The Council for European Specialist Medical Assessment
(CESMA – UEMS)
Association internationale sans but lucratif
International non-profit organisation
RUE DE L'INDUSTRIE 24
BE- 1040 Etterbeek, Brussels
T +32 2 649 51
secretariat@uems.eu / coordination@uems.eu

CESMA Spring 2023 Meeting

Casa La Salle, Rome, Italy
5-6 May, 2023

Meeting Minutes
Day 1

Introduction and welcome Dr Maeve Durkan
Roll call of attendees

Dr Durkan opened the meeting and welcomed the participants, expressing her grateful thanks to the attendees and the UEMS Secretariat.
The CESMA acting President then presented the day's agenda and explained the two quizzes she had prepared, for *Standard Setting in examinations*. Dr Durkan invited participants to introduce themselves.

Standard Setting in Examinations (Part 1)

EECC Standard Setting in UK Dr Clive Lawson
Cardiology

Dr Lawson delivered his presentation on the European Examination in Core Cardiology, explaining the standard setting methods used.
Dr Lawson highlighted the importance of using standard settings methods, as it helps setting the pass mark (high stake exams); it allows to check on the quality of the question and allows a post-exam review of poorly performing items. This minimises the risk of major lawsuits when students fail and decide to take legal action. Given the language barriers, the language must be clear and understandable.

- Furthermore, Dr Lawson explained how do we set a pass mark, taking into consideration the following aspects: norm referencing; criterion referencing; test equating. Dr Lawson addressed the issue of candidates who simply pass, explaining that in a pass/fail examination, it is the performance of the candidates in relation to the pass mark that is paramount.
- In general, when writing the question, you're aiming 40-70% of candidates to pass it; the pass rate in our exam is about 80%.
- **Pass rate in the EECC Exam**: we expect that 75-95% of candidates in their 3rd year of Cardiology training will pass the exam.
- **Deriving the pass mark**: requires a Standard Setting Group with a range of opinions who score the difficulty of each question before and after a group discussion. A 'trimmed' mean +/- 2SD is used

to derive the acceptable range for the pass mark. Dr Lawson explained that the tendency is to set the standard too high. Angoff's method was used in standard setting.

Dr Lawson further explained the 2022 Exam Performance, based on a graphic**: pass mark** set at: 67/120, whereas the **pass rate** was 83%. The examiners carried out a **quality control**, assessing multiple criteria such as: is the answer key correct, is the question fair and reasonable, coherent and precise; can the text be simplified? Are there country-specific problems? Is there significant overlap with other questions?

During the **post-exam question review** the poorly performing questions (<30% correct) were analysed.

- based on Prof. Danny Mathysen (Antwerp University)'s criteria;
- exam internal consistency was good;
- Cronbach's Alpha 0.787 that tell us about the consistency and liability of the exam;
- each question analysed for difficulty and P-value. Poorly-performed questions exams;
- discrimination parameters; correlate individual question performance to the performance of the exam as a whole.

For this exam, 132 questions were selected, 3 Minutes allocated per questions. During pre-scoring, if the standard deviation is low, we move on. If it is more than 10%, the standard setting group will reconsider the question; we usually loose one or two questions. The graphs show that this is a reliable exam - from 80 candidates in 2012 to around 1,000 candidates a decade later.

Dr Lawson explained the composition of the exam: from 150 question, 120 were retained - 30 for each of the 4 sections of the cardiology curriculum (covering 63 curriculum topics); some of the questions were very specific. Candidates spent roughly the same amount of time answering the questions, out of which 25% were based on images and videos.

Dr Lawson also spoke about the meeting etiquette saying that the idea is to contribute - the people who score in the middle don't really speak up; feedback is gathered from top-scoring and low-scoring candidates.

The CESMA President congratulated Dr Lawson for the insightful presentation and opened the floor to questions:

- **Dr Thomas Giesen** (EBHS) inquired if the passing mark was not set too high; Dr Lawson explained that the pass rate showed that it was not too high, at around 80%. Dr Giesen also asked about the selection of minor topics, and whether there was a prize for the best candidate and how the candidate selection process worked. The presenter explained that there was a special group of selection questions, giving concrete examples. They are trying to ensure continuity in the standard setting group.
- **Prof. Rijk Gans** (Internal Medicine) asked how many people were in the standard setting group and how they created the difficulty of the question. Dr Lawson explained that if the group defining the standards is too small, it is difficult to target the standard deviation rate; if the group is too large, the standard deviation will be derived; therefore, the ideal number would be 8 up to 10 people, 8 in their case.
- **Prof. Ioannis Messinis** (EBCOG) explained the item discrimination within EBCOG, a combination formula (calculated based on P-index and the discrimination value); we have 10% questions with less discrimination.
- **Dr Brian Woodward** – (ESHRE) mentioned that guidelines are essential. Dr Lawson stated that for the UK exam they were following one. We check every question and make sure it reflects the European standards. Each question is referenced to a specific guideline, paper or European book/etc. Dr Woodward further asked what happens if they have to pull out 10 questions, to which he was replied that as long as the standard setting was good, this doesn't normally occur.

