

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS

EXAM EXPERIENCES SURVEY

SUMMARY

THE SURVEY

- Between December 2022 and February 2023, the Society of Canadians Studying Medicine Abroad (SOCASMA)¹ undertook an online survey to solicit experiences surrounding RCPSC examinations.

This survey was conducted as an online Google Forms Survey, and participants were recruited through invitations and notices on various medical forums and through interested stakeholder groups. This survey may be subject to some degree of response bias, but we believe the results point to significant issues with the exams that bear scrutiny.

- In reflecting on the responses below, it is worth noting that respondents are highly educated in medical sciences having successfully completed undergraduate/premedical studies, a medical degree, and four or more years of postgraduate medical residency training. These respondents are experienced medical professionals at the point of entering independent medical practice. Many respondents successfully passed their RCPSC examinations.
- The responses provide insight that is important in evaluating the RCPSC certification exam process.

DEMOGRAPHICS

- There was a total of 53 questionnaires completed.
- Some totals reported below will have a lesser denominator than 53 depending on whether specific questions were answered, and due to removal of “not applicable” responses from the data.
- 67.3% of respondents were International Medical Graduates (IMGs), 30.8% were Canadian Medical Graduates (CMGs) and 1.9% were US Medical Graduates (USMGs)
- IMG respondents were comprised of:
 - 5 Canadians Studying Medicine Abroad (CSAs) who completed residency training in Canada.
 - 13 CSAs who completed residency training outside Canada.
 - 3 physicians who immigrated to Canada and completed residency training in Canada.
 - 14 physicians who immigrated to Canada and completed residency training outside Canada.
- 21 respondents had practiced their specialty outside of Canada, 30 had not.
- 14 respondents were currently studying for a RCPSC examination.

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- 44 had taken at least one RCPSC examination.
 - 14 had taken a written examination.
 - 30 had taken both a written and oral examination.
- Examinations taken included: internal medicine, anesthesiology, cardiac surgery, diagnostic radiology, emergency medicine, general surgery, OB/Gyn, ophthalmology, otolaryngology, pediatrics, radiation oncology, and psychiatry. Psychiatry respondents comprised 15 respondents and this may skew results.
- 34 respondents had passed a RCPSC examination.
- 11 respondents had failed a RCPSC examination.
- 8 respondents had never attempted a RCPSC examination, 36 respondents had attempted an examination once, 3 respondents twice, 3 respondents three times, 8 had attempted exams five or more times.
- 40 respondents had never failed a RCPSC examination, 6 had failed once, 3 had failed twice, 1 had failed five or more times.

QUESTIONS AND FINDINGS

Question: “If you have written a RCPSC exam, in your opinion were any questions unclear or poorly worded?”

Responses:

- 30 responded “Yes”
- 11 responded “No”
- **Summary: 73% thought questions were unclear or poorly worded.**

Question: “What percentage of questions did you find unclear or poorly worded?”

Responses:

- 16 responded 10% or less
- 15 responded 11% to 20%
- 3 responded 21% to 30%
- 2 responded 31% to 40%
- 2 responded 41% to 50%
- 1 responded 51% or more
- **Summary: N=23 or 58.9% thought 11% or more of questions were unclear or poorly worded.**

Question: “If you have written a RCPSC exam, did you encounter any questions that contained factual errors?”

Responses:

- 16 responded “Yes”

- 23 responded “No”
- **Summary: 41% of respondents encountered questions that contained factual errors.**

Question: “What percentage of questions did you find contained factual errors?”

Responses:

- 24 responded 10% or less
- 2 responded 11% to 20%
- 2 responded 21% to 30%
- 1 responded 31% to 40%
- **Summary: 17.2 % of respondents reported that 11% to 40% of questions contained factual errors.**

Question: “Did you attempt to appeal your RCPSC exam results?”

Responses:

- 3 respondents attempted to appeal, 34 did not.

Question: “If you appealed your exam results, was your appeal successful?”

Responses:

- 1 responded “Yes,” 3 responded “No”

Question: “Would you describe the appeal process as fair?”

Responses:

- 7 responded “No”

Question: “If the appeal process was not fair, please describe what you thought was unfair about it.”

