



ECEIM Training Brochure

February 8th 2013

Scope of this document and where to find additional information

The information in this document is confined specifically to the two phases of training (Internship and Residency) which usually must be undertaken before you can apply to sit the ECEIM Diplomate exam. To find the forms please go to the ECEIM website <http://www.eceim.info>

- a) Institute application for registration for an Approved Standard or Alternative Residency Training Programme.
- b) Candidate enrolment onto an Approved Standard or Alternative Residency Programme.
- c) The Residents' Documentation Pack: including resident's case-log summary, resident's activity summary, conferences and short courses attended, professional presentations, specialist rotations, and publications records.
- d) Case log sheets
- e) Exam Application
- f) Exam entry

Furthermore, you will find updated information on our website about

- Details of the publications that you must have obtained **BEFORE** you submit an application to sit the examination.
- Details of the examination format and examples of questions. Past papers will not be available.
- ECEIM Approved Journal's List
- ECEIM Fee Schedule
- Details of how you might become eligible to sit the ECEIM exam after completing a residency in an ACVIM approved Training Centre ("How to apply for the exam").
- Details of how you might become eligible to sit the ECEIM exam if you have not undertaken a residency training programme but would like the Education and Credentials Committee to consider allowing you to sit the exam on the basis of your internationally recognised experience and reputation in Equine Internal Medicine. ("How to apply for the exam").
- Details of our committees and members, including email-contacts.
- For any other information, please contact ECEIM through the Secretary whose details are available too at <http://www.eceim.info>

SUMMARIZED OVERVIEW OF HOW TO BECOME AN ECEIM DIPLOMATE

What to do?	Deadline	What to send	Submit to
Institute applies to establish a training programme	1 month prior to intended start	1. Institute registration form with all details of residency training programme 2. Proof of payment of the registration fee: see website	E & C
Institute applies for enrolment of a candidate	1 month prior to intended start	One hard copy and one digital version of 1. Enrolment form with confirmed rotating internship (or equivalent) and all original signatures	E & C
Resident submits 1 st Resident's documentation pack (RDP)	Once approximately one third to half of the residency has been completed	One digital version of Resident documentation pack (RDP) with copies of Case log sheets included	E & C
optional: Exam application for general paper only (category 1c)	To arrive with Committee before 1 st July	One digital version of 1. Exam Application Form 2. Proof of payment of Exam application fee if accepted by E&C committee proceed to exam entry for general paper only	E & C
Resident submits 2 nd RDP	Once approximately two thirds of the residency have been completed	One digital version of Updated RDP with copies of Case log sheets included	E & C
Option: Resident submits 3 rd (and 4 th if wished) RDP	Whenever resident feels is appropriate	One digital version of Updated RDP with copies of Case log sheets included	E & C
All requirements for exam application (see exam application form and training brochure for details) fulfilled? THEN:			
Resident submits Exam application for all parts of the exam (candidates category 1a of 1b) or the rest of the exam if general paper has been passed already as exam candidate category 1c	To arrive with Committee before 1 st July of the year preceding the exam	One digital version and one hard copy of 1. Exam Application Form 2. Proof of payment of Exam application fee 3. Letters of support from supervisors or mentors 4. Copy of Candidate Enrolment Form with confirmation of internship or equiv. 5. Copy of at least two Education and Credentials Committee Appraisal Certificates 6. Updated RDP with original signatures 7. Copies of publications and summaries in English 8. All case log sheets with original signatures	E & C
If E & C committee accepts exam application you will get notice from the E&C committee by 1st September			
Resident submits exam entry form	To arrive with Committee before 1 st Nov.	Exam Entry Form and Proof of payment of the exam entry fee	Exam comm.

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1 INTRODUCTION

The European College of Equine Internal Medicine (ECEIM) is a veterinary speciality organisation fully recognised by the European Board of Veterinary Specialisation (EBVS) in 2010. The ECEIM was conceived and introduced by a group of European veterinarians, already recognised in their home countries as Specialists in Equine Internal Medicine, in response to a growing demand for better veterinary services for horses through specialisation and a need to harmonise certification in this area for better consumer information. One of the main objectives of the College is to encourage young people to develop themselves and by doing so improve equine welfare and the reputation of the speciality. Diploma status will command universal respect both for its quality and for its integrity.

- The ECEIM Board is constructed of elected holders of the Diploma and they are subject to the normal democratic processes of election and retirement. The Board is empowered by EBVS to establish acceptable criteria for entry to the ECEIM.
- In the construction of this document advice has been sought from other European Colleges, the American College of Veterinary Internal Medicine (ACVIM) and local specialist bodies of various European countries.
- The language and cultural differences that exists across the EU make standardisation problematical but the Board is determined to widen the interest in equine internal medicine and in doing so maintain the standard of the Diploma at a true international level.
- The official language of the ECEIM is English.
- The official journal of the ECEIM is the “Journal of Veterinary Internal Medicine”.

1.1 AIMS OF ECEIM

The aims of the ECEIM are to improve and promote:

- The quality of equine health care, by making available specialised knowledge and skills in equine internal medicine to the benefit of equine species in Europe (and elsewhere).
- The quality of general equine practice through supporting and encouraging contacts between general practitioners and registered specialists.
- The quality of the service to the public by, among other things, the protection of the public against non-qualified "specialists".
- The professional satisfaction of veterinarians.
- The structure of health care for horses, thereby improving its perception and understanding by owners, veterinarians and those interested in equine (health) insurance.
- The quality of personnel in equine clinics.
- The further development of internal medicine in horses.

