



The Council for European Specialist Medical Assessment (CESMA – UEMS)

Association internationale sans but lucratif
Rue de l'Industrie, 24
B-1040 Brussels, Belgium

International non-profit organisation

T +32 2 649 51 64

secretariat@uems.eu / coordination@uems.eu



CESMA Autumn 2022 Meeting

DRAFT MINUTES

Day 1 : Friday 9th December 2022

Theme : *Assessment structures and their appraisal* :

How to ensure high quality assessments

14.00 **Welcome**

Mark Westwood

Prof. Westwood opened the meeting and welcomed delegates to the second CESMA Meeting of the year, inviting attendees to a round of introduction. Prof. Westwood introduced the agenda and explained that the first day of the meeting would be devoted to the **structure** of the assessments.

14.15 **Types of assessments and Evaluation**

Danny Mathysen

Prof. Mathysen presented *Types of assessments and evaluation*.

CESMA's Liaison Officer for Appraisals spoke about the difference between assessment and evaluation: the European examination is a single examination, therefore an **evaluation**, to judge quality. **Assessment** is a process by which you increase quality; it is a continuous process. He further mentioned evaluation in all its phases: before, during or after the education process, speaking of types of evaluation according to time and purpose.

CEMSA Liaison Officer further evoked 3 main types of assessments:

- **Ipsative assessments**
- **Norm-referenced assessments**
- **Criterion-referenced assessments**

There are different ways of assessments and evaluations: on-site exams vs. online exams, with their variations. Prof. Mathysen presented the two types of evaluation in terms of delivery method utilised in UEMS-CESMA Appraisals.

- **Bloom's Taxonomy (1956, revised in 2001)**: method based on key phases;



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

- **Miller's Prism of Clinical Competence (Miller's Pyramid)** – examination methods influence learning.

Prof. Mathysen listed and explained the assessment and evaluation methods as follows:

1) Multiple-choice questions – popular method in Europe, easy to judge; emphasis on detailed knowledge; not very effective in measuring and stimulating learning in understanding, analysis, synthesis and application of knowledge; difficulty to produce MCQ tests, as it takes a lot of time and effort to produce high-quality MCQ paper. Ideally, it should be combined with other examination methods. Possibility of moving towards extended matching questions to assess application.

2) Oral examination (viva's) – useful to assess more the ability of the candidates, key-oriented to assess a specific medical condition. Has to be very precise: anamnesis, interpretation, differential diagnosis, expected treatment and outcome. Structured answers and objective scoring algorithms are strongly recommended.

3) Written exams– short answer questions - key words are essential; essay questions (better understanding of the ability to apply knowledge) or open-book questions. Neurology representative praised this method and affirmed they prefer the *open-book* method on clinical cases.

4) OSCE – Objective Structured Clinical Examination - not very frequent in European Exam, but frequent in Gynaecology Exams, which have been using it since 2016. Gynaecology uses simulators as well, in complicated cases, where there is a multidisciplinary approach.

5) Simulator assessment – at the moment, not common for European examination.

6) 360-degree (or 720 degree) assessment, including: colleagues, nurses, self, dept. head, attending physicians, consulting physicians, patients, other personnel etc. It was used by the US Army to assess the condition of military personnel during the First World War. The method gained popularity during the Second World War, implemented by the German forces, and subsequently became more widespread. It might be considered for European examination for the eligibility criteria

Which assessment/evaluation method to use?

Prof. Mathysen affirmed that for an ideal exam, a variety of examination methods is recommended:

- diversification of examination is beneficial;
- extension of learning patterns among candidates;
- better preparation for the professional career of candidates etc.

14.45 Discussion: Appraisal style to suit differing assessments

Chair: Gian Battista Parigi

Prof. Parigi, CESMA Treasurer, opened the discussion with a meaningful quote: *The more we know, the less we understand* (Plato). Prof. Parigi said that we have assessments ranging from 20 to 1200 candidates. Each UEMS Section or speciality chooses which methods suits them best and are therefore applied. Prof. Parigi opened the floor to discussion and invited attendees to share their experience on their preferred assessment methods.

Prof. Ioannis Messinis stated that EBCOG uses the SBA method (single best answer) and MCQs; this is the most suitable combination to assess knowledge in Obstetrics and Gynaecology.

Prof. P. Werker (EBPRAS) returned to Danny Mathysen's presentation and inquired about the slide on *360-degree evaluation*, which mentions the *self-assessment*; he stated that this could be an important element to



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

integrate in further evaluations. Prof. Mathysen replied that in Belgium it is already the case, as students receive a Methbook – there have been defined 4 can-meth roles: clinicians, managers, scientists and communicator. Depending on the roles, the supervisor will give feedback, as they rotate in different roles. Prof. Westwood said that categorization methodology is used in the UK system and that the self-assessment element is taken into consideration during the Annual Appraisal.

