



European Board of Medical Assessors

**Promoting best assessment practice in medical education in
Europe**

**Annual report academic year
2014 - 2015**



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Introduction

It is a pleasure to introduce the European Board of Medical Assessors Annual Report for the academic year 2014/2015. It has been a busy and productive year and one in which we have developed and clarified our future direction at the same time as strengthening our organisation by paying attention to our structure and governance and placing a high priority on providing opportunities for members to get to know each other and work together on areas of common interest.

Founding members of EBMA constitute the EBMA Board and through their regular meetings they determine the development of priorities for working groups, including setting up of new groups when necessary. For the year ahead, two new groups will be established. Professor Val Wass will lead a group on European affairs, and Professor Pauline McAvoy will lead on Governance. Membership of these groups will be from both Founding members and Full members of EBMA.

Full members of EBMA are those universities that joined after the establishment of EBMA. They play a central role in the development of new ideas through their membership and their participation in working groups to develop and pilot EBMA products. Most important they have many opportunities to influence Board decisions which are communicated formally through minutes, working group activities and the annual meeting.

I hope you find the report interesting and informative. All members look forward to new members joining, and to another busy year working together and enjoying new ideas and friendships.

Very best wishes,

Prof. Lesley Southgate, *President EBMA*

Our mission

“To promote the quality of the healthcare workforce by providing a series of assessment programmes for individuals and health education institutions.”

“EBMA aspires to lead the development of best practice in assessment through research and its practical application.”

Our vision

“Enhancing public trust and confidence in the healthcare systems in Europe by contributing to the quality of healthcare services provided to patients.”



Why EBMA?

EBMA has come together to **promote best assessment practice for medical education in Europe.**

The ideas for the initiative originated throughout 2008/2009 in recognition of both the globalization of medicine and the recommendations of the Bologna Accord for the creation of a European Higher Education Area. **The founding members of EBMA** (see page 7) **recognized the need for European common quality standards in assessing medical knowledge and clinical competence.** They concluded that a priority would be to establish a quality assurance framework for assessments which could apply throughout Europe. And with patients and doctors moving freely through multi-cultural Europe, they stressed the importance of improving the dependability of medical care regardless of in which country, and by which doctor, care is provided. In summary, patient health and wellbeing and public confidence in the standards to be expected from medical practitioners were the primary drivers for this initiative.

EBMA assessment products

As a result of extensive work over several years, we currently provide three assessment products for medical schools, students and early residents:

1. The European Knowledge Test

The EKT covers all relevant aspects of basic and clinical sciences as well as behavioural sciences and statistics. The EKT is currently available in English and consists of 200 multiple-choice questions, each with one best answer accepted as correct.

The difficulty of the test and cut scoring are tailored to the knowledge level European students should have at the time just prior to receiving their Doctor of Medicine (or equivalent) degree.

Feedback reporting to students

Students receive detailed feedback through a rich online interactive graphical report or individual letters. The total score is reported and the standard against the background distribution of their institution and of all institutions combined. Furthermore, detailed scores and the standard per cluster, category, discipline and task are visible against the background distribution of all institutions combined. Percentage score, standardized score and error are provided numerically next to the graphs.

Feedback reporting to schools

Deans and other stakeholders receive detailed reports of the students' performance benchmarked against a European reference group.

Benefits

Applying the EKT can benefit your students and your school in several ways:

- a rich source of feedback for students and schools via an online interactive graphical report;
- students can present their score report letters as an evidence of performance for prospective employers;

- benchmarking your institution against European performance levels can be a tool for quality assurance, helping on the identification of priorities for curricular governance and faculty development.

On page 11 you can read the current activities and results of this test.

2. The International Progress Test

Progress testing is a longitudinal assessment strategy that promotes deep, meaningful learning. Therefore, it is aligned to the EBMA philosophy of ‘promoting best practices in assessment for learning in medical education’. Under the umbrella of EBMA, the International Progress Testing Programme, conceived and implemented by several progress testing specialists worldwide, will be able to incorporate better testing materials and more robust benchmarking. The blueprint of EBMA IPT is compatible with the blueprint of EBMA EKT so that the EBMA IPT can be also seen as a preparation for that exam. EBMA offers the possibility to customize the implementation of EBMA IPT according to your local conditions, purposes and needs.

