



CESMA autumn meeting

Brussels - Belgium

Combined secretariat for European Board Exams – *why ?*

from the EBOT examination

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- ☐ **introduction**

- ☐ **interim and final exam 2015**

- ☐ **what have we achieved**

- ☐ **costs of a successful european board exam**

- ☐ **how can we reduce costs**

- ☐ **conclusions**



▣ introduction

● the European reality

Europe as a continent is a collection of countries with different backgrounds

The standards of medical education from undergraduate to resident training, postgraduate training and to professional competence are high but vary across different countries

The standards of speciality training are also very demanding but different among all European countries



▣ introduction

● the principles within EU

One of the major concerns of the UEMS since its creation in 1958 has always been to harmonize the different training programs for the different specialties in order both to facilitate the free movement of physicians and to ensure the highest possible health care for the European citizen.

Everything starts with the definition of clear and harmonized training programs and curricula so that candidates have a strong base to build their education upon.



▣ why should there be a certification

● the pillars for patient safety

Developing and maintaining high standards in education and training is in the interest of patient safety and healthcare. This is particularly important in an environment of rapidly changing scientific knowledge, high patient expectations and increasingly sophisticated health care delivery systems.

Good quality patient care requires each registered Medical practitioner to continuously participate in learning activities and the need to prove this life long commitment from specialized doctors – (recertification).



- ▣ **what is the purpose**
- **under EU regulations**

Although there is automatic recognition arrangements enshrined within the European legislation to facilitate the free movement of European Nationals **the truth is that this is not equivalent and is no guarantee that employers will accept the same administrative recognition !**



▣ why take the certification

- at present, more and more exceptions to the rule

- What is the relevance of an European Board Certification

With the **exception of few specialities** (anaesthetics, urology,...), **in a few countries**, they are not part of a formal professional recognition of specialist doctors and they have **no legal status either nationally or at European level**. Nevertheless they are consider an asset in specialist doctor's CV or portfolio and in certain specialities it is already recognised as the national final qualification (at end of training).

In orthopaedics, EBOT has helped 68% of the fellows to get new appointments in Europe (2011 data)



■ why take the certification

● if we look across different European Boards

● where does the EBOT Exam stands **CESMA**

Council of European Specialities Medical Assessments

- 27 European Boards with examinations (under UEMS)

Paediatric Surgery, Neurosurgery, Nuclear Medicine, Pathology, Plastic & Reconstructive surgery, Urology, Vascular Surgery, Anaesthetics, Pneumology, General surgery and Orthopaedics & Traumatology ...

- Criteria for application, format, price, frequency

- Most boards allow last year residents to take part I

- 7 European Countries have adopted the Anaesthetic Board Examination as their final exam at end residency (compulsory)



- **assessment at the end of training**
- is there a global format for assessment at the end of training?
 - *what we have at present is a group of countries in Europe with similar residency training programs with no comparable standards*
 - the only way to converge on the quality of what we all do is to assess the end of training (outcome of residency program)
 - could double checking be a solution ?



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■ are we double checking ?

● let's look at our data from the EBOT **PAST DATA**

Exam Year	Venue	N° Candidates	Pass	Fail	%
2001	Rhodes - Greece	11	8	3	73%
2002	Stockholm - Sweden	16	10	6	63%
2003	Amsterdam – Netherlands	12	9	3	75%
2004	Berlin - Germany	15	10	5	67%
2005	Madrid - Spain	10	5	5	50%
2006	Torino – Italy	18	12	6	67%
2007	Vienna - Austria	12	7	5	58%
2008	Geneva – Switzerland	13	6	7	46%
2009	Brussels – Belgium	31	15	16	48%
2010	**Lisbon – Portugal	35	25	10	72.5%
2011	**Paris – France	60	39	21	66.5%
2012	**Dublin – Ireland	78	58	20	74,3%
2013	**Barcelona - Spain	90	66	24	74%
2014	** Vienna – Austria	86	64	22	75%
2015	**Rotterdam - Holland	105	70	35	67%