- **Prof. Borut Kovacic** inquired who can become part of the standard setting group and which kind of scoring method is used for the EECC. Dr Lawson explained that for the European group, we have European question writers; for the UK group, we choose and ask the UK societies to nominate people, ordinary cardiologists and not specifically academics. For pre-scoring we use blocks of 10 candidates, but for test we use blocks of 5.
- **Dr Alexandru Nica** (EDIC) inquired if we can identify *just-passing candidate* or *border line candidate* and was replied affirmatively; one of the tasks of the standard setting group is to define who the just-passing candidate could be, and his characteristics are the following: erratic thinking, unpredictable judgement, always passed before, competent but on the edge.
- **Dr Nikolaos Barotsis** (EBPRM) inquired who will provide the minimum and maximum rates of the Hofstee method; Mr Lawson pointed out that if this is an excellence exam, it is up to the examination board to decide whether 70-80% of candidates are expected to pass. Danny helps with the analysis of the poorly answered question and conducts a study
- **Dr Albert Mifsud** (CESMA Honorary Secretary) inquired why do we need the Hofstee method since it only targets 60-70-80% of the candidates? It is a compromise method between absolute and relative; Dr Lawson explained it was first used in the American exams and then imported in European examinations.
- **Dr Thomas Giesen** (EBHS) asked for the slide on setting the pass mark and was explained by Dr Lawson that for EECC it is set to include 90-95% of the candidates.
- **Mr Arthur Felice** (EBS) stated that, in theory, things to be very precise, whether criterion or norm-referenced standard setting methods are being applied, for instance the Angoff method, and asked Dr Lawson if the mathematical mechanism really applies in practice. Dr Lawson explained that each board needs to look at its own methodology and justify it, particularly when faced with a legal case, and agreed that there is no absolute objective standard, which sometimes creates problems; so, having experienced standard setters is crucial.

Standard Setting in Examinations (Part 2)
Two quizzes, 1 & 2

Dr Maeve Durkan

Dr Durkan introduced the quizzes, the film quiz and the political quiz, explaining that the exams should be aligned with the school curriculum. The audience took both quizzes. The answers were collected and Dr Durkan indicated that the results would be discussed later in the afternoon.

MCQ Workshop

Dr Albert Mifsud

Dr Mifsud introduced himself and spoke about his direct experience as a medical microbiologist, pointing out that his knowledge is based on experience. He has been engaged in examinations at his university for around 10 years, and at CESMA for 5 to 6 years. The Honorary Secretary of CESMA expressed his grateful thanks to his colleague Professor Mathysen, CESMA's Liaison Officer and expert psychometrician, for having shared his professional knowledge.

- The Honorary Secretary further classified the **types of MCQs.** The True/False questions have been eliminated.
- These days, MCQs offer variations on the "*single best answer".*

Dr Mifsud further presented **Bloom's hierarchical taxonomy of educational objectives,** based on: knowledge, comprehension, application, analysis, synthesis and evaluation.
Offered examples of MCQ for discussion:

- Testing knowledge: *Mutation to which of the following genes is most likely to result in resistance to ciprofloxacin?*
  This kind of question requires specific knowledge: you either know the answer or you don't; high-performing candidates might get very confused. Occasionally, you might have a discordance. Feedback from the audience: the question could be shortened.
- Testing knowledge and comprehension: *Which of the following symptoms is most commonly present in early lumbar spondyloscitis?*
  The discussion centred on the formality of the question; it was reasonable, correct but somewhat ambiguous. Dr Mifsud pointed out that when writing a question, it is necessary to have a specific pedigree, to know which guide it comes from, which publication, which journals it comes from, and so on.
- Testing knowledge, comprehension and application: Which of the following interventions is most effective at reducing the incidence of EOGBS?
  The discussion focused on the wording and clarity of the question.
- Testing knowledge, comprehension, application and analysis: reaching the limit of single best answer of MCQs ⇒ EMQs.
  EMQ Structure: - series of possible diagnoses, investigations, treatments (usually 10);
  - provide a series of case vignettes or situations.
  EMQs Characteristics:
  - Item discrimination and discrimination index higher;
  - Only 10 EMQs might be needed to achieve Cronbach's alpha value of 0.75;
  - More discriminatory for the borderline candidate than SBAs.
  EMQs Disadvantages:
  - difficult to write well, ie not a series of Single Best Answers;
  - due to multiple scenarios, some options can be discounted easily;
  - significant difficulty with cut-score determination, when compared with ease of well-established and convenient Angoff method;
  - It is very difficult to determine pass or fail marks. You have to analyse them as two completely different tests.

The last e.g. : *For each of the following cases, select the most likely causative organism:..*
Dr Mifsud stated that knowledge is the basis of its application. MCQs are seen as knowledge-tasting mechanisms; dr Mifsud concluded the workshop with an analysis of these examples, designed to show how to maximise the usefulness of MCQs.

