The Development of Emergency Medicine in Europe

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# Conflict of Interest Disclosure

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“When I use a word” said Humpty Dumpty, “it means just what I choose it to mean, neither more nor less.”

Les aventures d’Alice au pays des merveilles
The Complexity of Europe

Europe encompasses 50 or more

- different languages and cultures
- different systems of health care and medical practice.
- disparate financial resources

Each country has

- different medical traditions,
- different systems of registration and
- differing lists of recognised medical specialties
‘EUROPE’

**Continent of Europe** = > 50 Countries

1957: European Economic Community = 6 Countries
1994: European Community = 15 Countries

**European Union** = economic and political union

- 28 countries
- 28 systems of healthcare
- 24 official languages
- >500 million population
“The question is,” said Alice, “whether you can make words mean so many different things.”

“The question is,” said Humpty Dumpty, “which is to be the master – that’s all.”
Models for (and Meanings of) Emergency Medicine

Franco-German/Austrian Model
Pre-hospital care given by emergency physicians
Emergency Depts staffed by different specialists

Anglo-American Model
Pre-hospital care given by paramedics
Emergency Depts staffed by emergency physicians
Emergency Medicine is a medical specialty based on the knowledge, skills & competencies required for the prevention, assessment & management of the acute and urgent aspects of illness & injury affecting patients of all age groups with a full spectrum of undifferentiated physical & behavioural disorders.

It is a specialty in which time is critical

It is a specialty which is hospital-based

EuSEM 2007 (adapted from IFEM 1991)
Thomas Linacre  
(1460 – 1524)

Studied at Universities of Oxford, Rome, Florence and Padua

Founder and first President of the Royal College of Physicians, 1518
"The first reigning monarch to visit the Royal College of Physicians was King Charles the Second.

One morning in 1685, whilst being shaved in his bedroom, he suddenly fell backwards, had a violent convulsion and became unconscious.

He was attended by no less than 14 physicians and as the first step in his treatment he was bled from a vein in his right arm.

After this, the drugging began. An emetic was given and then a purgative, and then a second purgative, and then a sneezing powder to ‘strengthen his brain’."
It was reported that the king’s condition did not improve, but grew steadily worse and in the emergency 40 drops of human skull were given to allay convulsions.

Then alas, his serene majesty’s strength seemed exhausted to such a degree that the whole assembly of physicians lost hope and became despondent. And finally, so as not to appear to be failing in their duty, a mixture of pearl julep and ammonia was forced down the throat of the dying king.”

This was the state of Emergency Medicine just 300 years ago.
In 1793, whilst attending a meeting in the Board Room of his London hospital, Hunter fell into a heated argument and dropped down dead. His distinguished medical and surgical colleagues could only stand and watch.

This was the state of Emergency Medicine just over 200 years ago.
“On the morning in question, one doctor saw 218 patients in 3 hours and 20 minutes – or at the rate of 55 seconds each.

The patients are dismissed with a dose of medicine poured out of a large brown jug. The main object seems to be to get rid of the customers rather than to cure their ailments. The whole proceeding is unworthy of the place”.

This was the state of Emergency Medicine 150 years ago
"The waiting room for casualties is the main corridor where there is room for just twelve patients and the nurses’ desk. The recovery room is the outside yard where patients are left on a hard upright chair.

The senior doctors in charge of this department are the general surgeon and the orthopaedic surgeon whose main contribution is that they take their afternoon tea in the office of the senior nurse."

This was the state of Emergency Medicine just 50 years ago.
Maurice Ellis was the first full-time doctor in charge of a Casualty (or Emergency) Department in the UK.

The chapter on resuscitation concludes:

“Where ventricular fibrillation is likely to be present, a cardiac surgeon, if available, should be urgently summoned to carry out defibrillation.”
On 12 October 1967, at a meeting in London, UK, Maurice Ellis and 8 other senior casualty doctors created the Casualty Surgeons Association, now The College of Emergency Medicine (>3,500 members)

On 16 August 1968, at a meeting in Michigan, USA, John Wiegenstein and 7 other emergency doctors created the American College of Emergency Physicians (>25,000 members)
1960s

• “Emergency Medicine is not a specialty, it’s a location.”

• “Emergency Medicine does not represent a distinct body of knowledge.”