3. Assessment of patient related competences

In addition to cognitive testing, EBMA offers assessment of patient related skills, such as communication with patients, medical performance and record keeping. These competences are fundamental to good clinical practice and will provide insights to our awareness of differences both in medical education and training, and health care delivery across Europe. The target group for this assessment can be described as: ‘medical graduates that have just started clinical activities in the workplace or undergraduates in the later years of medical studies who will benefit from feedback on their clinical performance’.

An online video system will be used for submitting the consultations by the candidate, allowing assessors to review, score, provide feedback and make a decision about the candidate’s performance.

The current stage of development for all assessment products is explained on page 11 - 15.

If you would like to have more details about all of our assessment products please visit our website (www.ebma.eu.com).

Structure and governance

The first initiative for setting up a European board of assessment in medical education originated in 2008/2009 within a group of international assessment experts. **Nowadays, our board consists of a number of European membership schools represented by European professionals (see below) who have expertise in assessment and/or have leadership roles in universities.**

From the outset **EBMA has been a non-profit organisation** that has proper legal and financial arrangements and an audited budget submitted annually in accordance with established by-laws.

The founding members constitute the EBMA Board, which is chaired by the President. The Board, including **EBMA full members**, meets bimonthly following a formal agenda, including new directions for our work, and plans for developing the organisation. Both policy and future directions are discussed by all members of the Board.

Currently, EBMA has **two active working groups** to develop and strengthen our organization and assessment products. These are:

- *Working group European Knowledge Test / International Progress Testing*
Chair: Prof Adrian Freeman
Members: dr. Carlos Collares, dr. Janusz Janczukowicz, dr. René Tio
- *Working group Assessment for patient related competences (using of video)*
Chair: dr. Paul Ram
Members: Annemarie Camp, Prof Lesley Southgate, Prof. Pauline McAvoy. Dr. Tom Gale
Advised by: dr. Jill Edwards, dean, School of General Practice, NHS Health Education Thames Valley

Progress from the chairs of working groups report back to the EBMA members (founding and full members). In the future more working group will be established. Next, a scientific working group will be set up to consider new research initiatives' will be executed.

The success of EBMA working groups depends on the commitment of our founding and full members. They are supported by the **EBMA back office**.

Our board members have a long-standing relationship which results in a very good atmosphere during meetings and great teamwork. Communication lines are short and direct.

The results of our work and activities are outlined in page 9 – 16 of this document.

Executive committee and current EBMA members

The Executive committee is responsible for the implementation of the EBMA programme and consists of:

- *A President* – Prof. Dame Lesley Southgate
- *A Director* – Prof. Cees van der Vleuten (Maastricht University, the Netherlands)
- *A Coordinator / General Secretary* – Annemarie Camp, M.Sc. (Maastricht University, the Netherlands)
- *A Psychometrician / assessment specialist* - Dr. Carlos Collares (Maastricht University, the Netherlands)

A central back-office, based in the Maastricht University, is responsible for the day-to-day management and administrative aspects of the organization.

Founding members

Governing council comprises Founding Members from eleven European Universities who, together, have the main responsibility for planning the EBMA programme. The founding members established EBMA from the beginning and developed our philosophy.