Prof. P. Werker (EBPRAS) praised the previous presentation and inquired how to move forward with such an examination (*360 degrees assessments*), in a context where not all students can be good evaluators themselves. Prof. Mathysen replied that the content of the evaluation is crucial; it must be supported by scientific methods, so that the number of errors is low. There is no perfect method, therefore the standard setting method should minimize the incidence of errors. Expertise and know-how in delivering an exam is equally important, as it is not all about content or clinical validity. A successful methodology should be a combination of all elements: psychometrics, expertise, educational professional, rigorous content etc.

Prof. Parigi mentioned a recurrent problem of having very good clinicians at CESMA, but not trained assessors, introducing the idea of training the assessors at UEMS in the future.

Dr. Julie-Lyn Noel (EUROSPINE) inquired what is the purpose of the assessment, given that most candidates are assessed continuously during their training. Prof. Mathysen explained that the majority of European exams are at the final phase of training, they are summative after the post-graduate training and they assess the knowledge, the cognitional level of candidates; most of the exams carry a disclaimer: passing such an examination is not the same as being licensed to practice. Whereas assessments consist in methods to evaluate whether someone is able or not able to practice. CESMA Liaison Officer added that is the main reason why he urges about incorporating eligibility criteria to the assessment methods.

Prof. Ioannis Messinis stated that within EBCOG, the majority of member countries organise local examinations which are equivalent to exit examinations, as the education and training process provide assessment throughout the entire process.

Dr Arthur Felice (UEMS Surgery Section) added that simulation as a method of assessment is being used, for instance in minimum invasive surgery; as for the MCQ method earlier evoked, it cannot be considered as a simple knowledge test, but should be seen in a broader sense; it can be **structured** in a way to assess competences. Prof. Mathysen agreed with the opinion, drawing attention to the fact that many MCQs will not suffice as a single method of assessment in some specialties.

Dr David Rozsa (ESPNIC) agreed that the MCQ method required much more time and effort and talked about regional differences in the way assessment is done in the US compared to the EU, stating that in the US most societies have personnel certified in examining.

Dr Maeve Durkan (UEMS Endocrinology) made 3 comments:

1. agreed with Dr Felice's statement regarding MCQs, which can be elaborated in such way as to assess competences, not only knowledge;
2. praised the excellent training program of the EBCOG; the assessment of training of the Obstetrics and Gynaecology Section has ensured very high standards and a harmonisation of training that doesn't apply to all



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

the disciplines. The purpose of the exam is to create a bar to stimulate programs that do not have a formal curriculum or a formal training program. In a way we use the exam as a pivot against establishing a harmonized training program;

3. in response to Dr. Rozsa's assertion, Dr. Durkan said that she had also been trained in the United States and praised the highly professional organisation there, saying that we are only at the beginning of our evolution towards the American model, from which we can learn; we need to look at higher stake exams, invest in more exams, appraisal process etc.

Page |
4

15.05 UEMS-CESMA Experience with recent appraisals, on-site and remote

Maeve Durkan and Danny Mathysen

Dr Durkan and Prof. Mathysen presented their experiences with recent appraisals.

At the CESMA meeting in Venice earlier this year, we discussed the challenges and benefits of evaluations and we have some feedback to share.

Currently ongoing UEMS-CESMA Appraisal procedures (beta programme):

1. Online exams (experiences by Prof. Danny Mathysen)
 - [Experiences with European Board of Paediatrics Examination \(EBP-EAP\)](#)
 - [ESPN Board Examination in Paediatric Nephrology](#)

Danny Mathysen highlighted the importance of **security** (online and on-site exams) - The majority of exams for 2023 will be online. In theory, theory and practice are the same, whereas in practice, the situation changes. We are one step forward in improving the quality of our exams, Prof. Mathysen explained, before offering an overview of the recent exams. The more sub-specialised the content of the exam becomes, the more dependent we become on clinicians, which reduces the number of candidates for the exam (on-line exams). Technology and perfected software programmes have permitted safe and smooth running of on-line exams (software that lock your computer and 360-degrees camera etc.). The online exam has its disadvantages, as you have to plan and make appointments to talk to the organising committee, the candidate, the examiner, etc; it therefore runs on a pre-scheduled basis. **What are we appraising? What ETRs are behind, the curriculum, the syllabus, Blueprint of the European Exams, pre-training courses, check whether the system is suitable to sit the exams – practical matters, SOPs – qualitative appraisal of exams** etc.

Professor Mathysen also explained that when a third party is involved, the legitimacy and the potential red flags should be checked, in order to make sure that the platform is acceptable.

2. On-site examinations (experiences by Dr Maeve Durkan) – EBCOG

Dr Maeve Durkan presented her recent experiences with online examinations and spoke about the imperative for an exam to be valid, reliable, reproduceable. Different types of examinations require different criteria.