• “Emergency Medicine does not offer a sufficiently wide field of interest for a career in hospital medicine.”

• “No senior doctor can be expected to spend the whole day in the department – the work is far too limited.”
Development of EM in the UK

1972  32 Consultants appointed in UK as an experiment
1977  First Training Programme in UK
1986  First International Conference on EM
      (375 delegates but none from mainland Europe!)
1990  First Professor of Emergency Medicine
1993  UK Faculty of Emergency Medicine (now
      The College of Emergency Medicine)
In May 1994, during the 5th international conference in London, Professor Herman Delooz and a group of other emergency physicians agreed that a European association should be formed and that it should be called: 

**The European Society for EM**
September 1994

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- 2 Primary Specialties
- 1 Supra-Specialty
- 0 < 5 year Training
- 24 No EM
What is the European Society for Emergency Medicine (EuSEM)?

- Represents the specialty of EM in Europe
- Includes Federation of 28 National EM Societies (with affiliation of >17,000 medical members)
- Recognises EM as a primary medical specialty
- Seeks to establish similar standards of training in Emergency Medicine throughout Europe
Union Europeenne des Medecins Specialistes

(UEMS or EUMS)

• Organisation founded in 1959 and based in Brussels
• Represents all hospital medical specialists in Europe
• Seeks to harmonise postgraduate training in Europe
• Recognises >50 hospital specialties
• Includes 39 specialist Sections and Boards
(2005) UEMS Multidisciplinary Joint Committee on EM

Anaesthesiology, Internal Medicine, Geriatric Medicine, Neurology, Plastic Surgery, Paediatric Medicine, General Surgery, Orthopaedic Surgery, Intensive Care Medicine, EJD & EuSEM
Activities of Multidisciplinary Joint Committee

2009  **Policy Statement on EM** endorsed by Council
      **EM Core Curriculum** endorsed by Council

2010  **European Board of EM** approved by Council
      Task Force to develop a **Board Examination**

2011  **Principles of Training** approved by Council
      **UEMS Section of EM** approved by Council
Policy Statement on Emergency Medicine in Europe

• What is Emergency Medicine?
• What is the UEMS Section of Emergency Medicine?
• What is the European Society for Emergency Medicine?
• What is the current status of Emergency Medicine in Europe?
• What are the principles of the policy of EuSEM and the UEMS Section of Emergency Medicine?
• What training is required to practise Emergency Medicine in Europe?
• Summary of policy of EuSEM and the UEMS Section of EM
WHAT IS EMERGENCY MEDICINE?
Emergency Medicine is a specialty based on the knowledge and skills required for the prevention, diagnosis and management of urgent and emergency aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It is a specialty in which time is critical. The practice of Emergency Medicine encompasses the pre-hospital and in-hospital triage, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases until discharge or transfer to the care of another physician or health care professional. It also includes involvement in the development of pre-hospital and in-hospital emergency medical systems.

WHAT IS THE UEMS SECTION OF EMERGENCY MEDICINE?
The Section of Emergency Medicine is one of the 39 specialist sections of the Union Européenne des Médecins Spécialistes (UEMS). Each of the 29 national associations which are full members of the UEMS is entitled to nominate two representatives as also are the 6 affiliated national associations. Representatives are invited also from the sections of Paediatric Medicine and Geriatric Medicine and from the European Junior Doctors, EJD. The President of the European Society for Emergency Medicine and the European representative of the International Federation for Emergency Medicine are invited in an ex-officio capacity. The Board is a working group of the Section and is responsible for training issues.

WHAT IS THE EUROPEAN SOCIETY FOR EMERGENCY MEDICINE
The European Society for Emergency Medicine (EuSEM) incorporates a Federation which currently includes 27 European national societies of Emergency Medicine and represents more than 17,000 medical members in Europe.

WHAT IS THE CURRENT STATUS OF EMERGENCY MEDICINE IN EUROPE?
Emergency Medicine is currently recognised as an independent specialty in eighteen member states of the European Union (although only nine are listed in the EU Directive 2005/36/EC) and in three EU countries it exists as a supra-specialty. The Section of Emergency Medicine and the European Society for Emergency Medicine consider that the provision of high quality emergency care requires physicians with specialised training in Emergency Medicine because this is the most effective way (in both clinical and financial terms) to provide high quality care during the critical initial stages of emergency treatment. It is thus recommended that all other European countries should work towards the establishment of Emergency Medicine as a primary medical specialty.