1.2 OBJECTIVES OF ECEIM

The primary objectives of the ECEIM shall therefore be to advance equine internal medicine in Europe and increase the competence of those who practice in this field by:

- Establishing guidelines for the post-graduate education and training requirements to becoming a Specialist in Equine Internal Medicine.
- Examining and authenticating veterinarians as Specialists in Equine Internal Medicine in order to

serve the veterinary patient, its owner and the public in general, by providing expert care for horses, ponies, donkeys, mules and other Equidae with medical disease.

- Encouraging research and other contributions to knowledge relating to pathogenesis, diagnosis, therapy, prevention and control of internal diseases in Equidae, and promoting the communication and dissemination of this knowledge.

2 REQUIREMENTS FROM INSTITUTES

Institutes offering residency training programmes must be able to testify that they can provide:

1. At least one ECEIM Diplomate as direct Supervising Diplomate for the programme with no more than two residents in standard programmes per Diplomate.
2. At least 600 cases per resident during their residency programme with a variety of diseases and abnormalities as specified in the institute application form.
3. An adequate range of clinical facilities: members of the Education and Credentials Committee reserve the right to inspect the facilities before approving the programme. If this is deemed necessary, the institute must cover all expenses relating to such visits.
4. Provision for training in related disciplines.
5. Adequate access to facilities for study (library, computer access etc).
6. Provision for the resident to attain the conference attendance, presentation and publication requirements expected for successful exam application.

Additionally, the following specific requirements need to be fulfilled in order to establish an approved ECEIM residency programme:

1. Full hospital facilities including access to high quality diagnostic equipment. The range of diagnostic and therapeutic facilities should be such that genuine specialist techniques can be performed. Minimum requirements are given in the institute registration form (see website).
2. Medical library: A library containing recent textbooks and current journals relating to equine internal medicine and its supporting disciplines must be readily accessible to the Resident. Internet access to library facilities and reference material is expected.
3. Medical records: A complete medical record that would ordinarily satisfy a medico-legal scrutiny must be maintained for each individual case. The detailed case notes should be retrievable within 7 days. The Education and Credentials Committee may check a random number of cases for quality and veracity. Electronically stored case records are acceptable but should be of a proper specialist standard.
4. Pathology services: Morbid pathology facilities (including a separate room for gross pathologic examination) must be available. Facilities for histopathologic examination of biopsy and necropsy tissues must be available (a commercial pathology service is acceptable). Anatomic pathology reports must be retained and retrievable (electronic storage is acceptable). All pathology and clinicopathological reports must be retained and must be retrievable.
5. Radiographic services: Separate rooms and appropriate equipment for comprehensive diagnostic imaging must be available. Convenient retrieval of radiographs should be possible. Digital (electronic) archiving systems are acceptable.

2.1 REGISTRATION OF AN INSTITUTE

Institutes may apply to offer ECEIM standard residency training for a total of six years and for a total number of residents that is appropriate for the number of ECEIM Diplomates working in the institute and its case load. Each ECEIM Diplomate is allowed to supervise two residents in standard programmes, who each need to see at least 600 different cases of adequate quality and distribution during their residency.

Alternative programmes should be applied for individually. An application form for an institute to apply to become an ECEIM training institute and which includes details of resident programmes can be found on our website. One paper copy or one digital copy should be sent to the Chair of the Education and Credentials Committee. Institute applications and resident enrolments can be sent at any time of the year, but at least one month before the planned start of the programme. No institute registration, institute re-approval or residency should be assumed to qualify until the ECEIM has approved it by written confirmation. For up-to-date information on Institute Registration fees, see our website.

2.2 RE-APPROVAL OF AN INSTITUTE

Re-approval must be sought at intervals of no greater than six years, or if the number of ECEIM Diplomates changes or if the case load falls substantially. In instances where the Direct Supervising Diplomate leaves the institute during a Residency Programme, the institute must immediately inform the Education and Credentials Committee of changes in the resident's supervisor. Where there is no suitably qualified supervisor, regrettably, it may be necessary to terminate a residency before its completion. To apply for re-approval, use the same process as for initial registration and submit documents to the Chair of the Education and Credentials Committee. For up-to-date information on Institute Re-approval fees, see our website.

2.3 CANDIDATE ENROLMENT

Having gained approval to offer residency training programmes, institutes are required to enrol individual candidates before their programmes start. This cannot be done retrospectively. The candidate enrolment form can be found on our website. One paper copy and one digital copy both including all original signatures required should be submitted to the Chair of the Education and Credentials Committee. Candidate enrolment should be done at least one month prior to the planned start of the programme. For up-to-date information on Candidate Enrolment fees, see our website.

Candidates for Alternative Residency Training programmes must also complete a Candidate Enrolment form but this must be submitted along with the Institute Approval form, which needs to provide detailed individual information about the planned programme. Alternative Residency enrolment and institutional forms need to be submitted at least one month prior to the planned start of the programme too. No residency should be assumed to qualify until the ECEIM has approved it by written confirmation.