Dr Durkan had attended the EBCOG Part 2 with Dr Mifsud. She spoke about the importance of pre-set questions for the oral examination and also the rotation of the marking and the observation. The exam witnessed took place in multiple rooms and the marking has been done at the end of each exam delivery.

OCSE exams have a very different approach, with a minimum of 10 stations, to reflect the depth of the curriculum. Dr Durkan shared her experience with OSCE Part 1 and Part 2 and evoked the non-European demographic of the attendees; OCSE had established pre-scenarios, pre-set time. The simulation centre is outstanding and reflects a breath of the training. Whoever passes OSCE Part 1, moves forward to Part 2. Many did not attend part 2 due to visa problems, which takes us to practicability of running on-site exams. The examination was conducted in groups of 20, over 2 days, pre-set to 10 stations, and operated on the basis of



The Council for European Specialist Medical Assessment (CESMA – UEMS)

Association internationale sans but lucratif

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

International non-profit organisation

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu



marking basis. Mobile devices were collected in a box and the shifts of candidates succeeded without interfering with each other (no cross-contamination). It was pre-set on a single examiner. Dr Mifsud added that standard setting was built around the idea of borderline candidate. Both Dr Durkan and Dr Mifsud expressed their delight at having taken part at OSCE simulator, which provided a new and complex experience in terms of on-site examination. The conclusion was that the differences between online and remote are enormous, whereas the remote exams provide an unmediated feeling. Prof. Danny Mathysen agreed and added that of the 15 appraisals of exams he did so far, each one has taught him something different.

Page |
5

16.05 **Standard setting methodology**

Danny Mathysen

Prof. Danny Mathysen presented, adding that the aim is to minimise the false positive and the false negative. As of now, we do not have a CESMA guideline to set standards. *Standard setting is the process of determining how much is good enough.*

Prof. Mathysen further introduced AMEE's guideline to set standards methodology, explaining that when choosing a method, it is preferable to stick to it. **Take home message** (AMEE's Guide): for high staked Exams, which certify competence, should be criterion-referenced rather than norm-referenced. The degree of error can be substantially reduced by the proper selection, training and monitoring of judges. Prof. Mathysen further introduced a wide array of standard setting methods:

A. Norm-referenced methods – standardised rate between pass and fails; they are easy to implement; however not suitable to test abilities; not recommended for exam with purpose to certify competence; large variation in cut-off scores.

B. Criterion – referenced methods– have a pre-fixed cut-off score; focuses on individual items; recommended when competence is certified through the examination; time-consuming; borderline students can be difficult to define, large variation in failure rates.

C. Compromise/Hybrid - Combination Method – derived from the disadvantages from the norm-referenced methods and criterion-referenced ones. Characteristics: suitable for overall pass/fail; evidence-based; simple standard setting; can “miss the mark”, prone to outliers; not the first choice for high-stakes examinations.

A. Norm-referenced methods

A1. Set proportions method:

- Examination Board decides prior to the examination what percentage (or absolute) of the candidates is allowed to pass the examination
- Not recommended for high-stakes examinations
- Can be used for entry examinations

A2. Standard Deviation from mean method (SD)

- The average total examination score and the according standard deviation are calculated
- The cut-off score will be calculated as the value corresponding to the average total examination score minus one standard deviation
- Not recommended for high-stakes examinations (there is always a certain percentage of candidates that fails, regardless of the overall ability level)

A3. Cohen's Method

- Candidates are ranked in descending order with respect to their total examination scores and the total examination score of the 95th percentile candidate is taken as reference point



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

- The cut-off score will be calculated as the value corresponding to 60 percent of the total examination score of the 95th percentile candidate
- Not recommended for high-stakes examinations

A4. Borderline group method

- A group of candidates considered borderline candidates.
- Based on establishing a cut-off score for an exam.

A5. Contrasting group method

- Method examinee-centred
- Judges are requested to categorise a sample of examinees into two groups: competent (“qualified”) and incompetent (“unqualified”), based on any knowledge they have from their previous performances
- A score that best discriminates these two groups, with or without the use of statistical analysis, is chosen as the cut-off score.

B. Criterion-referenced (test-centred)

B1. Fixed standard method

- Examination Board decides about the cut-off score as a prefixed percentage of MCQs to be answered correctly
- Not recommended for high-stakes examinations

B2. Nedelsky Method (1954)

- Based on MPL minimum passing level; for that MCQ is the reciprocal of the number of remaining options → for each member of the jury panel, the MPL is the sum of these reciprocals for all items in the examination
- Every member of a panel of judges reviews each MCQ item in an examination and identifies those response options that a minimally competent candidate should be able to eliminate as incorrect
- The average MPL over all jury panel members is the cut-off score.

