









**Emergency Medicine core training Curriculum**

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The European Society for Emergency Medicine was founded in 1994 as a forum for physicians who work within a structure providing pre-, inter- and/or in-hospital emergency medical care

Promotes advancement of EM in Europe  
 Recognises EM as a primary specialty  
 Seeks to establish similar standards of training in EM throughout Europe  
 Recommends Principles of Training and a Core Curriculum  
 Includes Federation of National EM Societies

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**Emergency Medicine**

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**EuSEM Core Curriculum For Emergency Medicine**

Produced by a Task Force of  
 the European Society for Emergency Medicine (EuSEM):  
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Amended and approved by the Council of EuSEM  
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European Journal of

**Emergency Medicine**

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**EuSEM Core Curriculum For Emergency Medicine**

Training Programmes  
 Duration of Training  
 Core Competencies  
**Problem-Oriented Core Curriculum**  
 Core Clinical Skills  
 Research, Training, & Management Skills




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**UEMS Charters & Declarations**

[Charter on Specialist Training \(1993\)](#)  
[Charter on Continuing Medical Education \(1994\)](#)  
[Charter on Quality Assurance in Specialist Practice in the EU \(1996\)](#)  
[Charter on the Visitation of Training Centres \(1997\)](#)  
[Charter on Continuing Professional Development - Basel Declaration \(2001\)](#)  
[Declaration on Promoting Good Medical Care \(2004\)](#)  
[Ensuring the Quality of Medical Care - Budapest Declaration \(2006\)](#)  
[Policy Statement on Assessments during Postgraduate Medical Training \(2006\)](#)




**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
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- Statutory purpose of UEMS is the harmonisation and improvement of medical specialist practice in the European Union
- Key element is education and UEMS is seeking to formulate common policies in the field of training
- 53 Sections & 5 Multidisciplinary Joint Committees




## EM Multidisciplinary Section at the UEMS

- First meeting in Brussels 2005
- Representatives from Sections of Anaesthesia, Internal Medicine, Geriatric Medicine, Paediatric Medicine, General Surgery, Orthopaedics & Traumatology, from Junior Doctors & from EuSEM
- Working towards harmonisation of Teaching, Training and Practice of Emergency Medicine
- Reviewing Curriculum and Competencies

## European Federation of EM Societies



- Austria
- Belgium
- Croatia
- Czech republic
- Denmark
- Estonia
- Finland
- **FRANCE**
- Germany
- Greece
- Ireland
- Israel
- Italy
- Lithuania
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Spain
- Sweden
- Switzerland
- Turkey x 2
- UK



## EUROPEAN SOCIETY FOR EMERGENCY MEDICINE (EuSEM)

### POLICY STATEMENT ON EMERGENCY MEDICINE IN EUROPE

**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, investigation, treatment and management of acute illness and injury from the moment of onset until discharge or referral to another specialty.

**Signed by all the presidents of 22 National Societies during the Federation meeting in Sorrento, september 2007.**

**WHAT IS THE EUROPEAN SOCIETY FOR EMERGENCY MEDICINE?**  
The European Society for Emergency Medicine is currently recognised as an independent specialty in nine member states of the European Union (EU Directive 2005/36/EC) and in some other EU countries. It exists as a superspecialty. The European Society for Emergency Medicine considers 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. All European countries should thus work towards the establishment of Emergency Medicine as a primary medical specialty.

(Emergency Medicine is a primary medical specialty)

### WHAT ARE THE PRINCIPLES OF EuSEM POLICY?

The European Society for Emergency Medicine seeks 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 has 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 SHOULD BE 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. EuSEM has already published a European core curriculum for the specialty and is now working with a Multidisciplinary Joint Committee of the Union Européenne des Médecins Spécialistes (UEMS). This Committee is overseeing a revision of the core curriculum and is considering the principles involved in the establishment and organisation of training programmes of comparable standard in recognised departments across Europe.