Results of the two quizzes, 1 & 2 Dr Maeve Durkan

Dr Durkan went through the quizzes results, assisted by Dr Lawson and Prof. Parigi.
Quiz 1 – Movies: the questions were of similar length and the answer options were arranged in alphabetical order, with a distraction option for each question. Dr Durkan also spoke of the importance of including images in an exam.
Quiz 2 **– Politicians**: not all questions were very well structured; distractor answer option was present (Q1 – counsellor vs president). Answers should have been listed in alphabetical order. Dr Durkan made a

comparison between well written questions and poorly written ones, which don't test more than general knowledge.

Quiz results…a real disaster Gian Battista Parigi and Clive Lawson

Prof. Parigi and Dr Lawson analysed both Quizzes.

Analysis of Quiz 1 results: Dr Lawson stated that a standard setting method such as Angoff or Hofstee is not suitable for this kind of Quiz; alternative method should be used and he suggested the Cohen method: the Cohen method is calculated by taking the candidate in the 95th percentile and finding 60% of their score. This is a simple and clean method, suitable for a small number of candidates. In an ideal world, all candidates would obtain a score of 7; however, for the Movie Quiz, the formula of 60% of the score of 7 (the highest ideal score) would reduce the pass mark to 4.2 (candidates would therefore need to obtain 5 correct answers out of 7 to pass the exam). Distribution was not wide, and not easy to distinguish between a good and bad candidate.

Dr Durkan concluded that when you write your questions, you need to know the knowledge base of the group, whatever the exam. Dr Lawson explained that for cardiology trainees in the UK you need a lot of questions in order to discriminate.

Dr Durkan extended the discussion inquiring about the standard setting methods and distribution factors in a context of examination that included countries outside European training. Dr Lawson said that in the Cardiology examination: their countries scores don't count for the standard setting, but we do analysis how the country performs.

Analysis of Quiz 2 results: 9 out of 21 candidates passed, therefore 40%.

Prof. Gans (IM) asked dr Lawson how do they discriminate a poor performance from good performance? Dr Lawson replied a statistical method is not the best way of analysing. Sometimes, you have to retrospectively analyse the data. For the Cardiology exam for 100 candidates: it results that the standard setters have the tendency to set the standards too high.

Dr Woodward (ESHRE) asked whether foreign candidates (not trained in Europe) would be excluded with the Angoff method but included with the Cohen method. Dr Lawson explained that the Cohen methodology is not used for the European exam at all and if you were applying Cohen you should include all data from these countries.

Mr Felice (EBS) said that the Cohen method is not suitable for high-steak exams, as all candidates would pass. If the formula would be raised from 60% to 75% of the best performing candidate, it would no longer be objective. Dr Durkan added that the Angoff method makes the best of the bad luck.

Dr De Jongh (ERS) asked what happens when the composition of candidates is very diverse. Dr Lawson replied that for a European exam, you need to train prospectively: if the European exam is designed for European trainees, you can logistically exclude the non-European candidates, in terms of your standard setting. They are also receiving a distinction for having achieved the European standard level.

Dr Durkan clarified the issue of selection candidates. The entry candidate, who has undergone approved training, is a reference point for the examination. The exam is not intended to test super specialists. It is a knowledge diploma.

Dr Brogley (ESAIC) inquired about pass mark and pass rate and whether for EECC they were set according to the level of the candidates or the difficulty of the questions; Dr Lawson answered that the Examination Committee must decide whether this is an elite exam or a stepping stone, with the aim of getting the

majority of candidates to pass. 75-90% pass rate for the cardiology exam. Dr Brogley shared that for anaesthesia exam, they assess the difficulty of the exam and the level of the cohorts; they have a multilingual national exam. But the master exam is in English.
Mr Felice concluded the discussion affirming that in order to approach a state in which you assess skills, you need a solid eligibility process: you have to build it step by step; the best answer out of 5 is the simple way of doing MCQs. It's not right to put it that way.

Prof. Parigi concluded the first day of the meeting with a beautiful presentation of the venue, *Casa la Salle,* a location designated for education since its early days. He further invited participants to attend a cocktail reception before the dinner.

Day 2

Dr Maeve Durkan opened the meeting and announced that the agenda had been slightly amended.
Roll Call of attendees in view of elections.

Prof. Parigi presided over the election of the CESMA Executive, inviting the candidates to a 5-minute presentation.
Applicant for President position: Dr Maeve Durkan.
Applicant for Vice President position: Dr Albert Mifsud.
Applicant for Secretary vacancy: Prof. Ambrogio Fassina.

The elections were held by secret ballot. Applicants left the room during the vote.
Prof. Parigi and UEMS Office representatives counted the votes; the CESMA Treasurer announced the results:

- Dr Durkan was elected the new President of CESMA with immediate effect;
- Dr Mifsud was elected the Vice President of CESMA with immediate effect;
- Prof. Ambrogio Fassina was elected Secretary of CESMA with immediate effect.

