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Rethinking licensing exams in the time of COVID-19

Repenser les examens pour l'obtention du permis d'exercice de la médecine en période de COVID-19

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After 90 minutes of lying in bed with my eyes closed, tossing and turning restlessly, I finally gave in and looked at my phone: 2:13 AM. It's extremely unlike me to be unable to sleep the night before an exam. I take more pride than I should in my ability to achieve a calm but focused state before a high-stakes test. In fact, just a few days ago I had written the United States Medical Licensing Exam Step 2 (Clinical Knowledge) and had a great night's sleep the evening before. But this was different. Tomorrow morning (or, I suppose, later that day), I was writing the Medical Council of Canada's Qualifying Examination (MCCQE) Part 1. In light of the ongoing COVID-19 pandemic, I – like the majority of Canada's newest physicians – was going to write it remotely from home, using a software that supposedly provides a secure, high-fidelity testing experience. What was keeping me up was not whether or not I knew the content – after all, I had been studying hard every day for weeks for these exams. Rather, what fueled my insomnia were the endless horror stories I had heard and read about the technical difficulties of remotely writing the MCCQE.

Stories like how one individual, after being disconnected three times while writing their test, was told that one more disconnection would mean automatically forfeiting their examination, despite already completing 86% of the 8-hour exam. Stories like how another colleague had to resort to crying and groveling so that their proctor would let them continue writing after multiple inadvertent disconnections. Stories like how, on a Friday afternoon, candidates were

told that all examinations that were written that day – regardless of how much was completed – would be invalidated and rescheduled. More details were to come on Monday, leaving hundreds of incoming doctors in a whopping 48 hours of licensing limbo.

These are not isolated incidents. They are, in fact, pervasive issues of critical proportions. An informal, online group of thousands of graduating medical students across the country has banded together to discuss their experiences and strategize. With the aura of a war room, candidates discussed battle plans, which included:

- Crying early and liberally to get online proctors to take pity on you
- Racing through the exam as fast as possible, without checking your answers, so that you don't get disconnected too many times
- Writing the 8-hour exam without taking any breaks – no food, water, or using the bathroom – so as to not risk being booted
- Ensuring that you have access to at least four different computers, ideally a laptop and a desktop, with multiple different internet access points; and, even then, the poster recommended praying to a deity the night before just to be safe

This is not how professionals writing a licensing exam should be treated. Indeed, this is not how anyone should be treated, especially not by an organization that aims to

achieve “excellence in the assessment of physicians” and that hopes to “remain at the forefront of innovation in medical assessment.”¹ After paying \$1,300 for the privilege of taking this exam,² up to \$984 on practice materials (a “discounted” full-length practice exam costs \$408 and six sample sets of questions cost \$96 each),³ and several weeks of opportunity cost preparing for an exam with a 98-99% pass rate,⁴ we expect to at least be able to write it without the Damocles Sword of potential disconnection or an unreasonable proctor hanging over our heads. The ramifications of having your exam postponed are significant, given that we are starting our first year of residency in July, with little time to spend on much outside of the hospital – especially not licensing exams of questionable utility.

The purpose of this commentary is not to prescribe a solution. Nor is it to berate the MCC – to their credit, they did quickly organize a solution to writing licensing exams during unprecedented times, albeit one that was fraught with significant distress and confusion. Resolving this issue requires extensive and creative problem-solving by individuals much smarter and more experienced than I, as well as consultations with key stakeholders (most importantly, the candidates writing the exam). Rather, my

objective is to bring to light the tribulations being faced by the newest doctors of Canada who, prior to starting their residency training in the midst of a global pandemic, are being forced to face an inequitable, unreliable, and arguably unnecessary licensing examination. As medical students, we learned repeatedly that it is our duty to bring to light unprofessional and unjust behaviour affecting members of our society, and this is exactly what I hope to do.

Conflicts of Interest: Nothing to disclose

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