- **Belgium: Ghent University**
Represented by Prof. Anselme Derse
- **Denmark: University of Copenhagen** (founding member from 2011 till September 2015)
Represented by dr. Jørgen Hedemark Poulsen
- **Germany: University of Heidelberg**
Represented by Prof. Jana Juenger
- **Italy: Catholic University of Rome** (founding member from 2011 till June 2013)
Represented by Prof Walter Ricciardi
- **Netherlands: University Medical Center Groningen**
Represented by dr. René Tio (deputy member: Prof. Debbie Jaarsma)
- **Netherlands: Maastricht University**
Represented by Prof. Cees van der Vleuten (deputy member: Prof. Erik Driessen)
- **Poland: Jagiellonian University**
Represented by dr. Michal Nowakowski
- **Portugal: University of Minho**
Represented by Prof. Nuno Sousa (deputy member: dr. José Miguel Pego)
- **UK: University of Exeter**
Represented by Prof. Adrian Freeman
- **UK: Plymouth University**
Represented by Dr. Thomas Gale
- **UK: Keele University** (founding member from 2011 till September 2015)
Represented by Prof. Val Wass

Full members

Full members are invited to attend the board meetings, have access to agenda and receive minutes so that they can remain informed about developments and the work of EBMA. They have an active role in the development of EBMA assessment products and will be eligible for elections to the board when places become available.

In the academic year 2014/2015 EBMA welcomed 3 new full members:

- **University of Lodz (Poland)** represented by dr. Janusz Janczukowicz
- **University of Helsinki (Finland)** represented by dr. Johanna Louhimo
- **University of Nicosia Medical School Nicosia (Cyprus)** represented by Prof. Andreas Charalambous (deputy member: dr. Avgis Hadjipapas)

Advisors to the Board

EBMA has two advisors who support our organisation:

- Prof. Dr. Pauline McAvoy (UK), *advisor Governance and Quality Assurance*
- Prof. Dr. Val Wass (UK), *advisor European Affairs*

Benefits for founding and full members to remain as an EBMA member

Being a member of EBMA offers medical schools a range of benefits and services. The main benefits can be summarized as:

- Members will benefit from ***being part of a community of recognized experts in assessment*** from different European countries;
- A membership makes it ***easy to connect with peers to network, share ideas, and get advice*** on assessment;
- Members are working together on different assessment products and by doing ***this they learn and inform each other about best practices and the latest trends in assessment***;
- Members can ***become partners in joint projects*** that are possibly funded by European grants.
- Founding members and full members have ***access to an unlimited institutional use of the European Knowledge Test*** for final year students or recently graduated doctors;
- Gives members ***the opportunity to administer the International Progress Test***. This assessment is not for free, but membership costs are fully recovered in the form of a discount when adopting this test.
- Members and their colleagues could ***participate in workshops concerning item writing and reviewing*** during the EBMA face-to-face meetings;
- EBMA can support members with arranging ***a faculty development event***. When there are opportunities EBMA could arrange this service for their members in Maastricht (the Netherlands) where the back-office is located.

Review of activities and achievements in 2014/2015

EBMA 2015 annual meeting in Gent

The annual meeting in Krakow in 2014 has previously been reported to the board.

On October 9th till 11th 2015 the annual EBMA face-to-face meeting took place in the Ghent University Hospital in Ghent, Belgium. All EBMA members, staff members from Ghent University and University of Leuven collaborated in different workshops where fruitful discussions were held on several interesting topics.

The programme started on Friday afternoon with a discussion of the blueprint of the European Knowledge Test and continued with item reviewing.

On Saturday the President and the Coordinator of EBMA presented the philosophy of EBMA, the current activities, their results and future directions and plans for strengthening our organisation. The rest of the day was dedicated to the assessment of patient related competences by the use of video. A formal EBMA board meeting was held at the end of the day. For the assessment of patient related competences the chair of the working group presented the current project plan followed by discussion. In order to share ideas Prof. Brigitte Schoenmakers from the University of Leuven introduced her view on experiences of using video assessment in the general practice training programme in Belgium. After extensive discussion of both projects, the EBMA members and participants were split into groups to review the EBMA instrument for this assessment while viewing and scoring a videotaped student-patient consultation. After the group work, members and participants reported back on their results and the proposal for standard setting was debated. The working group is now processing their feedback and the first pilots will be planned within the EBMA membership schools.

On Sunday, dr. Carlos Collares (EBMA assessment specialist) explained International Progress Testing followed by an item-writing workshop for the European Knowledge Test.