The new CESMA Bureau members received warm congratulations from the public.

Treasurer Report Prof. Gian Battista Parigi

Prof. Parigi presented the **Treasurer Report**, mentioning that of the 40 UEMS bodies that are members of CESMA, only 14 have so far paid the annual CESMA membership fee of €300.
CESMA Treasurer explained that at the last CESMA Meeting (Brussels, December 2022), it had been voted to set up an automatic payment from the UEMS bodies; thus, all CESMA annual membership fees would be automatically debited from the accounts of the UEMS bodies to the CESMA account, by the UEMS accountant, during the first quarter of each year. Prof. Parigi added that the implementation of direct debit had two advantages: it saves time and avoids the repetitive reminders sent by the UEMS office team to each section or body individually. Only 14 UEMS Bodies had replied to this call; reminders will be sent.

Prof. Parigi further explained the Balance at 30.04.2023, which brings the CESMA account to a modest total of €11,636. The Treasurer explained that CESMA's finances had suffered drastically over the last 3 years, partly due to the measures imposed by the Covid-19 pandemic (suspension of CESMA Appraisals, inability to travel etc.), and partly due to inconsistency in the collection of support from UEMS bodies and delays in paying the CESMA Membership fee. Prof. Parigi offered a break-down of the expenses and explained the 6-Years DME Bond, the administration fee (implemented a few years ago), the rental fees (for the bi-annual meetings) etc.

In addition to that, both Prof. Parigi and Dr Durkan brought up the matter of paying for the secretarial support offered by the UEMS Office. CESMA had not paid anything to date, but the secretariat's workload had increased over the last two years and needed to be regulated. The Treasurer and the President explained that secretarial costs should be considered in the professional context; we should pay for the services provided starting this year. We try to be careful with these expenses, but they must be accepted as legitimate.

The question of allowing commercial members to join CESMA was discussed.
Dr Durkan said we have already been confronted with this problem, we didn't know who was a delegate and who was a commercial participant. We were formal about inviting commercial participants. For example, in Venice, we invited providers and didn't charge them, because they responded to our call as an invitation to present themselves as commercials, as providers.

CESMA President announced that at the UEMS Council in Brussels, the duration of CESMA as a thematic federation had been voted for a further 3 years. Dr Durkan said that we should consider writing a well-balanced proposal to ask for money to support and fund CESMA in the context of setting up a permanent UEMS structure. We need to have a plan for how we are going to generate income, so that we don't drive people away.
A debate followed: Mr Felice said that an appraiser weaver should perhaps be introduced; if you don't pay 1 or 2 times, your exam won't be appraised. Dr Durkan affirmed that we are really looking for assessments and are currently on high demand. We are in the field of medicine and we are not business-minded. Prof. Gans stated that UEMS should perhaps find a way to oblige the Sections - if you have an exam, it should be assessed. A plan should be proposed, a reasonable price for reimbursement, for assessment. Prof. Gans also stated that he was not in favour of commercial suppliers attending the meeting. Prof. Fassina stated that during the UEMS Council the idea of CESMA's mandatory reference was mentioned: if a Section has an exam, CESMA assessment and recognition are mandatory. Prof. Messinis affirmed that it is difficult to have a regular income - CESMA evaluates the exams, without depending on UEMS, but a certain part from the exam should be paid to CESMA, depending on the number of candidates. Some scientific societies should be linked to UEMS sections. This has been debated in the past, some societies have tried in the past to be independent. Mr Felice argued that proposing Prof. Messinis's idea to the Sections was dangerous; this has been attempted before for EACCME, for sections that have about or more than 10 specialities; it cost a lot of money and created problems. He suggested instead setting a fixed amount. Dr Durkan said that the idea of percentages doesn't work well. It would create a bad atmosphere within the bodies; a fixed fee would be better received.

Dr Ramos (UEMS SMG) suggested that CESMA could re-evaluate the assessment process and charge for it.

Dr Durkan replied that, because of Covid -19, we had extended CESMA's certification period from 3 to 5 years. Dr Mifsud presented the other side of the argument, saying that small sections don't make a profit and have relatively small-scale examinations. For example, in his section - Medical Microbiology - there were 20 candidates; we are barely self-sufficient. We can't afford to pay the way the EECC would, for example. It's not acceptable to set a percentage and demand.
CESMA President affirmed that the idea of percentages is not working well. This would create a bad mood among bodies; a flat fee would be better received. In addition, she stated that CESMA will not assess an examination that has not been held for at least three years.

