CONTENTS

1. INTRODUCTION: OBJECTIVES AND STRUCTURE .................................................................3
2. PRIVILEGES FOR DIPLOMATES .......................................................................................6
3. EXAMINATION REGULATIONS .........................................................................................6
4. CRITERIA FOR ENTRY .......................................................................................................7
5. GUIDE TO CANDIDATES ..................................................................................................8
1. INTRODUCTION: OBJECTIVES AND STRUCTURE

OBJECTIVES OF THE EXAMINATION

**Testing of knowledge**

The primary object of any examination is to find out whether the examination candidate has acquired the necessary breadth and depth of knowledge, as judged by the examiners. The examination standard, therefore, is set by the examiners who act as the agents of the diploma granting body, in this case, the European Society of Anaesthesiology and Intensive Care. The aim is to achieve a uniformly high standard of knowledge by anaesthesiologists throughout Europe. Possession of the Diploma in Anaesthesiology and Intensive Care (EDAIC) demonstrates that the owner has a high level of knowledge as judged by the Board of Examiners.

**Effect on training programmes**

The existence of a supra-national examination in anaesthesiology provides an incentive for the development of departmental, university, national and European training programmes. The examination is a target for which anaesthetic trainees can prepare and this has a beneficial effect on both learning and teaching. Thus, a demand is created for training programmes including relevant books and journals, dedicated lecture courses and examination-orientated tutorials. The inclusion of the basic medical sciences in both parts of the diploma examination helps to ensure that this essential ingredient in anaesthetic training is not neglected. Moreover, an examination target covering both basic science and the clinical subjects helps to ensure that trainees obtain a broad-based knowledge until their training is complete, before starting other endeavours.

**Effect on promotion**

One of the problems confronting heads of departments of anaesthesiology is in judging the competence, knowledge and skills of the various departmental trainees with a view to promotion to higher grades. The existence of a two-part diploma examination can aid this assessment. The Part I can act as a ‘promotional hurdle’ for movement from one grade to another and the Part II, which cannot be taken until the candidate has a specialist status (or is in the last year of training in a European country), can act as the mark of the especially high-ranking candidate.

**Evaluation of foreign medical graduates**

The aim of the European Union of facilitating movement of individuals throughout the EU countries often presents problems to potential medical employers. These problems are not, of course, confined to the EU countries. How does the potential employer in one country assess the competence of an applicant for a post from another country which may have very different training programmes? The existence of a European diploma goes a long way towards solving this problem and possession of the EDAIC (European Diploma in Anaesthesiology and Intensive Care) provides evidence of a high standard of training.

**Competition for permanent posts**

When applying for career posts, those applicants who succeed rely heavily on evidence of a first-class training. The possession of the EDAIC can be expected to influence selection committees since it demonstrates that the applicant has been judged by an independent Board of Examiners as a fully theoretically trained anaesthesiologist.

**Mutual recognition of other diploma examinations**

Postgraduate diploma examinations in anaesthesiology exist in several other countries around the world. It is the aim of the European Society of Anaesthesiology and Intensive Care to gain mutual recognition with those examinations. Thus, holders of the EDAIC can gain exemption from the Primary examinations of the Royal College of Anaesthetists of United Kingdom, the College of Anaesthetists of Ireland and the Título Superior de Anestesiologia (TSA) of Brazil. Equally, Fellows of the Royal College of Anaesthetists of United Kingdom (FRCA), Fellows of the College of Anaesthetists of Ireland (FCAI), Fellows of the College of Anaesthetists, Royal College of Surgeons of Ireland (FCARCSI) and holders of the Título Superior de Anestesiologia (TSA) can gain
exemption from Part I of the European Diploma in Anaesthesiology and Intensive Care. As advancement in the learning path in every country may be conditioned by other requirements than just ownership of diplomas, candidates who have an interest in those exemptions should contact the relevant societies to be aware of all these requirements.

**STRUCTURE OF THE EXAMINATION**

The examination is a multilingual, end-of-training, two-part examination covering the relevant basic sciences and clinical subjects appropriate for a specialist anaesthesiologist.

