Introduction

The European Board Examination in Emergency Medicine (EBEEM) is a two-part examination designed to confirm the candidate’s suitability for independent practice as an emergency physician within any country in the European Union.

The examination assesses the knowledge, skills and behaviours necessary for the clinical practice of Emergency Medicine as defined by the European curriculum. This confirms that the successful candidate is able to provide clinical leadership in the emergency department.

The regulations provide the formal framework whereby the examination will be conducted. The regulations refer to appeals but candidates should note that by applying for the examination, no appeal against the processes described herein is possible.

Candidates and their trainers should be familiar with the curriculum approved by the European Union of Medical Specialties (UEMS) Section for Emergency Medicine and available here.

Guide to the scope of the examination

The Part A exam assesses the knowledge basis for Emergency Medicine practice including basic sciences applied to Emergency Medicine.

The Part B exam assesses the clinical skills, behaviours and knowledge required for independent practice in adults and children including pre-hospital care as described in the curriculum. Any presentation or diagnosis that is referenced in the curriculum may be included in the examination material.

Format of the Examination

The examination consists of two parts: Part A and Part B

Part A

This part of the examination consists of a knowledge test in multiple choice format with 120 questions, some of which will be multiple true false format (5 items - each true or false) and some will be single best answer (5 items – one best answer).
The examination will last 2.5 hours and will be held simultaneously in several centres throughout Europe.

The examination will be held online, with candidates being given an individual log-in to a central website, which will be available only for the duration of the examination. Candidates must take the exam at one of the designated exam centre locations.

The pass mark is determined during adjudication and is anticipated to be around 70%.

**Part B**

This part of the examination presents clinical scenarios to the candidate, who is expected to manage the scenarios. The scenarios will encompass a range of situations including:

- Leadership of resuscitation
- Direct clinical evaluation of patients
- Discussion of difficult situations with simulated patients, relatives and staff
- Interpretation of clinical data and discussion of management plans by structured oral questioning (Viva)
- Demonstration of clinical skills
- Education and training of others around clinical situations

Each station or scenario will be judged independently with a varying pass mark according to the complexity of the station, but the pass mark will be around 70%. Candidates will be expected to pass at least 6 out of 8 scenarios. There will be a minimum of two examiners present at each station.

Duration: Each station or scenario will last approximately 15 minutes, and will consist of 8 stations. Candidates should expect to be at this portion of the exam for at least half a day.

All parts of the examination will be conducted in English.

Each part stands alone, candidates being awarded either a “PASS” or a “FAIL” in each part. Part A must be passed before attempting Part B.

**Frequency**

Currently, there are up to two sittings of each exam per year.

**Important**

Candidates will be entitled to re-apply for the examination for six (6) attempts, each Part A and B, including the first attempt.

The Part B exam should be completed within 4 years of successful Part A completion.
General Criteria for Eligibility

1. **Primary medical qualification**

   The candidate must hold a primary medical qualification that is recognised by the UEMS. Official documentation of a medical degree must be submitted with the application. Applicants from outside of Europe must send documentation in English.

2. **Registration with the required authority**

   The candidate must hold full current licensure and/or registration with the required authority for their country of practice. Proof is required with application. Applicants from outside of Europe must send documentation in English.

3. **Experience**

   An emergency department sees unselected patients of all ages with a wide range of conditions, a proportion of whom are admitted to the hospital. In order to provide the appropriate experience, we would advise that candidates work in an ED which sees around 30,000 new patients per year, but in smaller departments and if case mix is appropriate, this number may be less but still provide appropriate experience. Applicants are expected to evaluate their experience against the European Emergency Medicine curriculum, and determine their preparedness to take the exam.

   Demonstration of competence does depend on having had appropriate experience- experiential learning is key to acquiring clinical skills.

   Demonstration of eligibility for the examination depends on providing evidence of experience and training in emergency medicine. If a formal training programme is not available in the country of practice, evidence of personal development activity in matters relating to emergency medicine and evidence of competence in all aspects of the European EM curriculum should be provided. In particular, you should ensure you have had experience of acute medical and major traumatic presentations in all age groups, including mental health and children’s presentations.

Essential criteria for eligibility for MCQ (Part A)

One of the following:

- **Trainees:** To have satisfactorily completed the third year (e.g. be in the fourth year or later) of a training programme in Emergency Medicine that is following the European Curriculum.

- **Non-trainees:** All other applicants must be doctors who have had at least three years of full time (or equivalent part time) work in emergency medicine and have ensured their experience covers the presentations and content of the European EM curriculum.
Essential criteria for eligibility for Clinical Examination (Part B)

To have passed the EBEEM Part A Exam within the previous four years.

