

# Paediatric HERMES exam: a recognised certificate of competence

Interview with Dr Robert Dinwiddie



Dr Robert Dinwiddie, former Chair of the cystic fibrosis group in the ERS Paediatric Assembly, and previously a consultant in a tertiary level paediatric respiratory unit in London (UK) talks about the benefits of the HERMES European examination in paediatric respiratory medicine and the incentives for candidates to register.

Dr Dinwiddie, who has 20 years experience in preparing, standard setting and quality controlling professional examinations in UK paediatrics, comments on the status and purpose of Europe-wide harmonisation of medical practice.

## **Why do you think the paediatric HERMES exam is useful for candidates?**

Candidates in countries without a nationally recognised qualification in the sub-specialty of paediatric respiratory medicine will find it very helpful. This applies both in assessing their level of

knowledge while training but also in demonstrating a European level of expertise which can be carried from one country to another.

## **Who do you think will benefit from sitting the HERMES paediatric examination?**

Doctors in countries with a small number of specialist trainees who wish to document formally that they have a level of knowledge in the field that is internationally recognised. Also doctors from outside Europe who would like to show that they are suitably qualified to a European standard.

## **The HERMES examination presents a number of risks to candidates, notably not passing or failing to achieve personal goals; what advantages outweigh those risks?**

Achieving a pass in the exam is an excellent personal goal in this area of specialised medicine. All candidates have to be part of a training programme which follows the HERMES syllabus. Thus, they will have supervisors and tutors who should be able to counsel them and advise on further specific training requirements if they fail, in order to enable them to attain the required level of knowledge in their next attempt at the exam.

There has been a concern that if a candidate fails, he or she would prefer that this not be public knowledge. That is an individual choice but any good training programme should allow for professional interaction between trainee and trainer so that this is not an issue.





**How would you motivate qualified practitioners to take the exam when it is not a requirement?**

This exam is only one module of many in the syllabus which is required towards the recognition of completion of specialist training. Any candidate who achieves the required level of training in the other modules should be able to pass the exam. It carries with it a certificate of competence which can be recognised by all, even those working in other areas of medicine or indeed by the parents of potential patients. Candidates who have passed the exam have an additional qualification to offer to potential employers. When applying for jobs, this may be an advantage when up against other candidates with similar levels of experience.

**How far do Europe's public health services encourage 'mobility' of medical practitioners?**

Europe's public health services do not appear actively to encourage mobility of medical practitioners other than within EU employment laws of freedom of mobility. Medical practitioner movement is primarily an individual and personal choice. Academically inclined practitioners move to train and carry out high quality research in the best university departments in the field. Others seek employment in order to gain the best experience of working in the most specialised hospitals and specialist units in individual countries.

**How might medical schools be motivated to encourage students to take the exam?**

This exam will not be taken by doctors coming from medical school until 7–8 years after qualification. The best they can do is to indicate that this is the way of the future for European specialist

qualifications and encourage them to join ERS.

**What is the likelihood of it following the path of the adult HERMES in terms of application on a national level?**

There is a very reasonable chance that it will follow the path of the adult HERMES in those countries which have taken this up. One or two countries which already have their own nationally developed examinations to this level (*e.g.* UK) would be less likely to take it up, at least initially. That is not to say that UK ERS members are not individually keen and indeed several are highly involved in the paediatric HERMES project.

**What do you think patient perception of 'European' examinations being integrated at national level will be?**

Patient perceptions of European exams will give them further reassurance that national medical practice conforms to the highest international standards.

**Is European harmonisation an achievable objective given individual European countries national attitudes to medical practice and the primacy of national standards?**

There are EU bodies designed to promote harmonisation, *e.g.* UEMS. In practice this has been a very gradual process largely driven by specialist societies such as the ERS. National attitudes and primacy of national standards are more likely to change in response to these pressures rather than arise from within individual countries.

**Is harmonisation of medical practice across**

**borders and a competitive atmosphere likely to raise standards throughout the continent?**

Harmonisation of medical practice across the continent means that patients can expect to be seen by medical practitioners trained to the same high standard. Application of this knowledge will vary significantly from one country to another due to the different health care structures and application of (scarce) health care funding. Membership of the ERS and attendance at its meetings ensure that high standards are maintained and physicians keep their knowledge up to date.

**How easy was it to reach consensus in the paediatric HERMES syllabus?**

Although not directly involved at this stage I know that it evolved over a number of years through the long-range planning committee of the paediatric assembly of the ERS. The committee is made up a number of colleagues from throughout Europe who have known each other through scientific cooperation over several years. This made discussion and agreement of the contents of the syllabus a reasonably harmonious process from the beginning.

## Annual European examination in paediatric respiratory medicine

Since 2011, the ERS runs the European examination in paediatric respiratory medicine during its Annual Congress. This year, it happens in 1 September 2012. For the third time, at the ERS Annual Congress in Barcelona, it will take place on 7 September 2013. Unique in its clinical focus, the exam's questions are closely related to real-life practice. Stringent quality standards have been followed in producing the questions to ensure its fidelity to what the clinicians see in their daily practice. Three options are open: the European Diploma open to paediatric respiratory specialists, demonstrates your commitment to lifelong learning and enhances your geographic mobility; self assessment, to measure yourself against European standards and keep abreast of new developments; and in-training assessment tells you where you stand in your current training. For further information, visit [hermes.ersnet.org](http://hermes.ersnet.org)