B3. Angoff method (1971)

- The most prevalent standard methodology used - standards can be maintained by test equating methods using marker questions – highly popular method;
- This individual task is followed by a group discussion on possible gross differences in their judgments. If desired, judges may independently alter their previous judgment.
- For each member of the panel of judges the sum of estimates defines the MPL and the average MPL over all jury panel members is the cut-off score.

B4. Ebel method (1972)

- Every member of a panel of judges reviews each MCQ along 2 dimensions: perceived difficulty (easy, medium, hard) and relevance (essential, important, acceptable, questionable)
- The judge then estimates the percentage of MCQs in each cell of the 3x4 matrix that a minimally acceptable candidate should be able to answer correctly and these percentages are multiplied by the number of MCQs



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

- The MPL for each judge is equal to the sum of all these products, while the average MPL for all judges is defined as the cut-off score

Conclusions: criterion-referenced methods – are based on the notion of a borderline candidate with minimal competence, but have the disadvantage of leading to considerable subjectivity and variation.

C. Rationale of *compromise methods*

Prof. Mathysen explained that a reluctance to be solely dependent on test-centred (criterion-referenced) or examinee-centred (norm-referenced) standard setting methods, due to validity considerations stemming from the subjectivity of judgments, has led to the use of *compromise methods*. The compromise methods, even though dependent of the methods listed above, **provide flexibility for adjusting** the standard based on performance data in the examination for which the standard has been determined.

Compromise Methods as 2 step procedures:

- Estimation phase
- Estimated cut-off dates

C1. Hofstee Method (1983)

- A panel of jury members determines a cut-off score based on an established method (e.g. Angoff) and are asked what would be the minimally acceptable (cmin) and maximally acceptable (cmax) cut-off scores are around this determined cut-off score

C2. De Gruijter's Model (1985)

- Similar to Hofstee method with addition that each member of the jury indicates the degree of uncertainty to the judgment

C3. Beuk's Method (1984) –

- A panel of jury members is asked to independently state the minimum level of knowledge expressed as a percentage of the total test score that a candidate should possess to pass the given examination
- The panel of jury members also independently state the expected percentage pass rate
- The mean and standard deviation of each of these values are determined and used to determine the cut-off score defines a min level a knowledge, expresses as a percentage of the total test score, a method for reaching a compromise between absolute and relative standards in examinations.

C4. Book-mark method (1996)

- Another compromise method, based on Team of 6 to 12 subject matter experts (SMEs) led by a psychometrician
- Listing of all MCQs in ascending order in terms of IRT-calculated difficulty
- The panel of SMEs needs to discuss what should differentiate a “pass”
- Item Response Theory (IRT) – used as a discrimination parameter; difficulty parameter; pseudo guessing parameter. This is suitable for large exams - 500 candidates, and not for small ones; some psychometricians want to adapt this method for smaller groups of candidates, but there is limited evidence to support this approach.



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

General conclusions: Prof. Mathysen highlighted the fact that though there is a wide range of standard setting methods, a perfect method doesn't exist. In high-stakes examinations important decisions are made in regard to *competence* and *incompetence*, which may affect, on the one hand, the careers of professionals, and on the other hand, the safety of the professional's clients. The standard setting method or methods chosen needs to be fit for purpose.

In the discussion that followed, Professor Mathysen, as a psychometrician, indicated that the adoption of a standard setting method is necessary, as examiners need to know in advance the level of difficulty of the level being examined, and consequently the method chosen will help to identify possible 'red flag' candidates. Prof. Westwood added that the entire process of choosing and adopting a suitable standard setting method is a journey, highlighting the fact that professionalisation of what we are doing as assessors is required at CESMA.

Prof. Fassina (Pathology) affirmed that a large number of testimonials from examinations in order to draw conclusions and opt for the most suitable method, and suggested that the UEMS Office could assist in creating a large common database. Mr Rosza (ESPNIC) stated that no matter how well an exam is developed, he would only trust a psychometrician with academic credentials to set the scores and Mr Felice (EBS) inquired from a practical point: what should one do? Analogy with different treatments that a clinician would apply.

Prof. Parigi: inquired whether there was a scheme summarising all these methods, to serve as a theoretical support from now onwards and as a guideline. Prof. Mathysen replied that there were several comparisons and correlations, but not a pattern per se. He further shared his experience and his preference for the Hofstee method, evoking the AMEE Guideline earlier presented, which might reflect reality and could serve as support.

16.50 Workshop: Review of questions (pre-submitted)

Chair: Maeve Durkan

Dr Maeve Durkan presented four sample MCQ questions that generated intense dialogue across the attendees. There was particular discussion around the inclusion of both investigations and treatments as alternative options for "what is the best course of action" in a particular scenario, with differing opinions on the validity of such real-life situations.

Prof. Westwood concluded that the workshop had achieved its objective and strengthened the dialogue, adding that the key to better drafting this text is *us together* at CESMA; that is the purpose of the discussion, to improve the meaning of the questions

17.35 Close

Prof. Westwood closed the Day-1 meeting session, thanking attendees for their participation and inviting everyone to the restaurant.



