Combined secretariat for European Board Exams – *why*?

*from the EBOT examination*

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Chairman of EBOT Examining Committee

Brussels, 12th December 2015
Combined secretariat for European Board Exams

- 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?
**are we double checking ?**

**Let’s look at our data from the EBOT ** _Past Data_

<table>
<thead>
<tr>
<th>Exam Year</th>
<th>Venue</th>
<th>Nº Candidates</th>
<th>Pass</th>
<th>Fail</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Rhodes - Greece</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>73%</td>
</tr>
<tr>
<td>2002</td>
<td>Stockholm - Sweden</td>
<td>16</td>
<td>10</td>
<td>6</td>
<td>63%</td>
</tr>
<tr>
<td>2003</td>
<td>Amsterdam – Netherlands</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>2004</td>
<td>Berlin - Germany</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>67%</td>
</tr>
<tr>
<td>2005</td>
<td>Madrid - Spain</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>2006</td>
<td>Torino – Italy</td>
<td>18</td>
<td>12</td>
<td>6</td>
<td>67%</td>
</tr>
<tr>
<td>2007</td>
<td>Vienna - Austria</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>58%</td>
</tr>
<tr>
<td>2008</td>
<td>Geneva – Switzerland</td>
<td>13</td>
<td>6</td>
<td>7</td>
<td>46%</td>
</tr>
<tr>
<td>2009</td>
<td>Brussels – Belgium</td>
<td>31</td>
<td>15</td>
<td>16</td>
<td>48%</td>
</tr>
<tr>
<td>2010</td>
<td>**Lisbon – Portugal</td>
<td>35</td>
<td>25</td>
<td>10</td>
<td>72.5%</td>
</tr>
<tr>
<td>2011</td>
<td>**Paris – France</td>
<td>60</td>
<td>39</td>
<td>21</td>
<td>66.5%</td>
</tr>
<tr>
<td>2012</td>
<td>**Dublin – Ireland</td>
<td>78</td>
<td>58</td>
<td>20</td>
<td>74.3%</td>
</tr>
<tr>
<td>2013</td>
<td>**Barcelona - Spain</td>
<td>90</td>
<td>66</td>
<td>24</td>
<td>74%</td>
</tr>
<tr>
<td>2014</td>
<td>** Vienna – Austria</td>
<td>86</td>
<td>64</td>
<td>22</td>
<td>75%</td>
</tr>
<tr>
<td>2015</td>
<td>**Rotterdam - Holland</td>
<td>105</td>
<td>70</td>
<td>35</td>
<td>67%</td>
</tr>
</tbody>
</table>

**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
What can we do to improve these standards?

A. Exam preparation
B. Final assessment
Combined secretariat for European Board Exams

At present

We are addressing two different issues optimizing results:

A. Exam preparation
   - Interim Exam - 2011
   - Examiners Courses prior to every final exam - 2000
   - Review Courses (under review by EFORT) for candidates

B. Final assessment

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 within Europe and how to progress with the examination process. 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 European country, what makes this task a real challenge. We should preserve the particularities of each association what requires a broad curriculum, allowing easy applicability. This represents a participation of 85,66 % of the EU member states by population and 60,71 % of the countries.
planned for the future

- European Educational Platform EEP - 2012 EFORT

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

- Hand surgery, Spine, Sportmedicine, Tumor, Rheuma, Paediatrics, Total joint reconstruction
- Specialisation (Fellowship) Level 4
  - Modules: 2 years Level 13-4
    - Ortho/ Trauma Surgery, Endoprosthesis, Osteosynthesis, Conservative Therapy, Rehabilitation
- Core Curriculum 3 years
  - (Ortho/ Trauma) Level 1-3
- Internship (Surgery, anaesthesia, First Aid,...) 1 year
- Med school/ University

Course for basic training
<table>
<thead>
<tr>
<th>Fellowship Skills</th>
<th>Fellowship knowledge</th>
<th>Knowledge (all)</th>
<th>Skills (all)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td>Hip</td>
<td>Knee</td>
<td>Knee</td>
</tr>
</tbody>
</table>

**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**)

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

![Graph showing score distribution across categories]

- Categories: All, Spine, Upper Limb, Lower Limb, Paediatrics, Basic science
- Score % on y-axis
- Legend: HdSA, HDE, HSJ

Focus on a country's performance – let's look at Portugal for instance!
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European board of Orthopaedics and Traumatology

Dashboard | Exams | Locations | Users | Send Emails

**EBOT Interim Exam 14 April 2015**

262 Candidates

Candidates per year of residency

- 0 Years of training
- 1 Year 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

EBOT Interim Exam 14 April 2015

Admin scatter plot: Candidates scores in countries
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European board of Orthopaedics and Traumatology

EBOT Interim Exam 14 April 2015

Scores for candidates with same years of training as you

Source: Ektimo ExamManager

Your score

Others score

Highcharts.com
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 is 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
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 !!!!
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

