

**Development of Emergency Medicine in Europe**

**Prof Abdelouahab BELLOU, MD, PhD,**  
 President of the European Society for Emergency Medicine  
 Head of Emergency Medicine Department  
 Director of Emergency Medicine Training Program  
 University Hospital, Faculty of Medicine, Rennes, France

[abdelouahab.bellou@chu-rennes.fr](mailto:abdelouahab.bellou@chu-rennes.fr) or [abdel.bellou@voila.fr](mailto:abdel.bellou@voila.fr)

**From Where We Come?**



In May 1994, at a meeting in London, UK, a group of emergency physicians created **The European Society for Emergency Medicine**.

It was founded as an association for physicians who work within a structure providing pre-, inter- and/or in-hospital emergency care.



**DEFINITION OF EM**

*Emergency Medicine* is a medical specialty based on the knowledge and skills required for the **prevention, diagnosis** and **management** of the acute and urgent 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. EM should include **Pre Hospital** and **In Hospital Care**.

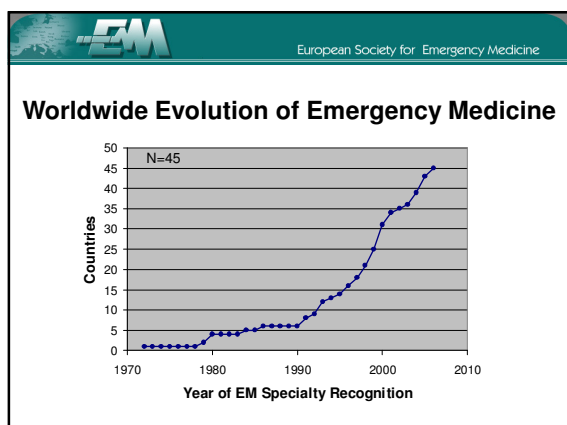
**GOALS OF EuSEM**

- Promotion of the development of EM in Europe
- Recognition of EM as a 5 years primary specialty
- Promotion of development and use of similar standards for EM training and practice in Europe
- Promotion and development of Research in EM

**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

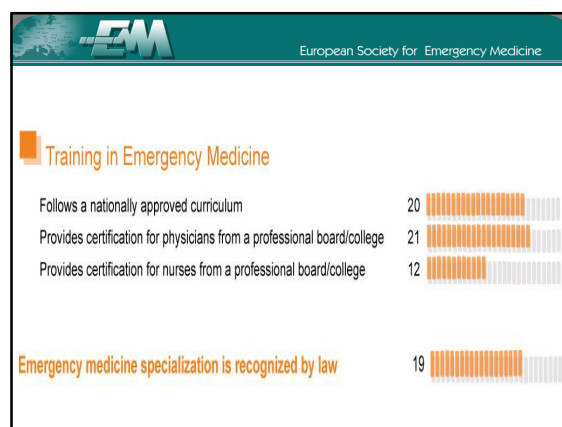


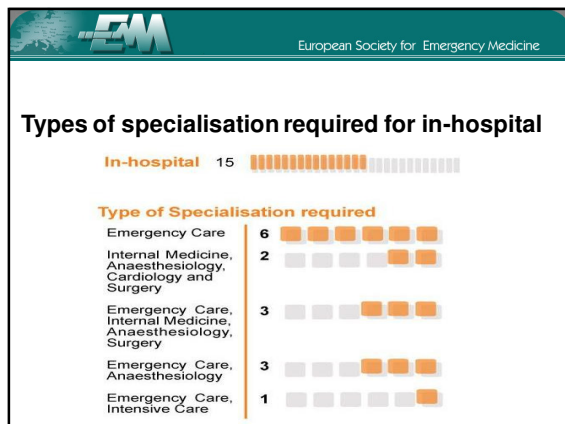
- 
- European Society for Emergency Medicine
- ### Emergency Medicine in Europe
- Formal recognition of specialties determined by EU Directive 93/16, now 2005/36/EC
  - EM included from 1993 but only for UK and Ireland (as Accident & Emergency Medicine)
  - Since 2004, Emergency Medicine included in Directive for Czech Republic, Hungary, Malta, Poland & Slovakia
  - Since 2007, included also for Bulgaria & Romania