**In 2010 the rules changed and the written paper was set separately + trainees



- assessment at the end of training
- is there a global format for assessment at the end of training?
 - by analysing these results we may go back and screen the different stages of the training process in each country with the same objective in mind – improve the quality of post graduate medical training !
 - *from EBOT – countries in Europe that no candidates have ever passed the exam – one went back and restructured the Orthopaedic Training Scheme and final assessment, others sat back and put pressure on lowering the standards of the exam*



▣ at the second decade of the exam

▲ **what can we do to improve these standards ?**

A. Exam preparation

B. Final assessment



☐ at present

▲ we are addressing two different issues optimizing results:

A.Exam preparation

B.Final assessment

■ A. Exam preparation

-Interim Exam - 2011

-Examiners Courses prior to every final exam - 2000

-Review Courses (under review by EFORT) for candidates

-**European Educational Platform (EEP)** (EFORT) 2015

European countries have approved a syllabus + European curriculum + relevance of a final assessment



▣ planned for the future

Due to the different European backgrounds we believe it would be to

the benefit of all the National Associations if we developed what we

consider the minimal requirements for training in orthopaedics across

Europe. Based on these premises we think that one of the roles of EFORT is to build up a European orthopaedic and traumatology platform, which would recognise the National Associations. **The goal is to develop the basic curriculum for orthopaedics and traumatology assessment that fulfil all the needs. In a time where Orthopaedic surgeons are in the limelight due to several political issues and cuts in**

This curriculum should be build-up in a way that could be applied by each national association. We are aware that there is still a wide variation in the way Orthopaedic specialization is practiced in each

This represents a participation of 85,66 % of the EU member states by population and 60,71 % of the countries. We should preserve the particularities of each association what requires a broad

curriculum, allowing easy applicability.



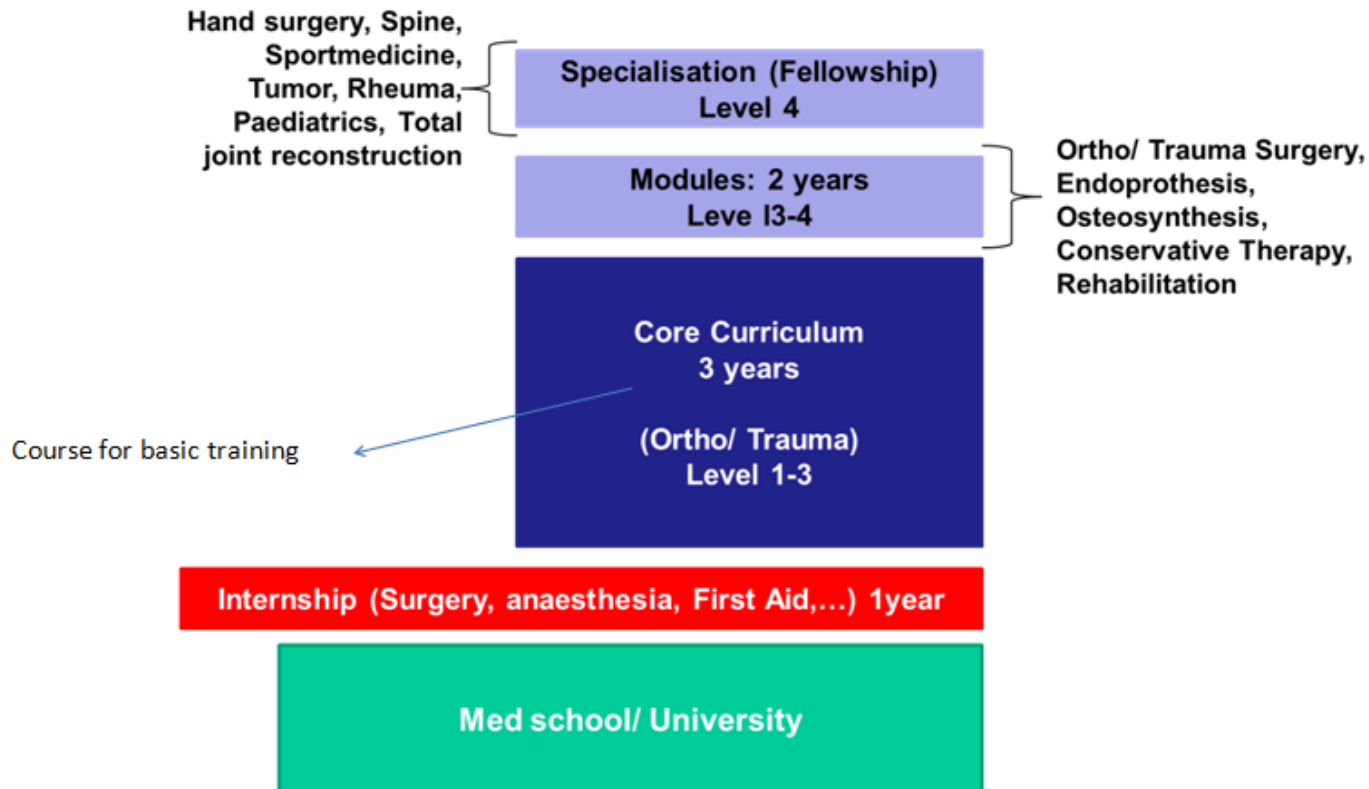
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☐ planned for the future

