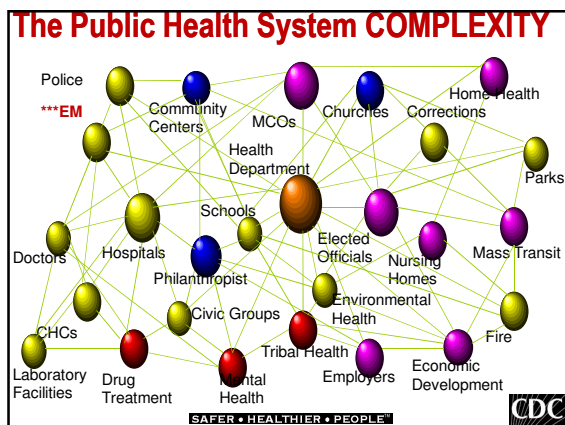




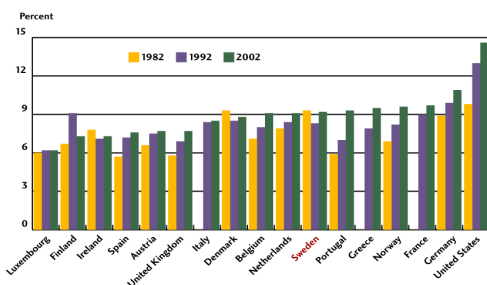
Emergency Medicine in Europe

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

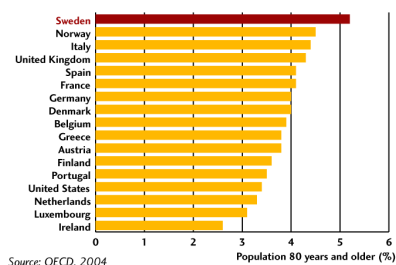
abdelouahab.bellou@chu-rennes.fr or abdel.bellou@voila.fr



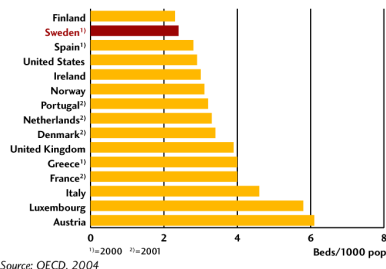
Percent of GDP spent on health care, 1982, 1992, 2002.



Population aged 80 years and older. Percent of total population, 2002.



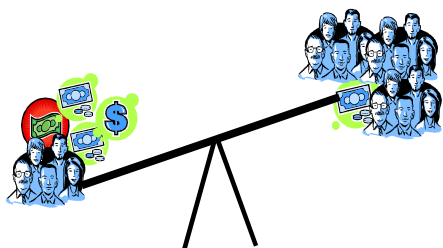
Acute care beds per 1000 population, 2002.



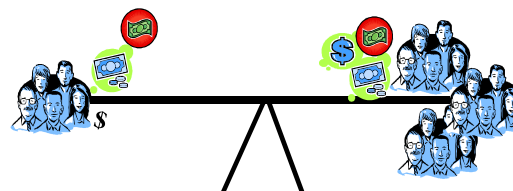
LIMITATIONS OF EM CARE DEVELOPMENT

- Financial Considerations
 - Capability and Capacity (structures and human resources)
 - Which model?
 - Political level
 - Medical Education organisation
 - Lack of descriptive data and Research
- Sasser SM-Bulletin of the World Health Organization, July2006

Imbalance between elective and acute care funding

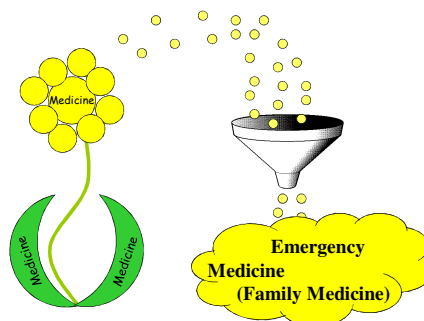
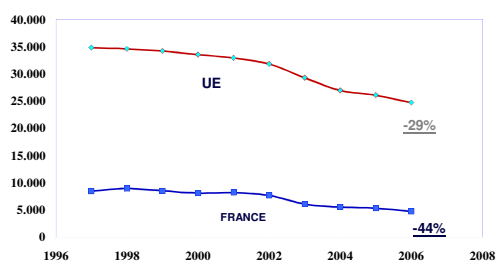


Balance between elective and acute care

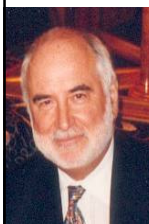


Evolution of Mortality in UE

European Road Safety Observatory
www.erso.edu



EuSEM European Society for
Emergency Medicine



In May 1994, at a meeting in London, UK, 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 Emergency Medicine**.

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

Eusem Website at www.eusem.org



EuSEM
European Society for Emergency
Medicine

[ENTER](http://www.eusem.org)



EuSEM

- Promotes advancement of EM in Europe
- Recognises EM as a primary specialty
- Seeks to establish similar standards of training EM throughout Europe
- Includes Federation of National EM Societies (with affiliated membership of >17,000)



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)*



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



- Formal recognition of specialties was first determined by EU Directive 93/16 (now 2006/100/EC)
- **Emergency Medicine included** in 1993 Directive (as Accident & Emergency Medicine) but only then recognised for UK and Ireland



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