European Society for Emergency Medicine

WHO addressed the important role of **Emergency Care** in the field of public health at the World Health Assembly during a meeting in May 2007 and recognises:

*“...that improved organisation and planning for the provision of **trauma and emergency care** is an essential part of integrated health care delivery, plays an important role in preparedness for, and response to, mass-casualty incidents, and can lower mortality, reduce disability and prevent other adverse health outcomes arising from the burden of everyday injuries...”*





**Conclusions of WHO Project**

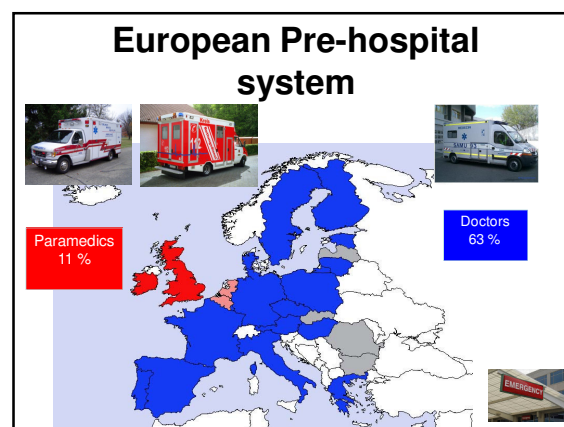
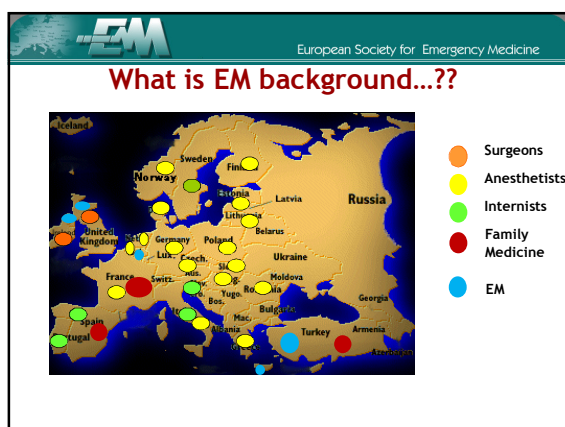
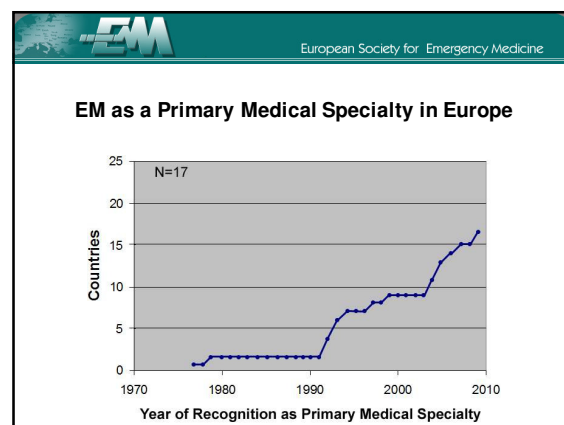
The major remark which is clearly pointed out in the results of this study is the lack of uniformity, as far as training and accreditation as a specialist in Emergency Medicine is concerned.


**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 assure free exchange of Emergency Physicians between the EU countries.

**Evolution of Implementation of EM specialty in EU**

- EU Countries with EM and already in EU Directive (Bulgaria, Czech Republic, Hungary, Ireland, Malta, Poland, Romania, Slovakia, UK) = 9
- EU Countries with EM and eligible to be in Directive (Belgium, Italy, Latvia, Luxembourg, Slovenia, Finland) = 6
- EU Countries with EM only as a Supra-Specialty (Denmark, France, Greece, Sweden) = 4
- EU Countries with <5 year Training Programme (Estonia, Netherlands) = 2
- EU Countries with no current specialty of EM (Austria, Cyprus, Germany, Lithuania\*, Portugal, Spain\*) = 6

\*specialty status under active consideration




 European Society for Emergency Medicine

## CURRICULUM

may be defined as:


A statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out what **knowledge, skills, attitudes and behaviours** the training will achieve.