And one of the following:

1. To be at least at the end of a minimum 5-year training programme in Emergency Medicine that is following the European curriculum

2. To be working full time in an emergency department for at least 5 years and recognised by the National Government of the country as a specialist in Emergency Medicine

3. For physicians working in countries where the specialty of Emergency Medicine does not yet exist: to be working in Emergency Medicine for at least 5 years and to provide evidence in a portfolio of competence in the full range of the curriculum. This may consist of a combination of logbook cases, evidence of continuing professional development (courses, e-learning) or evidence of training delivered in a range of topics, audit projects, etc

A grace period will be granted to candidates who have completed their specialty training programme within a year of their application to sit the exam.

4. Evidence required

For trainees in training programmes, a signed and completed Sponsorship Form from the director of training or local supervisor will suffice to confirm the trainee is at the required level of experience.

For non-specialist applicants, a signed and completed Sponsorship Form from the clinical director or local supervisor will suffice to confirm the required level of experience.

For specialist or equivalent, a letter from the director or clinical lead of the emergency department confirming the candidate is working at the required level and has been in practice for 5 years in Emergency Medicine.

For resit candidates, evidence of current registration with national medical authority and a completed candidate sponsorship form should be submitted.

In every case, the supervisor/sponsor must ensure that the candidate is familiar with the European curriculum and standard required.
Application Process

The application form
An application form must be submitted for the examination by the closing date and where relevant be accompanied by:

- Evidence of current registration with national medical authority
- Evidence of experience
- Completed equal opportunities form
- Supporting documentation as required

Methods of payment
Applications will only be considered once all documentation is received and payment is complete. Incomplete applications will not be accepted.

Payment of the application fee and exam fee must be made online. This can be done using most major credit or debit cards, or a Paypal account.

Why might my application be rejected?
Common reasons for applications being rejected include:

- Supporting documents are not in English
- Letter of support from department head is not included
- Incomplete evidence of having completed the required amount of time working in emergency medicine (or part time equivalent)
- Not sending evidence of the last 24 months of continuing professional development (CPD) or continuing medical education (CME)
- Documents missing signatures or official stamps.

By submitting examination applications, candidates acknowledge and agree that:

- I must pay the full application fee for each sitting I attempt.
- In case I submitted my application and I’m not eligible to take the exam a €100 pre-registration cost will be deducted and the rest of the exam fee will be reimbursed.
- I may withdraw from the examination no less than 8 weeks prior to the date. I understand that if I withdraw, my fee will only be transferred to the next exam sitting and not refunded. If I withdraw less than 8 weeks prior to the exam date, I will not be entitled to a seat transfer or a refund.
- I understand that if my seat is transferred to the next exam diet, that I am responsible for paying the difference in fee if there is an increase. The 100 € administration fee has to be paid at each re-sit and it's not refundable.
- I understand that if I do not receive a visa in time to sit the examination I am not entitled to a refund or seat transfer.
• I understand that if the examination is cancelled for national security reasons, that neither EBEEM nor EUSEM nor the UEMS Section for Emergency Medicine is responsible for loss or costs incurred.

• I understand that a seat transfer may only be possible in the instance that evidence for serious illness is provided. The seat transfer is only valid for the next exam seating.

Validated proof of identity
Candidates must bring a valid photographic proof of identity to the examination for both parts of the examination. Suitable proof of identity must be an official document, such as current passport or driving licence that includes the candidate’s name, signature and photograph.

Candidates will not be permitted to sit the examination if they do not produce photographic identification for registration at the examination.

Confirmation of eligibility
Candidates will receive written confirmation of eligibility within four (4) weeks of receipt of the application(s) wherever possible.

Candidates whose application is incomplete may still be considered, provided that missing documents are submitted within 14 days after submission date. If documentation and payment is not completed within 14 days after submission the application will be rejected, regardless of whether the candidate is eligible. No mitigating circumstances will be considered. Candidates are strongly advised to ensure the form is complete and all evidence present on the first submission.

All correspondence from the EMERGE Board and/or EUSEM will be by email. Candidates must provide a working email address and are responsible for updating the EMERGE Board or EUSEM Education Officer if this changes. Failure to provide notice of change of address or email will not be considered as mitigating circumstances.

Assessment of eligibility – administration fee
Any application that is submitted is subject to a €100 registration fee. This is payable even if the candidate is deemed not to be eligible after review. The only exception will be if there is no space on an examination there will be no fee. The applicant must however re-apply when the next diet is open. The fee is applicable to each examination applied for, even if both are applied for at once.