Comments:

- There is no appeal process to begin with, the response is automatic denial. For instance the so called ‘Review of Marks’ is a misnomer. It does nothing other than check for tabulation error, it does not review any marks.
- Refusal to look into the factually inaccurate question.
- There is none.
- Based on information from others, it seems the appeal process is not transparent.
- I have not attempted to appeal as I only failed based on my written result which is entirely multiple choice. I was told that either I got the question right or wrong and as such there is no room for error. It is also expensive to appeal. I was in the 65-69.9 category and needed 70 to pass and be allowed to take the oral. I was also not allowed

to take the oral last year and use it as credit to this year since both have to be passed independently as of last year (this rule did not apply the year prior).

Question: “If you wrote a RCPSC exam, were you satisfied with the quality of feedback from RCPSC on your exam?”

Responses:

- 9 responded “Yes”, 23 responded “No:
- **Summary: 71.8% of respondents were not satisfied with the quality of feedback from RCPSC on their examination.**

Question: “Was the feedback you received from RCPSC on your exam sufficient to help you target your weak areas to improve your performance on your next attempt?”

Responses:

- 17 responded “No.”
- The majority responded not applicable.
- Nobody responded “Yes”.

Question: “What would improve the quality of feedback from RCPSC regarding your exam performance?”

Comments:

- More specific areas of weakness
- Provide the answer that were expected and the reference that supports the valid answer
- Receiving any!
- Information about areas of weakness, information about questions that were not included in scoring due to testing/inaccuracies
- Score, areas that I did well or poorly.
- Any feedback
- Should be more specific.
- More detail, score report.
- By providing feedback about incorrect questions.
- Actual feedback and answers to questions.
- Similar to old MCCQE 1&2, they identified areas of strength and weakness.
- Providing information as to which categories you got right or wrong. Knowing how many people got each type of question right is also helpful as if too many get incorrect it gets removed.

- It needs to be way more transparent than it is. The questions were often unclear or just poorly written. It was almost like you had to know what the writer was thinking, as opposed to knowing what the right answer is.
- There is no feedback so any would be helpful.
- For IMG question is marked from 0 to 100 percent and for Canadian graduate it's either right or wrong.

Question: “Did you use the RCPSC "Blueprints" or Format of Examination material as a study guide?”

Responses:

- 25 respondents answered “Yes”
- 6 respondents answered “No”
- 14 respondents didn’t know about the Blueprints study material
- **Summary: a significant proportion of respondents were unaware of Blueprints study guide. RCPSC needs to do more to promote awareness of this resource.**

Question: “If you used the RCPSC "Blueprints" study material did you find it helpful?”

Responses:

- 10 found it helpful, 13 did not.
- Summary: 56.5% did not find Blueprints study material helpful.

Question: “What other study resources would you find helpful to have available?”

Comments:

- Question banks, review books.
- Study notes from previous residents were the most valuable. These are passed down by residents within training programs and include recollections of old exam questions. Many residents were not forthcoming in sharing this information but you only need to find one who is.
- The Royal College provides none to IMG.
- So many textbooks and guidelines, unsure how much needs to be studied.
- DSM, Kaplan & saddock synopsis , Canadian guidelines (depression, anxiety, bipolar disorder, psychosis).
- A good summary of information, particularly landmarks studies we are expected to know.

- It is very unfortunate that the only way of passing the exam is through past papers, which IMGs do not have access to.
- Review courses.
- Question bank formatted based on exam style questions.
- DSM workbook.
- Online question bank, courses (for Anesthesiology - none are available).
- Clearly specified curriculum, text books, practice questions.
- Less expensive oral prep.
- Clinical practice guidelines.
- Group study, preexisting resources.
- bank of previous exam questions.
- "practice" questions shared by other applicants.
- nothing.. the exam came from meeting and new materials from research.
- Question bank, standard book such as those available in the USA such as First Aid USMLE etc.
- Recommended textbooks.
- Old question banks given that some programs have these and apparently share the questions and say a large portion of exam are repeated questions.
- The DSM, old exam papers.
- What source of factual information should I be preparing from. There are a lot of sources advised by the RCPSC, but a lot of the times they are contradictory to each other.
- A legitimate question bank.

Question: “Did you have access to past exam questions to help you study and prepare for the RCPSC exam?”

Responses:

- 27 responded “Yes”
- 10 responded “No”
- Some respondents did not answer this question
- **Summary: 72.9% of respondents had access to past exam questions!**

Question: “If you had access to past exam questions to help you study, did you find these questions helpful in preparing you for the exam?”

