

# The European Diploma in Adult Respiratory Medicine: a label of quality for adult respiratory medical specialists

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Successful candidates of the 2008 HERMES European Examination in Adult Respiratory Medicine were invited to join a HERMES Diplomates Cocktail in September 2009 during the ERS Annual Congress, Vienna. The cocktail was a great opportunity for exam participants to exchange ideas and impressions among themselves and with representatives from the ERS School and the ERS Examination Committee. Dr Lutz Beckert, a practising physician in New Zealand, explained the reasons that led him to sit the examination: *"Most important is the professional reason, thinking that after practicing for about 10 years, it's nice to get some benchmark on how you are actually doing. You get some successes with your patients, some successes with your research and you have no benchmark anymore because you've worked by yourself. And that was a very important professional activity..."*

Dr Beckert demonstrated his commitment to a lifetime of continuing professional development. Lifelong learning to ensure the best possible care for patients is definitely a motivation which is common to all exam participants. A further motivation frequently expressed was a desire for candidates to benchmark themselves against their peers and to identify their potential educational needs.

## The general purpose and basis of the examination

The HERMES European Examination in Adult Respiratory Medicine represents a valuable benchmarking tool for respiratory physicians. It is a knowledge-based examination with 90 multiple-choice questions (MCQ) in English. Each MCQ undergoes a rigorous process of formulation and validation to ensure that it illustrates state-of-the-art practices as well as authentic professional situations. The examination committee of the European Respiratory Society (ERS), in collaboration with the Institute of Medical

Education at the University of Berne in Switzerland, is committed to ensuring the quality of the questions as well as the scientific merit of the processes.

Dr Nitin Abyanhkar of India, a successful candidate I 2008 noted: *"I must thank you at the outset for making me read so much after so many years (18 to be precise). Anxiety about an exam makes you alert all over again and that was the best part about HERMES. The examination itself was a pleasant challenge. The clinical focus of the questions made it very interesting. It was as if you were taking a rapid clinical round in a big ward and 90 cases were on display as spots. In the short time frame there is a chance for error but that makes you focus more sharply."*

A blueprint [1] based on the HERMES syllabus [2] containing the weighted examination topics guides the candidates in their preparation. The blueprint comprises two dimensions: 1) respiratory diseases and 2) medical actions. Whereas the HERMES syllabus provides a comprehensive outline of subject areas, the examination blueprint provides a map to guide candidates in self-study.

## The benefits of taking the examination

The examination represents an assessment of learning and addresses the need for respiratory physicians to keep abreast of new developments in their field and continually update their knowledge. Examination candidates receive a subscore analysis (table 1) showing how many questions were asked, how many they answered correctly and finally the

median score of the total group of candidates. This allows the candidate to identify their strengths and weaknesses as well as to draw comparisons with the other candidates.

If successful, candidates receive the European Diploma in Adult Respiratory Medicine, conferred by the ERS School and valid for 10 yrs. Successful candidates are however strongly encouraged to repeat the exercise and reassess their knowledge after 5 yrs as a proof of continued excellence and tangible evidence of their pursuit of lifelong learning.

Dr Fotios Drakopanagiotakis from Greece praised the transnational nature of the Diploma, *"I thought of it as a great opportunity for moving throughout Europe... if I wanted to go and live in another country, this would be a significant asset"* [3]. Although it does not have legal recognition, the European Diploma is known and recognised within the profession throughout Europe. The ERS European examination aspires to address the issue of increased cross-border mobility in Europe by

**Table 1 An example of a subscore analysis.**

Analysis by disease categories	Number of questions	Answered correctly	Group median
Obstructive lung diseases	13	11	9
Diffuse parenchymatous lung diseases	5	3	3
Infectious lung diseases	12	8	7
Neoplastic diseases of the lung	11	6.5	7
Pulmonary vascular diseases; thromboembolism	9	3.5	5
Pleural and chest wall diseases	4	2.5	3
Sleep-related breathing disorders	9	5	5
Allergic and systemic disease	10	6	6
Intensive care	10	6	5.5
Congenital disease	5	2.5	3
Analysis according to medical tasks/abilities	Number of questions	Answered correctly	Group median
Basics	9	4.5	5
Diagnosis evaluation	19	13	12.5
Differential diagnosis, prognosis	26	14	16.5
Therapy	23	16.5	14.5
Prevention, environmental and work-related diseases	8	5	4
Cost/utility; ethics	3	0	1
Scientific methodology	2	1	1

offering an assessment which measures with the same ruler and gives assurance to the public that diplomates adhere to European standards of practice.

The experience does not end upon receipt of the diploma; successful candidates are invited to join the HERMES Diplomates community. Their profile on the HERMES website Diplomates Registry presents their field of specific interest, institution and blog if available [4]. Profiles including nationality, institution, language skills and more are available on the European Lung Foundation website, giving visibility and credibility to successful candidates towards patients and patient organisations. The community is meant to become a social network for successful candidates to exchange ideas, share best practices and support each other. This concept has been developed further to include mentorship activities, in which diplomates are invited to act as a mentor and coach an examination candidate.

**The next European Examination on Adult Respiratory Medicine will take place on Saturday, September 18, 2010, at the ERS Annual Congress in Barcelona, Spain.**

Registration will close on May 30, 2010.  
<http://hermes.ersnet.org>

## The examination as an assessment of learning

The European exam is not just designed for benchmarking purposes after years of clinical practice, but may also serve as an assessment of learning throughout the training period. The motivational effect of learning for an assessment such as the HERMES examination is evident from the testimonials of candidates. Further uses for the HERMES examination could be its official inclusion as a national exit examination, or as the knowledge-based part of it, and its introduction as an in-training assessment tool.

Since 2008, Switzerland has used the examination as the knowledge-based part



*"HERMES Diplomates Cocktail at the ERS Annual Congress Vienna"*

of its national exit examination for adult respiratory medicine specialists. This kind of collaboration gave rise to educational, logistical, financial and cultural benefits to both the Swiss Society of Pneumology and the ERS. Based on this successful model, the examination committee is working on future collaborations with other European countries.

Furthermore, the ERS encourages that the examination will be adopted as a regular in-training assessment for adult respiratory medicine trainees. RINGSTED *et al.* [5] discussed in their study that in-training assessments are beneficial to learners, teachers and programme directors who are the target audience of the HERMES initiative. They further suggested three general interrelated factors that influence the perceived value of assessment: links to practice, educational benefits to users; and finally attitude and rigour of assessment. The ERS European examination endeavours to address these factors and to contribute to the education of future specialists. The MCQs include mainly clinical situations to test the cognitive knowledge of learners. This method of testing has proved highly reliable and this examination, if used as in-training assessment, has a high potential educational impact. The educational benefit from the examination lies first in the challenge of the test itself and second in its effect on learning. This will be valued by the trainees as an assessment for which and from which they can learn. Feedback and learning curves provided to learners after the examination will definitely help trainees to identify their learning needs and shape their learning strategy and priorities. In addition, analysis of the examination results helps leaders of education in respiratory medicine –