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

Day 2 : Saturday 10th December 2022

Welcome & President's Report

Mark Westwood

Prof. Westwood welcomed everyone and invited participants to introduce themselves.

Treasurer Report

Gian Battista Parigi

Prof. Parigi presented the *Treasurer Report*.

CESMA Treasurer presented CESMA's accounts. The bank account held 17.662 €. He detailed the source of funds, which were membership payments from the UEMS Sections and Boards and European/National Scientific Societies. Prof. Parigi offered an overview of the last few years: 2018-2022 listing which organisations had paid their fees, and which had not. Prof. Parigi further presented the breakdown of CESMA income and expenses, as well as the budget trend over the last few years. After allowing for the pandemic, he felt that there is no specific trend in income or expenditure.

Prof. Parigi spoke about UEMS related expenses, which rose up to 20% of the total expenses (3248 € by 30.11.2022): management fees, *DME 6 years proposal* in order to avoid negative interests on the ongoing loans to pay the Domus, donation to Ukraine and CESMA contribution to the UEMS (12.5% of the account). UEMS CEO, Mr Bertrand Daval, explained that due to the increased UEMS funds held at the bank, we are paying a negative interest of 0.5%. This represents an issue because the UEMS is a non-profit organisation. That explains the introduction of the 6-yr bond plan to prepay the loans, and return the money to the Sections, with a bonus of 3%.

Prof. Parigi made a final proposal, following the idea exposed in Venice, since all of the UEMS bodies have a centralised bank account: to introduce the automatic payment of the annual membership fee at the beginning of each year. In order to avoid continued non-payment follow-up, and considering that CESMA is a strategic asset for the Sections, it would be more efficient to ask the Sections to authorise the bank and instruct the UEMS central secretariat, and to authorise the payment of the 300€ membership fee at the beginning of each year, revocable at will. The idea was unanimously supported and voted on. Mr Arthur Felice (EBS) reminded that the funding is supported directly by the Sections, and not by the European Boards, suggesting that the UEMS Office should write to the Sections.

Plan of action – a letter request for authorisation of payment at beginning of the year to be sent to the UEMS CESMA members.

Secretary Report

Albert Mifsud

Dr Albert Mifsud presented the *Secretary Report*.

Dr Mifsud announced that CESMA appraisals have restarted and further spoke about the current challenges:

- CESMA membership and delegates database is out-of-date



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

- lack of knowledge of which Sections /Boards / MJs run examinations limits understanding of availability of examinations – and their appraisal – across Europe
- Substantial turnover in UEMS office has resulted in operational difficulties.

Dr Mifsud asked collectively how many Sections have exams in collaboration with a scientific society; at preliminary count in the room – about a dozen, with the mention that some sections have 1 specialty, other have around 15. Further on, Dr Mifsud presented the CESMA immediate plans:

- Issue questionnaire survey to update database
- understand who is running examinations and their appraisal status
- shared a draft document for “*Standards for appraisal of examinations by CESMA – Guidelines for use by assessors and applicant Examination Committees*” and asked for immediate comments on the said paper.
- Called for volunteers to work with the Executive.

Dr Mifsud announced that his first term as CESMA Secretary had come to an end and elections for the post would be held in Spring 2023. Additional nominations were invited.

Update from UEMS CEO

Bertrand Daval

Mr Daval reported on the UEMS Autumn Council, held in Athens, Greece, in October, and announced, among other things, the creation of a new Thematic Federation on Green and Sustainable medical practice, for which he addressed the public and launched a call for applications. Mr Daval further announced that the UEMS Executive will meet online more often with the National Medical Associations (NMAs) member of the UEMS to address specific matters.

Concerning internal aspects, Mr Daval spoke about the use of UEMS funds, explaining that these are NOT evenly distributed within the organisation and evoking the risk that the Belgian Fiscal Authority will cease to recognise the charitable status of UEMS and tax them at a rate of 33% if they are not invested quickly.

UEMS CEO briefly presented the *UEMS 5-years Strategy Plan* and joint group projects under Dr Magennis, (UEMS Grouping 2), mentioning that for different projects and areas – Sections and Bodies bureaux have been approached to nominate delegates; he further spoke about the promotion of the EACCME – UEMS Accreditation department which will benefit from a new platform etc. Lastly – Mr Daval evoked the *Questionnaire for ETR Study Survey* which is currently circulated, part of the ETR project initiated by Prof. Nada Cikes, Vice-president of the UEMS. Mr Daval presented the proposal to hire a dedicated person handling CESMA at the UEMS Office, which would require dedicated finding, to support the increased workload at the UEMS central consequent to managing appraisals. Lastly, UEMS CEO announced the upcoming UEMS meetings and conferences: UEMS Spring Council – April 21-22 2023, in Brussels, followed by the UEMS Autumn Council - 20-21 October, in Malta.