 European Society for Emergency Medicine

## Working Group on Core Curriculum

Representatives from:


Belgium	Ireland	Spain
Czech Republic	Italy	Sweden
Estonia	Malta	Switzerland
France	Netherlands	Turkey
Germany	Poland	UK
Greece	Romania	

 European Society for Emergency Medicine



**UEMS MULTIDISCIPLINARY JOINT COMMITTEE ON EMERGENCY MEDICINE**

**EUROPEAN SOCIETY FOR EMERGENCY MEDICINE**



## 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

 UNION EUROPEENNE DES MEDICINS SPECIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS

Kroonlaan 20 Avenue de la Couronne tel: +32-2-649.61.64  
B-1050 - BRUSSELS fax: +32-2-640.37.30  
[WWW.UEMS.BE](http://WWW.UEMS.BE) [info@uems.be](mailto:info@uems.be)

Brussels, 2 June 2009

To: Dr David WILLIAMS  
Chairman of the UEMS MJC on Emergency Medicine.

Dear Dr Williams,  
Dear Colleague,

On behalf of the UEMS Council, we would like to inform you that your request for endorsement of the European Curriculum in Emergency Medicine was approved by the UEMS Council on the occasion of its Meeting held on 25<sup>th</sup> April 2009 in Brussels.

We would like at the same time to congratulate you for proposing this initiative and we very much look forward to further collaborating with you in order to see this curriculum implemented.


Yours sincerely,

Dr Zdzislaw Frasz  
President



Dr Bernard Maillet  
Secretary-General



 European Society for Emergency Medicine


## *Eur J Anaesthesiol* 2007; 24: 987-990

### Core Curriculum in Emergency Medicine integrated in the Specialty of Anaesthesiology

E. De Robertis, J. McAdoo, R. Pagni, and J.T.A. Knappe

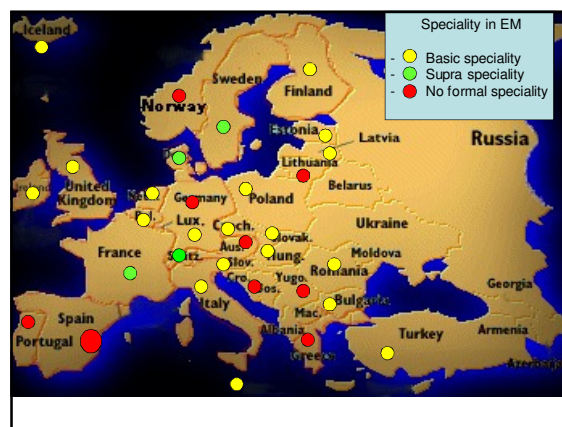
**Approved by the Section and Board of Anaesthesiology<sup>[1]</sup>** Union Européenne des Médecins Spécialistes

<sup>[1]</sup> The areas of expertise of Anaesthesiology are: Peri-operative Anaesthesia care, **Emergency Medicine**, Intensive Care Medicine, Pain Medicine and Reanimation.

