



## **Submission to the Review – Implementation of computer based divisional written exam in adult medicine and paediatric and child health**

The AMA has sought to work collaboratively with the Royal Australasian College of Physicians to address trainee concerns following the failure of the above computer-based examination and to support their participation in the rescheduled exams.

This review is an opportunity to not only analyse tendering, governance, risk management and technical aspects related to the failure of the exam, but also to ensure that the trainee voice has enshrined, genuine influence in College decision making and that trainee welfare is always a fundamental consideration.

Meaningful trainee influence would enhance the College's prospect of delivering on its strategic goals one, two, four and six particularly and would align with Dr Rhodes, Chair-Fellowship Committee 2017 Annual Report remarks. That is, as trainees are tomorrow's specialists and are naturally attuned to the future of the medical workforce they can contribute to the College's nimbleness and responsiveness to ensure its delivery of quality and its ongoing success. Also, given the personal investment and financial contribution, trainees should be entitled to reward through the College value proposition; their voice being heard and responded to is a part of that.

Feedback AMA received from those affected following the exam cancellation indicates trainees believe this incident is symptomatic of a broader issue within the College. The College, for some time, is said to have too limited a regard for the trainee voice. This is at odds with the College's reported global spend being largely about trainees and their training and raises questions about trainee's involvement in the achievement of College Goals.

Consistent with the College President's acknowledgement, exam candidates have reported high levels of distress. From trainee feedback provided to AMA, the factors involved in this response include:

- having put their "lives on hold" for such a lengthy period without an outcome but with substantial uncertainty;
- fear as to whether their necessarily exquisitely timed exam preparation and learning would be undone by re-sitting at an unexpected later time (potentially in a trainee's mind guaranteeing their wasted effort and exam fail);
- RACP not being perceived as "getting a grip" on the situation early and, in the initial days after the exam failure, not respectfully / fully communicating with their candidates; and
- because many exam venues were too noisy, were not appropriate spaces, did not offer practical access to amenities and candidates generally were not given clear information when the problem arose, candidates perceive they are not respected by RACP.



It also important to acknowledge the distress caused to supervisors as a result of this situation. They are heavily invested in their trainees and many approached the AMA to outline their concerns about the exam failure and the way in which trainees were treated. We also know that many supervisors wrote directly to the College to advocate on behalf of trainees.

### Trainee Engagement

It has been reported that the NSW/ACT RACP Trainee's Association had pre-empted potential technical problems with the newly instituted exam structure four months prior, but these opinions were not influential in College considerations. As an aid to the College, AMA Position Statement *Best practice in assessment for vocational trainees 2017* would seek to apply the following pertinent features to College process:

- channels should be established to obtain active and regular feedback from trainees including provision of anonymous trainee feedback and the College Trainees Committee having formal lines of communication to the College Board to be able to highlight areas of concern in a timely manner along with it being actively involved in monitoring, review and reform of assessment methods;
- assessment methods should be chosen based on reliability, sustainability and opportunity for feedback; and
- evaluation of assessment method is essential to maintaining relevant, high quality assessment that is acceptable to trainees.

A general theme emerged from trainees engaging with AMA about the cancelation; a perception the College was not a safe place to raise concerns. Trainees were seeking assurance from AMA that what they said to us would not then be directly referred to the College. Indicative trainee statements to AMA about the trainee relationship with the College were:

*"I don't feel comfortable discussing this with the College myself";*

*"Are we able to discuss this with the AMA without any ramifications";*

*"The college charges us thousands of dollars in fees and more for the exam, with more charged for the lecture series. I would hope this event sees enquiry into the college's practices and priorities around its members and trainees";*

*"Is this more proof that doctors in training matter so little to our Colleges?";* and

*"(RACP) can offer an apology for the distress that has been caused...others may view it as yet another institutional expression that is completely out of touch with the impact of the affected and the demands they place on the lives of trainees".*



### High stakes exam

The AMA is supportive of the College's efforts to move towards computer-based delivery of the written exam in adult medicine and paediatric and child health. The once a year high stakes exam represents an outdated approach that puts significant stress on trainees. A more regular timetable of exams with opportunities for trainees to be able to resit them in a timely fashion is a more contemporary approach that is much fairer on candidates. Despite this failure, the College needs to continue to move towards this goal. An on point trainee remark to AMA is as follows:

*"The implication is that resilience is a quality that the trainee is lacking, rather than acknowledging that we work in an environment that systematically removes our capacity to be resilient through our being in a constant state of uncertainty, (then references to rotation moves, inability to plan, roster unpredictability, long hours / late home) missing family & friends and scarcity of leave. Putting year(s) of your life on hold while you prepare for exams that crash on the day".*

### RACP Response

Given the scale and extent of the impact of the failure of the exam, it is understandable that the College took some time to come to grips with the situation that it faced. However, the College appeared totally unprepared for what happened and took several days to get on top of the situation. There appeared to be no contingency plan in place and the College was forced to implement policy on the run. While the College's long history of conducting paper-based exams is acknowledged, the selection of a new provider and the implementation of a computer-based exam should have seen the RACP engage in much more rigorous 'disaster' planning so that it could deal with a situation like this.

While the role of volunteers in the RACP is very important, questions have been raised with the AMA about the level of secretariat support within the College's training and education portfolio. It has been reported that the level of staff turnover is high, which has a significant impact on corporate memory and continuity of service delivery. It is perceived by RACP members that have spoken to the AMA that this contributed to the exam failure and the subsequent problems in the College's initial response.

### Venues experience (distinct from the exam and its cancelation)

The AMA has received much trainee criticism about their exam venue experience. AMA acknowledges that many of the issues are now likely permanently addressed through recent College commitments including having RACP officials and counsellors attending every location and venues delivering a standard consistent with previously successful exam experiences.

However, we are obliged to highlight a lack of national consistency across the 19 February venues related to: venue opening times, advice on arrival regarding what to do / where to go, available pre-reading time, exam start time / start time of part two after part one completion, ability to access amenities, lack of accuracy / absence of communication about the cancelation, lack of integrity controls (opportunity existed to access technology outside of exam room through unsupervised breaks) and lack of discipline within the exam room (talking etc). Indicative trainee experiences are as follows:



*“I felt the whole exam was run in the most unprofessional way”;*

*“Communication from the College on the day of the exam was appalling”;*

*“One group was brought into their room at 09:20, and each person had to be individually logged into the system. After this was done you could start your exam after a brief on screen tutorial on how it runs. This meant that everyone in the room had a different start time. I have heard from other candidates that their exam didn’t start until almost 11am at different sites”;* and

*“It goes without saying that this exam by its nature causes considerable psychological but also social distress. Medical registrars organise their lives around study, sitting and passing this and clinical exam. It has been well publicised in the media that doctors are a very vulnerable group and their own mental health is quite often seen a distant priority. It is unacceptable that this has happened, and that Pearson VUE didn’t take this seriously with their poorly orchestrated and initiated exam and the conditions in which it was sat. Indeed, their attitude to the failure was also quite poor at our facility.”*

#### Recommendations

Noting that the multiple AMA suggestions designed to remediate a variety of the exam’s cancellation effects (contemporary and residual) have been basically accepted and implemented by the College, we offer the following summary of further achievable change outcomes:

1. Broad, formalised, safe and ongoing engagement with trainees generally and through their representative structures to provide a voice to reasonably influence decision making. This would include searching for opportunities where trainees can value add and contribute to, or define, continuous improvement / innovation opportunities.
2. Multiple exam sitting dates across a clinical year to enable individuals to target a date suitable to their personal circumstances, including the opportunity for a candidate to sit again, having failed, within same clinical year to minimise the pressure and stress that is otherwise associated with a single opportunity per annum to achieve a pass grade.
3. Detailed contingency / back up plans to enable exam continuation where technology causes disruption.
4. A review of staffing within the education and training portfolio, with the emphasis being on attracting and retaining suitable staff.
5. Effective communication strategy to ensure trainee’s contemporary understanding of events and options available to be assisted if in distress (around exam sitting time; along with structured welfare supports).
6. Release for stakeholder comment any review recommendations. This would include advice about the College’s view about the priority importance of each and how College structures will consider and decide on recommendations to be varied and/or implemented.