● European Educational Platform EEP - 2012 EFORT

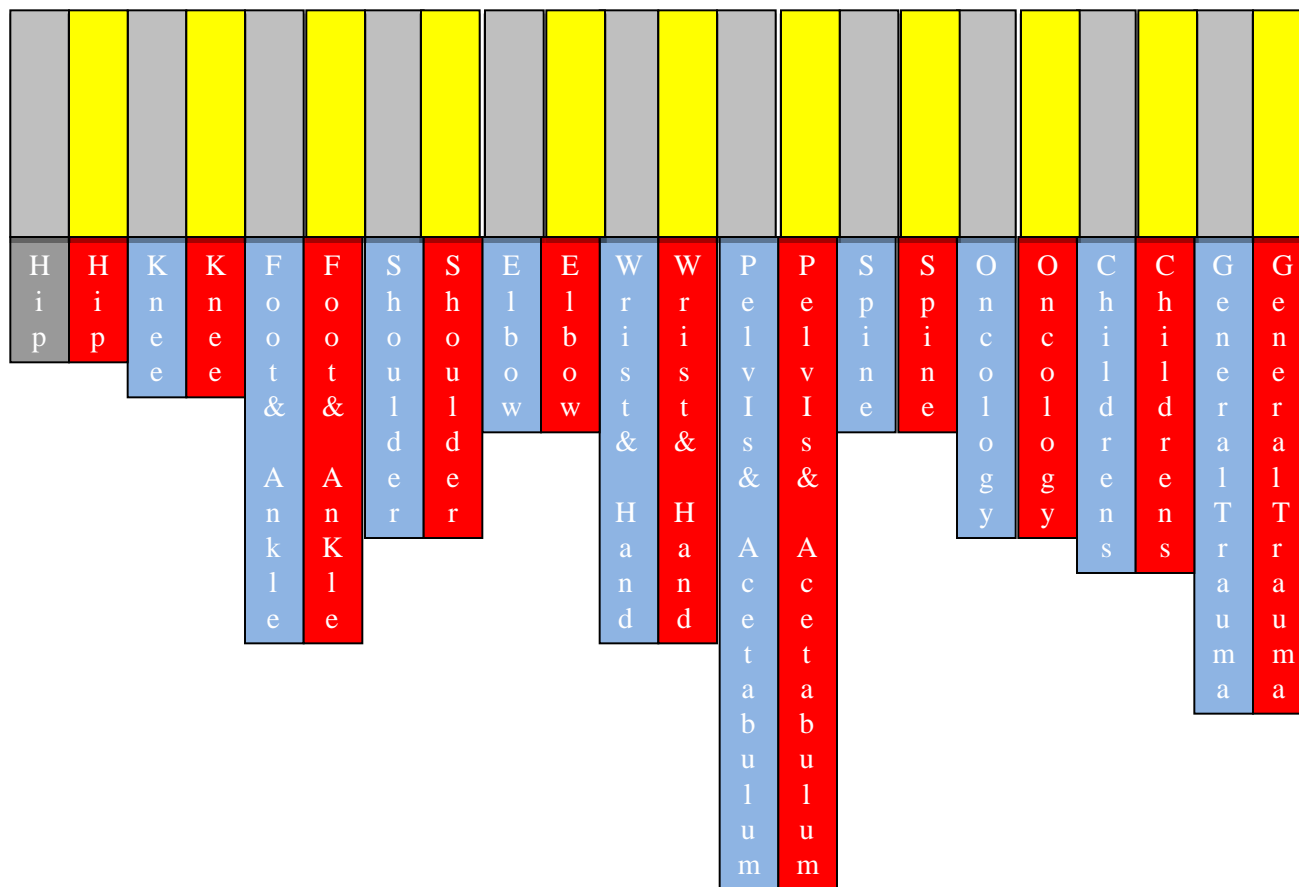


3. Frame of educational structure in time and level of competence





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↑ Fellowship training
Post certification
← CCT

- Fellowship Skills
- Fellowship knowledge
- Knowledge (all)
- Skills (all)

Nonoperative management

Basic Science (In General)

Professional Behaviours



■ at present

● Interim Exam

Happens regularly since 2011 - MCQ

It is run always in the Spring (**14th of April 2015**) all around Europe on the same day at the same time

• 305 registered for Interim, **262 candidates** have taken the exam in their departments (*last year there were 149*)

Run in English – decision taken not to do different translations

■ **free of charge** for the next 3 years (*sponsored by the European Board of Orthopaedics and Traumatology from 2013*)



▣ **interim exam 2011, 2012, 2013, 2014, 2015**

● **the results**

▲ provide information to the resident, to the head of training and to the National body controlling orthopaedic residency

■ what sort of more information do they need ???

● can it be used as part of the national annual appraisal ?

▶ let's look at some examples



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European board of Orthopaedics and Traumatology

