

Royal College exams, examined Examens du Collège royal, examinés

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Dear Editor,

We are writing in response to the Opinion/Commentary entitled “A critical analysis of the Royal College of Physicians and Surgeons of Canada examination experience”, by MacFarlane published In Press in the Canadian Medical Education Journal on February 17, 2025.¹ The article raises questions regarding Royal College of Physicians and Surgeons of Canada (Royal College) assessment processes, a cornerstone of certification in Canada. While MacFarlane centers the analysis on the importance of ensuring fairness, transparency and alignment with best practices, the piece itself falls short of offering a nuanced, critical understanding of the rigor and complexities embedded in the Royal College examination system.

Specialty certification is granted by relevant institutions around the world, each of which carries out assessments based on local context and needs. International specialist training, distinct as it is from general medical school education, varies greatly in scope of discipline, educational design, and degree of responsibility given to learners. Certification examinations are, therefore, a crucial objective measure to assess the readiness of candidates to meet expectations in the jurisdiction in which they seek certification. We have a high degree of confidence that the Royal College examinations are testing candidates at an appropriate level for entry into specialty practice in Canada and that those who are successful at the examinations have demonstrated readiness for that transition.²

In general, success rates on Royal College certification examinations are higher for individuals who completed their medical education in Canada compared to those who trained outside of Canada. This is a common pattern around the world given that specialty certification candidates trained within a jurisdiction have spent many years in comprehensive training specifically designed to prepare them for consultant practice in the context of that jurisdiction. As a reflection of this principle, we see relative consistency in examination success from Canadian trained candidates, while the pass rate for international graduates varies substantially year over year based on the demographics of those presenting to the examination. In response to Canada’s health human resource crisis and with a commitment to maintaining the high standards essential for quality patient care, the Royal College has expanded access to Canadian certification pathways, making examinations by a certifying body an even more important step to assess competence in an objective manner.

Comparing broad-based foundational qualifying examinations like the Medical Council of Canada Qualifying Examination Part I, designed for medical students completing their medical degree in Canada *and entering further training*, with certifying specialty exams, which are deployed at the *transition to independent specialty-specific practice* across 68+ disciplines, overlooks important differences between these types of exams. Royal College examination practices are based on the Ottawa Conference Consensus framework³ and can be summarized by the CARVE mnemonic: Cost-effectiveness, Acceptability, Reliability, Validity and Educational Impact (to learners and

the broader educational system). Royal College examination production and delivery involve the leadership of approximately 140 Exam Board Chairs and Vice-Chairs, close to 1500 examiners, a process where each exam is reviewed by an independent external examination expert and a rigorous psychometric analysis and a peer-based review of examination performance by the overarching Royal College Examination Committee. With this framework in mind, the Royal College allows re-use of high performing questions to a maximum of 40% reuse per specialty examination. This preserves a focus of examination content on core concepts, supports comparability in exams year over year, ensures blueprint targets can be met, and optimizes workflow for volunteer Fellows and staff. MacFarlane questions the impact of previously used content on candidate experience. Our psychometric analysis and peer review processes confirm that candidates graduating from Canadian and international programs both perform better on re-used core questions than on new content and that our parameters around re-use of old questions still allows our examinations to perform in keeping with the CARVE principles. We contend that experiential learning in a structured, specific workplace-based environment, such as through compatible residency programs, is the best preparation for examinations that certify one for independent practice in that environment. In fact, completion of such training is a prerequisite for certification with the Royal College and linked to examination eligibility. Although Royal College certification is aligned with residency completed in Canada, we do consider training in a variety of international residency programs. In doing so we accept that, even though we review each candidate's training in detail, the added heterogeneity inherent in international programs will result in a more varied performance on the Canadian certification examination.

We agree with MacFarlane that all candidates, regardless of pathway to certification, must be treated fairly in the examination process. Variations in results must be driven by legitimate differences in ability and readiness for unsupervised practice, and the Royal College takes great care to ensure this is the case in our work. The Royal College does review success rates for various sub-groups who challenge our examinations. MacFarlane calls for public disclosure of success rates by cohort in the interests of transparency. However, releasing performance data

across the breadth of our examinations would carry significant risks given the marked diversity across examinations in terms of design, cohort attributes and candidate numbers. Rather than risk identifiability of individual results or being complicit in providing data that can lead to broad generalizations about cohorts of certification candidates, we assert that those who are successful at our examinations and certified by the Royal College are highly competent specialist physicians, regardless of the route they took to becoming certified. This is arguably the outcome of primary importance for any certification process.

We appreciate the opportunity to discuss the critical role of certification examinations in the pathway to certification in Canada. The Royal College remains committed to continuous quality improvement in all our work and we welcome questions and comments at any time through our various communications channels.

Conflicts of Interest: All authors are affiliated with the Royal College of Physicians and Surgeons of Canada (RCPSC):

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