EBMA wants to thank all board members, invited item writers and all participants from Ghent University and the University of Leuven for this productive weekend. Informal discussions during lunch and dinners gave an extra opportunity to share experiences and ideas on assessment, getting to know each other better and we are sure that new connections were made!





EBMA board members, invited item writers and participants.

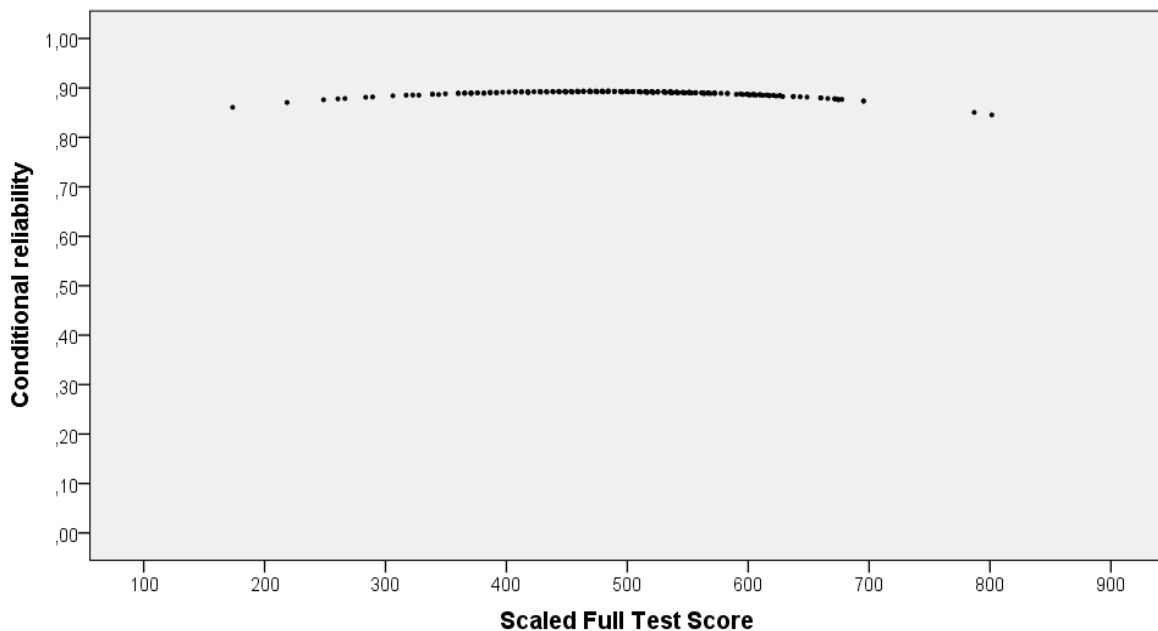


Activities regarding our assessment products

The European Knowledge Test

In the 2014-2015 academic year, the second phase of the pilot of the European Knowledge Test (EBMA EKT) took place in Minho (Portugal), Ghent (Belgium), Copenhagen (Denmark) and Groningen (The Netherlands). The first phase of the pilot administrations, had occurred in the previous academic year, with the participation of Maastricht (The Netherlands), Łódz (Poland), Heidelberg (Germany) and Ghent (Belgium).

With a small sample size (N = 215), it was only possible to study the preliminary psychometric properties of the EKT. However, the psychometric analyses showed that EBMA EKT has a high degree of content and construct validity. This means that the intended construct, i.e. application of medical knowledge, is being adequately measured. Furthermore, in terms of measurement invariance, a condition for valid cross-cultural comparisons in which the same construct is similarly measured across different groups, EBMA EKT also demonstrated an excellent performance, with a low percentage of items showing significant non-invariance. Reliability was calculated to look at the precision or accuracy of the test. EBMA EKT exhibited a high degree of reliability with a Cronbach’s alpha coefficient of 0,90. Individual reliability estimates can be observed on Graph 1 below, showing that reliability had high levels for all EBMA EKT test takers, regardless their knowledge level.



Graph 1 – Individual reliability estimates for the EKT.