WHAT ARE THE PRINCIPLES of the POLICY of EuSEM and the UEMS SECTION?
The European Society for Emergency Medicine and the Section of Emergency Medicine seek to ensure:
• The highest quality of emergency care for all patients
• The delivery of such care by specialists trained in Emergency Medicine
• A comparable standard of clinical care in Emergency Departments across Europe

In order to achieve these objectives EuSEM and the UEMS specialist Section have the following aims:
• European competency-based core curriculum to include:
  - Patient Care
  - Medical Knowledge
  - Communication, collaboration and interpersonal skills
  - Professionalism, ethical and legal issues
  - Organisational planning and service management skills
  - Academic activities – education and research
• Education and training programmes to deliver this core curriculum
• Assessment and examination structure to confirm that the necessary competencies have been acquired
• Clinical standards and a robust audit programme to ensure that these standards are being achieved
• Research projects to contribute to the development of an international evidence base for the specialty
• Inclusion of Emergency Medicine as a core part of the medical undergraduate curriculum

WHAT TRAINING IS REQUIRED TO PRACTISE EMERGENCY MEDICINE IN EUROPE?
The EU Doctors’ Directive requires that training in Emergency Medicine should be for a minimum of five years. A multi-national Task Force of EuSEM in conjunction with the Multidisciplinary Joint Committee on Emergency Medicine (which existed prior to the development of the Section), of the Union Européenne des Médecins Spécialistes (UEMS) agreed a comprehensive Core Curriculum for Emergency Medicine in Europe. This curriculum includes the principles involved in the establishment and organisation of training programmes of comparable standard in recognised departments across Europe and was formally endorsed by the Council of UEMS on 25 April 2009.

SUMMARY of POLICY of EuSEM and the UEMS SECTION of EMERGENCY MEDICINE
The main objective of EuSEM and the UEMS Section is that the specialty of Emergency Medicine should continue to develop to the standards endorsed by the Council of UEMS to seek to ensure the highest quality of emergency care for patients. This care should be delivered by physicians trained in Emergency Medicine.
Main Objectives of policy on EM in Europe

- The **highest quality of emergency care** for all patients
- A comparable standard of clinical care in Emergency Departments across Europe
- The delivery of such care by **specialists trained in Emergency Medicine**
- **Education and training programmes** to deliver the agreed Core Curriculum
The EuSEM policy points in a terribly wrong direction which is bound to fail.

The policy of the European Union of Medical Specialists (UEMS) towards the development of new specialties is restrictive and rather limiting. At the moment, there is little support for a European approach for Emergency Medicine.”

October 2007
The areas of expertise of Anaesthesiology are: Perioperative Care, Intensive Care Medicine, Pain Medicine, Reanimation and ....... Emergency Medicine.

“The training programme in emergency medicine will be fulfilled in the five years of continuous training in anaesthesiology.”

“A minimum of 4 months is recommended to be spent in emergency departments.....”
One of the main findings of this report is the lack of uniformity as far as training in Emergency Medicine is concerned. "The adoption by all EU countries of a common core curriculum, as the basis for the specialty, is the most suitable way to fulfil the EU Doctors’ Directive and to ensure free exchange of Emergency Physicians between EU countries."
EUROPEAN CURRICULUM for EMERGENCY MEDICINE

A document of the EuSEM Task Force on Curriculum approved by the Council and Federation National Societies of the European Society for Emergency Medicine, and by the UEMS Multidisciplinary Joint Committee on Emergency Medicine, and endorsed by the Council of UEMS at their plenary meeting in Brussels on 25 April 2009
European Core Curriculum

- Core Competencies
- System-Based Core Knowledge
- Common Presenting Symptoms
- Special Aspects of Emergency Medicine
- Core Clinical Procedures and Skills
- Structure of Training
Principles of EM Training

- 5 year programme of specialist training
- At least 3 years in Emergency Department
- Departments & Trainers accredited by NTA
- Annual assessment of Trainees
- Final formal evaluation of training
President of UEMS Section of Surgery

“After a thorough discussion at our last meeting the vast majority of the delegates decided against a specialty in Emergency Medicine.