3 REQUIREMENTS FOR ADMISSION TO DIPLOMA STATUS

The requirements for admission to the ECEIM as a Diplomate are determined by the Education and Credentials (E&C) Committee and can be found in our Constitution & Bylaws which is available on the <http://www.eceim.info>. These centre on:

- An initial training period in an equine internship, or its equivalent as defined by the ECEIM Credentials Committee.
- Enrolment, completion and acquisition of suitable experience on an Approved Residency Training Programme (Standard or Alternative).
- Documentary evidence of sufficient experience and education.
- A publication record that is appraised by the Educational and Credentials Committee and is found to fulfil the criteria set out in the ECEIM constitution.
- An examination that tests the competence against a standard acceptable to the Board of the ECEIM.

In exceptional cases, the E&C Committee may accept, as exam candidates, individuals who are either internationally recognised in their own right as outstanding in the field of equine internal medicine or have completed a training programme that is internationally recognised as comparable to an ECEIM approved residency programme, for example in an ACVIM Approved Training Centre. The E&C Committee is empowered by the ECEIM Board to make the final decision whether a candidate is accepted to sit the certifying examination. For more information on applying under this route, please see the document “How to apply for the exam”.

Diplomates of the American College of Internal Medicine (DipACVIM) who consider becoming Diplomates of ECEIM are required to apply to the Chair of the Educational and Credentials Committee.

3.1 INTERNSHIP OR EQUIVALENT

Before enrolment as an ECEIM resident, the candidate has to give evidence that she/he has finished an internship or its equivalent. The enrolment form can be found on our website. At the time of enrolment on a Standard or Alternative Residency Training Programme, the internship supervisor (senior academic or practice principal) must sign the enrolment form to confirm that the internship or equivalent has fulfilled one of the following categories:

- a) 12 month rotating internship (junior clinical assistant) programme involving rotation through a variety of disciplines in a predominantly hospital-based programme in an equine or large animal hospital in any European or North American University.
- b) 12 month rotating internship (junior clinical assistant) programme involving rotation through a variety of disciplines in a predominantly hospital-based programme in a private, charitable or University equine or large animal hospital anywhere in the World that employs at least one DipECEIM, DipECVS, DipACVIM or DipACVS.
- c) 12 month rotating internship (junior clinical assistant) programme involving rotation through a variety of disciplines in a predominantly hospital-based programme in a private, charitable or University equine or large animal hospital in that employs none of the above listed Diplomats in which the hospital practice principal can provide:
 - Confirmation that the hospital’s annual caseload is less than 1000 horses/per year/intern

- Confirmation that there are facilities for hospitalisation of medical cases and basic facilities for surgery under general anaesthesia.
 - A list of the names of all senior clinical staff with their areas of professional interest and qualifications.
- d) 24 months in a predominantly ambulatory practice (equine or practices dealing with a combination of species are all acceptable).

3.2 RESIDENT TRAINING PROGRAMMES

An Equine Internal Medicine Residency Programme is a training programme that has been approved in advance by the Education and Credentials Committee, allowing a graduate veterinarian ("Resident") to acquire in-depth knowledge of the principles and practice of equine internal medicine and its supporting disciplines under the supervision and guidance of a Diplomate of the European College of Equine Internal Medicine. An approved residency training programme is the ideal route for entry to the ECEIM exam. Direct access to the suitably qualified supervisor is an obligatory component of the programme. An approved supervisor will necessarily be a Diplomate of the ECEIM. The supervisor will monitor and guide the progress of the training in a suitable fashion. Residency programmes will ONLY be considered if suitably qualified supervision is present.

No defined institutional type is required: It is entirely possible that Residency Training can be achieved / delivered within a high quality specialist equine practice as well as an academic institute, provided that a Diplomate of ECEIM is available to provide direct supervision and the institute has been approved beforehand (see institute application form, website). If parts of the Residency training are planned to take place in institutes where an ACVIM Diplomate is in direct contact with the resident, this is acceptable but needs to be included in the programme beforehand.

3.3 OBJECTIVES OF EVERY TRAINING PROGRAMME

- a) To develop clinical proficiency in the diagnosis, treatment and management of equine internal medical diseases.
- b) To instruct the Resident in the science and practice of equine internal medicine and its supporting disciplines.
- c) To provide the Resident with the opportunity to pursue career goals in teaching, research, clinical service, and/or specialist practice.

3.4 KNOWLEDGE AND SKILLS EXPECTED OF THE RESIDENT BY THE END OF THE RESIDENCY PROGRAMME

3.4.1 Knowledge and skills concerning equine internal medicine

The Resident shall:

- Be acquainted with the current hypotheses, discussions, principles and problems of the speciality.
- Maintain current knowledge through attendances at scientific meetings and regular reading of current literature.
- Be acquainted with the structure, objectives, approaches and problems facing the veterinary

profession and specifically with regard to the speciality of equine internal medicine.

- Be acquainted with the social role of the specialist and specifically the responsibilities of the specialist with regard to animals, clients, colleagues, public health and the environment.
- Conform to modern standards of skills and use of equipment.

3.4.2 Knowledge and skills concerning professional contacts and transfer of knowledge

The Resident should be able to:

- Express thoughts clearly, in oral as well as written form.
- Approach problems in an analytic, scientific way to find solutions and be able to assign priorities for these.
- Organise work efficiently.
- Be proficient in information searching methods.
- Develop scientific activities in order to contribute to knowledge base of equine internal Medicine.