Dashboard

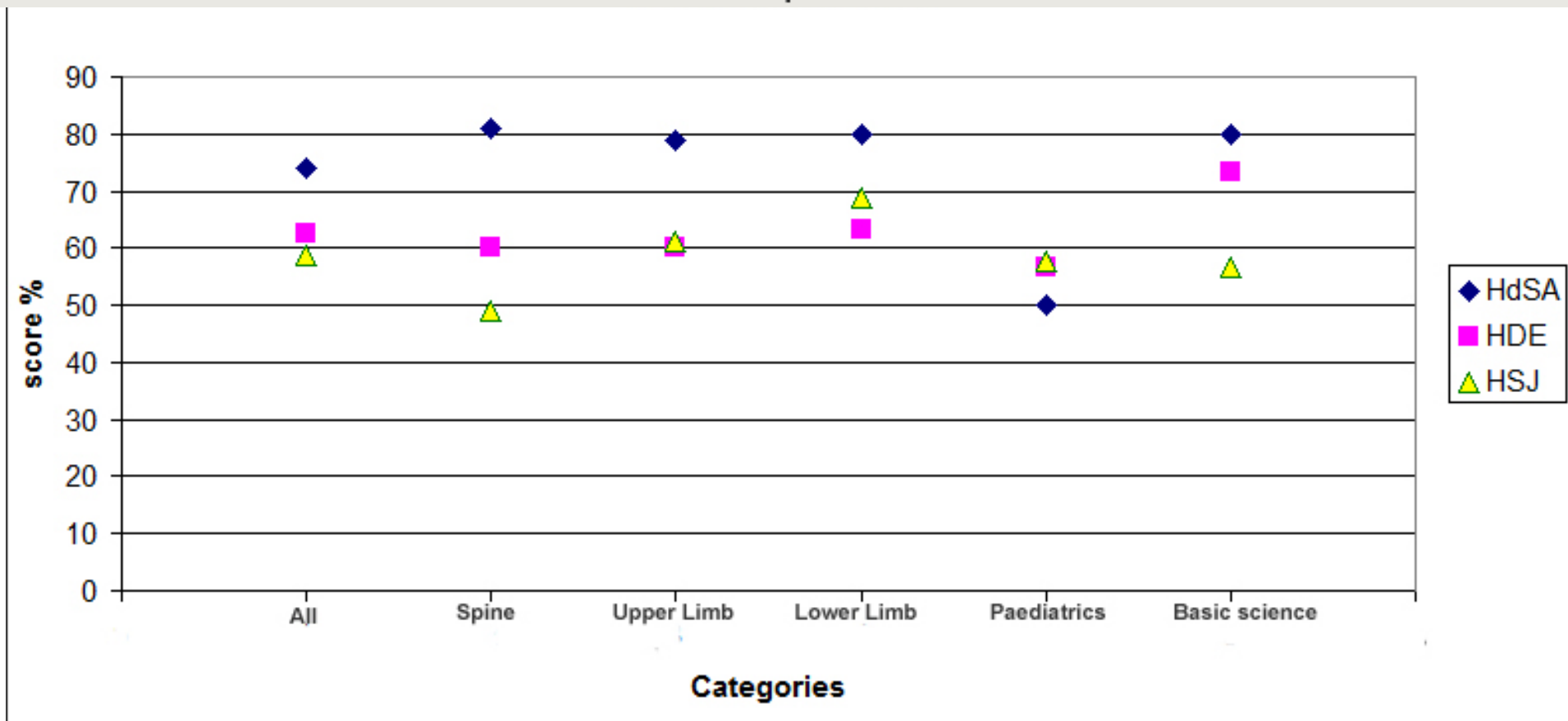
Exams

Locations

Users

Send Emails

EBOT Interim Exam 14 April 2015





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European