Feedback from Groupings

Maeve Durkan (Chair of Group I)

Dr Durkan presented the latest updates on behalf of Grouping I of the UEMS Sections she represents. The highlighted areas of relevance to Grouping I Sections were: *common projects* (brainstorm and working together); *protocol for submissions* etc; the idea of having a *common website platform* and covering the costs; *proposed new policies* – PGWG/CESMA – info gathering for strategic planning on training programs in all specialties across Europe; how to better channel the work of the WG etc.



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

With regard to CESMA, the group suggestions were for investment in views of regular workshops and webinars; specific Awards for Research and Mini Erasmus Program Clinician Scholarship (like Fulbright awards). Further on, Dr Durkan raised the matter of fellowships; UEMS Sections under Grouping 1 inquired whether there is a defined European standard for fellowship. Many of the summative exit EUROPEAN exams already confer different titles such as *Fellow of the European board or Diplomate of European Board*. One Suggestion is that Fellowships be the nomenclature for those who have passed the European Board Exam AND ALSO have completed their specialty training in a recognized European Program. Mr Felice expressed himself for the introduction of the definition of fellowship into the European Training Requirements programs.

The idea of fellowship was debated it was argued that the term is applied very loosely; examples were given of practice in the UK, where ‘fellows’ were employed to fill unpopular posts or to cover night shifts; suggestions were made to include the fellowship in a dedicated training programme.

Dr Daiva Jaisatiene affirmed that the examination by dermato-venerology is organised by the Section, in cooperation with an academy of dermato-venerology, which promotes the examination.

Dr Bazil Ateleanu (ESAIC – Anaesthesia) explained that in his specialty, those who take the exam are *diplomats*, while the *fellowship* covers those who perform special activities. The exam grew exponentially, becoming a global exam – with more than 3000 people; Dr Ateleanu further stated the success of the exam allowed them to finance a secondary program *Trainee Exchange Programme* – to send 25-30 students in centres of their choice/interest.

Appraisal Officer Report

Danny Mathysen

On behalf of CESMA, Prof Mathysen was pleased to hand over the UEMS-CESMA Appraisal Certificate for ESPNIC – European Society of Paediatric and Neonatal Intensive Care to Mr David Rozsa, following successful appraisal of their examination..

Prof. Mathysen presented the *Appraisal Officer Report*, offering an Outlook on Appraisals for 2023.

UEMS-CESMA Liaison Officer shared that a significant amount of appraisal requests has been received. Prof. Mathysen proposed the re-opening of the UEMS-CESMA Appraisals and invited the audience to confirm by email their requests for appraisals for the years 2023 and 2024. Prof. Mathysen also presented a preliminary timetable for the UEMS-CESMA evaluations, which will be developed in the coming months, and warned that 2023 is expected to be a fully reserved schedule for appraisals.

The CESMA executive also discussed the possibility of assessing both online and on-site exams, and both options should be considered. Dr Mifsud referred to the difficulties encountered due to Covid-19 and prevented the prior plans for appraisals in 2020 through to 2022 from materialising, admitting that widening the pool of appraisers would facilitate the evaluation process, idea supported by the Chair of CESMA, Prof. Westwood.

A list of upcoming appraisals and proposed appraisers was shared with delegates.

Procedure on declarations of Interest

Mark Westwood

Prof. Mark Westwood presented the topic *Transparency and declaration of interest*.



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

Prof. Westwood spoke about the need to professionalise the group and formalise the appraisals process. He also stated that there is a need to demonstrate externally how CESMA works; we need an equivalent in the declaration of interest, to set the context of who is who and to identify the parties. CESMA President presented the current background: need for transparency - need to have clear understanding of roles; discussions need to be free of bias; potential conflicts need clear outline; increasing expectation of declarations etc.

At CESMA we already work with standards, guidance, advisory, in a complex context that involves UEMS Sections, representatives of private professional groups, national or European scientific societies etc. and it has become crucial to adopt a declaration of interest policy. Prof. Westwood proposed that starting with the next CESMA Meeting, each presentation should be prefaced by a declaration of interest, that includes: 1. Name; 2. Section of UEMS/Scientific body/Commercial provider; 3. Which provider(s) are used for examinations; 4. If more than one (Proctoring, MCQ, Viva) need to state all; 5. Any commercial relationship; 6. Employee/Shareholder/Investor; 7. Honoraria, reimbursements 8. No financial relationship.

Prof. Westwood stated that he will elaborate an example and circulate it.

How to prepare for your examination's appraisal – a simple guide

Albert Mifsud

Dr Mifsud introduced the guide by saying that the secret of success lies in objectivity. Dr Mifsud further advised to consult the existing **CESMA Guidelines**, available on the CESMA webpage, as well as the new (draft) **Standards for appraisal of examinations by CESMA**.