Besides this we see the curriculum as unacceptable and unrealistic.”

October 2008
All the Member States of the European Union should extend and regulate specialisation in Emergency Medicine for doctors, in line with European Union Directive 2006/100/EC
Recognition of Medical Specialties in EU

- Formal recognition of specialties determined by EU Directive 93/16, now 2006/100/EC
- **Emergency Medicine** included in Directive from 1993 (as Accident & Emergency Medicine) when recognised only in **UK** and **Ireland**
- 2004 - **Czech Republic**, **Hungary**, **Malta**, **Poland** and **Slovakia** included in Directive for EM
- 2007 - **Bulgaria** and **Romania** included in Directive for EM

Thus 9 countries are now included in EU Directive for EM
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Current status of Emergency Medicine in the EU
(EU Directive requires minimum of 5 years of training)

- **EU countries with EM and in EU Directive** = 9
  (Bulgaria, Czech Republic, Hungary, Ireland, Malta, Poland, Romania, Slovakia, UK)

- **EU countries with EM and eligible for EU Directive** = 7
  (Belgium, Italy, Luxembourg, Finland, Slovenia, Sweden, Lithuania)

- **EU countries with < 5 year training programme** = 3
  (Estonia, Latvia, Netherlands)

- **EU countries with EM as supra-specialty** = 2
  (France, Greece)

- **EU countries with no recognition of EM** = 6
  (Austria, Cyprus, Denmark, Germany, Portugal, Spain)
September 1994

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- Primary Specialty = 2
- Supra-Specialty = 1
- < 5 year Training = 0
- No EM = 24
September 2000

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- **Primary Specialty**: 6
- **Supra-Specialty**: 2
- **< 5 year Training**: 0
- **No EM**: 19
September 2006

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- Primary Specialty = 11
- Supra-Specialty = 1
- < 5 year Training = 1
- No EM = 14
September 2013

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine.
European Growth of Emergency Medicine

Year of Recognition as Primary Medical Specialty

Countries

N=17
September 1994

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- **Primary Specialty** = 2
- **Supra-Specialty** = 1
- **< 5 year Training** = 0
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September 2000

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September 2006

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- **Primary Specialty = 11**
- **Supra-Specialty = 1**
- **< 5 year Training = 1**
- **No EM = 14**
September 2013

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- Primary Specialty = 16
- Supra-Specialty = 2
- < 5 year Training = 3
- No EM = 6
European Growth of Emergency Medicine

![Graph showing the growth of emergency medicine in European countries from 1970 to 2010. Y-axis represents the number of countries, ranging from 0 to 25, with N=17 marked at the top. X-axis represents the year of recognition as a primary medical specialty, ranging from 1970 to 2010.]
Worldwide Growth of Emergency Medicine

N = >60

Year of EM Specialty Recognition

Countries

Recent Developments in European EM

- 17 Countries with EM as basic primary specialty
- Journal (EJEM) with Impact Factor of 1.021
- Policy Statement on EM endorsed by UEMS Council
- European Core Curriculum endorsed by UEMS Council
- European Board of EM approved by UEMS Council
- Section of Emergency Medicine approved by UEMS Council
- European exit examination – first pilot exam in Nov 2013
“Attempts at defining an essential training programme across Europe are likely to be stymied by the degree of variability in the specialty and practice of Emergency Medicine.

There is no European diploma in the specialty and Emergency Medicine does not meet the quota to merit formal consideration by the European Union of Medical Specialists, UEMS”.

February 2005
EM Exams in EU Countries

- National exit examination = 10
- Specialty but no examination = 5
- Specialty developing = 6
- No specialty = 6

>3000 trainees in EM in Europe
Proposed Format of Examination

PART A - Multiple Choice Questions
• Multiple stems with one or more correct answers
• 120 MCQs in 2.5 hours to be held in several European venues
• Pass mark dependant on the overall outcome but about 70%

PART B - Objective Scenarios and Modified Vivas relating to Clinical, Management, Communication skills etc
• 10 scenarios, each x 10-20 minutes, lasting 2.5 hours
• Conducted in English - Two examiners at each station
• At least 75% of stations/scenarios to be passed independently
Eligibility criteria