3.4.3 Knowledge and skills concerned with obtaining help for problems that lie outside of the speciality and/or facilities

The Resident shall:

- Keep abreast of new developments in and outside the speciality and become familiar with new methods, before applying these in practice.
- Understand the limitations of his/her own speciality and skills.
- Understand the possibilities that other specialties may have to offer.
- Be familiar with the potential of multidisciplinary co-operation.

3.4.4 Knowledge and skills concerned with the general practice of equine medicine

By his/her expertise, the Resident should have developed the objectivity and sense of responsibility that are essential for the practice of the speciality.

The Resident shall be able to:

- Recognise and work-up clinical medical problems as they occur in patients in general practice.
- Handle emergencies in equine practice.
- Perform the required diagnostic and therapeutic procedures.
- Give practical advice and treatment to larger groups of animals (breeding farms, riding schools) on the basis of knowledge of preventative medicine, zoonoses, nutrition, ethology and housing.

3.4.5 Knowledge and skills with regard to practising the speciality of equine internal medicine

The Resident shall be able to:

- Recognise and work-up cases of the major problems of equine internal medicine. For example: colic, diarrhoea, coughing, dyspnoea, neonatal maladjustment, poor performance, pruritus, anaemia, icterus, urinary incontinence, polydipsia/polyuria, episodic weakness, seizures, paralysis.
- Establish indications for, and perform and interpret diagnostic procedures; for example: ECG, aspiration biopsies, lavage techniques, upper airway endoscopy, gastroscopy, bladder and urethra-endoscopy and laparoscopy.
- Establish indications for and interpret results of additional investigations; for example: pulmonary function tests, performance tests, immunologic tests, endocrine tests, electromyography,

electroneurography, cytology/histopathology of obtained samples.

- Establish indications for and apply the results of imaging procedures; for example: radiography, ultrasonographic examinations, angiography, myelography, magnetic resonance imaging and nuclear imaging.
- Perform therapeutic measures; for example: medical treatment of colic, fluid therapy in diarrhoeic patients, administration of blood transfusion, treatment and monitoring of patients at the level of intensive care, treatment of neurological cases and removal of obstructions from the oesophagus.

3.5 THE STANDARD RESIDENCY TRAINING PROGRAMME

The Standard Residency Training programme is considered the optimal route to Diplomate status. Every institute offering a programme must gain approval from the ECEIM Education and Credentials Committee before it starts. The Standard Residency Training Programme must consist of a consecutive period of **at least three years (=156 weeks)** of supervised training, postgraduate education, and clinical experience in the science and practice of equine internal medicine and its supporting disciplines under the supervision of at least one Diplomate of ECEIM who participates actively in that programme. It is important to recognise that in order to fulfil all the requirements listed in Section 3.7, some institutes will have to extend their programmes over four or more years.

The programme will usually be conducted at one institute but institutes are entitled to submit proposals for programmes conducted in more than one site, provided that all the requirements - including Diplomate supervision - can be fulfilled. Institutes are encouraged to ensure that their residents spend some time visiting other institutes.

The Resident must participate in a veterinary medical emergency service and should be encouraged to attend at equine sporting events. In addition to the training rotations in equine internal medicine (minimum 93 weeks) and related disciplines (minimum 13 weeks), residents may spend the remainder of their programme in any or all of the following ways:

- Vacation periods (typically 4 – 5 weeks per year).
- Research or clinical investigation (minimum 4 weeks per year)
- Preparation of scientific manuscripts for publication
- Private Study

3.6 THE ALTERNATIVE RESIDENCY TRAINING PROGRAMME

Alternative residency programmes exist specifically to allow individuals to undertake training in a non-consecutive manner. However, these programmes must incorporate all of the training, conference attendances, professional presentations, publication and case log requirements listed in Section D. Alternate programmes are, by their nature, individualised and so it is envisaged that the Resident will liaise closely with the Education and Credentials Committee throughout. No artificial barriers will be placed in the path of a Resident who wishes to undertake this programme. It should be recognised that the alternative route is not considered to be ideal but may be utilised by individuals who are combining residency training with extensive graduate degree studies or by individuals who spend some of their time working in a clinic, hospital or practice in which there is no suitably qualified supervisor.

An alternative residency training programme must be preceded by a rotating internship or equivalent and must be comparable to a consecutive Standard Residency Training programme in duration, supervision, quality, and case numbers and type. The residency phase of an alternative programme (93 weeks of direct supervised training in internal medicine and 13 weeks in related disciplines like in a standard programme) must be completed within seven years. The resident must accumulate the required weeks of direct supervised training in equine internal medicine in blocks of no less than three weeks at a time and 13 weeks of training in related disciplines in blocks of two to four weeks at a time. All cases included in the resident's case log must have been seen in direct conjunction with a Diplomate of ECEIM and the case log must contain signatures testifying to this as appropriate.

The Alternative Residency Training programme must be approved by the Education and Credentials Committee before it starts. Prior to the commencement of any alternate programme, an application must be made using the Institute Application form and the Candidate Enrolment Form, clearly stating that an Alternative Residency Training Programme is planned. Both must be co-signed by the direct supervisor. Specific details of how the training requirements are to be achieved within the required time period must be presented in these forms.

The direct supervisor of an alternative residency programme must be an ECEIM Diplomate. Training in related disciplines can be supervised by other Diplomates or Board certified individuals.