These results were presented at the 2015 AMEE Conference in Glasgow, during an “International Aspects” session, with an oral presentation by Carlos Collares. The full presentation can be accessed here: <https://t.co/Zv3U2lm9Ns>.

Based on the psychometric findings, a post-test review of EBMA EKT was performed by Adrian Freeman and Carlos Collares in August 2015, in which some decisions were taken about items to be replaced. During the post-test review, psychometric analyses suggested problems with the appropriateness of some items for European students. Conceptual definitions, as well as diagnostic and therapeutic guidelines, differ across participating European countries. Some of these differences remained unnoticed until the post-test phase. Considering the need to take cross-cultural aspects into account in the quality assurance of the test construction phase, Janusz Janczukowicz (University of Łódź, Poland), who is part of both EBMA and AMEE Executive Committee, has joined Adrian Freeman and Carlos Collares in European Knowledge Test / International Progress Testing Working group.

During the annual meeting in Ghent in October 2015, the participants were invited to discuss and reflect upon the standard setting procedure for the EKT. An online Angoff tool was developed to allow the calculation of the EKT cut score, with the newly written items to be included in the test in the near future. The new items that had been written during the EBMA meeting in Krakow were classified for future usage and new items for the EKT were also written in Ghent.

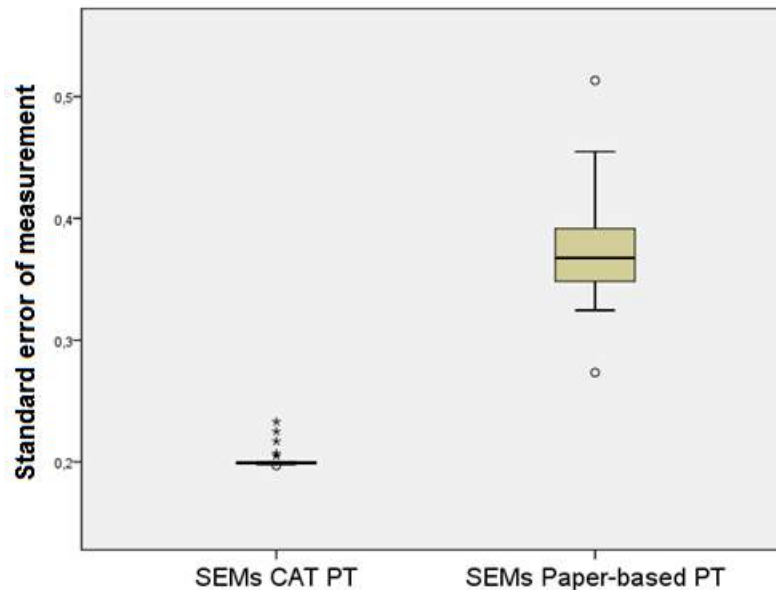
For the current academic year, new applications of the EKT are planned at EBMA institutional members, such as the University of Helsinki (Finland) and Maastricht University (The Netherlands).

International Progress Testing

In 2011, progress test specialists from several countries met in order to discuss the prospects for a collaborative effort. In 2013, at the AMEE Conference held in Prague, the same progress test specialists developed guidelines for implementing an international progress testing programme. Initially, the International Progress Test (IPT) was implemented by Maastricht University. Since its first edition, there has been close cooperation between the IPT and the Dutch progress test consortium (iVTG). The test was also administered to the international students at Maastricht University, and to students in Saudi Arabia, Mozambique, Australia and Mexico.

In Mexico, instead of a paper-based fixed format, the International Progress Test was made available using a computerized adaptive version. **This option is now available to all interested EBMA members.** The computerized adaptive version of the progress test, enabled by an algorithm which dynamically adjusts the difficulty of the test according to the perceived performance of the student, and customizes the content of the test according to the level of knowledge of the test taker.