## EuSEM Task Force on Curriculum



A group of experts and academicians, representatives of the National Societies in EM affiliate to the EuSEM Federation



## Aim of the Task Force

The aim is to prepare a comprehensive document containing the Curriculum, the Competencies and Structure of Training for the European Emergency Physician



## European Curriculum for Emergency Medicine

A document of the EuSEM Task Force on Curriculum approved by the Council of the European Society for Emergency Medicine and by the UEMS Multidisciplinary Joint Committee on Emergency Medicine

Final Draft (May 2008)

Curriculum Committee Chair  
Roberta Petrino, Italy

EuSEM President  
Gunnar Ohlen, Sweden

UEMS MJC in EM Chairman, EuSEM Immediate Past President  
David Williams, UK

### National Representatives

1. **Belgium** Marc Sabbe, President, Belgian Society for Emergency and Disaster Medicine
2. **Czech Republic** Jana Seblova, President, Czech Society for EM
3. **Estonia** Alexander Sipria, Representative, Estonian Association of E Physicians
4. **France** Abdel Bellou, Representative, French Society of Emergency Medicine
5. **Germany** Thomas Fleischman, Representative, German Society of Emergency Medicine
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7. **Ireland** Patrick Plunkett, Representative, Irish Society of Emergency Medicine, Editor EJEM
8. **Italy** Roberta Petrino, Representative, Italian Society of Emergency Medicine (SIMEU)
9. **Malta** Anna Spiteri, Secretary, Association of Emergency Physicians of Malta
10. **Netherlands** Pieter van Driel, Secretary, Dutch Society for Emergency Medicine
11. **Poland** Ewa Raniczewska, Secretary, Polish Society of Emergency Medicine
12. **Romania** Raed Arafat, President, Romanian Society for Emergency and Disaster Medicine
13. **Spain** Tato Vazquez, Representative, Spanish Society of Emergency Medicine
14. **Sweden** Lisa Kurland, Representative for the Swedish Society for Emergency Medicine
15. **Switzerland** Joseph Osterwalder, Representative, Swiss Society for Emergency Medicine
16. **Turkey** Polat Durukan, Representative, Turkish Academy of Emergency Physicians
17. **UK** David Williams, Representative, College of Emergency Medicine

## Preface

- The essential features of a clinical specialty include
  - a **unique field of action**,
  - a defined **body of knowledge** and
  - a rigorous **training programme**.

## Preface

- **Emergency Medicine has** a unique field of action, and this curriculum document not only incorporates the relevant body of knowledge and associated competencies but also establishes the essential principles for a rigorous training programme

## Preface

- Not all European countries may choose to pursue the path of a **primary medical specialty** at this stage but those that do so choose should be encouraged to adopt this curriculum and to train Emergency Physicians to a **European standard** which will enable them to transfer their skills across national borders.

**That is the main purpose of this multi-national document.**

## Structure of Curriculum

1. Introduction
2. Competencies of the European Emergency Physician
3. System-based core knowledge
4. Symptom-based curriculum
5. Specific aspects of Curriculum
6. Clinical procedures and skills

## Competencies of the Emergency Physician

Recognition of the need of evaluating specialists not only on knowledge and skills but also on several different competencies to avoid frequent medical errors

Accreditation Council for Graduate Medical Education. ACGME Outcome Project; 2006.  
[www.acgme.org](http://www.acgme.org)



## General Competencies for Graduate Training

1. Medical knowledge
2. Patient Care
3. Professionalism, ethical and legal issues
4. Communication and Interpersonal Skills
5. Practice based Learning and Improvement
6. Systems based Practice

Accreditation Council for Graduate Medical Education. ACGME Outcome Project; 2006.  
[www.acgme.org](http://www.acgme.org)

## Specific Competencies for Emergency Medicine

1. Medical knowledge
2. Patient Care
3. Professionalism, ethical and legal issues
4. Communication and Interpersonal Skills
5. Organizational planning and service management skills
6. Academic activities – education and research.

## Medical Knowledge

### The curriculum



## Patient care

- EPs care for patients with a **wide range of pathology** from the life threatening to the self limiting and from all age groups.
- The attendance and number of these patients is unpredictable and they mostly **present with symptoms** rather than diagnoses.
- The provision of care **needs to be prioritised**, and this is a dynamic process.

## Patient care

- **The approach** to the patient is **global** rather than organ specific.
- Patient care includes **physical, mental and social aspects**.
- Patient education and public health aspects must be considered in all cases.