Prof. Parigi offered some clarifications:

- It is not clear to everybody which type of body CESMA is in the UEMS structure. It started in 2007 as a voluntary body made up of people of goodwill and since then the discussion is going on about the place of CESMA should take within UEMS structure (somewhat overlapping with ECAMSQ, and positively not responding to the actual definition of Thematic Federation). It is therefore advisable to further discuss on this issue and to take a shared decision.
- About appraisals cost, we started with charging €400 for an appraisal in order to encourage Sections to join; right now, the cost of an Appraisal is €500, which is realistically low and should be reconsidered.
- About the amount of CESMA membership, we have now 12 Sections with total assets inferior to €10,000 that could have problems to pay an higher fee. If all 54 CESMA members could pay their €300 annual membership fee, it would be enough and we could get by.
- Assessments: Sections/Boards or European Societies requesting appraisals have to cover travel and accommodation costs for the appraisers. This is already explained on the CESMA Appraisal form, however not well understood by the requesting body.
- About the problem of assessing exams organized by European Scientific Societies, we must underline that CESMA will not perform appraisals of ESS organized exams if this is not previously approved by the relevant Section.

The CESMA Treasurer concluded by mentioning the original idea of CESMA: a meeting of colleagues seeking to evaluate together.

Looking forward

Dr Maeve Durkan

Dr Durkan delivered her presentation and tried to offer an overview of why we need an examination and what exactly CESMA's role is.
The President of CESMA stated that assessments are necessary in a context of unrestricted free movement across Europe; training courses are diversified across the EU; training standards vary and accreditation standards vary from one country to another. Hence the desire to harmonise the ETRs and to use the examination as a means of accrediting training.

We define our role within the UEMS: we are here to advise UEMS Sections and Boards on the development and improvement of their exams; Dr Durkan further advised to choose your exam according to your portfolio and decide from the start whether the exam tests skills or knowledge.

Dr Durkan gave the example of the EBCOG exam, which consists of three parts. Hofstee method is being used for standard setting and it results in a very successful examination, which provides an assurance of knowledge and competency. The examination is mapped to curriculum and ETR.

Speaking of the assessment of the training role: CESMA acts as fact finder, facilitator, think tank, supportive of post-graduate training, ETR Committee and UEMS as a whole.
Dr Durkan presented the CESMA's Strategy for the next 5 years:
- refine exam portfolios;
- refine aspects of Question writing;
- refine aspects of standard setting and pass marks;
- protocol and template document;
- professionalization dynamic and back-up.

Dr Durkan stated that we cannot depend on people's goodwill forever; the CESMA appraisers are volunteers and they represent a small group of approximately 10 people; we need to move beyond the good-will and consider a partnership with an academic institution. She further spoke about the importance of WG PGT and about the twining role of the CESMA and WG PGT within the UEMS and invited Prof. Vesna Kusec, Secretary of WG PGT, to share her views. Prof. Kusec explained that the PGT working group is not very well defined as a structure within the UEMS, but it is very committed to participating in the development of the ETRs and has received good support from the UEMS central office and the Executive; the PGT WG is keen to extend its collaboration with the rest of the UEMS bodies and working groups.

Mr Felice commented that we need to distinguish very clearly between appraisal of training and appraisal of training centres, so as not to confuse the two. Dr Durkan clarified that at CESMA, we see ourselves as facilitator and as a guide, giving information; we advise the Sections, and facilitate and advise groups. We do not know how to assess a training programme or a training hospital. The CESMA President further states that she sees the role of CESMA in conjunction with the PGT WG group, as creating a template, engaging the specialists.
Prof. Ioannis supported Dr Durkan's statement, adding that the Sections supervise the training programme: they have the means and the manpower to do so closely.

Appraisals and dates Dr Durkan on behalf of Prof. Danny Mathysen

Dr Durkan presented the Appraisals Schedule for 2023, saying that we are on high-demand for this year and most certainly next year; the only issues seems to be the one evoked earlier, we only have a few persons as appraisers.

Approval of the CEMSA Autumn Meeting

Amendment of the Minutes – Prof. Messinis pointed out a correction to an acronym: 2nd page *EMQs* instead of *MCQs*.

The minutes were approved.

UEMS-CESMA questionnaire on European Exams Prof. Gian Battista Parigi

Prof. Parigi presented the questionnaire and the results. The questionnaire had 17 respondents and revealed enormous differences of patterns; focus questions were:

- Are you planning an exam in the foreseeable future?
- How is the exam organised? Is a one part/two parts/multiple phases exam?
- Is it a single part examination – MCQ paper, proctor, computer based etc.?
- Is it a two parts examination: multiple choices, written, MCQ proctor etc.?
- Does your Section award a title?

To be awarded the Diploma or the Fellowship the candidate must meet one of the conditions:

1. The candidate has passed the European Board exam. This automatically confers: Diploma / Fellowship / other;
2. The candidate has passed the European Board exam AND has successfully completed training in a European training programme formally recognized by a UEMS member country;
3. The candidate has passed the European Board exam AND has undertaken specialty training anywhere in the world;
4. The candidate has passed the European Board examination which includes BOTH an assessment of knowledge AND clinical competence, typically through a two-stage exam.

