1 NHS Lothian
2 Imperial College London
3 Edinburgh
4 BMA Scottish Council
5 Gender Equality Group (BMA Scotland)

Cite this as: *BMJ* 2025;388:r534
http://doi.org/10.1136/bmj.r534
Published: 17 March 2025

The MRCP exam disaster's hidden cost for women

Kate Womersley, [1, 2] Nora Murray-Cavanagh, [3, 4, 5] Stephanie Kelly[1]

On 20 February 2025 nearly 300 doctors were told they had been given the wrong results for Part 2 of the Membership of the Royal College of Physicians (MRCP) UK exam which they had taken nearly a year and a half earlier. Of the 1451 candidates who sat the paper, 61 found out that they hadn't failed as they had been led to believe, and months of further revision and re-sittings of the exam had been unnecessary. Meanwhile 222 candidates who thought they had passed the exam were told that they hadn't. This group is now facing the prospect of returning to intense revision to re-sit the exam with uncertainty about their future career progression. But the consequences for these doctors are much greater than a further exam attempt.[1 2]

The Federation of UK Royal Colleges of Physicians, responsible for designing and delivering these exams to assess competence and professionalism of medics in training, administers three sittings (or "diets") of MRCP Part 2 per year. With this routine, you'd expect the process to be slick and reliable. How could it have gone so wrong? Prompted by discrepancies identified during a question setting meeting in early 2025, the Federation conducted an internal audit of the September 2023 sitting which uncovered a catastrophic failure of exam oversight, undermining the integrity of the process, as well as calling into question wider processes for all royal college exams across specialties.

Exams are a visceral reality for doctors, impacting our lives and putting strain on those in our support and caring networks. Exam progression fundamentally shapes our choices: where we can live and work, our future professional opportunities, and our career progression to higher training. Even under ideal circumstances, the timeline for completing membership exams (with several attempts for each sometimes required) in time to qualify for higher specialty training requires planning and budgeting across three years of full-time training, and months of evenings and weekends set aside for revision.

To compensate for their error, the Federation has opened up a full diet of Part 2 so that the "false positives" can retake the exam, just six weeks after being notified of the error. A quick retake may benefit some, but clearly does not fix the problem for most, particularly those who have non-negotiable caring commitments outside of work. Meanwhile the Statutory Education Bodies (SEBs) of the devolved nations and the General Medical Council (GMC) have made it clear that affected doctors will not be allowed to continue their applications for specialty training this year, even if they have passed the final part of MRCP and met all other training competencies. The doctors who were falsely told they failed are merely being refunded the costs of their subsequent exam sittings, which does not account for the other direct costs of repeated attempts including travel, preparation materials, courses, and extra childcare. No compensation has been offered for the salary consequences of delayed progression or for the very real possibility that some doctors may have left training or a medical career altogether.

Such suggested solutions fall especially short for women. What about the harm that is not so easily quantified in pounds and hours? What about the consequences for family life? Postgraduate exams tend to fall in women's fertility-focused late twenties and thirties, adding a layer of complexity to the considerations of exam timing and preparation, above and beyond the obvious pressures. Women in medicine—men too, but much less so—make decisions about conception and parental leave around these exams. For many, the combination of exhaustion, pregnancy symptoms, perinatal complications, stress and existing childcare demands makes the proposition of pregnancy, birth and the postpartum period while studying highly challenging, or even impossible. Friends confide that "*once I've got this exam done, we're going to try for a baby*." This kind of discussion is commonplace between doctors but is rarely acknowledged in public settings from those with decision-making power.

For candidates who already have children, many of whom are working "less than full time" (incidentally, often equivalent to full time hours in many other workplaces) to juggle the working parent childcare conundrum, the costs—financial and otherwise—of extra courses, revision, and delayed career progression can be profound. Additional expensive nursery days paid for (if available at all), childcare provided by partners and grandparents, and informal favours called in to create precious study space put a demand on candidates, families, friendships, as well as on these doctors' children. To find that this sacrifice has either happened unnecessarily, or that it needs to happen again unexpectedly is devastating. No remedy that ignores the exigencies of these exams for those planning and caring for families can be adequate or fair.

Quite rightly the BMA has responded by demanding further practical and compensatory proposals, such as foregoing further expense for these exams, supported study time, and discretion about when to re-sit the paper. In response, the Federation's offers have improved, now including a "robust compensation package" to reimburse subsequent exam fees, courses, question banks, and "other financial losses incurred as a direct result of the error." But history shows that "robust" support often falls short of recognising the person beyond the professional, even though we all know that medical training bleeds into and leeches off our private lives.

Women's interests seem particularly poorly represented by what MRCP candidates are now being asked to do to fix an institutional mistake. A demand for due consideration of the personal ramifications of exams is not to reduce women to their reproductive capacity; it is an appeal to recognise the choices and responsibilities around pregnancy and childcare that loom large for many women doctors. Mistakes like this, and a failure to acknowledge the broad implications of exams on responsibilities outside of training, contribute to the "leaky pipeline" from medical student to consultant, reducing representation of women in positions of seniority and power. We cannot endorse the repeated exclusion of these considerations from discourse and policy, not if we seek fairness and humanity in medical training.

Competing interests: Kate Womersley is co-PI of the MESSAGE (Medical Science Sex and Gender Equity) project.

Provenance and peer review: not commissioned, not externally peer reviewed.

1 Hubbard E. "Catastrophic" error left hundreds of doctors with incorrect exam results. *BMJ* 2025;388:. doi: 10.1136/bmj.r373. pmid: 39984178

2 Hubbard E. Doctors affected by exam error face unemployment owing to withdrawal of job applications. *BMJ* 2025;388:. doi: 10.1136/bmj.r422. pmid: 40021213