## Communication, Collaboration and Interpersonal Skills

- Emergency Medicine is practised in difficult and challenging environments.
- **Effective communication is essential** for safe care and for building and maintaining good relationships avoiding barriers such as emotions, stress and prejudices.

## Communication, Collaboration and Interpersonal Skills

- EPs must be able to demonstrate communication and interpersonal skills that include:
  - Patients and relatives
  - Colleagues and other health care providers
  - Other care providers such as the police, the fire department and social services
  - Mass media and the general public

## Professionalism and other ethical and legal issues

1. Professional behaviour and attributes
2. Working in a team or as a leader of a team
3. Delegation and referral
4. Patient confidentiality
5. Autonomy and informed consent
6. The competent/incompetent patient
7. Abuse and violence



### Organizational planning and service management skills

- Emergency Physicians must continuously **adapt existing and available resources to meet the needs** of all patients and maintain the quality of care.
  - Case management
  - Quality standards, audit and clinical outcomes
  - Time management
  - Information management

### Education and research

- **Self education and improvement**
- **Teaching skills**
- **Critical appraisal of scientific literature**
- **Clinical and basic research**

### Structure of training

- This part of the document is based on the “**World Federation for Medical Education (WFME) for Quality Assurance for Postgraduate Medical Education in Europe**”, on “**Postgraduate Medical Education and Training Board (PMETB) for Curriculum Development**”, and on UEMS recommendations “**Charter on Training of Medical Specialists** in the European Community”

- PMETB describes the features of a curriculum to be an effective guide for learning, teaching and experience.
- The WFME specifies standards using 2 levels of pertinence:
  - *Basic standards* are the minimal requisited for accreditation and are espressed with a “**must**”.
  - *Standards for quality development* means that a standard is worldwide recognized as the best practice for postgraduate medical education. They are expressed with a “**should**”.

### References

- Postgraduate Medical Education and Training Board. Standards for Curricula. March 2005. Accessed 10.11.2007 [www.pmetb.org.uk](http://www.pmetb.org.uk).
- WFME. Postgraduate Medical Education. WFME Global Standards for Quality improvement. WFME: University of Copenhagen, Denmark, 2007. [http://www.eua.be/fileadmin/user\\_upload/files/newsletter/EUROPEAN-SPECIFICATIONS-WFME-GLOBAL-STANDARDS-MEDICAL\\_EDUCATION.pdf](http://www.eua.be/fileadmin/user_upload/files/newsletter/EUROPEAN-SPECIFICATIONS-WFME-GLOBAL-STANDARDS-MEDICAL_EDUCATION.pdf).

### The Curriculum roadmap

- Approval by the UEMS – May 2008
- Official presentation to the EuSEM congress in Munich – September 2008
- Approval by the Council of UEMS – February 2008

So now it is a UEMS endorsed document!

## The Curriculum Roadmap

- **March 2010** – Creation of the European Board of Emergency Medicine
- **June 2010** – Decision by the EuSEM Council, following a request of the MJC and Board in EM, to create a Task Force for the European “Board Examination” in EM”, like many other specialties in Europe

## Council for European Specialist Medical Assessment (CESMA)

### • Glasgow Declaration on European Board Examinations

The essential components are that the examinations:

- have no Legal Value
- are complementary to National Examinations
- should be considered as Labels of Excellence
- have clarity of **Eligibility Criteria**
- are associated with **well defined Curricula** and Reference Books
- lead to provision of Certificates/Diplomas to successful candidates

## Task Force for EBEEM

1. Roberta Petrino (Chair, Italy)
2. Helen Askitopoulou (Vice-Chair, Greece)
3. David Williams (Chairman UEMS MJC-EM, UK)
4. Abdel Bellou (EuSEM President, France)
5. Raed Arafat (Romania)
6. Ruth Brown (UK)
7. Cornelia Hertel (Sweden)
8. Janusz Sokolowski (Poland)
9. Fernando Schiraldi (Italy)
10. Stefan Trenkler (Slovakia)



**1st Meeting Dec 2010  
Novara, Italy**



**2nd Meeting  
February 2011  
London, UK**

**3rd Meeting  
June 2011  
Bucarest, Romania**



SAVE THE DATE

**ME  
MC** MEDITERRANEAN  
EMERGENCY MEDICINE CONGRESS  
**KOS, Greece**  
10–14 September **2011**