**Part I**

a) The examination is held annually in September or October simultaneously in several centres and different languages as listed in the annual examination calendar.

b) The Part I examination comprises two multiple choice question (MCQ) papers. Each paper has sixty questions and is of two hours duration (or 90 minutes if the examination is taken on a computer). The MCQ format adopted is that of a stem with five responses, each of which may be either true or false. Instructions to candidates on how to answer the MCQ's can be found on the ESAIC website. Some sample questions and their answers are available in this Guide.

c) Paper A concentrates on the basic sciences and Paper B comprises questions on internal and emergency medicine, general anaesthesia, regional anaesthesia, special anaesthesia including pain and intensive care medicine. Further details on the subjects covered are given in the 'Guide to Candidates' (page 8). The candidate enters his/her responses on answer sheets which are computer marked (or in the computer directly if the examination is available on computers). The marking method is that each correct response earns one positive mark. Each incorrect response carries no mark. Each blank response carries no mark. The computer assessment produced is then analysed by the Examinations Committee. After the Exam, MCQ booklets and answer sheets may be made available for review under monitored conditions to candidates who have failed the Part I examination from countries where it is mandatory or recognised as equivalent to one of the national examinations for the anaesthetic specialty.

d) In deciding the pass marks for the two multiple choice question papers, the Examinations Committee takes into account two important variables:

   i. The use of new and altered MCQ's each year can potentially result in slight variations in the standard of the papers. This may result in higher or lower marks being achieved as a result of the standard of the paper rather than variation in the quality of the candidates.

   ii. The actual standard of those entering the examination may also vary between years. It would be wrong to fail one candidate simply as a result of comparison with others in a particularly strong year when he/she might have appeared comparatively better in a weaker group of candidates at another time.

Because of these variables the pass mark varies slightly year on year depending on both the standard of the paper and the performance of candidates on reference or discriminator questions.

e) In order to provide some "feedback" information, both successful and unsuccessful candidates are provided with a Candidate Report of which a specimen is shown on the last page of this Guide. From this, candidates can see how well or badly they have performed in each paper of the examination and in various subject areas. This information can be of particular value to those who have failed the examination and wish to prepare themselves to re-sit. It should be noted that pass / fail marks are evaluated on the paper as a whole and both papers must be passed in order to pass the Part I examination.
Part II

a) The Part II examinations are held annually between February and November in several centres and different languages as listed in the examination calendar.

b) The examination of each candidate is held in a single day during which there are four separate 25-minute Structured Oral Examinations (SOEs). In each of these, the candidate is examined by a pair of examiners (in most cases, one from the host country of the examination and the other from outside the host country) thereby meeting eight examiners in all. As far as possible, candidates are not examined by examiners to whom they are known.

c) The oral examination embraces the same range of basic science and clinical subjects as is covered by the Part I.

d) In the oral examinations, ‘Guided Questions’ are used in which candidates will be given a brief written presentation 10 minutes before meeting the examiners. The subsequent examination will then begin by concentrating on the problems arising from this presentation. Two of the SOEs will concentrate on the basic sciences and two on clinical topics. In the clinical orals, X-rays, Computed Tomography scans, Magnetic Resonance Imaging and ultrasound images are also used.

e) Part II examiners use a marking system which is divided into three marks. The marks are ‘0’ fail, ‘1’ borderline and ‘2’ pass. For each of the 20 topics of the day, each examiner can award one of three marks. All the marks of the eight examiners (two examiners for each of the four sessions) will be added up to make the final score of the candidate.

To be successful, the candidate needs to obtain:

1. a score of at least 25 out of 40 in the morning sessions (Viva 1 + Viva 2)
2. a score of at least 25 out of 40 in the afternoon sessions (Viva 3 + Viva 4)
3. an overall score of at least 60 out of 80.

It is therefore most important that candidates should try to achieve a consistent and broad range of knowledge rather than become experts in narrow fields.

f) At the end of each day, the examiners meet, and the marks are declared and reviewed. Until this time, no examiner knows how the candidate has fared in other parts of the examination. Following this meeting, the results are shared with the candidates electronically.

g) Upon completion of all requirements (see p. 7), successful EDAIC Part II candidates are granted their EDAIC Digital Diploma and can therefore wear the title of Diplomate of the European Society of Anaesthesiology and Intensive Care (DESAIC). Subsequently, Diplomates are invited to attend the European Diploma Presentation Ceremony of the annual Euroanaesthesia congress of the Society for a reduced "Diplomate Fee" to receive a printed copy of their EDAIC Digital Diploma.
2. PRIVILEGES FOR DIPLOMATES

1. Diplomates shall be known as “Diplomates of the European Society of Anaesthesiology & Intensive Care” (DESAIC).

2. New Diplomates who choose to attend the ESAIC annual congress to receive their diploma are entitled to a reduced registration rate for the congress in the year that follows their passing the EDAIC Part II.

3. EXAMINATION REGULATIONS

1. The structure of the examination is described on pages 4 and 5.

2. The diploma may be granted to those who have passed both the Part I and the Part II examinations and who have complied with all the regulations.