PART A

• Attending year 4/5 of training in Emergency Medicine
• or Be working full time in an accredited Emergency Department for at least 5 years and recognised by relevant National Government as specialist/equivalent in EM
• or Be working in EM for at least 5 years and able to provide portfolio evidence of competence in full range of curriculum

PART B

• As above but trainees must be in final year of a five (or more) year training programme
In partnership with the UEMS Section of Emergency Medicine, EuSEM is delighted to announce the launch of the

European Board Examination in Emergency Medicine

The Part A Pilot Exam will be held on 20 November 2013 in the following countries:
Belgium, Italy, Malta, Sweden and the UK.
EU Ministerial Conference on Europe’s Health Workforce of Tomorrow

“The practice of medicine is changing - two important examples are geriatric medicine and emergency medicine.

We need to identify today the needs of tomorrow and the best way to meet them not only at national but also at European level.”
The European needs of today and tomorrow require that a hospital-based primary specialty of Emergency Medicine is recognised as an essential component of every national health system.
Summary of MJC – EM and EuSEM Policy
Statement on Emergency Medicine in Europe

The main objective of EuSEM and the MJC – EM is that the specialty of Emergency Medicine should continue to develop to the standards endorsed by the Council of UEMS to seek to ensure the highest quality of emergency care for patients. This care should be delivered by physicians trained in Emergency Medicine.

Endorsed by UEMS Council
(Istanbul, October 2009)
“Attempts at defining an essential training and standardised credentialling process across Europe are likely to be stymied by the degree of variability in the specialty and practice of Emergency Medicine.

There is no European diploma in the specialty of Emergency Medicine and EM is not a European Community recognised specialty. These factors are of importance with regard to the status of the specialty within the European Union of Medical Specialties. Emergency Medicine does not meet the quota to merit formal consideration by the UEMS”.

International EM 2005
SUMMARY OF EuSEM POLICY

The main objective of EuSEM is to ensure the highest quality of emergency care for patients. This care should be delivered by physicians trained in Emergency Medicine. Emergency Medicine should be developed as a primary medical specialty in all European countries in order that patients have access to high quality emergency care.

September 2007
1972  32 Consultants appointed in UK - an experiment which was so successful that it was never evaluated!

1977  First Training Programme in UK - EM thus accepted as a new specialty

1993  Inauguration of UK Faculty of Emergency Medicine as a conjoint Faculty of Medical Royal Colleges of Physicians, Anaesthetists and Surgeons
Presidents of EuSEM

1994 - 2004  Professor Herman Delooz
2004 - 2007  Dr David Williams
2007 - 2010  Dr Gunnar Ohlen
2010 - 2013  Professor Abdel Bellou
Emergency Medicine is a medical specialty based on the knowledge, skills & competencies required for the prevention, assessment & management of the acute and urgent aspects of illness & injury affecting patients of all age groups with a full spectrum of undifferentiated physical & behavioural disorders.

It is a specialty in which time is critical

It is a specialty which is hospital-based

EuSEM 2007 (adapted from IFEM 1991)
“The reason why medical history is not much taught in medical schools is that so much of it is an embarrassment.”
European Society for Emergency Medicine

• To promote advancement of EM in Europe
• To recognise EM as a primary specialty
• To seek to establish similar standards of training
• To recruit individual members and to encourage national societies of EM
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EUROPEAN SOCIETY FOR EMERGENCY MEDICINE (EuSEM)

GRUNDSÄTZERKLÄRUNG ZUR NOTFALLMEDIZIN IN EUROPA

WAS IST NOTFALLMEDIZIN?

WER IST DIE EUROPEAN SOCIETY FOR EMERGENCY MEDIZIN (EuSEM)?
In der European Society for Emergency Medicine EuSEM (Europäische Gesellschaft für Notfallmedizin) sind 22 nationale europäische Fachgesellschaften für Notfallmedizin zusammengeschlossen, sie repräsentiert mehr als 12.000 Notfallmediziner in Europa.

WIE IST DER DERZEITIGE STAND DER NOTFALLMEDIZIN IN EUROPA?

