

Joint Committee on Intercollegiate Examinations

6 October 2020

Statement by Mr John R McGregor, JCIE Chair

Dear Candidate

Intercollegiate Specialty Board Examinations Section 2 – November/December 2020

As we approach the time period for the delivery for the Section 2 Intercollegiate Specialty Examinations, those of you who have examinations in early November will already have received your examination packs by email and the remainder will get them as October progresses. All of us at the JCIE understand that many of you will have anxieties in the light of the current course of the pandemic and associated, largely unconfirmed, media coverage as to whether the examinations will go ahead. The JCIE is fully cognisant of this and as Chair I wish to assure you that I am regular dialogue with the Scottish Government and will be in direct contact with you at the earliest opportunity should there be any changes that impact on examination delivery.

I can also assure you that the JCIE, along with all other relevant stakeholders, recognises how important these examinations to your career progression and to UK and Irish surgical services. As such, and in partnership with the Joint Committee on Surgical Training and the surgical Royal Colleges, the JCIE is doing everything in its power to minimise the risks to examination delivery. We will continue to liaise closely with the Public Health divisions of the Scottish Government and again emphasise that there are currently no plans to alter the arrangements that were intimated to you in September.

There is, however, one proposed change to the examination format from my communication of 8 September 2020. Last month I informed you that in addition to there being no physical examination of patients in any part of the November/December 2020 examinations, patients were being removed completely from short case clinical stations in favour of clinical scenarios. That remains the case, but we now plan to extend that modification to include the long and intermediate clinical stations (encounters of 15 minutes or greater) i.e. there will be no patients at all in the examinations.

The reasons for this are to reduce the size of the 'gathering' and to avoid any pressure on volunteers to attend, some of whom by the nature of their conditions would fall into vulnerable categories. Furthermore, were we to proceed with the September model but patients cancelled at the last minute or did not to attend on the day, there would be a major threat to the viability of the examination. Having clinical scenarios prepared in advance will ensure a more reliable delivery format.

This proposal has been discussed with the GMC who have endorsed this communication being distributed at this stage to aid your examination preparation. It is, however, subject to formal approval from our written submission. There has been extensive consultation not only with the GMC but with all major stakeholders over the past few days, including ASiT and BOTa, and all are supportive in the interests of examination delivery.

As previously described for the short case stations, the non-questioning examiner in long/intermediate case stations will now role play the patient for relevant communication issues. All the Specialty Boards are currently preparing clinical scenarios based on the nature of patients that would normally be present and these will be supplemented by clinical photographs, radiology and

props as required. The number of examination sections and marking episodes are unaltered and you will see the same number of examiners. The JCIE therefore encourages you to prepare as normal but as previously recommended your Principal Referee is there for you to reflect with. I can again confirm that taking one of the November/December Section 2 Examinations will not count as one of any candidate's maximum number of permitted examination attempts.

To clarify, this modification applies to those specialties which planned to have long/intermediate patients in attendance i.e. Cardiothoracic Surgery, General Surgery, Neurosurgery, Plastic Surgery, Trauma & Orthopaedic Surgery and Vascular Surgery. There are no changes to Paediatric Surgery (patients already removed), Otolaryngology (still using actors) and Urology.

In addition to this personal distribution, this statement will be posted on the news section of the JCIE website and we would recommend that you check that regularly for any updates. Posted there you will also find our criteria for remote delivery. Please note that this does not extend to what are frequently referred to as 'local lockdowns' within the UK. Travel for education and work is still permitted from these areas and the Academy of Medical Royal Colleges (AoMRC) has issued an important statement supporting the maintenance of travel for examination purposes. This is included in the news section and can also be viewed at <https://www.aomrc.org.uk/statements/exams-academy-statement/>.

Finally, I would extend an invitation to you to register for a Webinar on the evening of Monday 19 October. This will focus on the delivery of the Intercollegiate Specialty Examinations this year and full details will be circulated by RCSEd in the very near future.

May I wish you every success in your forthcoming Section 2 Examination.

With best wishes

A handwritten signature in blue ink, appearing to read 'J. McGregor', with a horizontal line underneath.

JOHN R MCGREGOR

CHAIR – JOINT COMMITTEE ON INTERCOLLEGIATE EXAMINATIONS