Prof. Parigi made the distinction: European citizen who is passing our examination is becoming *fellow*. People outside of the EU passing the examination but not holding a European diploma, they receive a *Certificate*.
UEMS Treasurer selected a few examples:

I. Surgery Examination

- Eligibility Process – robust;
- Written - Best answer out of five MCQs (primarily testing knowledge but also decision-making);
- Clinical (Modified OSCE)- 9 Stations of 9 minutes each for each candidate - Primarily testing Decision-making, technique, attitudes, including Multidisciplinary Team attitudes and following the patient/actor through the various subsequent stages of the clinical encounter, process, and Critical Appraisal of research evidence.
- Necessary: the robust eligibility procedure is designed to ensure adequate training, including formative assessments, wherever it takes place. This is effectively the first part of the exit exam for General Surgery. Very often, it takes place in several locations and includes proof of formative assessments. This is in fact the first part of the surgical examination.
- NO right to obtain the diploma. Fellowship is not considered.
- The Eligibility Process assures that the applicant has undergone the required training and Formative Assessment, in order to be allowed to sit the Summative Examination.
- Standardization of terminology regarding: " Fellowship, Diploma and Certificate"
- The European Board of the Specialty confers a **Fellowship** (FEBS in Specialty).
- The paper document handed to the candidate is a **Certificate**
- EBSQ stands for European Board of Specialty (in our case Surgery) Qualification. **FEBS in Specialty** is an expression of this Qualification.
- The successful candidate becomes a **Fellow of the European Board of Specialty** in the Specialty/Sub-specialty.

II. EBCOG Exam

- In EBCOG exams, successful candidates become fellows and receives a diploma. The European Board of Specialty confers fellowship.
- Nevertheless, we believe that the importance of **Extended Matching Questions** (EMQ) should be recognized and their use adopted by most if not all sections. Finally, we believe that the Part 2 exam should also have a practical side, such as when it is done in the form of the OSCE, which we have adopted and use in EBCOG exams.

Prof. Parigi quoted point 8 – Glasgow Declaration "*Candidates who pass a European Board Examination and who are certified specialists in an EU/UEMS member state may call themselves "Fellow of the European Board". Other successful candidates will be "European Board Certified".*

Dr Mifsud stated that UEMS is viewed as an organisation that appraises examination; is a quality mark to underpin the professionalisation; uniformity of meaning is really important. Whatever we decide will go into the *Standards Document* that myself and a group of volunteers are preparing.

Prof. Parigi affirmed that if we wish to reach the European Commission, we have to be really careful as whom we include for the fellowship, in particular with people that graduated outside the Europe.

The problem of the examinations conferring two types of qualifications was intensely discussed: certifications vs fellowship. Prof. Parigi explained that the EU directives set the limits that define our scope. European Examinations certifications could be be formally accepted by the government as possible equivalences. Certain exams at European level can be recognised as alternatives to national exams, but that varies from a country to another. CESMA's raison d'être is not an assessment of the value of different centres; a terrible university that gives a European piece of paper is not the same from a practical point of view, but it can be. We cannot ignore national rules. Furthermore, he explained, passing the European exams, means that the candidates have something extra. We give the title of scholarship holder, specifying that it is an honorary diploma. As a European citizen, in addition to the scholarship, we can award a certificate from the European Council. The European Commission is planning to create a file for European citizens in which they can insert all their qualifications and their reference value;
Should we keep trying to discuss this with the EC or should we avoid political interference.

Dr Durkan thanked the participants for expressing their views and mentioned that as of now we will strict to conferring the fellowship as set out in the *Glasgow Declaration.* She asked for formal opinions to be sent out after the meeting.

Update of Grouping I **Dr Maeve Durkan**

CESMA President offered a report of the UEMS Spring Council, held earlier in April, in Brussels, along with an update of the UEMS Grouping I.

- First UEMS ETR Conference – a real success, really well attended – 150 participants.
- Implementation/updating ETRs in Europe: CBME/EPAs/CanMEDS incorporation in the ETR – the new language of the ETRs ;

- Training structured program involving trainees and retaining trainees. Involvinf EJD doctors – a quite solid input.
- Financial update – income stream
- She highlighted the importance of sustaining the secretarial support. At the moment the UEMS Office is underfunded. With the growth of Sections and Exams the UEMS Office could be better supported, in a context of inflation and increased costs of the DME.
- UEMS Strategies:

- EACCME 3.0 – IT platform was never renewed and required the investment.
– Creation of 5 working groups: UEMS holds around 5 million € in the bank, but Belgian law is changing and we will keep a higher negative interest rate for these assets; this was the reason behind the creation of the 5 joint projects: *Common Projects, Finance, Collaboration with ESSs/NSSs, EACCME, Quality Indicators.*

- WG PGT update: roll call of training programs in Europe – varies; proposals for implementation of ETRs in Europe; protocol and template for accreditation of training centres which demands knowledge of them.