With regard to corporate arrangements, it is important to understand who is organising the exam (legal entity), whether it is external, how the respective body relates to UEMS and to ensure that the exam organisers communicate with the relevant UEMS section/office, as we assess UEMS exams.

Appraisals should be understood as a journey; every reiteration is more robust than the last one.

Dr Mifsud further delivered the KEY points in preparing an examination appraisal:

- GOVERNANCE - the Exam committee MUST be distinct from the governing body above it.
- The EXAMINERS should be drawn from geographical spread across entire Europe, with a comprehensive set of competences: excellent question writers, standard setters, with clarity over appointment process, tenure etc.
- THE EXAMINATION FRAMEWORK – based on curriculum, blueprint, exam structure etc.
- QUESTION DEVELOPMENT and EXAM PAPER PREPARATION (use of blueprint, anchor questions etc);
- APPLICATION PROCESS – eligibility, clarity, maximum n° of attempts, fees etc;
- EXAMINATION DELIVERY – on-site exams or remotely delivered (eg. proctored exams);
- PSYCHOMETRICS ANALYSIS and CUT-SCORE ESTABLISHMENT, must be robust.
- APPEALS.

Mr Felice (EBS) added that Examination Committee is usually completely apart from the Bureau and evoked the concept of separation of roles, as it presents a disadvantage to have it completely different. Dr Mifsud acknowledge that this process needs scrutiny.

Prof. Fassina (Pathology) agreed with the idea and evoked the efficiency system presented earlier at the UEMS Council in Athens, by Prof. Papalois and Dr Grenho, *Red/Amber/Green Summary of UEMS Body's Compliance and Transparency Guidelines – draft proposal*, which the CESMA exam review could adopt, as to stick to a protocol. This way we could and present the situation of all bodies towards CESMA to the UEMS Central. The



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

CESMA Secretary welcomed Prof. Fassina's point and stressed that the aim was to improve the quality and robustness of the process, calling for volunteers to work on the proposed standard setting guideline.

Assessment of Training Programmes – The role of CESMA - Review of last 5 years and forward look to next 5 years followed by open discussion

Maeve Durkan

Dr Durkan presented, providing an overview of the 5-year Trunks - plans and objectives.

What did we define as our role within the UEMS?:

- Advise European Sections/Boards on exam development
- Choosing the exam type(s) to match your curriculum
- Deciding on whether your exam tests knowledge or competency
- Providers & Partnership expectations
- Delivery of exam / Security & integrity of exam

Dr Durkan further spoke about the role of CESMA, targeting not only European trained candidates, but world-wide candidates, role defined by: implications for training differences; implications in standard setting & pass mark (without homogeneity), wider skewing of results etc. Dr Durkan explained that an exam is needed in a European context characterised by unrestricted freedom movement, where standards of training and accreditation vary sensibly from a country to another. She further stated that it is imperative to conduct the assessments as to ensure free mobility across Europe, to assure a basis of minimal knowledge and / or competence and minimal authenticated training requirements (ETR alignment etc).

The vision for the next 5 years includes refining of the examination portfolios, refining of question writing, refining of the setting of standards and pass marks and of the assessments.

OPEN DISCUSSION : in response to the question of who should pursue the assessment, Dr Durkan gave as example EBCOG and ICM have on-site and remote international assessments. EBCOG – are appraising the training programme – seen as an excellent approach; but this should remain with the Boards, as they have the ability to do that. The appraisal itself needs people to be involved. For the harmonisation of training, we want to support the Boards and Sections on how to set up. Prof. Westwood added that *combined standard setting method* – is perhaps the key, relying on colleagues who practice themselves. Duplicity of practice and review; we exclude technology from the discussion; we don't accredit the hospital, but the accreditation system. They can only give partial accreditation to countries that only have a 4 year programme; it is more complicated than it seems.

Presentation from iCognitus

Nuno Santos

Dr Mifsud introduced this session. Following a series of presentation of commercial platforms at the last CESMA meeting, further presentations were invited. Mr Santos from iCognitus accepted an invitation.

Mr N. Santos presented the iCognitus platform, delivering a live demonstration of an online exam. Mr Santos presented the *Assessment database*, its intelligent interface and options, which allow the reviewer to choose a safe way to conduct the examination remotely, with several customised tools, very similar to the on-site exam. Examinations could also be delivered on site:

1. Quiz model – question model; you can choose and customise AND can import questions; curricular unit gives permission to all users.
2. Test schedule



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

3. Camera setting - lateral or a 360-degree camera for the candidate;
4. Test Proctoring – you can see only 2 items; iCognitus records everything installed inside the browser.
5. Test Scoring

MR Santos answered questions and assured that iCognitus can install an option that blocks everything else in the computer and mentioned that the platform has the advantage of being cheaper on the market, with the bonus of being very customizable according to the customer's needs.