Withdrawal from examination
Notice of withdrawal from any part of the Examination must be given in writing (letter, fax or email) to the EUSEM Education Officer or Exam Board.

Withdrawal after closing date
Refunds or transfer of fees will only be made if circumstances deemed as exceptional which can be substantiated. This will normally be in the following circumstances:
• Personal Illness or injury
• Death of a close relative (parent, sibling, spouse or child; the candidate must prove their relationship to the relative if they do not share the same surname).

Evidence will be required to demonstrate the validity of the claim including sick certificates, confirmation from employer about absence of work, death certificates or similar.

Preparation for the Examination

Candidates are strongly advised to prepare adequately for the examination by following the European Curriculum of Emergency Medicine, and by consulting current Emergency Medicine textbooks, as well as current important international guidelines.

Candidates should note that the examination primarily uses the Tintinalli 2010 edition as the reference text, as well as

• ESC guidelines since 2010: Atrial fibrillation, ACS non ST elevation, acute cardiac failure
• SIGN guidelines since 2010: antithrombotics
• NICE guidelines since 2010: epilepsy, acute GI bleeding, venous thromboembolic disease, headaches, anaphylaxis
• European Resuscitation Council guidelines since 2010 https://www.erc.edu/
• Ultrasound-specific resources:
  o Ma, Mateer, Blaivas: "Emergency Ultrasound", McGraw Hill
  o www.sonoguide.com/instructions.html

Results

The pass mark is set for each examination diet after each individual examination sitting. Adjustment may be made in the light of the cohort performance on marker questions or stations.

The examination results are sent by email to each candidate, or published on the EBEEM website showing the candidate number and ‘PASS ‘FAIL’.

The Part A and Part B exam results will normally be sent within eight (8) weeks after the date of the examination, where possible.

Post Examination feedback

Unfortunately, detailed feedback will not be available to failing candidates. Feedback will be limited and may include a list of areas in which the candidate performed poorly. For the Part A examination
the candidate may be given information on their overall performance relative to the pass mark and to the rest of the cohort, where possible.

Successful candidates will not receive feedback.

No marksheet or documentation regarding the examination will be released to the candidate or their trainer.

**Grounds of appeal against the examination results**

Candidates who wish to make representations with regard to the conduct of the EBEEM must do so in writing within 30 days of sitting the examination.

Appeals will only be considered if they allege misadministration, bias or impropriety whether in the conduct or in the determination of the result of the examination. Appeals disputing the academic judgment of the examiners will not be considered.

Appeals will only be considered after the remainder of the examination is completed and before results are released.

**Provision of services for candidates with special needs**

The following table indicates the special provisions available for candidates with special needs. Any candidate who wishes to have special provision made must indicate the requirements at the time of application. The responsibility for requesting special modifications rests with the candidate. Candidates must provide a report from a relevant professional outlining their specific needs or adjustments required. The candidate must confirm that their trainer and/or head of school of Emergency Medicine is aware of their special requirements and is supportive of their application for the examination.

**Improper conduct by examination candidates**

In the case of improper conduct of an examination candidate as defined below, the UEMS and EMERGE Board may refuse a candidate entry to the current or future examinations.

Improper conduct is defined as:

1. Dishonestly obtaining or attempting to obtain entry to the examination by making false claims about eligibility for the examination or falsifying any aspects of the entry documentation.

Obtaining or seeking to obtain unfair advantage during an examination, or inciting other candidates to do the same. Examples of unfair advantage are:

- having on the person any material that would give advantage in an examination once the examination has commenced (this includes electronic communication devices),
- communicating or attempting to communicate with another candidate once the examination has commenced, including passing information about the contents of the Part B to candidates on subsequent days of the same diet,
• refusing to follow the instructions given by examiners or examinations staff
  concerning the conduct of and procedure for the examination,
• removing or attempting to remove from the examination any confidential material
  relating to conduct of the examination,
• obtaining or attempting to obtain confidential information concerning the
  examination from an examiner or examination official,
• Passing confidential information on the content of the examination to a third party

Appeals are not allowed against disqualification.

**Equal opportunities**

The UEMS Board of Emergency Medicine and EMERGE aim to make every effort to provide an
environment for candidates that is free from discrimination. It is the policy of the UEMS Board that
no candidate receives less favourable treatment than another on the grounds of age, gender, sexual
orientation, marital or parental status, race or ethnic origin, colour, creed or religion, disability,
political belief or social class or other irrelevant distinction. The UEMS Board aims to assess
candidates on the basis of merit, competency and potential.

