Minutes

Steering Committee on the E-platform

Vienna, 5th February 2012
Present:

Dr Zlatko Fras, Mr Jean-Baptiste Rouffet, UEMS
Dr Zeev Goldik, UEMS Section of Anaesthesiology, CESMA
Prof. Alfred Tenore, CESMA
Associate Prof. Hans Hjelmqvist, UEMS Working Group on PGT
Prof. Peter Mills, UEMS Section of Cardiology, British Cardiovascular Society
Dr Umut Akyol, UEMS Working Group on PGT
Dr Heinz Weber, UEMS Section of Cardiology

Apologies:

Prof. Hans Flaatten, European Society of Intensive Care Medicine
Dr Remy Demuth, UEMS Section of Radiology

1. Follow-up on key decisions and action points

Dr Fras welcomed the participants and thanked them for their involvement in this Steering Committee. He suggested that the minutes of the previous meeting be used as the basis for this meeting.

OLIMPE:
Dr Fras reminded the audience about the aims and objectives of this project (OLIMPE – On Line Improvement of Medical PErformance). This application for European Funding of the e-platform implementation had been submitted but was unfortunately rejected. He added that a new call for proposal had been issued by the European Commission for 2012 and suggested that UEMS applied again.
Dr Fras reported on the weaknesses of the previous application which were mainly due a lack of explanation as reviewers of these applications were not necessarily Medical Doctors. He proposed that Prof. Mills helped Mr Rouffet in fine-tuning the previous application in order to address the criticism made by the Commission.
Prof. Hjelmqvist requested that the previous application for OLIMPE be sent to all the Committee members.
Prof. Weber asked for further clarifications on the rationale underpinning OLIMPE. Dr Fras explained that OLIMPE aimed to contribute to the harmonisation of Medical Training across Europe through the development of an e-portfolio supporting the assessment of medical trainees’ competence.
Prof. Mills expressed the idea that the UEMS-CESMA activities clearly demonstrated the concern of several specialties that competence is a key issue for the medical profession. He stressed the importance of showing the European Institutions that there was a consensus among the medical professional toward competence-based assessment.
**DECISION**

The Steering Committee agreed on this proposal and decided to apply again for European Funding.

**Task assigned to:**
Prof. Mills and Mr Rouffet

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**Best practices in EBA exams:**

Dr Goldik presented the latest developments in Anaesthesiology and insisted on the need for UEMS to create the framework for European Portfolio of medical competence.

Dr Goldik expressed the interest of Anaesthesiology in going ahead with the development of such an e-portfolio.

He provided the SCeP with the following keypoints to take into consideration:

- European Examinations are more and more recognised by National Competent Authorities thanks to “bilateral” agreements with relevant authority (MoH, Order, Medical Chamber or else) according to which national specificities were taken into consideration and EU exams were slightly changed to meet their concerns.
- European Examinations are well accepted among the Profession because of their quality: this is in his view the key for success
- European Examination are sometime used as a self evaluation tool by trainees
- In Anaesthesiology, Trainees can undertake formative and summative tests
- Particular attention should be paid to the practical organisation of the examinations (e.g. in an exam center, at hospital with its laptops or with trainees’ laptops, at home…)
- The linguistic issue has to be carefully addressed: for instance EBA has the master version in English and offer for free the translation into national language.

**Update from the Cardiology Section**

Dr Fras mentioned the difficulties BCS had with Orzone while organising their Knowledge-based Assessment (KBA). He suggested to request a formal opinion from BCS in order to have further information on this issue.

Prof. Mills added that BCS had to organise a summative assessment (which they did through the KBA) as the NHS had “forced” them to do so. He reported on the latest exam organised with the support of Orzone which were successful despite some technical problems.

**Update from the Radiology Section**

Dr Fras informed the Committee that the involvement of the Radiology Section in the pilot tests had been difficult because of the relationship with the European Society of Radiology which feared that their position would be jeopardised should these pilot tests be organised by UEMS.

As a result, further to the previous meeting of this Committee, informal contacts were taken with the Officials of ESR, UEMS Executive and UEMS Section in order to clarify the misunderstandings arising from UEMS initiatives. A meeting was to be organised in the framework of the next Radiology Congress in Vienna on 5th March 2012.