Page |
14

How to cost and fund the setting up of your new exam

Mark Westwood

Prof. Westwood delivered his presentation, offering a real example from the EECC European Examination in Core Cardiology.

The President of CESMA offered a comprehensive overview of the costs generated by an EEGC, according to its life cycle: from its briefing (question writing meeting) until its debriefing (analysis of results).

Barriers to assessment of training programmes – Microbiology

Albert Mifsud

Dr Mifsud delivered his presentation and shared his observations as a microbiologist working in the UK, where there is no programme for assessments of microbiology training programmes.

The CESMA Secretary added that this was primarily due to lack of resource, assessments being expensive and requiring experienced, trained microbiologists. As a consequence, there is little documentation to describe individual programmes across the country- so it is difficult to establish a template for how training programme assessments might be undertaken. He went on to comment about the benefits of his experience of assessing programmes where serious problems had been identified as well as an interesting local development, where 'notable practice' visits were undertaken at centres perceived to be delivering excellent training. He also shared his experience of visits to training programmes in other European countries.

Presentation the case of the Paediatrics Surgery Section - Prof. Parigi shared his experience which started in 1997 with a structured system of supervision: collection of documents for the centres requesting to be evaluated; details, admission, staff, training staff, as well as all auxiliary staff, anaesthetists, radiologists; scientific publications as well; in order to understand the specific country legislation. The supervision was carried out in about 25 centres, of which 2 were not approved (not enough index cases, or too many trainees). From its visits outside Europe, the Treasurer of CESMA evoked his experience at a particular centre (in Asia) – where the request for approval was received for one centre, but it was subject to political and internal dispute, therefore it was not conferred.

It has to be brought up to the health authority what is missing in order to provide a better service to the children in the respective country; in Denmark the centre was approved, but paediatrics is still not recognised as a separate specialty.



The Council for European Specialist Medical Assessment (CESMA – UEMS)



Association internationale sans but lucratif

International non-profit organisation

Rue de l'Industrie, 24
B-1040 Brussels, Belgium

T +32 2 649 51 64
secretariat@uems.eu / coordination@uems.eu

Lecture on Assessment of training programmes in O&G – an established EU Programme

Why Auditing (Visiting) and Accreditation of OB:Gyn Trn Programmes in Europe : History and Current Objectives

Prof. Juriy Wladimiroff

CESMA's honoured guest, Prof. Juriy Wladimiroff, delivered his presentation.

Prof. Wladimiroff explained that EBCOG (European Board of the Obstetrics & Gynaecology Section of the UEMS, which encompasses nearly all countries in Europe) works closely with ENTOG (European Network for Trainees in Obstetrics & Gynaecology) and the four subspecialties: ESHRE, EAPM, EUGA and ESGO.

EBCOG Mission Statement is: *to improve the health of women and their babies by seeking to achieve the highest possible standards of care and training in the field of Obstetrics and Gynaecology in all member countries.*

Prof. Wladimiroff evoked the Sections and Board's journey on setting, implementing and maintaining its training objectives. In order to examine the content and quality of training in all countries **Hospital Visiting Programme** has been introduced since 1995. Prof. Wladimiroff stated that the EBCOG visiting programme is a voluntary process and explained it in all its phases and characteristics, offering a complete overview on how to interview clinicians/trainees to gather information. Visiting units have played an essential role in the development of the examination, enabling students to collect relevant information; the Standing Committee on Training & Assessment were therefore able to correctly assess the trainee's progress on the different stages of the visiting programme. The EBCOG training is available in all critical aspects; theoretical teaching; courses, research; medical audit, training in administration and management as well.

Prof. Wladimiroff provided detailed information in response to questions about the different EBCOG training centres in Europe, adding that hospitals usually apply for the exam and are therefore included in a territorial hub in order to receive accreditation and explaining that a collective supervisor is needed especially for peripheral hospitals. The EBCOG currently has 9 assessors and the examination committee will continue to expand. The results of the EBCOG visit programme speak for themselves and have made a big difference in many countries.

The **Lecture on Assessment of training programmes in Obstetrics and Gynaecology** delighted the audience and the CESMA Executive warmly thanked Professor Wladimiroff for his outstanding presentation.

AOB

- Prof. Westwood has announced his resignation as President of CESMA, for personal reasons, with immediate effect, adding that he will continue working for CESMA appraisals.
- Dr Maeve Durkan will assume Presidency as an Interim, along with the rest of the Executive, Dr Albert Mifsud, Prof. Danny Mathysen and Prof. Gian Battista Parigi.
- Elections to the post of President will be held in May 2023, together with elections to the post of Vice President, should this post fall vacant, and of Secretary.
- Next CESMA Meeting and venue: to be confirmed for May 2023.
- Prof. Westwood thanked all participants for their attendance.