EDITORIAL

RoCo riffing: Thoughts on the qualifying exam

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There is a particular stomachache that pulses through the body when rounding a curve at high speed and seeing a meaty police cruiser staring from the median. I woke with a similar disquiet about a week before my Royal College exam in early June 2008, and the feeling didn't go away. The prior several months may sound familiar: reciting lists, operating, differential diagnosis of radiolucent stones, answering 3 am pages, 11β hydroxylase deficiency is the second-most common cause of congenital adrenal hyperplasia, hours and hours in the library, wondering why the overactive bladder chapter is 86 pages, exhaling deeply with eyes closed after heaving a lawn chair.

The morning of was not much better. Ashen faces as we were sombrely debriefed and marched to waiting doors. Grownups suffering visibly in the moments before the whistle, heads down, hands on knees, the clack and pop of parched-mouth swallows echoing. Someone shed an arc of molten soil midway through and needed extra time, rumor has it.

The rite of the qualifying exam is a shared trauma that most readers will viscerally recall. I understand experiences are relative, but "trauma" still feels appropriate: the *minutia*, the *time*, the *stakes*! Back then, it was clear to me. Abolish the exam! Let my training speak for itself! Crack open the FITER!

But dang, did I ever know my stuff that day! Head crammed with urology — approaches and guidelines and differentials tattooed and ready for deployment. And perhaps the packed and stressful days and nights of the preceding months were, just a wee bit, under my control? Five years to get a handle on the material, acknowledging that perhaps I was skimming the asymptote towards the end, the act of studying as much a hedge against anxiety as a necessity?

A recent *CMAJ* editorial picked the exam scab and has me thinking again about this winner-take-all event.[1] The piece cites a lack of evidence of effectiveness of summative qualifying exams, as well as unclear salience of studied material. Costs in time, money, and wellness are open wounds. For those inclined to agree, the first page is a satisfying exposition on the fragility of the case for the exam. Having ignored the second half of its title, I was amped for more confirmation bias, to read about bolstering assessment within training and sending MDs into practice with a crisp high-five from the program. The editorial, though, blooms into a framework for graduated licensing after residency, and is a wild ride.

The implication of "make the training environment ensure competence and ditch the exam" suddenly becomes "add years of limited practice with a new system linking universities, hospitals, practicing MDs, and licensing authorities." A Trojan horse; pills snuck into kibble. The qualifying exam seems like small potatoes suddenly, and the envisioned system seems unlinked from it entirely; if the exam doesn't achieve the objective of assessing true fitness for practice, it is immaterial to the vision of a post-training system of checks and graduated outcome ownership. Our current system of competence by design (CBD) within training is already fraught; you won't convince me that the EPAs and milestones really achieve much more than shoring up glaring deficits. Tacking on additional years before independent practice places massive trust in institutional effectiveness, surely doesn't ease the financial burden of training debt, and plans new administrative responsibilities on practicing physicians. Where would residency end and graduated licensure begin? The authors acknowledge that "the implementation of such a system would be challenging." Indeed!

Back to the exam. I have softened a lot, and I land on the side of "the exam a good thing, actually." Thirty-two-year-old me is screaming through time, but I'm older now, and a program director, and I really don't believe that the CBD gauntlet has much to do with ensuring competence or fitness to practice. A vetted, standardized summative exam feels like an appropriate and equitable tool. Accreditation sniffs around the cellar to make sure the curriculum, clinical substrate, and learning environment pass muster, but doesn't speak to proficiency or mastery. Imperfect or not, qualifying exams are a

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beacon of the intent to "uphold the medical social contract to guard patient safety and benefit society."[1] Ensuring a comprehensive suite of knowledge and decision-making skill at the moment of launch into practice feels appropriate. So as an alternative to jettisoning, can we mitigate the ills while maintaining the usefulness? Let's sprinkle some seeds for discussion of the issues.

On cost — mountains of debt and years of opportunity cost mean a challenging launch for the predominately mid-30s graduate, and blithely heaping new expenses should be scrutinized. I have no idea the accounting balance sheet for these exams, and no doubt engineering an iron-clad assessment is costly. But I know that the urologists involved in setting the exam aren't making a buck, and much of the infrastructure in delivering the exam can be diffused between all the specialties through the Royal College mothership. Does the marginal cost of adding a candidate to the roster account for $4415 out of the resident's pocket? Lay bare the budget and decrease the burden on trainees.

On triviality — it is a bad feeling to try and pack odd syndromes and rare side effects into a crammed mind, and the notion that fitness to practice rides on the decision to biopsy an azoospermic man's testis in an OSCE is appalling. I have faith though, and some knowledge, that the exam has evolved to test germane knowledge and decision over ephemera and data points. A defence of studying the small details is that trains the muscle that recognizes zebras exist. Learning the bottom of the differential hones the radar for red flags that pop up in the routine of clinical life; rare things are rare (!) taken one by one, but there are a half dozen rare things a week in the aggregate, and that is where solutions to tenacious patient problems lie. "Something's not right here" separates high-level memorization of guidelines from the rooting and reasoning that makes us good physicians.

On stakes — it remains shockingly important to pass the exam, to the point where all of the prior assessment, training, and mastery development is subservient to assent by the College. The go/no-go model is not unique here, of course (you have a driver's license, right?) but the exam simply dominates the training landscape to the point that our teaching methods are as geared toward exam prep as comprehensive urology practice. So, make it even easier to pass! Pass rates are very high, but perhaps the exam is a place for cruising over a reasonable bar rather than eeking over an exceptional one. As an exam of competence, every effort to build and vet the exam as a meaningful measure of a good urologist's toolkit is essential. The urology exam committee is on the ball here over the last several years. Make remediation easier than one sitting per year! Quick opportunities for revision at three months, even raising standards or changing modality for the second go if needed, would loosen the yoke. No easy task for the exam committee, but a potentially vital one in the lives of candidates. The move to a fall exam is a helpful step, as the next sitting comes within five months of graduation rather than 11.

In the end, the qualifying exam reminds me of Van Halen and brown M&Ms. You may be familiar, but buried in their exhaustive 1980s tour rider was a request for a bowl of M&Ms on the craft table, with the brown ones removed. Many saw this as apex rock star insolence, but the sneaky truth was that it was an indicator that the local team had *done the work* of reading the technical document. The band relied on pyrotechnics, high-voltage lights, and heavy equipment. Brown M&Ms in the bowl meant they couldn't trust the safety and stability of the massive stage set. The rite of passage of the exam — the studying, the sweat, the stakes — is pretty unpleasant, but in the end, it's a marker of *doing the work* of preparing oneself to know urology. Let's whittle away at the pedestal a bit perhaps but beware a world without it.

Reference

1. Thoma B, Monteiro S, Pardhan A, et al. Replacing high-stakes summative examinations with graduated medical licensure in Canada. *CMAJ* 2022;194:e168-170. https://doi.org/10.1503/cmaj.211816