Responses:

- 23 responded “Yes” 5 responded “No”
- **Summary: 82.1% of respondents found having access to past exam questions helpful in preparing for the exam.**

Question: “If you had access to past exam questions when you wrote the RCPSC exam, what percentage of questions on the exam appeared to be from these past exam questions?”

Responses:

- 3 responded 10% or less
- 9 responded 21% to 30%
- 6 responded 31% to 40%
- 1 responded 41% to 50%
- 7 responded 50% or more
- **Summary: 53.8% found that 31% or more of questions appeared to be from past exams. Note that this provides a tremendous advantage to those 72.9% of respondents who had access to past examination questions.**

Question: “Would you find it helpful in studying for RCPSC exams to have access to a bank of past exam questions?”

Responses: 40 responded “Yes” 1 responded “No”

Summary: Almost all of respondents would find it helpful to have access to a bank of past exam questions.

Question: “In your opinion, were the questions you encountered on RCPSC exams relevant and appropriate to assessing readiness to enter independent practice?”

Responses: 16 responded “Yes” 20 responded “No”

Summary: 55.5% of respondents did not believe the questions encountered on RCPSC exams were relevant and appropriate to assessing readiness to enter independent practice.” This is a significant percentage given that 34 respondents have passed their exams.

Question: “In your opinion, do you believe the RCPSC exam you wrote was objective and fair?”

Responses:

- 18 responded “Yes”
- 15 responded “No”
- **Summary: 45.5% of respondents do not believe the RCPSC exam they wrote was objective and fair. This reflects a serious perception problem with RCPSC exams, particularly given that 34 respondents have passed their RCPSC exams.**

Question: “If you do not believe the RCPSC exam you wrote was objective and fair, why not?”

Comments:

- The questions were focused on minute details of subspecialties rather than general surgery questions that speak to safety to practice.
- Some questions do not have a clear answer, do not reflect real clinical situations, no references found after the exam to support one particular answer.
- Especially for the oral, we were tested on very specific and irrelevant subjects.
- I had some old exams but not the most recent couple years. The Canadians I met when I moved here had every question from every year which made the exam a cake walk for them.
- I had Canadian knowledge, might not be fair to other demographics.
- Some questions were narrowly focused and based on single studies which at times appeared arbitrary.
- The exam contained a lot of new data that is not relevant to a newly graduated non sub specialized surgeon. Also they asked about Hazard ratio.. who memorize hazard ratio in trials!
- Questions were very poorly written, in some cases clearly had been translated from French as the grammar was French (word order). Multiple answers were often correct and clinically inappropriate to choose one over another given that both interventions/treatments are critical e.g. fluids, epinephrine etc.
- Many of the questions are apparently repeats that certain individuals and programs have access to for practice and comprises a majority of the questions on the exam. There were also many subspecialty questions not applicable to general practice and I GUARANTEE if a general physician in my field had to take the exam even a few years post training they would not pass. I also don't think it's fair that every year the requirements have changed for exams required.
- I don't think the questions were vetted well enough.
- It tested my ability to write a test but not much more.
- 100 percent passing for Canadian and 0 to 10 percent passing rate for IMGs.

Question: “When you think about the overall exam experience, do you believe it was fair and transparent?”

Responses:

- 18 responded “Yes” 20 responded “No”
- **Summary: 52.6% of respondents did not think the overall exam experience was fair and transparent. This reflects a significant problem with the perception of the RCPSC exam experience.**

Question: “If you do not believe the overall exam experience was fair and transparent, why not?”

Comments:

- Canadian students/residents had access to questions well in advance and the ability to ask their supervisors (the ones writing the questions) what the answers were. These answers were shared around to Canadians. Speaking to colleagues who were CMGs and passed the exams well after the fact, they pretty uniformly say there’s no way anyone can pass that exam without the previous questions and specific coaching. One told me that even the course doesn’t really help (I took it), you need the past questions.
- Has anyone heard where 6.5% will be deducted from legitimately earned scores without any valid reasons?? Only at the RCPSC.
- The RC do not provide the answers that are expected, so there is no way to know if they have made a mistake or not. We need to blindly rely on the knowledge content expert with no way to double checking. There is lack of transparency in their process to design the questions and no certainty that they use scientific references to design the questions.
- No transparency at all. We do not know how the questions are constructed or reviewed.
- As before, CMGs have an unfair advantage of having past papers to pass.
- Many exam questions focused on minutiae rarely encountered in actual practice, high degree of subjectivity with oral assessment.
- The Canadian residents have access to a resource (past questions) that International students do not.
- Need old exams. No transparency how to get.
- Lack of feedback on specific questions.
- I have been told by numerous people who have taken the exam (CMGs and IMGs) that there is no way to pass the exam without having access to illegally shared databanks of remembered past exam questions, and that the Royal College recycles up to 80% of past exam questions, that they are overly detailed and lacking in clinical relevance and that simply studying will not be enough to pass. It feels like competing in the Olympics when it's an open secret that everyone is taking steroids, and if you don't take drugs you will not be able to compete/succeed.
- Canadian trainees have the old exam questions and the exam is almost entirely old questions. If you don't have some way to get them, it would be very difficult to pass the exam, almost impossible. Additionally, there are no standardized/accepted materials such as books or question banks to study from as are available in other countries. In the USA, there are books that are known to be the standard for studying, there are question banks provided by the board that are excellent preparation. The exam was poorly written and many questions focus on extremely subspecialty information that you would never manage as a pediatric consultant without the assistance of the sub-specialist.
- Many of the questions are apparently repeats that certain individuals and programs have access to for practice and comprises a majority of the questions on the exam. There were also many subspecialty questions not applicable to general practice and I

GUARANTEE if a general physician in my field had to take the exam even a few years post training they would not pass. I also don't think it's fair that every year the requirements have changed for exams required.

- Many of the answers come from small notes on up to date not actually taught in residency.
- No feedback and objectives not clear.
- Waste of time to take this exam.

Question: “Do you have further comments you would like to share about your RCPSC exam experience?”

Comments:

- It is essential that in a specialty such as psychiatry that there is both an oral and written component. The oral examination is essential to assess candidates for the entry level of independent practice of psychiatry.
- The point of these types of exams is to assess safety and readiness to practice, but it's being used as a screen for trainees outside the system and a money grab for those within it. It's a sham.
- It was a single exam in three parts (MCQ, short answers, and an oral) unlike the overseas ones I sat which happened at two stages of my training and were MUCH more comprehensive (3 sets of exams in total, each with MCQ, long essay answers, and an oral plus a medical OSCE). Unlike the Canadian exams, which almost no residents fail, my previous exams were much harder and had about a 70-80% pass rate. One could argue they were too comprehensive but it did mean you had to know your stuff. I didn't feel the Canadian exams have the ability to test depth of understanding and integration of knowledge. Instead you memorize the answers out of the assigned textbooks and rehearse the cookie cutter oral responses they want. In that way, I feel the Canadian exams are more likely to let underperforming candidates through.
- There should be a clean house. The people currently in charge of the Royal College exams do not know what they are doing. It is a complete mess and total chaos. Simple Psychometry they do not understand or pretending not to understand. They are causing huge harm to the Canadian public.
- The question about % repeat questions is hard to answer. They are >50% repeats with the same question with slightly different wording (same answer options) so a different answer is correct. If you've seen the question before it is still invaluable, just not exactly a true "repeat".
- I passed my written exam and my orals were cancelled because of COVID.
- American exams do not contain repeats and test more appropriately on the necessary knowledge for an independent internist.
- Exam should be mandatory to all.
- None.
- Generally it seems unfair that Family Physicians /GPs can be assessed through practice (depending on their training) rather than having to repeat an examination as opposed to RCPSC specialties. It makes no sense to be forced through the stress and financial

burden of an examination in Canada which is nearly identical to that which must have already been passed in another jurisdiction (such as the UK FRCA). Particularly regarding Anesthesiology, there is a complete and utter lack of resources available for candidates preparing for this exam ie. no courses, question banks, or books specifically aimed at preparation. Compare this to the US board exams and UK Fellowship exams, which have a number of free and commercial resources which are proven to improve performance on the exams (as long as the candidate puts the necessary work into it). They guide studying and help candidates manage their precious time, as opposed to trying to memorize a textbook of facts which has no tangible advantage. CMGs have an unfair advantage in that their residencies have built in preparation courses (particularly relevant to the oral exam parts) and access to past questions and College examiners to get personalized advice from. IMGs can only read 1000 page textbooks and hope to memorize enough esoteric facts to obtain a passing mark. Primarily I'd like to underline that it makes no sense to ignore the qualifications already possessed by experienced specialists emigrating to Canada by forcing them to redo exams they may have done years ago, when studying for untold hours during residency was not as much of a burden as it is later in life (such as with a family). Why not follow the CFPC's example, or even NZ and Australian Medical councils, by assessing new specialists through supervised practice, and not requiring exams that have already been completed in a comparable health system!

