rights Council (UNHCR) that Ireland may be in breach of international law, owing to the Irish Medical Council’s (IMC) decision last December to grant RCSI-Medical University in Bahrain (RCSI-MUB) accreditation. This came amid alleged human rights abuses, including the torture of injured pro-demonstrators and medics who treated them, by the Gulf state’s ruling regime within the training hospitals it uses..."  
Available from: [RCSI-Bahrain accreditation raised with the UNHCR](http://www.imt.ie/news/rcsi-bahrain-accreditation-raised-with-the-unhcr-06-10-2015/)  
  
This one published by the BBC, May 30, 2013 gives a nice synopsis of what occurred during and leading up to the 2011 protests.  
Available from: [Irish medical campus in Bahrain challenged - BBC News](https://www.bbc.com/news/world-middle-east-22703138)  
  
This article also published in the Irish Medical Times, Feb 18, 2016 brings up some concerneing points about the IMC report on the Accreditation Inspection of RCSI-MUB which took place in Oct, 2014 "...The report deems the clinical facilities to be acceptable, not by a rigorous assessment of the hospitals, interviewing past pupils, patients and independent reports, but instead by relying on the ability of current students to speak out and exercise their freedom of speech, which has hitherto been so assiduously denied them...There is then the time given to the IMC visit — two working days to visit and interview personnel at the RCSI-Bahrain Medical School, the King Hamad University Hospital, and the Bahrain Defence Forces Hospital, and to assess the clinical facilities..."  
Available from: [Freedoms at the heart of medical education](http://www.imt.ie/opinion/freedoms-heart-medical-education-18-02-2015/)  
  
If anyone has thoughts, insights, further knowledge surrounding the current situation it would be much appreciated.

Click to expand...

To the best of my knowledge, the school is still fully accredited by the Irish medical agency.  
  
Best to approach off-shore schools with a bit of caution - some UK schools have extensions in Nicosia and Malta (accredited by GMC or getting there) but until they're more established (or at least, until you can see the first class' match rates), I think it's best to apply elsewhere.

Status

Pre-Medical

[Apr 20, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18863408)

* [#9](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18863408)

Included USDO in the IMG category as well - starting in 2016, Canadian DO graduates are considered IMGs by CaRMS.

* [#10](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18874570)

[neuralgal said:](https://forums.studentdoctor.net/goto/post?id=18863408)

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By all provinces ?  
I was under the impression that they were still CMGs in couple of provinces.

Status

Pre-Medical

[Apr 24, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18875260)

[Toothachee101 said:](https://forums.studentdoctor.net/goto/post?id=18874570)

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Best I can understand, it's a weird situation. In terms of matching in CaRMS, DOs are considered IMGs. However, if you complete your residency training in the US, then some of the provinces will accept you equivalent to a US MD (may be some additional requirements).  
  
So, this really limits people going the DO route to specialties covered by the statements of need (as with all Canadians completing residency in the US) or to IMG spots in Canada. To me, this makes it no better than any other option and makes me prefer the UK even more.

Status

Medical Student

[May 7, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18915685)

* [#12](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18915685)

[neuralgal said:](https://forums.studentdoctor.net/goto/post?id=18875260)

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Well it's better in that as an IMG you're in the same situation for Canada as a DO, but the DO grad is in a much, much better place to apply for the same US residency spots you'd be applying for as a UK grad-but the DO is without the added IMG stigma...on top of the statement of need issues  
  
Both risky, but there is a significant benefit to NOT being an IMG for the US match, since that's realistically your best hope

Status

Pre-Medical

[May 7, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18918225)

* [#13](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18918225)

[ConfusedChemist said:](https://forums.studentdoctor.net/goto/post?id=18915685)

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Very good point - Canadian DOs will be considered equally in the US match, so there is an advantage there. If only those pesky SONs didn't get in the way...

 Reactions:[deleted390966](https://forums.studentdoctor.net/posts/18918225/reactions)

[Jun 4, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18999822)

* [#14](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-18999822)

[Domperidone said:](https://forums.studentdoctor.net/goto/post?id=18860007)

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If that is true, then how does Australia decide who gets more/less competitive residencies? Also, from what you are saying, it seems like many people stay in Austrlia? Is that the case?