WAS SIND DIE GRUNDSÄTZE DER EuSEM?
Die European Society for Emergency Medicine setzt sich ein für die Sicherstellung:
- der bestmöglichen Qualität der notfallmedizinischen Versorgung für alle Notfallpatienten
- der Durchführung der Notfallbehandlung in den Notaufnahmen durch Fachärzte für Notfallmedizin
- eines vergleichbaren Standards der klinischen Notfallmedizin in den Notaufnahmen Europas

Um dies zu erreichen verfolgt die European Society for Emergency Medicine folgende Ziele:
- Einen europäischen Weiterbildungskatalog basierend auf Kernkompetenzen, unter Einschluss von:
  - Patientenversorgung
  - Medizinisches Wissen
  - Kommunikationsfähigkeiten
  - Professionalität, ethische und rechtliche Aspekte
  - Organisation, Planung und Management-Fähigkeiten
  - Akademische Tätigkeit, Ausbildung und Forschung
- Fortbildungs- und Weiterbildungsprogramme nach diesem Weiterbildungskatalog
- Beurteilung und Prüfungsvorgaben zur Gewährleistung der erforderlichen Weiterbildung
- Klinische Standards und Audits zur Sicherstellung des Erreichens dieser Standards
- Forschungsprojekte als Beitrag zur Entwicklung einer internationalen Evidenzbasis für dieses Fachgebiet
- Einschluss der Notfallmedizin als Kernbestandteil des Medizinstudiums

WELCHE WEITERBILDUNG SOLL FÜR DIE AUSÜBUNG DER NOTFALLMEDIZIN ERFORDERLICH SEIN?

ZUSAMMENFASSUNG DER EuSEM GRUNDSÄTZERKLÄRUNG
Das wesentlichste Ziel der EuSEM ist die Sicherstellung der höchsten Qualität der Notfallversorgung für die Notfallpatienten. Diese Notfallbehandlung gewährleisten am besten Ärzte mit Weiterbildung in Notfallmedizin. Notfallmedizin sollte als eigenes medizinisches Fachgebiet in allen Ländern der EU eingeführt werden, damit Notfallpatienten hochqualifizierte Notfallbehandlung zur Verfügung steht.

September 2007 Übersetzung: Dr. Thomas Fleischmann, Deutsche Gesellschaft Interdisziplinäre Notfallaufnahme DGINA e.V.
Welcome to the European Society for Emergency Medicine

EuSEM is a forum for European emergency physicians and non-physicians involved in emergency care in hospital emergency departments and in the pre-hospital environment committed to:

- The highest quality of emergency care for all patients
- The delivery of such care by specialists trained in Emergency Medicine
- A comparable standard of clinical care in Emergency Departments across Europe

You can make a difference - join EuSEM and support our common goals

EuSEM, led by experts in Emergency Medicine.

Finding recognition of the specialty of Emergency Medicine throughout Europe.

Emergency Medicine professionals working together.


Find out more about membership

Latest News
EuSEM President-Elect Election
Cast your vote now ...
05/08/2011

Upcoming Events
6th Mediterranean Emergency Medicine Congress
10 - 14 September 2011
Kos, Greece

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10 - 14 September 2011
Kos, Greece
Register now!

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“The question is,” said Alice, “whether you can make words mean so many different things.”

“The question is,” said Humpty Dumpty, “which is to be the master – that’s all.”
“The question is,” said Alice, “whether you can make words mean so many different things.”

“The question is,” said Humpty Dumpty, “which is to be the master – that’s all.”
St Thomas’ Hospital
Emergency Department(s) 2011

Main Department 112,000
(35% by ambulance; >20% admitted)

Minor Injuries Unit 20,000
Gynaecology Emergencies 13,000
Ophthalmic Emergencies 8,000

Total = 153,000
The practice of Emergency Medicine encompasses the pre-hospital and in-hospital triage, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases until discharge from the Emergency Department or transfer to the care of another physician or health care professional. It also includes involvement in the development of pre-hospital and in-hospital emergency medical systems.