3.7 WHAT'S TO BE DONE BEFORE EXAM APPLICATION

3.7.1 Training in equine internal medicine

All Residents must undertake supervised training in equine internal medicine clinics, in direct contact with an ECEIM Diplomate for a **minimum of 93 weeks**, with direct contact with internal medicine cases throughout all of this time. The degree of clinical responsibility assumed by the Resident shall be appropriate to the nature of the case, procedure and training experience but must include:

- Receiving clinic appointments.
- Supervising daily management of hospitalised horses.
- Participation in clinical teaching.
- Providing optimal clinical service and prompt professional communications.

The Residency Training Programme must include exposure to cases in the important areas of equine internal medicine and a balanced distribution of cases within the areas. For details please see "case log requirements".

3.7.2 Case log requirements

The case log must be submitted within each Resident Documentation Pack at least twice during the residency. The case log must consist of 600 cases all of which have been seen in direct consultation with an ECEIM Diplomate. The ECEIM Board recognises that in some institutes it will be necessary to extend the duration of Residency programmes beyond three years and/or incorporate more than 93 weeks of training rotations in equine internal medicine in order to achieve this. It is the intention of the training programme that the resident has enough time to work up cases thoroughly. There is no need to list more than the 600 cases required. However, the resident is expected to prefer cases of special interest

or difficulty to be included in her/his case log. Quality and distribution of cases will be assessed regularly by the Educational and Credentials committee.

It is expected that the Resident will exceed the minimum required number in some of these disciplines in order to achieve the total 600 cases required. The Resident is expected to divide cases seen between the various disciplines as listed in the Table below.

DISCIPLINE	Minimum number of cases
Cardiovascular Disease	24
Dermatology	24
Endocrine/metabolic/hepatic disease	36
Exercise physiology / sports medicine	18
Gastroenterology	60
Haemolympathic Disease	24
Musculoskeletal Disease	12
Neurology	24
Ophthalmology	18
Perinatology	24
Respiratory Disease	60
Urinary / urogenital Disease	24

The residents are responsible for completing their case log. The Supervising Diplomat must sign each page of the log to testify that the log is an accurate representation of the resident's clinical experience. It is imperative that the supervisor checks the case log carefully. Case documentation should be readily available to verify the case. The ECEIM Board as well as the ECEIM Education and Credentials Committee reserve the right to check that cases are in fact genuine by requiring access to copies of the original hospital case records.

In at least 60% of the cases, the resident must have taken primary responsibility (**CR1**) for the case. The Resident may be considered to have taken primary clinical responsibility when that individual can document a significant role in all internal medicine aspects. The Resident may be considered to have taken secondary role in all internal medicine aspects (**CR2**) in cases in which there has been a shared responsibility with a Diplomat or a colleague from another service (e.g. surgery, ophthalmology etc). No more than 40% of cases (n=240) making up the total 600 for the Case Log can be CR2 cases. This category can include cases in which the resident has been involved in preliminary investigation and then referred on to other colleagues, cases in which the resident has performed a specific procedure on a case being managed by another service (for example examining the cardiovascular system in a horse about to undergo an elective surgical procedure under general anaesthesia), or performed follow-up examinations in horses previously investigated more fully by colleagues in the medicine service and cases in which the resident has participated in discussion of the management of cases in institutes other than their home institute (i.e. while visiting other centres of excellence). In the latter instance, the Diplomat taking primary responsibility for the case in question must counter-sign the relevant page of the case log.

It is expected that the Resident will continue to take an active interest in cases that they refer on to other clinicians, for example: a colic case that the resident admitted and evaluated as an emergency that is subsequently taken to surgery or a case that is presented as a neurological case that is given an orthopaedic diagnosis. In such cases, the resident will usually record the case under the CR2 category. In cases in which there has been extensive medical investigation prior to referral, for example: evaluation of a horse presenting with respiratory noise including exercising endoscopy and other relevant tests, that is ultimately referred onto a surgeon; it may be appropriate to list the case under the CR1 category. Residents should consult their direct supervising Diplomate for advice on assigning clinical responsibility categories to specific cases.

Every Resident's Documentation pack (RDP) must include a summary of the contents of the case log and copies of the case log itself. RDPs and case log must be completed on the forms available on our website. Within the case log the following information is required:

- Date of initial examination.
- Signalment (Breed / Gender / Age).
- Nature of case:
 - a) Referred case [RC] – previously seen by another veterinarian and referred for specialist investigation and treatment.
 - b) First opinion case [FC] – case not previously seen by another veterinarian.
- Diagnosis.
- Outcome (Discharged, Euthanased, Died).
- Clinical Service Supervisor: The identity (initials) of the clinician who was responsible for the rotation during which the resident saw a case must be listed alongside each case. A list indicating the identity and qualifications of all individuals listed as Clinical Service Supervisors must be provided at the beginning of the case log. On pages listing cases seen on rotations conducted outside the resident's home institute, the Diplomate who has supervised the rotation at another institute is also required to counter-sign each sheet on which they are identified.