To achieve this, the UEMS Board has implemented the following strategies:

- formal mechanisms for training examiners
- improved equal opportunities awareness for departmental staff with
  regard to examinations practice and service
- monitoring admissions and examination results in relation to changes in the candidate
  population profile
- monitoring of:
  - modes of assessment
  - examiner behaviour
  - examiner population profile
- a review of results and appeals procedure
- review of policies and practices for fairness and relevance
- special arrangements policy for candidates with disabilities and/or other specific
  requirements
- policy for consideration of candidates’ exceptional circumstances

The UEMS Board and EMERGE are committed to inclusivity and promoting a diverse workforce
within the specialty. Candidates are therefore requested to complete an equal opportunities
monitoring form. Personal details of candidates will be kept confidential in line with the data
protection act. The UEMS Board monitors success of different groups as part of the examinations
process Quality Assurance.

The UEMS Board will not accept behaviour from staff, members, examiners or candidates, which
constitutes sexual or racial harassment or that which results in unlawful discrimination on any
grounds.

The UEMS Board maintains the right to discriminate lawfully in the interests of the medical/dental
profession.

**EUSEM**
Antwerpsesteenweg 124 B27
B-2630 Aartselaar
Belgium

E: info@eusem.org
T: +32 3870 4616
W: www.eusem.org

Company number: 0518.964.549
Registered office: SEMU – Nijverheidsstraat 24 – B-1040 Brussel
Candidates should note that there is no provision for extra time in the Part B exam.

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<thead>
<tr>
<th>Category</th>
<th>Special Provision(s)</th>
<th>Extra Time</th>
<th>Other</th>
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</table>
| Visual Impairment                            | Yes                  | Yes in written only | • All written material whether in written examinations, orals or clinics enlarged, where possible  
• Possible use of a computer in written examinations  
• Possible use of a scribe to transfer MCQ answers to optically marked sheet  
• Additional lighting  
• Any photographic material should be enlarged  
• Inform relevant examiners in orals and clinics  |
| Hearing Impairment or deafness               | Yes (for orals)      | No                | • Written instructions issued at the start of an examination or seated near front of examination hall  
• Sign language interpreter  
• Inform relevant examiners                                                                 |
| Speech Impairment                            | No                   | Possibly (in orals only) | • Inform the relevant examiners in orals                                                                 |
| Dyslexia                                     | Yes                  | Written only      | • All written material in ‘dyslexic friendly’ fonts  
• All written material on appropriately coloured paper if required  
• Use of computer in essay style examinations  
• Additional lighting  
• Specific formatting  
• Double marking of scripts                                                                 |
| Mobility problems which may:                 | Yes if access difficult | No                | • Ensure access is possible for all rooms and appropriate toilet facilities are available  
• Adjustable chair  
• In clinical examinations – patients in adjustable beds  
• Adjustable chair                                                                 |
| Restrict access to certain rooms or ability to carry out clinical examination of patients | Yes                  | Yes               |                                                                                                                                 |
| Reduced ability to sit for long periods e.g. back or neck problems or later stages of pregnancy | Yes                  | Yes               |                                                                                                                                 |
| Difficulties with writing e.g. Arthritis or RSI | Yes                  | Yes written only  | • Use of a Scribe appointed by the UEMS Board                                                                 |
| Reduced stamina (e.g. ME)                     | Yes                  | No                | • Timetable oral or clinical examination in morning                                                                 |
| Dietary problems e.g. Diabetes               |                      |                   | • Allowed to bring food/drink into the examination hall  
• Provide refreshments at orals & clinical examinations                                                                 |
### Mental Health Problems such as:

- Claustrophobia
- Agoraphobia
- Panic attacks

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Claustrophobia</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>Yes</td>
<td>No</td>
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### Provision of a separate room in case the candidate suffers an attack and behaves in a manner that would disrupt the other candidates

### Mitigating circumstances:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Temporary conditions due to illness or injury</td>
<td></td>
<td></td>
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<tr>
<td>on the day of the examination</td>
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<tr>
<td>Disruption during the examination</td>
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### Provision of a separate room

### Possible effect on performance

- May need scribe or disabled access depending on nature of injury
- Possible effect on performance
  - To be considered by the examiners at the adjudication stage

### Data Protection

All personal information held by EUSEM and the UEMS Board will be held in accordance with the Data Protection Acts of 1984 and 1998. Identifiable data collected will not be released outside of EUSEM and the UEMS Board without the candidates consent. Data management within EUSEM is compliant to the General Data Protection Regulations (GDPR).