board of Orthopaedics and Traumatology

Dashboard

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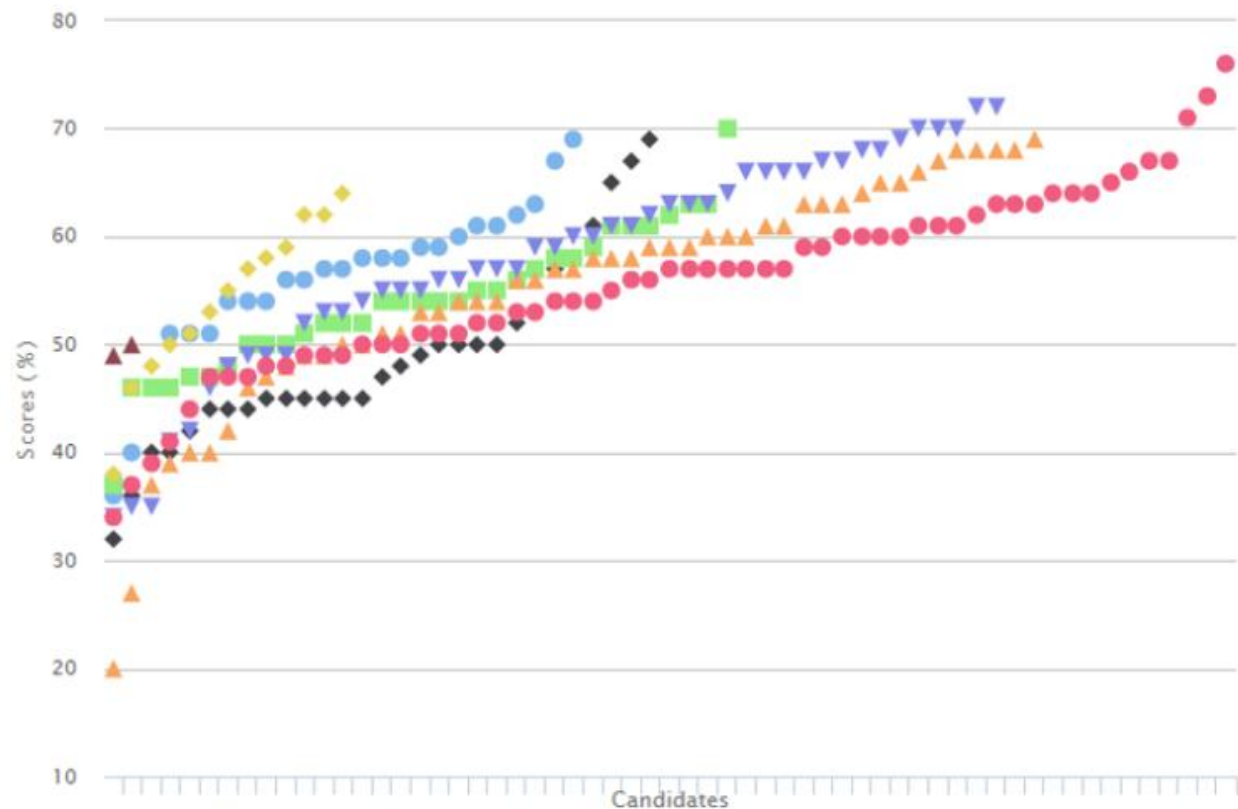
EBOT Interim Exam 14 April 2015