3.7.3 Training rotations in related disciplines

During the residency the Resident must spend

- The equivalent of at least two weeks in direct contact with a Board-certified **veterinary anaesthetist** assisting with equine general anaesthesia and attending clinical conferences and/or seminars.
- The equivalent of at least two weeks in direct contact with a Board-certified veterinary clinical pathologist evaluating **clinical pathologic** findings, reviewing cytology slides and biopsies, and attending clinical pathologic conferences and/or seminars.
- The equivalent of at least two weeks in direct contact with a Board-certified veterinary pathologist conducting **gross and morbid pathology** and attending clinical pathologic conferences and/or seminars.
- The equivalent of at least four weeks in direct contact with a Board-certified veterinary radiologist interpreting radiographs, learning and evaluating the results of **special imaging** techniques, and attending radiology rounds and/or seminars. This period must include exposure to ultrasonography, scintigraphy, magnetic resonance imaging (MRI) and computed tomography (CT). In institutes, in which

the general medicine service includes parts of special imaging techniques, an ECEIM Diplomate is acceptable as a supervisor for this part of the rotation. A maximum of the equivalent of two weeks of special imaging is accepted in the home institute. These two weeks must be added to the at least 93 weeks of training in equine medicine.

An equivalent of two of the four weeks might be provided by submitting images/videos and their written interpretation within the resident documentation pack. The details are as follows:

- a) 6 digital images/videos with written interpretation of no more than 500 words per case.
 - b) This should comprise three radiographs, CTs **or** MRIs **and** three ultrasounds of different cases.
 - c) In addition, the six cases should be made up of two cases each of the abdomen, thorax and head / neck area.
 - d) Every image submitted must be obtained from a case listed in the case log.
 - e) The cases need to be seen not within the two weeks which are to be spent in direct contact with the Board-certified veterinary radiologist.
 - f) Each written interpretation must include the case log details. It must be printed and signed personally by the Resident and a Board-certified veterinary radiologist or the supervising Diplomate, confirming that the case and the images were discussed thoroughly.
- The equivalent of at least three weeks in direct contact with a Board-certified internist, intensivist, or anaesthetist during which the resident participates in **emergency care/critical care/neonatal care** and attending clinical conferences and/or seminars. In institutes, in which the general medicine service includes intensive care, it is acceptable that the resident spends this rotation in its home institute. In these cases, the at least three weeks in critical care must be added to the at least 93 weeks of training in equine medicine.

3.7.4 Requirements for conference attendance

Residents are required to attend a minimum of **three major conferences** (please see website for accepted conferences) with significant internal medicine content during the Residency Programme. A list of approved conferences can be found at the ECEIM website. Additionally, during equine internal medicine service rotations and training in related discipline, the Resident is required to attend "in house" Residents' conferences and ward rounds. A total of five hours per week is recommended.

Additional attendances at conferences are recommended and each Resident should attend several other conferences and meetings including:

- a) Equine conferences involving any of the sub-speciality subjects such as dermatology, neurology, cardiology etc.
- b) Equine anaesthesiology and intensive care conferences.
- c) Equine diagnostic imaging conferences.
- d) Equine pathology and clinical pathological conferences.
- e) Relevant scientific meetings on related topics such as microbiology, pharmacology etc.
- f) Scientific journal clubs.

3.7.5 Requirements for professional presentations

The Resident must present a minimum of **six seminars or professional presentations** during the Programme. This is defined as a scientific presentation made to an appropriate audience, which is followed by a discussion period. For this purpose, seminars given for teaching purposes to students are not included. A minimum of three presentations should be for a professional audience from outside the Residents' own faculty/practice.

3.7.6 Publication requirements

All publications need to concern topics closely related to equine internal medicine. Papers only will be acceptable if published **BEFORE** the exam application in a journal with an **impact factor of ≥ 0.5** or in an especially approved journal (see website). Please note, journals may be both added and removed from the list and the list that is current at the time you apply for the exam will be used by the Education and Credentials Committee to assess your application. Candidates applying to sit the ECEIM Examination must submit evidence to the Education and Credentials Committee that they have fulfilled at least the following publication requirements:

1^a One (1) **first author** original research paper, large case series (≥ 20 cases) or scientific short communication

2^b One (1) **first author** case report, small case series (< 20 cases) or an additional paper according to 1.

Definitions: For the purposes of credentials assessment, the term “published” is defined as published hard copy or electronically published manuscript. In exceptional cases, the educational and credentials committee might accept a written confirmation of the editor of an approved journal that the paper is “in press”.

^a For the purposes of credentials assessment, the terms “**original research paper**” and “scientific short communication” are defined as a manuscript that describes a hypothesis driven experimental study utilizing in vivo, ex vivo or in vitro techniques to address an objective relevant to equine medicine or its under-pinning sciences. A prospective or retrospective clinical study addressing a question relevant to equine internal medicine that includes at least 20 cases will also be acceptable as a (1) publication.

^b Reports including less than 20 cases will be regarded as a “small case series”. This applies also to short communications which lack experimental components.

Additional notes for guidance for Diplomate Candidates:

- All manuscripts must be accompanied by an English summary
- Where a journal with an impact number of ≥ 0.5 is utilised, the candidate must submit an actual copy of its citation index page available from the editor of the journal.
- Where a manuscript is “in press”, the candidate must submit a copy of a letter from the editor confirming that it has been accepted fully. Manuscripts may not be utilised if they are still subject to revisions.
- Articles that consist of reviews of the literature with no original data, written for scientific or educational journals are not acceptable.

3.7.7 Graduate degree programmes

Graduate degree studies, e.g. PhD studies, may be included in the residency programmes; however, requirements for training in equine internal medicine and related disciplines described above must be fulfilled during a combined graduate degree and residency programme.

4 APPRAISAL OF RESIDENCY TRAINING PROGRAMMES

4.1 BY THE DIRECT SUPERVISING DIPLOMATE

Residents must meet with their supervising ECEIM Diplomate at least twice yearly for evaluation of performance and progress.

