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| mtopps@mcc.caibowmer@mcc.casroy@mcc.casabraham@mcc.caservice@mcc.ca |

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Dear Dr Topps, Dr Bowmer, Mr Abraham and Ms Roy:

I was one of the registrants for the September 12-13 NACOSCE who was unable to present for the exam for a COVID-related reason.  As one among a **large group of examinees who were absent (withdrawn or no-show) due to COVID barriers entirely outside of our control,**I am writing this letter to ask for the MCC's serious consideration of the following points regarding the exam and their necessary remedies.

I want to start by acknowledging the tremendous challenge of administering national medical licensing exams amid a global pandemic.  Examiners and examinees contend with the same barriers, only from different vantage points, and I strongly commend the solution-commitment and ingenuity that the MCC has shown in response to these challenges — as evidenced by your virtual delivery and expanded testing periods for QE1, and by your design of a modified while still valid and defensible Fall NACOSCE exam.

If this Fall's NACOSCE *did* in fact experience the record-high registration widely presumed (given the USMLE Step 2 CS suspension), our no-show group would have represented a small and unalarming percent of what was an epically large "whole".  As such, as you read this letter and consider the points presented, I suggest thinking of the no-show group as a **"crude" no-show head-count** (as compared to previous years), as well as one **absent for a single, common, universal reason.**

As part of the examiner-examinee contract that we enter upon registering for an MCC exam, we (examinees) are accountable to you— to  comply with testing protocol and to behave honorably on our exam day; and you (examiners) are accountable to us— to deliver an **ACCESSIBLE**,**SAFE**,**FAIR**and**EQUITABLE** exam.  As such, whether 20 examinees or 200 were absent for reason of any one of the COVID barriers mentioned in this letter, I believe that you are accountable to each one of us, just as each one of us would be accountable to you if we failed to uphold our end of the contract.

On the examiner's end, this accountability means the provision of appropriate remediesif/when examinees face exam-related barriers outside of their control.  I grouped this September's barriers into two broad categories:

1. Global COVID Barriers
2. Barriers Associated with Newly-Implemented Testing Measures

The "NAC FAQ" section of the MCC website mentioned one such barrier that the MCC would accommodate for:  In the event that *"there is a second wave of COVID-19"* and examinees *"can't get to (their) exam centres"*, the MCC *"will make every effort to offer candidates an alternate location or date to take the exam"*.

Every one of the barriers cited in this letter is either *encompassed literally*by this statement or *interchangeable* with it, in being equally as obstructive, incidental and beyond our control.

**I.  GLOBAL COVID BARRIERS- SEPTEMBER, 2020:**

While many IMGs reside domestically at the time of their NACOSCE, international travel to Canada is a true cornerstoneof the exam; one of its hallmark elements.  In the weeks leading up to September 12 and 13, the COVID pandemic was not only still raging, it was in an **acute state of *worsening*.**  Infection numbers surged exponentially in the initial days and weeks of the pandemic's "second waves" in Europe, the U.S, Canada and many other countries and regions.  European countries tightened their restrictions to prevent second national lockdowns; and the United Kingdom, Spain, France and others raised their "Coronavirus Alert Level" to a 4 out of 5.  The U.S remained in a state of national crisis and Canada saw surging case numbers in some of its provinces.

Whether domestic or international, *all* travel has been subject to immense uncertainty and frequent moment-to-moment changes – with trip delays, cancellations and reroutes representing travel's current "normal" or "rule", rather than its exception.

* **TRAVEL BANS, RESTRICTIONS & ADVISORIES:**Australia and New Zealand have banned all overseas travel.  The UK and the EU are strongly discouraging overseas travel, all the more since mid-August, and have imposed strict restrictions on their citizens' movement between cities (required to get to many major airports) and have markedly reduced their outbound flights.
* **CANADA – U.S BORDER CLOSURE:**Extended on August 14 to September 21, and then on September 18, to October 21.
* **FLIGHT SUSPENSIONS, DELAYS, CANCELLATIONS & REROUTES:**Examinees whose flight itineraries underwent any delays or changes could proceed with their travels only iftheir pre-NAC 14-day arrival quarantines would not be cut into, as doing otherwise would put them in non-compliance with federal Quarantine Law, for which there are very serious consequences.
* **MANDATORY QUARANTINE PERIODS:**With 28 days of mandatory quarantine (2 x 14 days) added to roundtrip travel and NAC testing time, any examinee living abroad had to be able to take **4.5 – 5 weeks away from their lives**—whether from school, rotations, work, family or any number of other obligations—in order to present for the exam.  In the absence of a special allowance made by a *very generous* school or employer (several Irish medical schools made such allowances for their Canadian students), no adult has as much as even ¼ of this time to take "off" or away.  Furthermore, after the $3000 cost of the NAC and the high expense of travel, most medical students and recent graduates don't have the **funds required to spend as many as 28 days in hotels** in fulfillment of their quarantines.
* **VISAS & CANADA ENTRY PERMISSION:**With visa-processing moratoriums globally, closure of the Canadian border to non-citizens or permanent residents, and strict entry restrictions on all travel deemed "non-essential", it would be fair to say that the exam was **inaccessible to non-Canadian citizens living abroad.**

For every one of these reasons, this September's NACOSCE was NOT **ACCESSIBLE** to a significant number of its registrants.