Dr Goldik reported on the strong collaboration developed since many years between the Board and the Society in Anaesthesiology. A clear repartition of tasks had been elaborated whereby the Society would handle the European Exam and the Board would deal with the syllabus and the e-portfolio. He advised to clarify as soon as possible the situation between the section and the Board in order to successfully collaborate toward the implementation of the e-portfolio under UEMS aegis.
Discussion:

Dr Fras explained that the e-portfolio or the e-platform was to be seen as a tool helping users to have a standardized assessment of their competence according to European Standards. Prof. Tenore added that medical trainees could evaluate their strengths and weaknesses thanks to online formative tests. This enabled them to improve their competence. As a result, he suggested that the e-portfolio developed under the UEMS aegis be promoted as a formative tool rather than a summative tool as he feared that National Authority would refuse an additional layer of assessment at the European level.

- The Danish Medical Association issue
Dr Fras explained that the Danish Medical Association was against any European assessment of Specialists since they felt it could jeopardise their position and role with regard to the medical profession. He agreed that UEMS should better discuss and explain the role of ECAMSQ and underline the fact that National Authorities’ role will not be undermined by this project. Prof. Hjelmqvist added that the UEMS should contact the DMA in order to present them the project and reassure them as to its aims and objectives which are in line with the UEMS core priorities. As they fear revalidation, specific attention should be paid to this issue when developing the e-portfolio.

DECISION
Meet the representatives of the DMA in order to clarify the potential misunderstandings arising from the development of an e-portfolio supporting the assessment of medical competence at the European level
ACTION:
UEMS Executive

- Language issues
Dr Fras asked whether the use of English in EBA exam could not be problematic when the exam is recognised as part of the final examination at national level as trainees who have failed the exam could eventually sue European Boards before Courts because they were not able to take it into their mother tongue. Dr Goldik answered that English was considered as the language of science and most trainees taking the test had enough command of English to understand properly the questions. He added that the offered translation facilitated the understanding from trainees but the Master version would remain the English version. Dr Goldik also explained that a few years ago, EBA was sued by the Austrian Medical Chamber because the results of EU exams were not shown to trainees. The AMC therefore refused to organise EU exam in Austria for two years. Further to his visit, the AMC accepted that EU exam take place in Austria, provided that the results of these exams were made available to trainees.

- Next steps
Dr Goldik stressed the strong commitment of EBA to improve their examination and develop an e-portfolio for Anaesthesiologists under the UEMS aegis. He added that formative Online Assessment (OLA) had been developed but also that EBA was further investigating on how to improve EU exam (locked browser, cheat prevention measures, randomised questions...). Dr Goldik reported on the contacts EBA and Maastricht University (Mr Driessen) had developed to create an e-portfolio to support the assessment of medical competence. He presented the outcome of these informal contacts and proposed that Mr Driessen would be invited to the next CESMA meeting in Ljubljana on 5th May.
Dr Fras welcomed this initiative and agreed that UEMS should look at existing portfolio instead of trying to create a new one. He reminded that Orzone had a rather “commercial” approach and suggested that; if UEMS would continue working with them, it should remain on a pro-bono basis.

**DECISION:**

Contact Mr Driessen and see whether he can present his portfolio during the next CESMA meeting.

**ACTION:**

Dr Goldik

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2. **Short feedback report on the meeting with European Commission on the Modernisation of the Professional Qualification Directive (2\textsuperscript{nd} Feb. 2012)**

Mr Rouffet informed the members about the outcome of the Questions and Answers Session held at the European Commission’s premises on 2\textsuperscript{nd} February 2012. He informed the Committee that the proposal from the European Commission to revise the Directive on the recognition of Professional Qualifications was in line with UEMS policy recommendations and expectations.

He presented the key features of the Commission’s proposal: the European Professional Card (EPC), Common Training Principles, alert mechanism and control language skills.

- **The EPC** was designed as an e-certificate aiming at improving the recognition procedure through the involvement of Competent Authorities and systematic use of IMI (Internal Market Information system).

- **Common Training Framework:** this system is a new system aiming at facilitating the recognition process for non-regulated professions. Should a profession harmonise their training on the basis of common set of knowledge, skills and competences, the qualifications gained under this system would benefit from automatic recognition.

  - The CTF is different from the Common Training Requirements (CTR) which are the basis for automatic recognition of qualifications in place for doctors. The CTR mentioned in the Annexes of the Directive were limited to the title of the Diploma and the length of training. The UEMS has advocated for many years for a revision of the CTR in order to include the notion of competence-based training.