- Some questions were vague and had multiple correct answers within the choices given. But we had to pick only one correct answer. It's impossible to know what RC believes the right answer is or which 'evidence' it relied on in crafting such questions. So answering such questions really felt like a gamble!
- Exam too specific- referencing individual papers that Royal college doesn't list as resources. Should have better exam reference lists.
- I believe the way they give the results are discriminated against IMG who are Canadian trained.
- The exam is discriminatory just like the rest of the medical training and hiring system in Canada. It is done to keep doctors out and since coming to Canada I can see why. Despite the shortage, doctors here are so fearful of others 'stealing their jobs' such as NP's and foreign doctors. This is ridiculous in the setting of the profound shortage and also greedy and unethical. The system makes it almost impossible to get a residency and discriminates against Canadians who received schooling or training elsewhere despite examinations etc. You cannot discriminate against fellow Canadians. Other countries do this in a standardized fashion and create an equal playing field by standardizing everything and allowing everyone the same resources and chances to pass exams, obtain residency training and licensing. Canada discriminates at every level to keep out anyone who didn't start and finish here. I am appalled at the way the system can so overtly discriminate against Canadians especially when millions of Canadians do not have access to physicians and care. Even rural financial incentives are not available to Canadians who were educated outside Canada, even the USA. Canada treats non-Canadian physicians better than Canadians, especially those from the Commonwealth who are very present as physicians in Canada. I want everyone who is qualified to be

able to work in Canada but it is unfair that a physician from the UK has an easier time coming to work here that I do as a Canadian citizen.

- A difficult exam to study for but I think this shows resilience since clinical practice is difficult too. As my old boss told me, if you think the Royal College exam is tough, wait until you have your first complication.
- I have tried for years to discuss the unfair exam processes. As an IMG from Canada I was required to take the MCCEE (no longer required), NAC ISCE (I'd argue easier than USMLE CS which I had already passed), TOEFL(I don't even speak a language aside from English) just to apply for residency. I then had to take MCCQE1 (no longer required) as a PGY1 when other Canadian residents would have done that in med school. This set me behind from prepping for my program. We all had to do QE2 which is still required but once again similar to NAC OSCE and USMLE CS which I had already completed. Same year I had to attempt a NEW exam added to surgical residents as of 2016 onwards entry, surgical foundations. Once again no previous exam notes or guidance. I failed multiple times which once again was detrimental to my progress in my program and I ended up pursuing a transfer to another program as I was singled out for this failure. Mentally and emotionally it was devastating. I then passed finally and again behind in my program learning about trivial requirements for Surgeons not at all applicable to OB/GYN. I then took Royal College end of training without any resources and every year having different exam rules - the year prior it was not required to pass each independently and I struggle with written exams at baseline but completed my program without issue. The last 4 years of exams the requirements and components of the exams have changed within OB/GYN. I then scored 64-69.9 range and was forced to try again this year without any additional guidance and pay once again and all year work in a provisional licensure as a result. Its absolutely devastating and expensive and truly the contact with the RC is useless. They are an old boys club making billions a year and if I could portray this in the media I would because they wonder why we have a physician shortage.
- The RCPSC created the PER pathway without consulting the CPSO. As such it's useless if you want to practice in Ontario as you won't get any license.
- Have also passed American Boards. Royal College exam was fine. Very stressful. They've also made improvements with the CBD curriculum. No concerns otherwise.
- There is no "pathway" for IMGs either. My spouse (new Canadian) nothing but road block after road block..they "welcome" you to Canada and then put the Rocky Mountains in front of you and say good luck...Don' waste your life IMGs..about coming to Canada .I am ashamed as a Canadian on the disgusting treatment of all IMGs...Go to a country that truly welcomes you and gets you practicing (as you have been trained) quickly. Not to mention the costs are insane for new Canadians...wake up GOVERNMENTS. SHAME.
- Success on the exam shouldn't depend on how well connected you are.