Survey on European postgraduate medical assessments by the Council for European Medical Specialty Assessments (UEMS-CESMA)

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Abstract

A careful review of the literature on postgraduate medical assessments, reveals that very little seems to have been published on this subject both in peer-reviewed journals and books. In 2007, the Council for European Medical Specialty Assessments (UEMS-CESMA) was created as a platform of discussion and harmonisation between the various European Boards and Sections organising postgraduate medical assessments. UEMS-CESMA, as it has officially come to be known, has turned out to be very successful in comprising 50 affiliated UEMS boards and societies, of which 38 (76%) offer a European postgraduate medical assessment open to recognised specialists and/or residents in training. One of the major aims of UEMS-CESMA is the harmonisation of standards of assessment within European postgraduate medical assessments, which have been adopted by various European countries as being (partially) equivalent to the national final assessment in several medical specialties. The final aim of UEMS-CESMA is to further encourage this recognition as European gold standard of the European postgraduate medical assessments (EPMA). Harmonisation of assessment standards, which implies by definition the creation of quality assurance and control mechanisms, will be essential for this purpose.

Keywords: Assessment, postgraduate and publications

Article

A careful review of the literature on postgraduate medical assessments, reveals that very little seems to have been published on this subject both in peer-reviewed journals and books (Goldik Z., 2008; Mathysen D.G.P. et al., 2013a; Mathysen D.G.P. et al., 2013b; Mathysen D.G.P., 2013; Calcagni M., 2013; Mathysen D.G.P. et al., 2014). In 2007, the Council for European Medical Specialty Assessments (UEMS-CESMA) was created within the structure of the European Union of Medical Specialists (UEMS) as a platform of discussion and harmonisation between the various European Boards and Sections organising postgraduate medical assessments. UEMS-CESMA, as it has officially come to be known, has turned out to be very successful in comprising 50 affiliated UEMS boards and societies, of which 38 (76%) offer a European postgraduate
medical assessment open to recognised specialists and/or residents in training. One of the major aims of UEMS-CESMA is the harmonisation of standards of assessment within European postgraduate medical assessments, which have been adopted by various European countries as being (partially) equivalent to the national final assessment in several medical specialties. The final aim of UEMS-CESMA is to further encourage this recognition as European gold standard of the European postgraduate medical assessments (EPMA). Harmonisation of assessment standards, which implies by definition the creation of quality assurance and control mechanisms, will be essential for this purpose.

Some of these EPMA have a long history, such as the European Society of Anaesthesiology (ESA) Examination, which was founded in 1984, while other Boards and Sections are still in the start-up phase. Concerning the format of the different EPMA, it has become obvious, from the proceedings of the UEMS-CESMA meetings that different approaches are being used among the various European Boards in their assessments. Although the authors of this manuscript are aware that differences in assessment modalities do not necessarily imply differences in quality of assessment, they are nevertheless genuinely interested to find out what these differences really are. Therefore, a structured survey was sent to the UEMS-affiliated boards and societies with the aim of characterising these differences. In total, 28 boards and societies replied, of which 23 are organizing one or more EPMA (26 assessments in all). The results of this survey are presented below.

The majority of EPMA (20 out of 26) are not only open to candidates belonging to one of the 34 UEMS countries (published on the UEMS website: http://www.uems.eu), but are also open to candidates coming from other countries throughout the world. Since the passing of EPMA does not in any way confer a licence to practise, these assessments can also be opened to candidates from non-UEMS countries.

The format of the EPMA includes multiple-choice questions (MCQs) in 24 of the 26 assessments (92%). The reason for this high percentage is simply due to the fact that since MCQs, compared to other available assessment methods, are cost-effective, legally defensible and, correctly written, can objectively document the possession of knowledge and clinical reasoning powers (Tenore A., 2014).

Approximately 57% (15/26) of these assessments are still paper-based, with manual corrections and scoring used in almost half (7/15). The remaining 11 (43%) are entirely computer-based. Various types of professional software packages are used for only a minority of the EPMA (10 out of 26). Concerning the format of the MCQs, differences exist among the EPMA, with use of single-best-answer MCQs (Type A), modified multiple-independent true/false MCQs with a “don’t know” option (modified Type K), or even other formats (Case S.M. and Swanson D.B., 2001).

Lastly, organisational differences concerning venues and languages are also observed between the various EPMA. Thirty-eighth percent (10/26) of the assessments are provided at multiple venues (at the same time or on different occasions), while the 62% (16/26) are organised at a single venue. Concerning the languages offered to the candidates, the option of alternative languages for the MCQ assessment is available only in a approximately 20% (5/24), with the remaining 80% (19/24) being provided only in English. In general, it would appear that the larger scale assessments are able to offer alternative languages. Although the relationship between number of candidates and additional language options is not entirely clear, it is possible that each could be influencing the other.

It is clear from the above-described UEMS-CESMA survey results that significant differences exist among the different EPMA. Although UEMS-CESMA recognises that these differences do not necessarily imply differences in quality of assessment, a working group within UEMS-CESMA will be created in order to devise and publish some general guidelines for the European Boards and Societies in order to harmonise the structure of the various EPMA. These guidelines will of course still allow room for variation between different assessments, as it is clear that interpretations of the statistical comparisons made from the evaluations of MCQs derived from a small-sized assessment (fewer than 50 participants), a medium-sized assessment (between 50 and 150 participants) or a large-sized assessment (over 150 participants) will be somewhat difficult. The guidelines will not only allow an opportunity for some degree of standardisation.
among the different European postgraduate medical assessments, but will also presuppose some guarantee of a minimum quality level for candidates across different medical specialties participating in these European postgraduate medical assessments. We aim to publish more on the subject before long.

Finally, UEMS-CESMA has effectively implemented an appraisal procedure for the European postgraduate medical assessments organised within the structures of UEMS. Currently, the first appraisal procedures have been undertaken. These procedures will in the near future reveal results that will certainly contribute to further development of UEMS-CESMA guidelines on practical organisational aspects and quality improvement of European postgraduate medical assessments.

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References


