Minutes Steering Committee on the e-platform

Brussels, 16th February 2013
Present:

Dr Zlatko Fras, Mr Jean-Baptiste Rouffet, UEMS
Associate Prof. Hans Hjelmqvist, UEMS Working Group on PGT
Dr Umut Akyol, UEMS Working Group on PGT
Prof. Alfred Tenore, CESMA
Prof. Peter Mills, UEMS Section of Cardiology, British Cardiovascular Society
Dr Mark Westwood, UEMS British Cardiovascular Society
Dr Robert Shäfer, UEMS Section of Cardiology
Mr Ash Self, University of Sheffield
Dr Michelle Marshall, University of Sheffield

Apologies:

Dr Zeev Goldik, UEMS Section of Anaesthesiology, CESMA
Dr Remy Demuth, UEMS Section of Radiology
Prof. Hans Flaatten, European Society of Intensive Care Medicine
Dr Fras welcomed the participants and thanked them for their attendance.

1. Approval of the minutes of the last meeting (Ljubljana, 5th May 2012)

The minutes of the last meeting were approved.

2. Approval of the agenda

Given the presence of representatives of the University of Sheffield, Dr Fras suggested to re-order the items of the agenda and allow them to present their e-platform before discussing other issues.

The agenda of the meeting with amendments suggested was approved.

3. E-portfolio for the assessment of competence

- MINERVA: an e-platform from Sheffield University

Mr Rouffet reported on the discussion he had with Prof. Nigel Bax during the last meeting of the Section of Rheumatology (Brussels, 7th December 2013). Prof. Bax presented MINERVA, the e-platform created by the University for students, teachers and administrative staff to support teaching of medicine. This tool had been used for more than 2 years by undergraduate medical students. Prof. Bax and Mr Self already presented the e-platform to Mr Rouffet and Mr Destrebecq the week before to better understand the UEMS aims and objectives regarding a European e-portfolio.

As agreed with Dr Fras, the e-platform would be presented to the SCeP as a good example of existing portfolio which could serve as basis for development of a European e-portfolio under UEMS aegis.

Mr Ash Self presented the Sheffield e-platform, MINERVA. He stated that the idea to create an e-platform emerged in the 1990s and aimed to record the performance of medical trainees. In 2000, the University started working on the curriculum and setting learning outcomes for each items of the curriculum.

Dr Marchall explained that the curriculum had been designed as from 92 core medical cases and each item studies was linked to one of the 92 identified clinical case.

Prof Mills detailed the organisation and drafting of medical curriculum in the United Kingdom. Each University had its own independence in drafting curriculum but had to follow national learning outcomes set out by the Government.

Mr Self insisted on the fact that MINERVA was educationally-led (and not technology-driven) developed in-house with the constant focus on usability. Several iterative phases between IT developers, teachers, students and administrative persons were necessary to built up the platform. It remained regularly updated to adapt to changing needs of medical training. MINERVA was sais to be used for:
- Appraisal for medical trainees (formative and summative)
- Communication tool between teachers, trainees and administrative staff
- Resource centre, central point for lectures, curriculum, medical information
- Statistics

Dr Fras asked whether MINERVA could be linked to Personal Health Record and include CME-CPD activities. Mr Self stated that though personal information was used by trainees to fill in their portfolio, there was no link with PHR as such. Moreover, MINERVA was developed for undergraduate medical trainees and thus did not include CME-CPD. However, such functionality would be easy to create.

Dr Shäfer enquired about the adaptation of users to the e-platform as he foresaw important obstacles (i.e: organisational, attitudes with regard to technology, ...) in implementing such tool within hospitals.

Mr Self emphasised the need to take into consideration time as an essential element when implementing such tool. It took five years to have MINERVA working efficiently and the main obstacle identified was how to empower users to use the platform, including providing incentives.

- EUCARDIA: the e-portfolio of the Cardiology Section

Dr Shäfer presented the software developed by the Section of Cardiology (EUCARDIA). He presented the key functionalities of this platform which has been acknowledged by the European Society of Cardiology. The aim of this platform is to track records of general cardiologists’ improvement in acquiring the competences such as defined in the European Curriculum in Cardiology.

Dr Fras added that this platform has less functionalities than MINERVA but served the minimum requirements for European Diploma in General Cardiology.

Prof. Mills pointed to the need to have a flexible tool that can be adapted to the national specificities. He notably referred to the required number of cases to be treated by a trainee: depending on the country of the trainee (Malta or Germany), he/she will (not) be able to perform the requested number of procedures to complete his/her training. As a result, the e-portfolio should take into consideration some national particularities.

Dr Shäfer pointed to the fact that the requirements were focused on levels of competence rather that absolute figures for specific procedures.

Dr Fras added that such e-platform should demonstrate clear added value for doctors and accountability.

- MEDBOOK: a Dutch IT solution supporting medical specialist training

Mr Rouffet presented the Dutch e-portfolio and explained that such portfolio was already in use in the Netherlands and that the developers were willing to extend it at the European level. It notably includes courses, publications, certificates, congresses, documents and CVs.
Dr Fras concluded the discussion highlighting the different scope of the above-mentioned platforms, of which MINERVA was the most advanced in terms of functionalities. He proposed that the SCeP would draft Terms of Reference for e-platforms as well as collaborate with the University of Sheffield to develop a UEMS e-portfolio.