This technology allows institutions to schedule separate testing sessions, eliminating the need for delivering the test to all students simultaneously, while also enhancing test safety against collusion. Testing time is shortened by reducing the amount of items needed to achieve a reliable measurement. Measurement error can be defined as “noise”, in opposition to the “signal”, which is analogous to the measurement of the intended construct. When the reliability of the test is low, the measurement error is high, and vice-versa. On Graph 2, it is possible to compare the amount of standard error of measurement (SEM) of a paper-based progress test and its computerized adaptive version. The difference was significant ($t = -25,02$, $df = 32$, $p < 0,001$) and the effect size was large (Cohen’s $d = 0,8$), which suggests a superior measurement accuracy of the computerized adaptive version of the IPT.



Graph 2 – Comparison of standard errors of measurement of a computerized adaptive progress-test (CAT PT) and a paper-based progress test.

In 2015, the IPT was brought under the EBMA umbrella. This is a particularly desirable change as the IPT is very much aligned to the EBMA philosophy of ‘Promoting best practice in assessment for learning in medical education’. Medical schools that participate of the IPT programme are expected to benefit financially, by sharing progress testing materials and saving costs when compared to an independent implementation. In addition it will to provide interactive feedback for learning, and robust benchmarking; and also scholarly activities from potential research opportunities. Furthermore, the combination of IPT and EKT provides a continuum, as there is a high degree of compatibility between the blueprints of both assessment tools.

As an action point, we intend to provide increasing, richer online feedback for both students and institutional stakeholders within shorter deadlines whenever possible, as part of our commitment to continuous quality improvement and professionalization of our services. The next schools expected to join the IPT programme, at least at the pilot level, are the University of Łódź (Poland) and the University of Nicosia (Cyprus).

Assessment of Patient Related Competences (by the use of video)

It is imperative for the credibility of any European certifying exam to include the assessment of patient-related skills. A project is currently running to develop assessment of performance in the workplace in order to assess patient-related competences (i.e. medical performance and communication skills). Patient related competences are complex in the diverse setting of the European Union and currently there is no system to support and assess doctors moving across national boundaries.

The project aims to define a set of quality standards for the authentic assessment of consulting skills, applied in different locations. Furthermore, a flexible online video-tool providing feedback on individual

performance of patient-related skills in actual practice will be developed. This learning and assessment video-based platform, takes account of language, cultural differences and local arrangements for healthcare delivery. The video tool allows doctors moving transnationally to upload videos of real-patient encounters (consented by patients) and obtain feedback from expert certified European assessors, with the performance quality judged against an agreed standard.

The target group for this assessment can be described as: 'Medical graduates that have just started clinical activities in the workplace or undergraduate students in the later years of medical studies who will benefit from feedback on their clinical performance'. We also purpose that video-assessment is likely to be especially helpful for international medical graduates early in their postgraduate training in order to gain confidence in working in new European settings.

The EBMA board appointed a small working group for this project with a chair. In 2014 – 2015 the working group carried out several activities:

- *Defining competence framework and blueprint for the instrument*

The working group compared different international competency frameworks. After discussions in depth, the group agreed to set a competency structure based on a combination of the CanMEDS framework and the General Medical Council's *Good Medical Practice*. A patient centred approach was the basis when developing the instrument. The EBMA board agreed in October 2014 with the approach adopted by the working group. After approval of the first draft by the Board, for each item behavioural indicators were described by the group in the form of Rubrics and the scale for assessing these indicators was set.

- *Developing manual and procedures for assessors*

The working group has developed a manual which includes:

- Overview of the content validity (competency structure)
- Criteria for selection of consultations (validity of the sample)
- Methods for standard setting
- Description of assessment procedures
- Roles of assessors

The manual was reviewed by the board. Afterwards, meetings were planned with experts in this field. The chair of the working group and several group members met in London to present the manual and instrument in order to get feedback. One of the participants of this meeting was Prof. Jill Edwards who is an expert in this topic and GP dean in Health Education England, Thames Valley. A new version of the manual was developed at this meeting. This version was reviewed in detail by Prof Pauline McAvoy and Prof Lesley Southgate members of the EBMA working group. Subsequently a first version of the instrument was set up and developed further by Dr Paul Ram, chair of the EBMA working group.