The RESIDENT is responsible for:

- Maintenance of the equine internal medicine Case Log
- Maintenance of the Resident Activity Log
- Maintenance of the Professional Presentation Log
- Documentation of training rotations in relating disciplines
- Documentation of attendance at Conferences
- Maintenance of a Publications record
- Ensuring that the Residents' Documentation Pack is submitted for appraisal to the Education and Credentials Committee twice during the programme at the appropriate times.

The SUPERVISING DIPLOMATE is responsible for:

- Verification of pre-residency training
- Provision of suitable facilities, equipment, and supplies to enable practice of high quality equine internal medicine.
- Verification that training rotations in equine internal medicine have been completed
- Verification of the Case Log
- Verification of the Resident Activity Log
- Verification of the Professional Presentation Log
- Evaluation of the Resident's progress and communication of deficiencies to the Resident
- Notifying the Education and Credentials Committee where there are structural changes or deficiencies in the programme.
- Notifying the Education and Credentials Committee where there are major deficiencies in the resident's progress
- Keeping an annual report on the Resident, signed by both the Resident and the Direct Supervising Diplomate.

CONTRIBUTING supervisors / clinicians are responsible for:

- Verification of specific cases within the Case Log.
- Verification that training rotations in related disciplines have been completed.
- Evaluation of the Resident's progress and communication of deficiencies to the Direct Supervising Diplomate.

4.2 BY THE EDUCATIONAL AND CREDENTIALS (E&C) COMMITTEE

The Education and Credentials Committee and Examination Committees will NOT send reminders – it is the responsibility of the Residents and supervising Diplomates to ensure that all documents are submitted on the correct forms and at the correct time. Late applications, those with information missing and those not supported by the appropriate fees will be rejected.

Residents are responsible for sending their Resident Documentation Packs. The RDPs have to be appraised by the Education and Credentials Committee on at least two occasions. In standard and alternative residency programmes, appraisal will be due at times approximately one third and two thirds through the programme. If these appraisals are not completed satisfactorily and at the appropriate times, the programme will be terminated until adequate plans have been made to reinstate them.

In a 3 year standard residency programme, submission of the first RDP should occur 12-18 months and submission of the second RDP 24-36 months after beginning the programme. Depending on the start of a programme, this time frame may allow to submit the 1st RDP at the same time as the exam application to sit the general paper only (1c candidate). However, if the RDP does not fulfill the criteria for appraisal, the exam application has to be rejected. The 1st and 2nd RDP must have send before application to sit the exam as a 1a or 1b candidate or to sit the certifying exam after passing the general paper.

In a 4 year standard residency programme, the first submission of a RDP should occur 16-24 months and the second 32-38 months after beginning the programme.

For appraisal, the resident must submit the Resident's Documentation pack to show satisfactory documentary evidence of completion of the training periods in equine internal medicine and related disciplines, conference attendance, presentations and publications. Appropriate forms are included in Residents' Training documentation pack which can be found at our website. One digital copy is required. Forms with original signatures of supervisors should stay with the residents and just scanned copies submitted within RDPs.. It is necessary to include copies of the individual case log sheets for every appraisal process. At the time of exam application, scanned copies of all forms with original signatures of the respective supervisors should be submitted in full to the Education and Credentials Committee

Supervisors are strongly advised to refuse to sign the relevant forms of the Resident's Documentation Pack until they have scrutinised the case log sheets and can attest to its veracity with confidence. The Education and Credentials Committee reserves the right to request access to some or all of the case log sheets and to original hospital records as part of the appraisal process.

5 EXAM APPLICATION

Details of the format of the exam application are available on our website. The examination will include:

1. A **General Examination** (general paper), consisting of 100 multiple choice questions. At least half of these questions will be clinical questions including all aspects of general equine medicine, the others involving pathophysiology. The examination must be taken and passed by all candidates seeking certification by the ECEIM.
2. A **Certifying Examination**, including all aspects of equine internal medicine that is composed of three separate parts:
 - a) Multiple choice questions (Certifying paper)
 - b) Essay questions
 - c) Objective case management (OCM, oral examination).

Examination shall be taken in English only; the use of dictionaries (not being a veterinary dictionary) is permitted.

5.1 EXAM APPLICATION PROCEDURE

Applications to sit the exam should be received by the Chair of the Education and Credentials Committee before 1st July the year prior to that in which you intend to sit the exam. Exam Application forms which must be used are available on our website. One digital copy is required. All documents which need to be signed must contain original signatures. All submitted application materials become the sole property of the ECEIM and will not be returned to the applicant.

If your application is successful you will be informed of this by 1st September. In order to proceed to taking the exam, you must then submit an exam entry form and exam entry fee to the Examination Committee before 1st November.

5.1.1 Exam candidate categories

Category 1a: Applicants who have earned all the credentials required (see RDP) and are currently in or have previously completed an approved ECEIM **standard residency** training programme may attempt both the General and Certifying Papers at one exam round.

Category 1b: Applicants who have earned all the credentials required (see RDP) and are currently in or have previously completed an ECEIM approved **alternative residency** training programme supervised by an ECEIM Diplomate may attempt both the General and Certifying Papers at one exam round.

Category 1c: This option is restricted to registered ECEIM residents who have completed at least eighteen months of an ECEIM approved residency programme by 31st December the year prior to the examination. These applicants are entitled to sit the **general paper only** without the certifying paper. Individuals who chose to sit the general and certifying papers in separate years will be required to submit separate exam applications for each paper and pay the actual exam application fees and exam entry fees as listed on our website.