Candidates per year of residency

262 Candidates

Candidates

- 0 Years of training
- ◆ 1 Years of training
- 2 Years of training
- ▲ 3 Years of training
- ▼ 4 Years of training
- 5 Years of training
- ◆ 6 Years of training
- ▼ 7 Years of training
- ▲ 8 Years of training





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European board of Orthopaedics and Traumatology

Dashboard

Exams

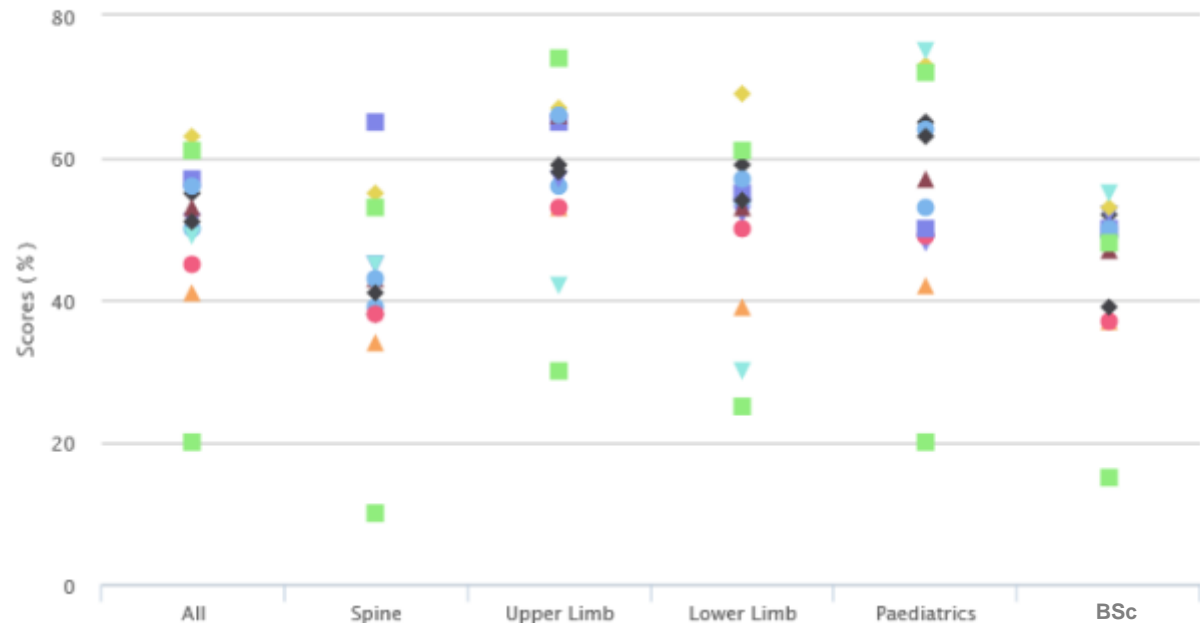
Locations

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EBOT Interim Exam 14 April 2015

