National, European licensing examinations or none at all?

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The unification of Europe in higher education in general and in medical education in particular is progressing. Since the Bologna declaration most of the European countries are in the process of introducing a two-cycle training programme in higher education that also affects medical training programmes (Patricio et al. 2008). Within the European legislature there is free mobility of professionals across the borders of Europe. To control for quality of education initiatives are taken across Europe to accredit higher education programmes (Dittrich et al. 2004) including medical training programmes (van Zanten et al. 2008). Within medical education the World Federation of Medical Education has been very instrumental in defining undergraduate and postgraduate standards of education which can be used for quality assurance or accreditation. The federation has developed global standards as well as European specification of these procedures (cf http://www.wfme.org/). This harmonization of European medical education will develop further in the future ahead of us.

Part of modern Europe is also the trend of mobility of the workforce (Jinks et al. 2000). This concerns both students as well professionals. An increasing number of schools in Europe start competing on the international market for recruiting their students, including, for example, my own institution. The question is: what is the voice of the patient in all this? How are the rights of the patient protected against this mobility? The patients will rightfully insist on the best of care. How is this guaranteed? There is increasing evidence that even with a European country medical schools produce different quality of medical graduates (McManus et al. 2008). What happens if we look at this from a European perspective? How different is a medical school changing towards problem-based learning, I often encountered suggestions that these licensure exams are an actual impediment for any educational change. The question is whether standardized tests lead to standardized programmes. In the recent assessment literature one speaks of a paradigm shift by moving away from the 'testing culture' towards an 'assessment culture' (Gielen et al. 2003). Here we change from assessment of learning towards assessment for learning. By using the driving effect of assessment strategically it is advocated to embed assessment as much as possible with the learning itself (Wilson & Sloane 2000). Licensure examinations by definition separate the assessment from the ongoing learning. Will this lead to a conflict between the goals of the training programme and what is being tested in licensure exams? The licensure exams will probably measure those competencies and skills that are easily measured and may not include competencies and skills that are hard to measure. Will this not trivialize the ongoing learning? Could this not lead to a reductionistic harmonization of our training programmes preventing any pluriformity to further exist? Is pluriformity not at the heart of the European spirit and should this not be respected in our education programmes?

The question about the utility of (European) licensure examinations was addressed in a symposium at the last AMEE meeting in Prague last year. In this issue of Medical Teacher we will report on this discussion. First we have a representative from the North-American continent. Don Melnick, President of the National Board of Medical Examiners, will describe the situation in the US, the arguments that have lead to their licensure procedures and the benefits that this approach had in his view (Melnick 2009). Being long enough in the assessment business, it is interesting to note how much the US licensure exams have changed over the...
last decades. Regardless of the format that is used in the various components of their licensure battery, each of the tasks presented to the licensure candidates represents a high fidelity and authentic professional situation. The National Board has clearly demonstrated what it means to make good test material. And whatever choice we make in Europe, any licensure examination should meet such high standards of quality. From the US we move to Europe with one proponent and one opponent of (European) licensure examinations. Julian Archer from the Peninsula Medical School argues in favour of licensure exams (Archer 2009). It is reassuring that a representative of a medical school that embraces most modern educational approaches is actually in favour of such exams. The opponent in our debate is Ronald Harden from Dundee. He presents what he sees as five myths around the benefits of licensure examinations (Harden 2009). He rigorously warns against the side effects of any licensure examination, regardless of how good it might be.

Part of the symposium was a discussion with the audience around the utility of (European) licensure examinations. At the start and at the end an electronic poll was carried out. Figure 1(a)–(d) summarizes the results of this pole. Two questions were related to national licensing exams either at the undergraduate (1a) or postgraduate level of training (1b) and two questions were asked in relation to pan-European licensing exams either undergraduate (1c) or postgraduate (1d). Responses were approximately similar for undergraduate and postgraduate. Interestingly the majority found that there is utility in national exams but to a lesser extent pan-European ones. The positions became somewhat more extreme after discussion. Although interesting, we clearly need to be careful with the representativeness of this small poll among AMEE delegates.

The discussion that was held is summarized in a fourth contribution by Mereke Gorsira from Maastricht University (Gorsira 2009). It is clear that the difficulties for pan-European exams are daunting in terms of cultural and language differences. Interesting to note is that suggestions were brought forward for intermediate solutions, such as the sharing of test material or quality assuring integral assessment programmes.

Finally, this issue of Medical Teacher contains a study by Peter McCrorie and Katherine Boursicot exploring the graduating assessment systems across the UK in terms of content, format, testing time and standard setting procedures (McCrorie & Boursicot 2009). They found wide variation in these systems and conclude that any comparison of graduates is really impossible. Even worse, they cite one of their own studies in which the same procedure used in different medical schools to set passing scores for the same OSCE stations resulted in such widely differing passing scores that students who would have passed in one medical school would have failed in another (Boursicot et al. 2006). They therefore conclude it is time to reassure the public by introducing national qualifying examinations.

My personal view is that there is no escaping the argument that the public is entitled to this reassurance, particularly in the open professional community across Europe. That is why we
need to start thinking very carefully about how qualifying systems could be set up to achieve the desired effects without doing too much harm to learning and to innovation power. A first step in this process has been taken in The Netherlands, where we have set up a collaboration of medical schools in developing and administering progress tests across five of the eight medical schools (van der Vleuten et al. 2004). In this case we can speak of a fully bottom-up process towards a near national exam that is completely governed by the participating medical schools. I am aware that this model may not work in other European countries. However, as a scientific community we have to make sure that whatever process is going to be installed will be of scientific merit. We had better lead the process than have it imposed upon us. Taking a European perspective in such a development seems much more desirable, albeit complicated, than reinventing the wheel at all the national levels.

One thing is certain, the perspectives offered by the various contributions in this issue of Medical Teacher provide excellent reading as well as food for thought. I also think the discussion is timely and I hope it will continue well beyond the publication in this journal.

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References