**II.  BARRIERS ASSOCIATED WITH NEWLY-IMPLEMENTED TESTING MEASURES:**

Two examples of newly-implemented COVID testing measures are 1) at-home testing through Pro-Proctor, and 2) clearance of a COVID Screening Questionnaire and an on-site Symptom Check (eg temperature check) as requirements for entry into testing centers. By virtue of their shared "newness", these measures can be thought of analogously.

New measures are always implemented with ample flexibility, capacity for accommodation and generous margins for error.  **In the case of new testing measures, if their implementation precludes a student from either *taking* (eg Health Screening failure) or *completing* an exam (eg Pro-Proctor glitch, freeze or time-out), there are remedies available.**

As a live exam administered during a surging global pandemic, the **SAFETY** of this September's NACOSCE rested upon its newly-implemented Health Screening measures.  **Question #1 of the COVID Screening Questionnaire, and examinees' HONEST positive symptom reporting in response to it, represented** **the exam's single most critical safety determinant**.  Having a fever, cough, sore throat and/or runny nose in mid-September is by no means uncommon or unanticipated, particularly among medical workers and recent travelers; no less at a time where sick individuals are in unprecedentedly high abundance.  Guaranteed that many September NAC participants in previous years took the exam sick, unwell or symptomatic.  In small and confined exam rooms with air recirculating, there is no mask-wearing, physical-distancing, hand-washing rigor or surface-cleaning frequency that would have protected examinees and exam staff from an infectious individual.  And, during a time where in-person congregations are so rigorously scrutinized and audited, a symptomatic examinee who infected other exam-takers and staff would have been a nightmare (and public relations crisis) of the worst kind for the MCC, especially with the exam's codification as a "high-risk gathering" by external audit measures given its timing and participant population.

So, if the 'sick symptom' variable is both *highly probable to present* and *highly critical to report* (this year only), those who followed your rule in the face of it should not be penalized or disadvantaged.

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In the presence of any *one* of the barriers cited above, proceeding with a live exam would be questionable.  In the presence of *all* of them and the decision to go ahead with the exam, keeping with its "one time only" offering simply isn't fair or reasonable.  **Our no-show group was stuck in an impossible predicament and a literal corner**. The student letters and appeals, the petition with 1200 signatures, and the newspaper articles all written since the MCC's announcement of the NAC in June voiced all of the same concerns mentioned here.  Other countries' national OSCE exams have either been cancelled indefinitely (U.S and New Zealand); replaced by multiple alternate credentialing pathways (U.S); offered virtually (eg American Board of Surgery General Surgery Qualifying Exam); or scheduled multiple times monthly, every month (UK and Australia).

**SOLUTIONS & REMEDIES**

Looking at the full list of COVID-presented barriers that our no-show group faced, I think that it is fair to say that the decision to proceed with a live exam in their presence would have to be done with **much-added scheduling flexibility and full capacity to provide alternatives and remedies if/when examinees were to be confronted with these challenges.**A refund and being told to "take the exam in March" and "apply to CARMS next year" are NOT remedies.  A remedy doesn't penalize or catastrophically disadvantage a group candidates for factors outside of their control; rather it allows everyone to remain on a level, **FAIR**and**EQUITABLE**playing field.

On June 15, the MCC announced the September NACOSCE with the following disclaimers: *"Due to the current context, examination centres are subject to change"*; that the MCC *"may need to cancel or change the date of the exam for reasons outside of our control"*; and *"to ensure the safety of all exam participants, such (changes) could happen at any time, up to and including the day of the exam"*.  These statements appropriately acknowledge the precariousness of the circumstances, also for "reasons outside of (your) control", and ask for examinees' understanding, flexibility and preparation for change.  Now, we, the examinees, are asking the MCC for the exact same.

Short of an exam being suspended or omitted as a requirement, **the only appropriate remedy is the offering of an alternate exam date.**

A few ideas for how this could be accomplished:

Ø  An exam day offered **virtually**.  With this year's exam entirely oral (and non-tactile), conversations between SP and examinee and between PE and examinee could be conducted in real-time, either orally via microphone or through a timed typed "chat" or other answer submission interface.

Ø  An exam day (or exam weekend) offered **at a single site in November or December**.  This would align with previous September NACs that were offered over 2 weekends.  Instead of a refund, our exam fees could be put toward this test day.

Ø  A **province's medical school, with their MCC-approved and NACOSCE-trained SPs, PEs and Chief Examiners, tasked with the exam's administration**.  They could receive the exam from the MCC and administer it at their OSCE center with the above staff.

As important as the pillars of exam **ACCESSIBILITY, SAFETY, FAIRNESS** and **EQUITABILITY** are to your examinees, they are equally important to your stakeholders, since an exam that fails to uphold any one of these pillars can no longer be considered "standardized".  As such, without appropriate remedies offered to this exam's significant no-show group, the scores of those who did take the exam would remain valid, but your CARMS and residency program stakeholders would not be able to maintain the exam's passing as a requirement for the 2021 application season.

I know that this September's NACOSCE was simply an exam delivered as best as the MCC could despite unprecedented barriers, which it sounds like you did an exceptional job in doing.  I commend you immensely for this, as it is no small feat!

I want to sincerely thank you for your time and patience reading this LONG, dense and detailed letter, and for your consideration of the points presented within it.

With warm regards,