Status

Medical Student

[Sep 2, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19259631)

* [#15](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19259631)

[neuralgal said:](https://forums.studentdoctor.net/goto/post?id=18918225)

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USDOs/USMDs, unlike all the other IMGs have a far easier time getting H1B visa and bypassing health canada Statement of need all together.  
  
The past years, people have done Radiation Oncology, multiple Plastic Surgery matches, and Internal medicine on H1B, then of course FM as well - as expected.

[Sep 3, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19260789)

* [#16](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19260789)

[UBC2014 said:](https://forums.studentdoctor.net/goto/post?id=19259631)

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the past years people have done this where?

Status

Resident [Any Field]

[Sep 3, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19260866)

* [#17](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19260866)

[WolfLarson said:](https://forums.studentdoctor.net/goto/post?id=18999822)

If that is true, then how does Australia decide who gets more/less competitive residencies? Also, from what you are saying, it seems like many people stay in Austrlia? Is that the case?

Sorry just spotted this. I can't remember if I've answered this elsewhere for you before.  
  
But Australian system does not allow direct entry into the North American equivalent of "residency" or vocational training directly after medical school.  
  
I remember you were interested in Surgery. If you look up the RACS (royal australian college of surgeons) application guideline. it's an incredibly intensive points system. it has its own set of "board" type of entry exam, that often people take dedicated courses for 30k out of pocket to prepare for. then research - articles have points, and then research degrees (like PhDs and masters - subsequent to med school) etc. etc. It can take years to accumulate enough points to even get an interview. They often want those who are already trained to a degree. It also matters who your referees are. people who can vouch for your reliability. So, currently, PGY5-6 is not unheard of to be 'competitive' to apply for RACS to finish surgical training.  
  
the Australian post-grad medical system is an entirely different beast. it's just an entirely different culture through which this system developed as well. The differences are often taken for granted - because of the assumption that somehow all Western countries are the same. They aren't. You have to get over this if you're going to commit to moving offshore.  
  
Currently, and in the past, many people did stay in Australia. I'd say the majority. (with the exception of UQOchnser Americna program) Often those who didn't do very well on their board exams for the US and Canada and thus sealed their fate. those who had red flags during medical school (I'm not sure how this is a surprise, considering cut offs are so low to get in, there will be those who eventually fail something in med school off shore). Or those who just found it easier to not take any exams at all, or chose not to, and just stay in Australia. People get comfortable after 4 years of studying and living in a particular place. And there are groups of them, just hanging out unambitiously in rural Australian hospitals that ask nothing of them except to stay with them. It's beautiful how that situation turned out and is to be desired. but you have to fit into a group that is flexible and okay with that situation. I don't know how long this will last. Right now it seems finite. residency is a resource and it is becoming limited in supply, because there is NO doctor shortage, only maldistribution.  
  
And If you want surgery, you can't stay at rural Australian hospital forever.  
ANd surgery is highly sought after and regarded, even general surgery. you also have to have PR to even apply for surgery in Australia.  
  
I've probably stated it before, but things are changing because we're in junior doctor oversupply, and the government is starting to take measures to stem this (but without turning the tap off selling degrees - governments are stingy, it's almost a universal thing). It's quickly becoming the situation in Ireland. Again. to no surprise. Whatever happens in the UK, often Australia kinda follows it to a degree. I'm probably going to get a rise out of Canucks, but kinda like how Canada follows the USA to a degree in social or political changes  (emphasis on to a degree, considering how Justin Trudeau is nothing like Trump)

Last edited: Apr 24, 2018

[Sep 3, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19260892)

* [#18](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19260892)

[Domperidone said:](https://forums.studentdoctor.net/goto/post?id=19260866)

Sorry just spotted this. I can't remember if I've answered this elsewhere for you before.  
  
But Australian system does not allow direct entry into the North American equivalent of "residency" or vocational training directly after medical school.  
  