Category 2: This option is restricted to individuals who have completed at least twelve months of a rotating internship (or equivalent) and have completed a training programme that is **internationally**

recognised as comparable to an ECEIM approved residency programme. This latter category is in effect designed to allow individuals who have completed an ACVIM residency training programme to sit the ECEIM exam. Candidates applying under Category 2 must complete a Statement of Experience. For this purpose, an ECEIM resident documentation pack should be used and all items as listed for Candidates Category 1 should be provided or explanations given, why they cannot be provided. The RDP requires signatures from supervisors of both the candidate’s rotating internship or equivalent period and the candidate’s residency training programme to document that both phases have been completed satisfactorily. It will be the decision of the E&C committee if the programme is accepted as comparable to an ECEIM residency programme.

5.1.2 Documents required for exam application

The following items must be provided within the exam application:

Item <i>(provide only those documents that are indicated as required for the candidate category that you wish to be considered).</i> √ = required; -- = not required	Candidate Category 1a	Candidate Category 1b	Candidate Category 1c
1. Proof of payment of exam application fee (see website for and payment details)	√	√	√
2. Confidential letters of support from supervisor EITHER: to be submitted separately OR: included in this application	√	√	√
3. Copies of Candidate Enrolment Form with confirmation of internship (or equivalent)	√	√	√
4. Copies of ECEIM Residents Appraisal Confirmation statement(s):	minimum 2 statements	minimum 2 statements	1 statement*
5. Updated ECEIM Residents Documentation Pack (use website forms)	√	√	√
6. Case log with original signatures of verification (use approved forms available on our website)	√	√	--
7. Copies of all supporting publications with English summaries. Letters of final acceptance from the Journal's editor are required for papers "in press". Do <u>not</u> include copies of publications such as book chapters and review articles.	√	√	√
8. Copies of any correspondence with ECEIM board	√	√	√
9. Any relevant documents relating to the examination and any medical and supporting documents that might need to be considered in the application	√	√	√

*only 1c candidate: 1st RDP can be submitted at same time as exam application

5.1.3 Exam application fee

Details of current fees for exam application and how to pay can be found on our website.

Note: There are separate fees for exam application and exam entry. Successful applicants and individuals re-taking one or more papers will be required to pay the exam entry fee and submit an

Examination Entry Form to the Chair of the Exam Committee before 1st November to confirm that they will enter the examination in the following year.

5.1.4 Supporting documentation from the applicant's supervisor

One or more letters of support from the applicant's supervisor(s) MUST accompany all applications. The supporting documentation should attest to the following:

- The veracity of the information on case logs, training in related disciplines and other documentation of clinical experience
- The applicant's proficiency, judgement, and competence as a specialist and academic readiness to sit the examination
- The commitment of the applicant to the constitutional objectives of the ECEIM
- The moral and ethical standing of the applicant within the veterinary profession

The supporting letters can either be included in the application pack or, if the individuals prefer, can be sent directly to the Chairman of the Exam Committee.

Applicants have sole responsibility for ensuring these letters are delivered to the Chair of the Education and Credentials Committee before the deadline of 1st July. Applications that are not supported by letters will not be considered by the Education and Credentials Committee.

5.1.5 Previous correspondence with ECEIM

All correspondence to and from the ECEIM by the applicant or by their supervisors or others, on behalf of the applicant must be appended to the application (including copies of any email correspondence that has been received or sent).

5.1.6 Medical or other relevant documents

The ECEIM is dedicated to equal opportunities and will provide suitable facility or extra time for examinations for disabled, injured or otherwise compromised candidates, provided that documentary evidence of the condition is received with the entry forms. Conditions such as dyslexia, physical disability etc. will be treated sympathetically to give the candidate a fair examination.

6 EXAM ENTRY

The Educational and Credentials committee will give notice about the results of scrutinizing an exam application before September 1st. If the resident is accepted to sit the full exam or the general paper only, the exam entry form including proof of payment of the exam entry fee (please see website for actual amount and procedure) must be received by the chair of the Examination Committee before November 1st in the year preceding the one in which the resident intends to take the exam.

Exam candidates category 1c (general paper only) have to apply for the remaining parts of the exam in an identical manner to the candidates in other categories.

If the candidate once was accepted for the exam but has missed or failed, he/she does not need to apply to the E&C committee again but has to inform the Examination Committee before November 1st of the preceding year he/she intends to finish the examination. Candidates must re-take all the papers they have not yet passed each time they attempt to complete the examination. The number of re-takes of each part of the examination is limited to three.

Failure to pass all parts of the examinations Failure to pass all parts of the examinations within eight years of the completion of the residency training programme will prevent the candidate to being certified.

7 APPEAL OF ADVERSE DECISIONS

In the event of an appeal by a candidate/Diplomate alleging that an adverse decision by the College has been made, the rules given in the bylaws of the ECEIM constitution, Article 9, will come into effect.

Any candidate/Diplomate who wishes for example to appeal the decision on

- their application for eligibility to sit the examination or
- failure in the examination
- failure in being re-accredited successfully

must do so within 90 days of the postmarked date of their notification. The request for appeal must be made in writing to the Secretary of the College and shall include a statement of the grounds for reconsideration and any documentation in support of the appeal.