- *Review meetings to gather feedback on the manual and instrument*

The chair of the working group and some members went to Leuven in January 2015 to talk with Prof. Brigitte Schoenmakers. She has experience in developing online video assessment in the GP training programme in Belgium and gave advice on the instrument and the manual. After this

meeting the group renewed the manual and the instrument and subsequently discussion were held within the EBMA board.

Next, the working group practiced the instrument and the standard setting together with a group of GP trainers and residents of the Oxford region (UK). Several videotaped consultations of one of the residents present were scored. **Patients had given informed consent for their use.** In a session afterwards the scoring results were jointly debated, which resulted in several modifications of the instrument. Furthermore, the group gave feedback on the standard setting plan.

- Practicing the video assessment instrument and standard setting procedure with EBMA members*
 During the annual meeting in Gent on October 10th, all board members and invited persons were asked to review the instrument and the standard setting procedure. Groups were split and viewed and scoring a videotaped student-patient consultation. After the group work, members and participants reported back on their results and the proposal for standard setting was debated. The working group is now processing their feedback and the first pilots will be planned within the EBMA membership schools.
- Developing video tool*
 Together with EPASS / Mateum b.v. EBMA is now developing an online platform where students can upload their videotaped consultations in a secure environment and where assessors can provide feedback. This platform will be technically evaluated during the first pilots.

The next steps for this project include developing and giving training for lead assessors, a train-the-trainers program for assessors and setting up a project plan and instructions for the pilot phase. We will keep you updated on our website about the latest developments of this exciting project.

EBMA's legal entity

The European board of Medical Assessors, EBMA, is a non-profit association created among the founding members in accordance with the By-Laws. In September 2011, EBMA is registered as an association in Italy, has its domicile there and has a VAT status with the Italian tax revenue (IT 97667860587).

In 2013, small changes in the by-laws were made according to the current EBMA organizational structure and governance. The back-office of EBMA is currently located in the Netherlands, and it's evident and more efficient that the legal entity registration will also move to this country. Together with a Dutch public notary and EBMA's advisor Pauline McAvoy new by-laws will be established. The first draft of the by-laws was sent to all board members at the end of 2014. A final version is nearly completed and will be reviewed by the board this year. After agreement has been made by all founding members, the by-laws will be legally approved in the presence of the public notary.

Funding opportunities

The EBMA board recognises the importance of obtaining external funding because currently the finances of our organisation depend only on the annual contribution of their members and the temporary support from Maastricht University. (See page 18 for information on our finances) In 2014-2015 we submitted two calls: COST and Erasmus plus (key action 2 'Strategic partnerships'). Both calls were focused on developing the assessment of patient related competences by the use of video. While both submissions were not accepted, the feedback from the reviewers was useful and encouraging for another attempt.

In March 2016, a group of EBMA members will submit for a second time a proposal for Erasmus plus and will incorporate the feedback from the first round. For this second submission, EBMA will make use of specific advice from a consultancy firm specialised in this call.

EBMA marketing and communication

In 2014-2015 EBMA improved its marketing activities by opening up new communication channels for our stakeholders and target groups (deans of medical schools, assessment experts, policy advisors, educational advisors, students, residents etc.). This will enable EBMA to inform a broad audience about our work and activities. We always look to recruit new members.

Website

EBMA has renewed her website (www.ebma.eu.com) with new content and information. The back-office is responsible for keeping the website up-to-date. Information about our organisation and our assessment products is available and regular news items are published.

Newsletter

EBMA quarterly newsletters continue to play an important role to keep our members and stakeholders in touch with the latest news and developments. We currently have more than 350 people signed up to receive the E-newsletters directly by email.

Personal letters

We know from previous experiences that personal contacts work best for recruiting new members. Therefore, our current members, the president and the EBMA directors are trying to send personal emails and invitations to deans, professors and advisors in medical education who are interested in EBMA.