I remember you were interested in Surgery. If you look up the RACS (royal australian college of surgeons) application guideline. it's an incredibly intensive points system. it has its own set of "board" type of entry exam, that often people take dedicated courses for 30k out of pocket to prepare for. then research - articles have points, and then research degrees (like PhDs and masters - subsequent to med school) etc. etc. It can take years to accumulate enough points to even get an interview. They often want those who are already trained to a degree. It also matters who your referees are. people who can vouch for your reliability. So, currently, PGY5-6 is not unheard of to be 'competitive' to apply for RACS to finish surgical training.  
  
the Australian post-grad medical system is an entirely different beast. it's just an entirely different culture through which this system developed as well. The differences are often taken for granted - because of the assumption that somehow all Western countries are the same. They aren't. You have to get over this if you're going to commit to moving offshore.  
  
Currently, and in the past, many people did stay in Australia. I'd say the majority. (with the exception of UQOchnser Americna program) Often those who didn't do very well on their board exams for the US and Canada and thus sealed their fate. those who had red flags during medical school (I'm not sure how this is a surprise, considering cut offs are so low to get in, there will be those who eventually fail something in med school off shore). Or those who just found it easier to not take any exams at all, or chose not to, and just stay in Australia. People get comfortable after 4 years of studying and living in a particular place. And there are groups of them, just hanging out unambitiously in rural Australian hospitals that ask nothing of them except to stay with them. It's beautiful how that situation turned out and is to be desired. but you have to fit into a group that is flexible and okay with that situation. I don't know how long this will last. Right now it seems finite. residency is a resource and it is becoming limited in supply, because there is doctor shortage, only maldistribution.  
  
And If you want surgery, you can't stay at rural Australian hospital forever.  
ANd surgery is highly sought after and regarded, even general surgery. you also have to have PR to even apply for surgery in Australia.  
  
I've probably stated it before, but things are changing because we're in junior doctor oversupply, and the government is starting to take measures to stem this (but without turning the tap off selling degrees - governments are stingy, it's almost a universal thing). It's quickly becoming the situation in Ireland. Again. to no surprise. Whatever happens in the UK, often Australia kinda follows it to a degree. I'm probably going to get a rise out of Canucks, but kinda like how Canada follows the USA to a degree in social or political changes  (emphasis on to a degree, considering how Justin Trudeau is nothing like Trump)

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whoa! thanks for your response. What can you say about coming back to canada as an australian grad? From the CARMS list from 2016 it seems that 61% of applicants from australia/oceania/pacific islands match. What about my chances of getting gen surg in canada?

Status

Pre-Medical

[Sep 4, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19261963)

* [#20](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19261963)

There's a file somewhere online that shows the percentage of students that matched back to Canada based on what school they went to abroad.. does anyone know where to find this?? I had it at one point but lost it...

Status

Pre-Medical

[Sep 5, 2017](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19263176)

* [#21](https://forums.studentdoctor.net/threads/for-canadians-overview-of-uk-ireland-australia-caribbean.1253172/post-19263176)

[WolfLarson said:](https://forums.studentdoctor.net/goto/post?id=19260789)

the past years people have done this where?

I know a few people that did Radiation Oncology residencies in the US following a related MSc (ref. my post history); it probably helps when their department's guest list has people from the NIH, Memorial Sloan Kettering, and top 5 universities on it [CRUK/MRC Oxford Institute for Radiation Oncology Symposium | Department of Oncology](https://www.oncology.ox.ac.uk/event/crukmrc-oxford-institute-radiation-oncology-symposium), though. In all seriousness, however, I've been discussing related financial trends in the physician scientist forum since last year [When/how did you know you wanted to do mainly research as a career?](https://forums.studentdoctor.net/threads/when-how-did-you-know-you-wanted-to-do-mainly-research-as-a-career.1235791/#post-18466795), and can only point to the fact that the above isn't due to connections, research that appeals to the NIH, etc; IMO, it's due to commercial research endpoints and non-NIH funded translational research. The last industry conference I attended for that field (the Radiologic Society of North America's Annual Meeting in Chicago 2016) had an NIH rep there discussing their budget strain and need for industry support through binary/monetary research endpoints. An abstract I submitted afterward evaluated two clinical trials for additional indications of a PET imaging agent that can improve proton therapy (and surgery) which was approved for diagnostic use last Spring \*cough cough\* Oxford also came in at #1 in the rankings this year due to the above [Oxford and Cambridge top world university rankings - BBC News](https://www.bbc.com/news/education-41160914)