3. The fees payable for admission to each Part and the dates of examination are available on the ESAIC website [http://www.esaic.org](http://www.esaic.org). All enquiries should be addressed to exam@esaic.org

4. Applications for admission to the examination must be submitted not later than the dates shown in the Examination Calendar.

5. Applications for admission to an examination must be accompanied at first entry by the required certificates and the full amount of the fee payable.

6. A candidate who may desire to make representations with regard to the conduct of his/her examination must address them to the Examinations Office and not, in any circumstances, to an Examiner.

7. The Examinations Committee may refuse to admit to an examination, or to proceed with the examination of any candidate who infringes any of the regulations, or who is considered by the Examiners to be guilty of behaviour prejudicial to the proper management and conduct of the examination. Detailed regulations for the (H)OLA, EDAIC Part I and EDAIC Part II are available on the ESAIC website.
4. CRITERIA FOR ENTRY

Candidates of any nationality shall be eligible to sit the European Diploma in Anaesthesiology and Intensive Care.

Candidates will be admitted to the Part I Examination provided they are medical graduates.

Candidates will be admitted to the Part II Examination provided that they:

a) have passed the Part I examination AND

b) I. hold a specialist diploma in anaesthesiology allowing full and unrestricted practice of anaesthesiology in the country of issuance* OR
   II. are trainees in the final year of their training in anaesthesiology, in one or more of the European member states of the World Health Organisation or in Brazil.

When applying for the EDAIC Part I examination, candidates must provide a copy of their primary medical diploma together with an official translation into English of that document made by a sworn translator, if their primary medical diploma is not written in one of the languages used for EDAIC Part I or EDAIC Part II.

When applying for the EDAIC Part II examination, candidates must provide a copy of their specialist diploma together with an official translation into English of that document made by a sworn translator, if their specialist diploma is not written in one of the languages used for EDAIC Part I or EDAIC Part II. Part II candidates in the last year of their anaesthetic training in one of the European member states of the WHO must provide an ESAIC Trainee Letter to prove that they are in the last year of their training; such candidates will only be accepted provided that their last year of training starts before or on the day of the Part II registration deadline.

Please note that the EDAIC cannot be awarded unless and until ESAIC has received a copy of the final specialist diploma allowing full and unrestricted practice of anaesthesiology in the country of issuance. Trainees in the final year of their training in anaesthesiology in a European member state of the World Health Organisation or in Brazil will therefore have to provide a copy of their specialist diploma as soon as they receive it.

* NOTES

- Candidates who graduated as specialists in Pakistan must be a “Fellow of the College of Physicians and Surgeons” (FCPS) or equivalent to be eligible for the EDAIC Part II examination. Diplomas in anaesthesiology issued in Pakistan and with a curriculum of a shorter duration than FCPS such Members of the College of Physicians and Surgeons (MCPS) can be accepted for the EDAIC Part I but not for the EDAIC Part II. Holders of the FCPS (or equivalent) are not exempted from the EDAIC Part I.

- Fellows of the Royal College of Anaesthetists of United Kingdom (FRCA), Fellows of the College of Anaesthetists of Ireland (FCAI) / Fellows of the College of Anaesthetists, Royal College of Surgeons of Ireland (FCARCSI) and holders of the Título Superior de Anestesiologia (TSA) are exempted from the Part I examination. See “Mutual recognition of other diploma examinations” p. 3. Please note that only FRCA will be accepted as proof of specialist certification from United Kingdom.

This advice is offered to prevent candidates entering for the Part I (MCQ) and subsequently discovering that they are ineligible for the Part II (oral). In case of doubt, we strongly encourage candidates to check their eligibility with the ESAIC office before applying. ESAIC reserves the right to accept or reject applications based on credentials, on specific situation of the candidate and on input from national authorities.
RECOMMENDATIONS OF THE EXAMINATIONS COMMITTEE

In order to maximise their chances of success, candidates are strongly advised to only register:

- for the EDAIC Part I examination after 3 years of training in the anaesthetic specialty
- for the EDAIC Part II examination after 5 years of training in the anaesthetic specialty.

The On-Line Assessment is an ideal tool to prepare for the EDAIC Part I. The ESAIC offers courses and material to prepare for the EDAIC, and these are available on the ESAIC website.

5. GUIDE TO CANDIDATES

The examination aims to assess a candidate's knowledge according to the European Training Requirements of the Union Européenne des Médecins Spécialistes (UEMS).

Current literature:

Candidates will be expected to be conversant with major topics appearing in current medical literature related to anaesthesia, pain relief and intensive care. Whilst national and linguistic differences are recognised, some knowledge is expected on topics of international importance (e.g. new agents) even if they are not in current use in all countries. The recommended reading list for EDAIC is available on this webpage.