Admin scatter plot: Candidates scores in countries





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▣ **at present**

● **Final EBOT Exam**

Happens regularly since 2000 in the first weekend in October

It has 2 parts – **Part I written (*Spring*) + Part II oral (*October*)**

Last year in Rotterdam – Holland (next year will be in Lisbon)

Different locations in Europe with easy low cost access

Run in English – discussion in 5 different stations



▣ at present

● Final Exam

▲ we are addressing two different issues optimizing results :

A.Exam preparation

B.Final assessment

● B. Final Assessment (EBOT Fellowship Examination) :

-separated written part I (*Pearson Vue* examining centres)

-invited all European speciality societies to join the Writing Committee

-improved the set up of part II – examinations halls

-optimize Writing Committee performance (*three to four years appointment*) + setting basis for a Validation Committee



EBOT examination in 2015



☐ at present

● Final Exam

▲ we are addressing two different issues optimizing results :

A.Exam preparation

B.Final assessment

● EBOT Writing Committee :

-meets twice a year in Lisbon – Autumn meeting to review new questions and Spring to choose MCQ both exams

-together with examfolio we developed very sophisticated program for MCQ

-we are always in need for new MCQ !!!!

Item Analysis

010 - Posterior dislocation of the shoulder

Status: Approved
Type: Interim exam
Difficulty: Easy
Category: Upper Limb
Created by: Lars Neumann
Created: 2/5/2011 12:00:00 AM
Last updated: 2/23/2015 8:15:02 AM



Item analysis:

Exam 2012

r_{pb} : 0.30 good
p-value: 0.72
Tgs: 21
Bgs: 13
DI index: 0.36
Questions: 100
Candidates: 85

Stem

What is the most typical sign of a posterior dislocation of the shoulder joint?

Options:

- A A sulcus sign
05.88%
- B Fixed external rotation
14.12%
- C Absent glenohumeral rotation
07.06%
- D Fixed internal rotation
71.76%



Question Quality

*Point bi-serial
DI-Index*

Question Difficulty

P-value

DI-Index

Selecting Questions

Dashboard Questions Exams Users Search by title or id Options

Spine: 21 | Upper Limb: 20 | Lower Limb: 20 | Paediatrics: 20 | Basic Science: 20 | Total: 101 | Selection details

Add questions to "Final Exam 2015"

Use the checkbox to the left of each question to select it for the exam and then click on save at the top or bottom of the page to add it to the exam.

Author: All | Topic: All | Status: Approved | Type: Final exam | Difficulty: All | Quality: Good

Save Previous page Page 1 / 5 Next page

Category	Easy	Mod	Diff	Very diff	Not graded
Spine	5	10	3	2	1
Upper Limb	5	10	3	2	0
Lower Limb	5	11	4	0	0
Paediatrics	5	10	4	1	0
Basic Science	4	13	2	1	0
Total	24	54	16	6	1

3 [Elderly fall at home](#)
- Philip Sell

5 [Unilateral radicular pain](#)
- Philip Sell

9 [Hawkin's sign is diagnostic for:](#)
- Lars Neumann

15 [Quadrilateral space in the shoulder](#)

Features include:

- Select questions by filtering and sorting.
- Question details
- Exclude from previous exams
- Preview exam as candidate
- Export questions