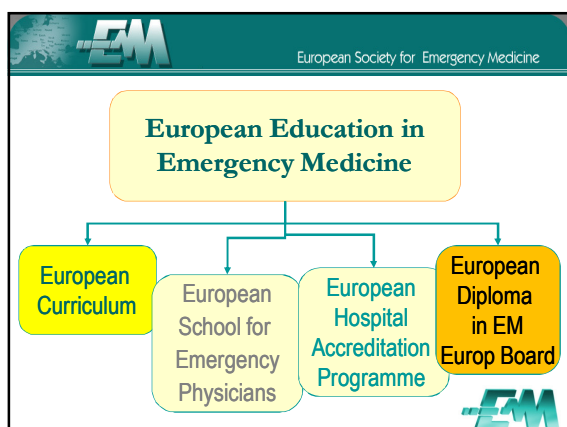
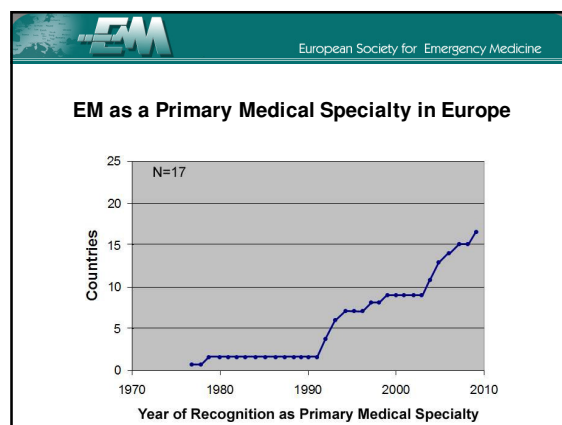
 European Society for Emergency Medicine

## Core Curriculum in Emergency Medicine integrated in the Specialty of Anaesthesiology




- Anaesthesiologists are "Clinical generalist physician specialists"
- 'The training programme in emergency medicine will be fulfilled in the five years of continuous training in anaesthesiology.'
- 'A minimum of four months is recommended to be spent in emergency departments.....'



Evolution of Implementation of EM specialty in EU	
• EU Countries with EM and already in EU Directive (Bulgaria, Czech Republic, Hungary, Ireland, Malta, Poland, Romania, Slovakia, UK)	= 9
• EU Countries with EM and eligible to be in Directive (Belgium, Italy, Latvia, Luxembourg, Slovenia, Finland)	= 6
• EU Countries with EM only as a Supra-Specialty (Denmark, France, Greece, Sweden)	= 4
• EU Countries with <5 year Training Programme (Estonia, Netherlands)	= 2
-----	
• EU Countries with no current specialty of EM (Austria, Cyprus, Germany, Lithuania*, Portugal, Spain*)	= 6
*specialty status under active consideration	









**UEMS MULTIDISCIPLINARY JOINT COMMITTEE ON EMERGENCY MEDICINE**

**EUROPEAN SOCIETY FOR EMERGENCY MEDICINE**


### UEMS Rules of Procedure (amended October 2009)

VI.8. Each Section may create its own European Board..... to guarantee the highest standards of care.....by ensuring that the training is raised to the highest possible level.

VI.10. Although not a **Section** in its own right, each MJC must follow the same rules of procedure as though they were a Section.....

**Proposal to establish European Board of Emergency Medicine approved by Council of UEMS, October 2010**


**UEMS MULTIDISCIPLINARY JOINT COMMITTEE ON EMERGENCY MEDICINE**

**EUROPEAN SOCIETY FOR EMERGENCY MEDICINE**


### 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**


**UEMS MULTIDISCIPLINARY JOINT COMMITTEE ON EMERGENCY MEDICINE**




**EUROPEAN SOCIETY FOR EMERGENCY MEDICINE**




### What is UEMS MJC on EM?

Members from Anaesthesiology, Cardiology, General Surgery, Geriatric Medicine, Internal Medicine, Neurology, Paediatric Medicine, Orthopaedic Surgery, Plastic & Reconstructive Surgery, Intensive Care Medicine & PWG, the Secretary-General & EuSEM




**UEMS MULTIDISCIPLINARY JOINT COMMITTEE ON EMERGENCY MEDICINE**

**EUROPEAN SOCIETY FOR EMERGENCY MEDICINE**


### Standard of European Board/Society Examination in EM

The objective of the Task Force is to develop an examination which expects standards of knowledge, skills and attitudes at least equivalent to those required to be successful in every other European national examination in the specialty of Emergency Medicine