EuSEM 2007
Some Future Developments in European EM

- First meeting of UEMS Section = May 2012
- New office base for EuSEM
- Increase in EuSEM activities
- New website, Sections and Committees
  (including Junior Doctors Section)
- First diet of European exit examination = ?2013
- More countries with EM as primary specialty
  (? Finland, France, Spain, Sweden)
## Federation of 28 European EM Societies

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Policy Statement on Emergency Medicine in Europe

- Πολιτική στρατηγικής για την επειγούσα ιατρική την ερωτη
- Declaration de principe sur la Medecine d’Urgence en Europe
- Grundsatzeklarung zur Notfallmedizin in Europa
- Programove prohlase o Urgentni Medicine v Evrope
- Az Europai Surgssegi Orvostan Alapelvei
- Declaratia privind politica Europeana in Medicina de Urgenta
- Declaracion de principios sobre la Medicina de Urgencia en Europa
“In this statement EuSEM identifies sound principles and aims for Emergency Medicine in Europe. However, it is the unanimous decision of the Section and Board of Anaesthesiology of UEMS that the summary of EuSEM policy at the end of the paper points in a terribly wrong direction which is bound to fail.”

The policy of the European Union of Medical Specialists (UEMS) towards the development of new specialties is restrictive and rather limiting. At the moment, there is little support for an European approach for Emergency Medicine.’

President, UEMS Section and Board of Anaesthesiology
October 2007
“The areas of expertise of Anaesthesiology are:

Perioperative Anaesthesia Care
Intensive Care Medicine
Pain Medicine
Reanimation

Emergency Medicine”

..........and a four month Curriculum in ‘Emergency Medicine’ was integrated into the five year training programme for Anaesthesiology
September 2012

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

- **Primary Specialty**: 13
- **Supra-Specialty**: 4
- **< 5 year Training**: 3
- **None**: 7
September 2012

Map of the 27 countries of the European Union showing the status of the specialty of Emergency Medicine

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Royal Charter granted to the College of Emergency Medicine at the Inaugural Ceremony on 1st October 2008
Recent Developments in European EM

- 16 Countries with EM as basic specialty
  15 in EU (including Sweden) plus Turkey
- Journal (EJEM) with Impact Factor of 0.901
- Specialty Section of EM approved by UEMS Council
  First meeting held in Brussels, May 2012
  43 members from 25 countries in Europe
  Honorary Secretary is Cornelia Hartel
- Working Group to develop a European Diploma in EM
  First Examination to be held in ? 2014
“Attempts at defining an essential training and standardised credentialling process across Europe are likely to be stymied by the degree of variability in the specialty and practice of Emergency Medicine.

There is no European diploma in the specialty of Emergency Medicine and EM is not a European Community recognised specialty. These factors are of importance with regard to the status of the specialty within the European Union of Medical Specialties. Emergency Medicine does not meet the quota to merit formal consideration by the UEMS”.

International EM 2005
Editorial
Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 2010

Not long ago emergency medicine (EM) was only something for the rest of the world. In Norway doctors from different specialities ran the ED, in Denmark it was more or less managed by the orthopaedic surgeons and in Sweden general surgeons were often in charge, but few doctors really took ownership of the ED.

However, in 1999 the Swedish Society for Emergency Medicine (SWESEM) was established and things started to change. The Danish Society for Emergency Medicine (DASEM) was established in 2006 and the work to improve the care of emergency patients began. Finland also has a society but no speciality, whereas in Norway there seem to be no plans to establish EM as a specialty. Sweden is the country that has now come the longest way in implementing emergency medicine.

Mikkel Brabrand and Ulf Ekelund
8 Bream’s Buildings
London WC2

New home of UK College of Emergency Medicine and European Society for EM!

We in EuSEM have a vision: To provide the highest quality of emergency care for all patients and to establish emergency medicine as a primary medical specialty.

I believe emergency medicine has a magnificent future in Europe.
Core Competencies of the Emergency Physician

“Some of the competencies identified in this curriculum are those required of a hospital doctor in any medical discipline while others are more specific to the practice of Emergency Medicine. However, it is accepted that the levels of competence required of an Emergency Physician in specialised areas of medical practice should be limited to those which determine whether and when urgent or immediate more specialist referral is appropriate.

Emergency Medicine complements and does not seek to compete with other hospital medical disciplines.”
All the Member States of the European Union should extend and regulate specialisation in Emergency Medicine for doctors, in line with European Union directive 2006/100/EC
Proposed Format of Examination - 2

Clinical scenarios and Structured Questions

8-10 stations, each x 10 minutes

- Clinical Topics
- Assessment of management skills, interpersonal and communication skills
- Scenarios on ethical and legal issues