Exam Metrics

Create new exam

↓

Select exam	SE	KR20	M	HSC	LSC	SD	CNT	M-1 SD	Ang	75% / 5	Q
 Exam 2011	4.36	0.84	51.13	77	30	11.01	109	61.14	-	54.75	100
 Interim exam 2011	2.42	0.97	46.08	74	9	14.25	121	59.34	-	55.50	50
 Exam 2012	4.38	0.80	53.96	78	35	9.81	85	62.77	-	54.75	100
 Interim Exam 2012	4.36	0.78	54.22	72	32	9.34	102	62.56	-	51.75	100
 Exam 2013	4.36	0.81	54.54	76	34	9.90	101	63.45	-	54.00	100
 Interim Exam 2013	4.45	0.75	48.07	66	17	8.83	102	55.89	-	48.00	100
 Exam 2014	4.33	0.81	54.78	78	23	10.03	107	63.80	-	55.50	100
 Interim Exam 2014	4.20	0.86	55.99	77	2	11.14	102	66.13	-	56.25	100

Features include:

- Standard error
- Kuder Richardson 20

- Mean
- Standard deviation
- Cut scores



▣ plans for 2015

● Final Exam

▲ we are addressing two different issues optimizing results :

A.Exam preparation

B.Final assessment

● B.Final Assessment – Oral Part II Exam in English :

-it was run in Rotterdam and local organizer is Dennis Darte

● 173 candidates registered for the written part I (**146 succeeded** – 26% trainees) – every year numbers > rapidly!! (*last year we had 98*)

● *20% will fail + 10 will not turn up + 10% are last year residents*

BUT we will have resits – we had 105 candidates in 2015 !



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■ **at present**

● **Final EBOT Exam**

For the first time we had over 100 candidates for part II exam

Part II oral (*3 and 4th of October 2015*)

- 105 candidates took the exam in Rotterdam – Holland

Location – at University Center (67% passing rate this year)

Pool of 50 “Certified” EBOT Examiners for Exam Rotterdam



▣ plans for 2017?

● Final Exam

▲ Final EBOT Examination – how will it be structured

:

- Written Part I – European wide, run all around Europe different centres in each country
- Clinical Part II – National, run in each country, by their own board in their own language *with examiners appointed Nat Soc+EBOT*
- Oral Part III – European, run at different centres in Europe, in english and other languages by multinational faculty appointed by the national societies



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Assessment throughout European Orthopaedic Residency

European
Orthopaedic
Qualification

**Fellow of the European Board of Orthopaedics and Traumatology
FEBOT – (country)**



European
Orthopaedic
Specialist
Diploma

Part III - EBOT Oral Exam - *European / National*

Different
languages

Part II - EBOT Clinical Exam - *National*

Local language

Part I - EBOT Written Exam - *European*

English

Either alone or as part of the national resident's annual appraisal

Annual appraisal
for European
Orthopaedic
Trainees (ALL)

Annual EBOT Interim Exam - *European*

English



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▣ plans for 2015

● Final Exam

▲ we are addressing COSTS for optimizing results :

EBOT (expenses)	91.267,00
Writing Committee Meetings (2/year; up to 10 participants/meeting)	21 077,00
EBOT Exam (English)	55 190,00
IT support (application system/MCQ database/interim exam)	12 000,00
Misc.	3 000,00



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plans for 2015

- Final Exam

▲ we are addressing COSTS for optimizing results :

Income	58 500,00
Registration fees exam	55 000,00
Registration fees interim exam sponsored by UEMS	3 500,00
TOTAL EBOT Exam	39 040,00

- written part I – 300€ + oral part II – 500€ for EU citizens



▣ how can we reduce costs

- assess what we have in common

Accept what is different + centralize what in common

- Written exam with *Pearson Vue* – CESMA negotiation
- Oral exam registration and preparation for the event
- Common Secretariat – throughout the year
- Interim Exam – CESMA negotiation

- **Speciality manager / Examiners Courses / MCQ Courses**



▣ conclusion

- European Board Exams are gaining broader base of support Europe wide *and throughout the world*
- more and more standards of these exams are being accepted
- tendency within EU is for European qualifications to take relevance over the national ones
- Common UEMS / CESMA structure will reduce costs, optimize outcomes implement good practices across different board exams
- **we do need to work together on finding EU “sponsoring” for development of final assessment at the end of speciality training as a gold standard qualification across the EU**



Otherwise...