  - **Common Training tests:** if there is no possibility to agree on a common Training, a common aptitude test could be organised at the European level in order to grant access to a profession. This system does not apply to regulated professions but it should be looked into the potential of such mechanism particularly in relation to European Examinations.

  - **Alert Mechanism:** this mechanism aims to reinforce the obligation for exchange of information between Member States. Should a doctor be convinced of serious offense which have direct consequences on their fitness to practice, his/her Competent Authority would inform the other competent Authorities through the alert mechanism.

  - **Language Skills:** For professions with patient safety implications, a systematic check of linguistic competence would be established. These checks would be organised if they are requested by NHS or national patient organisations.

Mr Rouffet informed the SCeP that UEMS was very involved in the revision process and through direct contacts with Members of the European Parliament, UEMS continues raising awareness on the medical profession’s needs.

3. **Any other business**
The example of Paediatrics

Prof. Tenore reported on the online Examination the Section of Paediatrics organised together with the American College of Paediatrics.

He mentioned the exams organised in 2009 and 2011 and stated that the trainee’s results had improved thanks to theses exams. He notably stressed the importance for teachers to carefully look at the results of the exams in order to insist on the items that trainees failed. In this regard, he pleaded for self evaluation of trainers and trainees.

Prof Tenore insisted on the need to promote the e-portfolio as a formative tool in order to make sure that it is widely accepted at National level and that National Authorities did not see in this project an attempt to take over what they consider as being in their remit.

Dr Fras agreed that the e-portfolio should be presented as a formative tool but stressed the importance of the recognition of the value of summative assessments.

Prof. Tenore also presented briefly a study which compared the different assessment tools available (logbook, written examination, 360° evaluation, portfolios....) and rated them according to their effectiveness. He stressed the importance of taking into consideration these elements when implementing the e-portfolio. (see presentation)

Proposed action plan:
The Steering Committee decided to take several actions:
- Modernise the UEMS Charter on PGT
- Elaborate a Glossary of terms in the field of PGT
- Reshape European Curriculum according to ECAMSQ principles (Knowledge, Skills and Professionalism)
- Revise and harmonise the UEMS Chapter 6
- Prepare a roadmap to implement the e-portfolio in order to present it to the Council

4. Next meetings

The SCeP will meet in the framework of the next CESMA meeting in Ljubljana on 5th May 2012.
### Key decisions and action points

<table>
<thead>
<tr>
<th>Action</th>
<th>Main Actor</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Submit an application for EU funding (same as OLIMPE)</td>
<td>Peter Mills, Jean-Baptiste Rouffet</td>
<td>Deadline 1st March 2012</td>
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<tr>
<td>Revise the UEMS Charter on PGT</td>
<td>Zlatko Fras, Hans Hjelmqvist</td>
<td>Include competence-based training, updated to today’s clinical practices and progresses</td>
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<tr>
<td>Elaborate a Glossary of common terms used</td>
<td>Alfred Tenore, Hans Hjelmqvist, Umut Akyol</td>
<td>Review CESMA document and add or amend definitions if needed</td>
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<tr>
<td>Propose a common framework for Chapter 6</td>
<td>Hans Hjelmqvist, Umut Akyol</td>
<td>Propose a common framework at the April Council meeting Chapter 6 should include Core Competencies</td>
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<tr>
<td>Propose a common framework for European Curriculum</td>
<td>Hans Hjelmqvist, Umut Akyol, Zeev Goldik</td>
<td>Propose a statement (recomm.) that will be the starting point of the elaboration of common frameworks</td>
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<td>Develop the e-platform for 4 Specialties</td>
<td>Zeev Goldik, Hans Flaatten, Remy Demuth,</td>
<td></td>
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<tr>
<td>Explore existing e-portfolio and find out best practices</td>
<td>all</td>
<td>Dr Eric Driessen (University of Maastricht) developed an interesting tool which could be further developed</td>
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<td>Elaborate guidelines for MCQ</td>
<td>Peter Mills</td>
<td>It should eventually enable Sections to draft MCQs</td>
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<tr>
<td>Draft a letter showing the need for competence-based training arising from the Profession itself</td>
<td>Zeev Goldik</td>
<td>The idea is to have a document which shows that the profession is willing to go in that direction</td>
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Report made by
Jean-Baptiste ROUFFET