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

Options:

A. A sulcus sign
   0.88%

B. Fixed external rotation
   14.12%

C. Absent glenohumeral rotation
   0.07%

D. Fixed internal rotation
   71.76%

Item analysis:
Exam 2012
r(ps): 0.30 good
p-value: 0.72
Tgs: 21
Bgs: 13
DI index: 0.36
Questions: 100
Candidates: 85

Question Quality
Point bi-serial
DI-Index
Question Difficulty
P-value
Selecting Questions

Features include:

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

Features include:
- Standard error
- Kuder Richardson 20
- Mean
- Standard deviation
- Cut scores

<table>
<thead>
<tr>
<th>Select exam</th>
<th>SE</th>
<th>KR20</th>
<th>M</th>
<th>HSC</th>
<th>LSC</th>
<th>SD</th>
<th>CNT</th>
<th>M-1 SD</th>
<th>Ang</th>
<th>75% / 5</th>
<th>Q</th>
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</thead>
<tbody>
<tr>
<td>Exam 2011</td>
<td>4.36</td>
<td>0.84</td>
<td>51.13</td>
<td>77</td>
<td>30</td>
<td>11.01</td>
<td>109</td>
<td>61.14</td>
<td>-</td>
<td>54.75</td>
<td>100</td>
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<tr>
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<td>2.42</td>
<td>0.97</td>
<td>46.08</td>
<td>74</td>
<td>9</td>
<td>14.25</td>
<td>121</td>
<td>59.34</td>
<td>-</td>
<td>55.50</td>
<td>50</td>
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<tr>
<td>Exam 2012</td>
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<td>0.80</td>
<td>53.96</td>
<td>78</td>
<td>35</td>
<td>9.81</td>
<td>85</td>
<td>62.77</td>
<td>-</td>
<td>54.75</td>
<td>100</td>
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<tr>
<td>Interim Exam 2012</td>
<td>4.36</td>
<td>0.78</td>
<td>54.22</td>
<td>72</td>
<td>32</td>
<td>9.34</td>
<td>102</td>
<td>62.56</td>
<td>-</td>
<td>51.75</td>
<td>100</td>
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<tr>
<td>Exam 2013</td>
<td>4.36</td>
<td>0.81</td>
<td>54.54</td>
<td>76</td>
<td>34</td>
<td>9.90</td>
<td>101</td>
<td>63.45</td>
<td>-</td>
<td>54.00</td>
<td>100</td>
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<td>Interim Exam 2013</td>
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<td>0.75</td>
<td>48.07</td>
<td>66</td>
<td>17</td>
<td>8.83</td>
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<td>55.89</td>
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<td>48.00</td>
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<td>54.78</td>
<td>78</td>
<td>23</td>
<td>10.03</td>
<td>107</td>
<td>63.80</td>
<td>-</td>
<td>55.50</td>
<td>100</td>
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<tr>
<td>Interim Exam 2014</td>
<td>4.20</td>
<td>0.86</td>
<td>55.99</td>
<td>77</td>
<td>2</td>
<td>11.14</td>
<td>102</td>
<td>66.13</td>
<td>-</td>
<td>56.25</td>
<td>100</td>
</tr>
</tbody>
</table>
plans for 2015

Final Exam

we are addressing two different issues optimizing results:

A. Exam preparation
B. Final assessment

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!
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
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

Fellow of the European Board of Orthopaedics and Traumatology (country)

Part III - EBOT Oral Exam - European/National

Part II - EBOT Clinical Exam - National

Part I - EBOT Written Exam - European

Annual appraisal for European Orthopaedic Trainees (ALL)

Annual EBOT Interim Exam - European

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

Different languages

Local language

English
### Combined secretariat for European Board Exams

#### plans for 2015

- **Final Exam**

  ▲ *we are addressing COSTS for optimizing results*

<table>
<thead>
<tr>
<th>EBOT (expenses)</th>
<th></th>
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<tbody>
<tr>
<td>Writing Committee Meetings (2/year; up to 10</td>
<td>21 077,00</td>
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<tr>
<td>participants/meeting)</td>
<td></td>
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<tr>
<td>EBOT Exam (English)</td>
<td>55 190,00</td>
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<tr>
<td>IT support (application system/MCQ database/interim</td>
<td>12 000,00</td>
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<tr>
<td>exam)</td>
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<tr>
<td>Misc.</td>
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</table>

Total Costs: **91,267,00**
plans for 2015

- Final Exam

we are addressing COSTS for optimizing results:

<table>
<thead>
<tr>
<th>Income</th>
<th>58 500,00</th>
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<tbody>
<tr>
<td>Registration fees exam</td>
<td>55 000,00</td>
</tr>
<tr>
<td>Registration fees interim exam sponsored by UEMS</td>
<td>3 500,00</td>
</tr>
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</table>

**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...