**UEMS MULTIDISCIPLINARY JOINT COMMITTEE ON EMERGENCY MEDICINE**

**EUROPEAN SOCIETY FOR EMERGENCY MEDICINE**


### EU Ministerial Conference on *Europe's Health Workforce of Tomorrow* Brussels, September 2010

- The Belgian Minister of Health commented on the changing ways of practising medicine and gave as two important examples the specialties of 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."*

**EM** European Society for Emergency Medicine

### EuSEM: the Scientific Society

- Federation of National Societies=26 countries  
**17,000 affiliates members**,  
objective=increase number of full members
- Sections and Task Forces, objective=involve more national societies
- Congresses/2 years: EuSEM, MEMC/2 years  
**objective=annual congress**
- 1,000 to 1,400 congress delegates  
**objective=3,000 to 5,000**



**EM** European Society for Emergency Medicine

### EuSEM Developments

<p><b>1- What do we want?</b></p> <ul style="list-style-type: none"> <li>Members, Leaders</li> <li>Recognised scientific society (vs other societies)</li> <li>Powerful society (EU, WHO, lobbying)</li> <li>The best representative for EM professionals in Europe and the World</li> <li><b>Reference in EM in Europe++++</b></li> </ul>	<p><b>2- What do we need?</b></p> <ul style="list-style-type: none"> <li><b>Primary specialty++++</b></li> <li>Strategy: <b>Education, Guidelines, Quality Management, Research</b></li> </ul>
--	--

**EM** European Society for Emergency Medicine

### EuSEM Developments

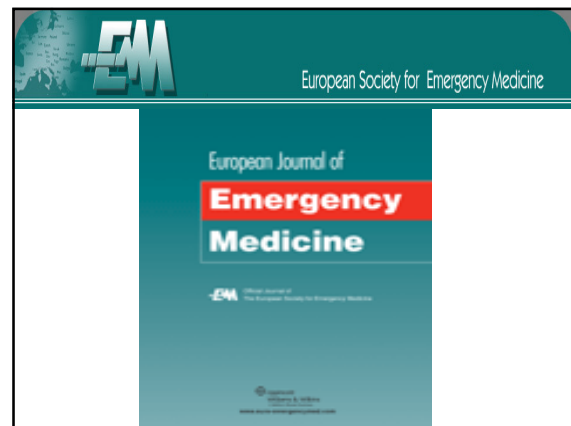
**3- How?**

- EuSEM and the Federation must be one including all European countries
- Attract young generation: residents, fellows=Junior EuSEM association=website, monography-text book
- Increasing subscription and quality of the EJM
- Optimise the fees: merge national and EuSEM membership, simplify registration by the website
- EuSEM congress annually**
- Attract young generation**
- Increase and optimise Committees and Working Groups**
- To be more professional**

**EUROPEAN SOCIETY OF INTENSIVE CARE MEDICINE**

- Division of scientific affairs, Division of professional development, Division of administrative affairs
- 5,000 members
- 12 sections (EuSEM=6, 3 active), 7 working groups (EuSEM=1)
- Barcelona congress 2010 : 6,349 delegates (101 countries)





European Society for Emergency Medicine

### Why We Need the Specialty?

- Safety Care=**SECURITY**
- Well trained doctors=**EDUCATION**
- Expert doctors=**COMPETENCY=EFFICIENCY**
- Best care=**QUALITY**
- Improvement Care=**RESEARCH**
- Best Cost=**COST EFFICIENCY**
- **Community Based-Care=24H/24H**

A slide titled 'Why We Need the Specialty?'. It features the EuSEM logo and the text 'European Society for Emergency Medicine' at the top. Below the title, there is a list of seven bullet points, each representing a benefit of the specialty: Safety Care=SECURITY, Well trained doctors=EDUCATION, Expert doctors=COMPETENCY=EFFICIENCY, Best care=QUALITY, Improvement Care=RESEARCH, Best Cost=COST EFFICIENCY, and Community Based-Care=24H/24H.