What exam suits your specialty? **Dr Maeve Durkan**

Dr Durkan delivered her presentation, stating that the reality before the Covid-19 Pandemic was different, as everything was taking place onsite. Nowadays, fully onsite activity and examination is not feasible anymore.
Dr Durkan also presented the Best of 5 MCQs :

- Exam of knowledge only
- Not always an examination of competency
- Aligned with curriculum ETR – weighted questions / core questions / 'rare Qs
- Alignment with training program infers competency
- Options as European exam and as National exit exam

Dr Durkan further spoke about the logistics and challenges of delivering an MCQ exam in 2023, as well as the next steps: meeting and interviewing providers; know what you want; know what to ask; know the costs and the costs structure.

Selecting an exam Provider **Dr Albert J Mifsud**

Dr Mifsud delivered his presentation.
He explained what the early exams are and how does a Professor work.
High-stakes exams is not suitable for a professor to do it alone in weekends or spare time.

- The generic needs of an exam are the following: reliable, robust, standardised, support EU professional mobility device, and, in time, has to provide alternative, replacement to national certificate examination.
- Explained that exams vary quite a bit and that there is no ideal formula such as one size fits all.
- Has to identify the following needs: what is essential/desirable/budget/security.
- Checklist of stages/functions:

- general administration: support examination governance and operations;
- run examination applications;
- manage all communications with candidates;

- provide the examination database;
- deliver the examination;
- undertake psychometric assessment;
- provide educationalist advice/consultancy etc.

- **Administration** plays a key role: acts as a nexus for all exam committee members and all examiners; minutes the meetings; takes responsibility for all exam related operations; ensures that reporting obligations are met; supports budgeting and expenditure; ensures appeals processes are followed.

- **Applications :** identify what is needed: website design; advertising; opening and receiving applications;
- **Candidate communications :** pre and post-exam communications.
- **Examination data-base:** exam database may be distinct from exam delivery platform. What functionality provided? MCQq /OSCEs/ viva voce frameworks. Ease of importation of Questions and images etc.
- **Examination delivery :** part of or distinct from, question database; online or hybrid delivery etc.
- **Examination psychometrics** : it is essential to know beforehand what parameters are calculated; whether the system allow pass mark determination etc.
- **Consultancy:** expertise in educational psychology and psychometrics is important.
- **Example Tender Document :** offered a detailed example, that has been used for a certain Section's Exam in 2019.

Dr Mifsud mentioned that UEMS legal advice must be followed.
Dr Durkan added that different exams have different requirements; this is crucial for the off-site exam: what if the exam breaks down; what can be done? The response from the suppliers was very quick.

Assessment of training **Prof. Rijk Gans**

Prof. Gans delivered his presentation. He is a professor of medicine from University of Groningen and the President of the UEMS Section of Internal Medicine and at the same time accreditor of training programme in The Netherlands for over 20 years.
In his presentation he talked about 2 parts experiments, In his presentation, explaining that the accreditation of medical training programmes is not something stagnant, but that it changes and evolves over time. He spoke about the key role that CESMA plays in on the European scene, for both examinations and assessments.

- **Imperative of Assessments**

- the importance of the free mobility of professors across Europe;
- assurance of minimal knowledge of competency
- assurance of training requirements, on a continent where training is quite diverse from a country to another.

- Standards of training vary, as well as standards of accreditation – across Europe.
- UEMS official website provides an insight of the European Standards in Medical training.
- UEMS ETR Template requires an update.
- Post Graduate Training on Medical Education.
- Mentioned the Word Federation for Medical Education - WFME Global Standards for Quality Improvements (2020 Revision)

- Two types of standards: basic standards – which must be met for all trainees; standards for quality developments.
- **Standards and guidelines for quality assurance in the European higher education area – 2010 European Board guidance for training in Internal Medicine**
- Basic standards – every centre has to comply with and then there are the standards for improvement.

Prof. Gans further spoke about the European Curriculum for Internal Medicine and the role and scope of the Internal Medicine in Europe, which is benefiting from a programme review process.
Accreditation of Training Centres is part of the programme – based on a list of criteria for a successful application for the accreditation of Training Centres of Internal Medicine In Europe.

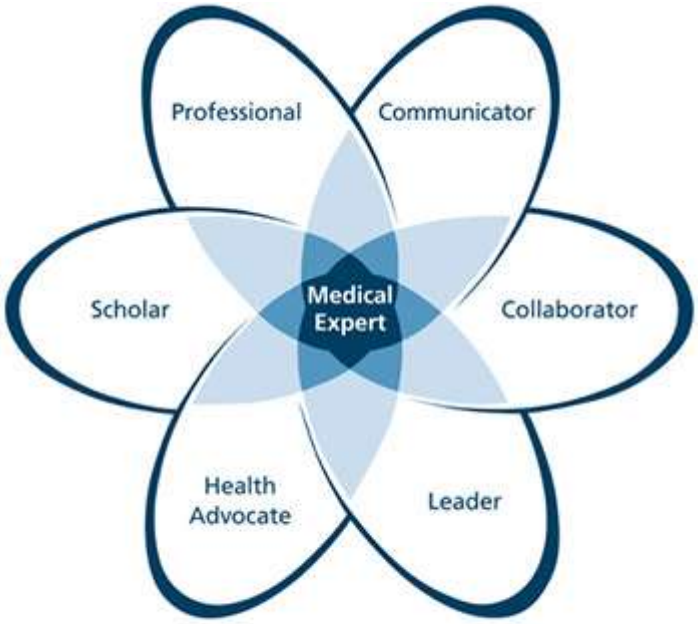
Presented the novelty of the programme-effective accreditation in postgraduate education: from process to outcomes and back.