PR materials

With respect to our participation at the AMEE conference and to disseminate our organization and work we have made professional brochures about EBMA and our assessment products. These can be downloaded from our website: <https://www.ebma.eu.com/supportingebma>

Social media

Part of our marketing- and communication strategy is the interaction with our stakeholders and target groups through social media. EBMA is active on twitter (<http://twitter.com/EBMAorg>) and Facebook (<http://www.facebook.com/ebma.eu>). EBMA started actively using Twitter since last summer and we now

have 220 followers. A lot of people interested in medical education are on Twitter, so this is an important channel for EBMA to publish short tweets about our work or other EBMA related updates.

Exhibition booth at AMEE 2015

For the first time EBMA had its own exhibition booth during the AMEE 2015 conference in Glasgow (UK). A reasonable number of people came along the booth which led to new connections and the opportunity to explain our philosophy and assessment programme. We can say that during AMEE, EBMA has gained more recognition in the medical education world.



Research initiatives

During the coming academic year, EBMA members will discuss ideas for our research programme. So far we have focussed on establishing EBMA, both in strengthening our governance, and developing products that we can share and offer to others.

We expect to submit a proposal for the next Erasmus call, which will focus on the work, well underway, for assessing Patient Related Competencies. This exciting area goes to the heart of what we seek to achieve, but we are well aware on the complexities of working in a multicultural, international setting with the different ethical and legal constraints that brings. We are also interested in exploring patient and public involvement in assessment for learning and the potential for feedback to enhance quality of care.

Many Board members and their universities are well known, published researchers. We are all looking for more to join us, bringing their ideas for research with them. The future look bright ahead!

Financial review

The table below presents the financial year 2014 and 2015. The overview gives all details on the financial statement, including prognoses drawn up on 30 June 2015.

	2014	2015
Expenses	€ 78.067,65	€ 148.110,22
1. Personnel costs EBMA office staff	52.588,03	92.067,02
2. Other costs	25.479,62	56.043,20

	2014	2015
Profits	€ 47.737,00	€ 217.460,50
1. Project revenues (external)	32.667,00	182.250,50
2. Contribution members	30.000,00	35.000,00
* Payment through bank account Italy (no transfer possible till now)	-15.000,00	
3. VLIR – EKT Entrance exam foreign doctors Belgium	70,00	210,00

Financial year 2013	-€ 38.682,43
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	2014	2015
Result	-€ 30.330,65	€ 69.350,28

Final Status end 2015
€ 337,20

There are plans to set up a financial committee in accordance with the new by-laws. This committee will advise the board on all financial matters and will provide the board with regular updates of the current financial status of EBMA.

EBMA conference 2016

On October 14th and 15th 2016 EBMA will organise with the support of the Academy of Medical Educators (AoME) from the UK a conference to consider assessment in Medical Education.

The main aim for this conference is to have an academic forum to consider assessment for all aspects of medical education. It will address assessment in undergraduate and postgraduate education, and for those in established practice, across countries and medical specialities. We expect to welcome attendees from many countries, and also from other professions. Vets, dentists, nurses, health care scientists will all be welcome.

The conference will be jointly hosted by Exeter and Plymouth Medical Schools and will take place in Exeter, the South West of England.

The conference is going to elaborate on topics from all fields in medical education assessment such as:

- Research in medical education assessment
- Clinical skills assessment
- Programmatic assessment
- Simulation
- Knowledge-testing
- Progress testing
- Workplace-based assessment (by using video)
- Item writing
- Item Response Theory / Rasch modelling
- Assessment of professionalism
- Standards for medical educators
- Patient and public involvement in assessment



Date: 14th and 15th October 2016
Location: Exeter, UK

During 2016 the Organising Committee will call for abstracts related these topics.

This conference provides an excellent opportunity to network with people with similar interests, to hear and discuss the views of acknowledged experts and take part in workshops.

Regular updates about our conference will be published in our newsletters and our website. Details about our programme and subscription will be announced soon.





**Promoting best assessment practice
in medical education in Europe**

EBMA

European Board of Medical Assessors

Located in Maastricht University

P.O. Box 616, 6200 MD Maastricht

The Netherlands

Phone: +31 43 38 85 733

E-mail: info@ebma.eu.com

WWW.EBMA.EU.COM