



**October 23, 2020**

Dear Colleague,

Angry, worried, resentful, frustrated, anxious, conflicted – these are just a few of the valid emotions that many of our colleagues across the country have endured these past months as they prepared for various high stakes examinations. As soon as all three examining bodies cancelled their examinations in March, RDoC has consistently advocated for three things:

- That the safety of residents and the patients they treat be priority number 1
- That the inability to write a critical exam due to COVID-19 not be an impediment to transitioning into practice
- That the examining bodies have contingency plans

Both the RCPSC and the CFPC have had their challenges administering their exams during the pandemic, but no exam has caused more widespread disruption in the lives of residents than the Medical Council of Canada QEII. The past two weeks have seen exam centre after exam centre withdraw their willingness to participate in providing this in-person exam and yesterday morning, the MCC announced that they would be cancelling this weekend's exam because they no longer had a large enough cohort to ensure that the exam results were defensible. COVID-19 and its impact on this year's exam cohort now affected every candidate no matter where they lived.

In June, when the MCC announced that they were pushing forward with the QEII exam this fall, RDoC and our Quebec counterparts, the FMRQ, expressed concern about scheduling a fall in-person exam, given that every public health forecast we had access to, warned that Canada would be experiencing a second wave of the pandemic in October.

The MCC worked to put in place protocols that would limit the number of candidates at each site in order to maintain physical distancing, in accordance with local public health guidelines. But this 'solution' limited the number of available spots in each exam centre and demanded that the MCC prioritize who could access the exam. As a result, the majority of current family medicine trainees, who would normally be offered a fall exam spot, were left out. Appropriately, priority was given to those candidates currently working with a provisional license but the reduction in the number of available spots necessitated that many candidates be assigned to exam centres that required travel, and for some, outside of their home province. I can assure you that at every opportunity, we impressed upon the MCC our concerns and repeatedly asked for contingency plans.

In September, we were reassured by the MCC that they were taking resident safety seriously, by implementing every reasonable step possible to ensure a candidate's safety. In our view, safety within the exam centre wasn't enough and we remained very concerned about the inherent risk for

anyone required to travel. As the number of COVID cases started to increase, we began to hear stories from residents working with immunocompromised patients, who were faced with the ethical dilemma of meeting their own need to sit the exam, or foregoing the exam, in order to minimize any risk to their patients as a result of the resident's need to travel interprovincially to a city with a higher number of COVID cases. The emails and stories that we have received are heartfelt and exemplify the very best qualities that one would hope for in a doctor.

As the last six weeks unfolded and the predicted second wave materialized, much has been written about increasing anxiety in our society combined with COVID fatigue. All doctors are not immune from this reality. Like all health care workers on the front line, we have the added stress of worrying every day about the risk of taking COVID home to our families. Resident workloads have increased requiring residents in many jurisdictions to step up even more to care for our patients in these uncertain times. Residency has always been hard but what makes it more challenging during a pandemic is that all of the fun parts of residency, like team retreats, in-person gatherings, after work socializing and bonding with your colleagues, have for the most part been suspended. A high-stake exam at the best of times is stressful but with the backdrop of the pandemic, no one should be surprised that the cancellation of an exam, the uncertainty of when it will be rescheduled, and the subsequent repeat cancellation of an exam is a lot to bear.

Each of us has the expectation that we will be examined at key points in our training to ensure that we are competent and able to provide a high level of care to our patients. We invest significant time and energy in developing our skills and we expect to be held to account. Similarly, our training programs are held to account through the rigorous accreditation process that is built into our training system. Programs must regularly demonstrate that they are meeting or exceeding an approved standard. Accountability is the hallmark of professionalism and that accountability must extend to our examining bodies who we pay to assess our knowledge and skills.

Every component of our system needs to be able to withstand scrutiny and this is why it is entirely reasonable for everyone, including residents, to question whether the exams that we take are relevant. It is also reasonable to expect that all examining bodies meet the highest standard in their administration of their exams, and that when they fall short, that they should assume full responsibility, including responsibility for any vendors that they have chosen to contract.

Generations of candidates, both before and after successfully completing the MCCQEII, have questioned the utility of the exam – this is not new. However, these questions are more germane during a pandemic, given the unprecedented risks inherent in taking an in-person exam – risks that have been validated by centre after centre withdrawing from serving as an exam site. Asking about an exam's utility during a pandemic is not opportunistic but rather, is reflective of what every clinician should always be asking themselves in every encounter – is this test necessary?

Now that the exams have been cancelled, we have increased the work already underway with the Federation of Medical Regulatory Authorities of Canada to ensure that the inability to sit the exam is not an impediment to independent medical practice. To date, where they have the legislative ability, the Provincial and Territorial Registrars have been very responsive to the needs of our members entering practice and we have no reason to believe that they won't continue to work collaboratively. As soon as we have more details, we will let you know.

I would be remiss if I didn't acknowledge that the turmoil associated with all exams during this pandemic extends beyond the candidates themselves. I know the toil that this has taken on families, friends and loved ones. I know that for many, who are in practice with a provisional license, that you have had to rely on colleagues to cover your patients and I have seen first-hand how resident colleagues have stepped up to cover extra call and provide space and time for candidates to prepare for the exam. Many candidates will never recover the money that they have spent on flights or accommodation nor will you recover or be allotted more vacation or study leave in the future. My heart aches for you and I empathize for all that you are going through.

I can assure you that the RDoC Executive and Board and our committed staff, in partnership with our Provincial Housestaff Organizations will continue to advocate tirelessly on behalf of our members, both past and present, whose exams are being affected by the impact of COVID-19.

Warmest regards,

A handwritten signature in black ink that reads "Esther Kim". The script is fluid and cursive, with the first letters of "Esther" and "Kim" being capitalized and prominent.

Dr. Esther Kim  
RDoC President