**Decision:**
Draft the UEMS “criteria for accreditation of e-platforms assessing medical specialists competence”
Explore ways of cooperation with the University of Sheffield to develop the UEMS e-portfolio

**Task assigned to:**
Dr Fras and Mr Rouffet

**Deadline:**
Before summer 2013

4. **“Guide to successfully writing MCQs”**

Dr Westwood presented the document “guide to successfully writing MCQs” which detailed the essential requirements to draft high quality questions to assess the knowledge of medical trainees. Dr Westwood notably insisted on the need to train the writers as there were some simple mistakes that could be avoided provided they received appropriate information. He also emphasised the need for clear and simple English wording as most trainees taking the UEMS exams were not native English speakers.

Prof. Tenore added that in the European examination in Paediatrics, he had translated the MCQs from English to Italian and the result was an increase of 10% in the success rate of trainees. He therefore fully supported Dr Westwood’s viewpoint for simple and transparent wording.

Prof. Mills suggested that writers of MCQs should take into consideration the purpose of the assessment. In this regard, two databanks of questions should be created for formative and summative assessments.

Prof. Tenore referred to a document that he wrote based on his own experience in writing MCQs for the European Examination in Paediatrics and suggested to merge it with Dr Westwood’s document.

**Decision:**
Merge the documents from Dr Westwood and Prof. Tenore on MCQ writing.

**Task assigned to:**
Prof. Tenore, Dr Westwood and Prof. Mills

**Deadline:**
Before UEMS Council meeting (Brussels, 19-20 April 2013)
5. Revision of the UEMS Charter on Post Graduate Training

Dr Fras recalled the adoption by the UEMS Council of the document 2012/29 on European Training Requirements which updated the chapter 6 of the European Training Charter for Postgraduate Medical Training. He highlighted the need to revise the whole Charter as the current version dates 1993.

Revising this important policy document of the UEMS implies to take into consideration the current UEMS policies with regard to competence-based training and European legislative context (i.e. the Directive on Professional Qualifications – 2005/36/EC).

Mr Rouffet added that the Glossary of Terms was also to be further discussed as it would ensure that the terms used in the UEMS policy document would be underpinned by an agreed definition.

Prof. Hjelmqvist added that the Working Group on PGT would also contribute both to the revision of the UEMS Charter on PGT and to the update of the glossary of terms.

| Decision: |
| Disseminate the current Charter to SCeP in order to receive input and start the revision process |
| Disseminate the Glossary of Terms to members of the WG on PGT |

| Task assigned to: |
| Mr Rouffet and Prof. Hjelmqvist |

| Deadline: |
| Before UEMS Council meeting (Brussels, 19-20 April 2013) |

6. Strategy of the SCeP for e-platform

The Steering Committee on e-Platform has been created to monitor the launching phase of the ECAMSQ. It has successfully monitored the first online pan-European knowledge-based examination and will focus on developing a European e-portfolio supporting the assessment of medical competence at the European level according to the recommendations of the Specialist Sections and European Boards.

Given the window of opportunity regarding the co-operation with the University of Sheffield, the SCeP will explore further a possible partnership and look for appropriate funding to support such collaboration. It will also draft the UEMS recommendation for accreditation of e-platform thus enabling any specialty to use a different e-platform but having at least met the UEMS criteria.

7. Any Other Business

Mr Rouffet stated that many holders of UEMS European Diplomas delivered by the Specialist Sections and European Boards had contacted the UEMS Brussels Office to obtain legalisation of their title. Most requiring specialists where originating from outside the European Union (EU) and not willing to work in the EU but rather obtain in their country the recognition of the UEMS diploma. In
order to obtain benefit from this diploma, they were asked by their Ministry of Health to have it legalised by the Belgian Ministry of Foreign Affairs before being recognised nationally. He notably stressed to fact that it was an administrative process and that the Ministry of Foreign Affairs was only legalising the signatures and not the document itself.

Dr Fras pointed to the fact that the UEMS Diplomas were more and more recognised across Europe. He insisted that these Diplomas were to be considered as titles of excellence and not conferring any rights to their beneficiaries unless the National Competent Authority accept it. He added that the national recognition of the UEMS Diplomas should be encouraged.

Prof. Mills warned that the UEMS Diplomas, being only summative assessments, were only recognising the high quality knowledge of their holders but not the full spectrum of competencies. Should the UEMS be willing to accredit competence, it should beforehand accredit national medical training which assess, at national level, the competence of the trainees. Providing holders of UEMS Diplomas with assistance in legalisation could mean that the UEMS assesses that they possess the competence to practice medicine, which is not the case.

Dr Fras suggested to further explore the consequences of legalisation of UEMS Diplomas and ensure that the UEMS does not acknowledge the competence of the holder through the legalisation process.

8. Next meetings

Tentative date: Sunday 12th May 2013, Istanbul, further to CESMA meeting