The lancet
Furthermore, Prof. Gans talked about the need to know what the health system needs in each country.
We provide basic standards aimed for excellence.

- CanMEDS – framework applied in The Netherlands; updated every now and then; consist of 7 roles: the medical expert, collaborator, communicator, professional, advocate and the leader.

The competencies describe a framework, but at the same time, the patient doesn't see you as the successive roles, one by one, but we have to integrate them and learn to teach them as isolated roles, one by one.

- Explained the *flower* of CanMEDS, saying that a competent physician seamlessly integrates the competencies of all seven CanMEDS Roles.



CANMEDS

- Prof. Gans spoke about the road to mastery and the milestones to cross; learning and building the **roadmap**
- Core competencies – entrustable professional activities. We want to know and declare that someone is fit to practice.
- In The Netherlands – exit interviews take place.
- The training environment – work balance of the trainees, satisfaction, the training outcomes – can get them from surveys. How does the faculty give feedback? Constructive or degrading? We are still working in this respect.
- in The Netherlands we have published quality instruments, what we call '*hidden curriculum'*
- Gender issues in training programmes; stigma and discrimination remain a problem. The challenges for minority patients and trainees are a reality.
- CLE document – the clinical learning environment: psychological safety; public trust concerns and social media concerns.
- The Curriculum should be aligned with the ETR requirements.
- Future: we will propose to the examination board to ask for anonymous feedback from the candidates.
- **Certification of on-line self-assessment**
  European Certification in Internal Medicine – Training Centre

As far as the details of the training are concerned, there should be a core curriculum in internal medicine, work in acute emergency care, do outpatient or outpatient clinic work and emergency on-call duty. Details of assessment and certification: logbook, restrictions, licence to practice. Not all training programmes have EPAs. If they do not have an EPA in their own national programme, they should organise the assessment of how they think they fit into a particular EPA. EPAs are not used in your national Dutch programme, we require evidence that you are able to do what you say you can: managing complex care etc. – *16 points that define Internal Medicine specialist.*

Prof. Messinis (EBCOG) inquired whether the accreditation was for individual training or for departmental training. Prof. Gans clarified that the they do both.

Mr Felice: evoked the paper about EPAs – 12 point-paper was circulated to the ETR Conference; there was one point EPA according to which is a unit of profession and not an expression of competence. Prof. Gans took well the comment: an EPA is the integration of knowledge-skills-attitude and behaviour, but integrating the competencies as declared in the CanMeds. Prof. Gans also added that it is essential to include trainees in the programme.
Dr Durkan asked if there had ever been any disparities, to which Prof. Gans replied that there is a big difference between what the programme director says and what the residents say. This is discussed separately with the residents; for an accredited programme, the residents represent 80% of what we do, they have the strongest voice; we discuss many hours with them and a final meeting is held after the evaluation.
Dr Durkan said that her impression was that they required a lot of human resources for this process and inquired how do they recruit.
Professor Gans explained that for 70 hospitals, there are around 60 internal medicine training programmes in the Netherlands; all the programme vice-directors are involved in the process. We are in the process of

setting up an accreditation council. We need competent people, and people from outside the UEMS want to be involved in the process.

Conduct of appraisal of on-line examinations: **Dr Albert Mifsud**

Dr Mifsud shared his personal experience, based so far on 4 CESMA appraisals, in addition to which he conducted about 100 running on-line and on-site exam for Medical Microbiology.

Outline of conduct of appraisal on site :

- Primary focus on organisation and arrangements of the day, to include sign-posting, ambience, facilities, etc;
- Review selection of questions and examiner interaction with candidate;
- Interview with chief examiner – discuss curriculum, blue-printing, question writing and review process, cut-score determination, etc;
- Interview with candidates;
- Interview with other examiners.
- Common to all examinations: review curriculum; request documentation to clarity over legal entity; processes; structure of examination committee etc.

Dr Mifsud created a working group within CESMA for the document on *Standards for European Medical Examination* and presented the team of volunteers. The document is being refined and asked for input before the 16th of June, in order to set the Action Plan.

Key points of the document: these are standards, not guidelines; the assessment is not made in relation to the guidelines, but in relation to the standards; this point needs to be documented**.**

Dr Durkan concluded CESMA's Spring 2023 meeting by thanking her colleagues and the participants.

AOB

The next CESMA meeting, Autumn 2023, will take place on 8 - 9 December in Brussels, Belgium.