Why some countries are not willing to develop the speciality of EM

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3rd Intercontinental Emergency Medicine Congress

EPAT
Emergency Physicians Association of Turkey

Not willing to develop the speciality of EM

Content:

- Medical Specialty requirements
- Historical
- Health system model
- Other specialties influence
- Specialty conditions of EM
- Cost
- External influences

Medical Specialty requirements

1. A medically valid body of medical knowledge and techniques;
2. A population sufficiently large to support a specialist in the practice of his specialty;
3. Support and cooperation from both institutions and the medical profession.

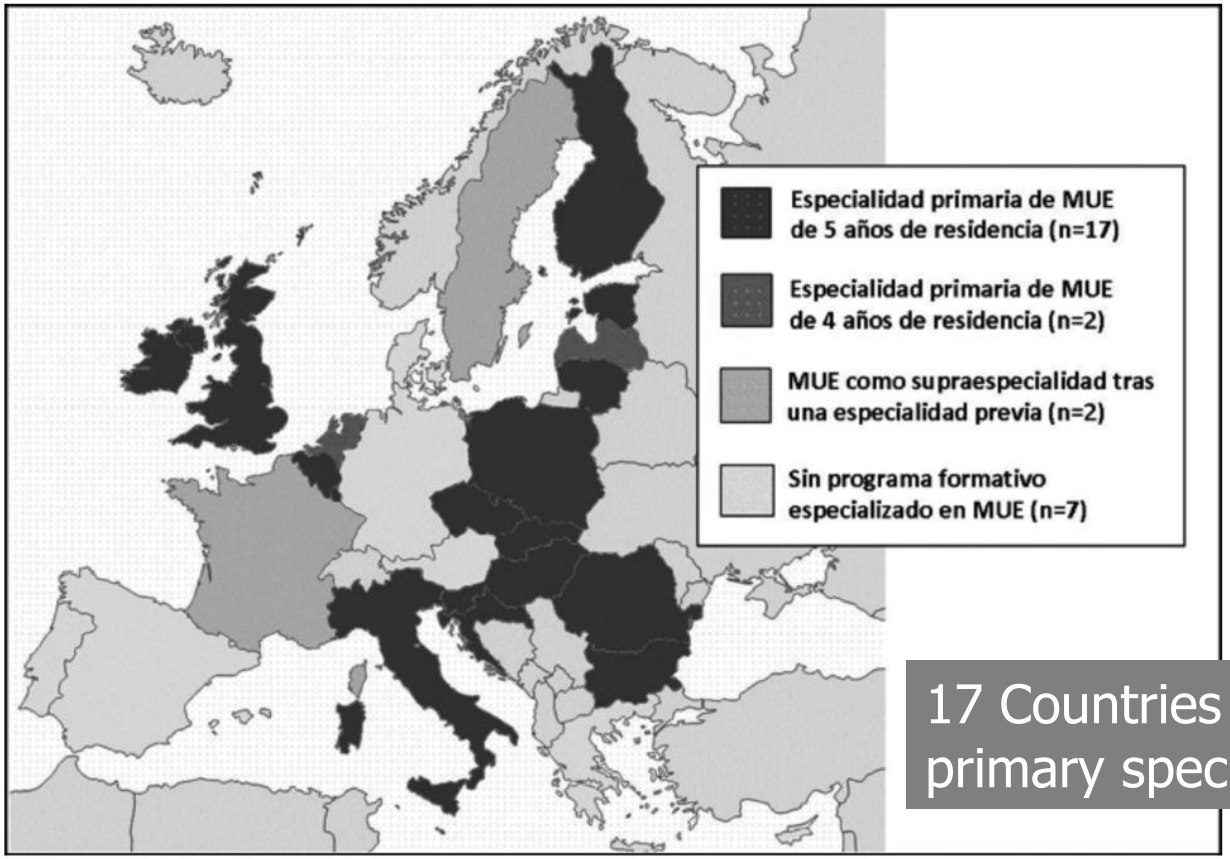
New paradigm of action

Medical Specialty requirements

European requirements for medical specialties recognition.

- Medical specialty creation is a National responsibility.
- Medical specialties should have five years training.
- European Countries should recognize medical specialties if they are common to at least two-fifths of the Member States (12).

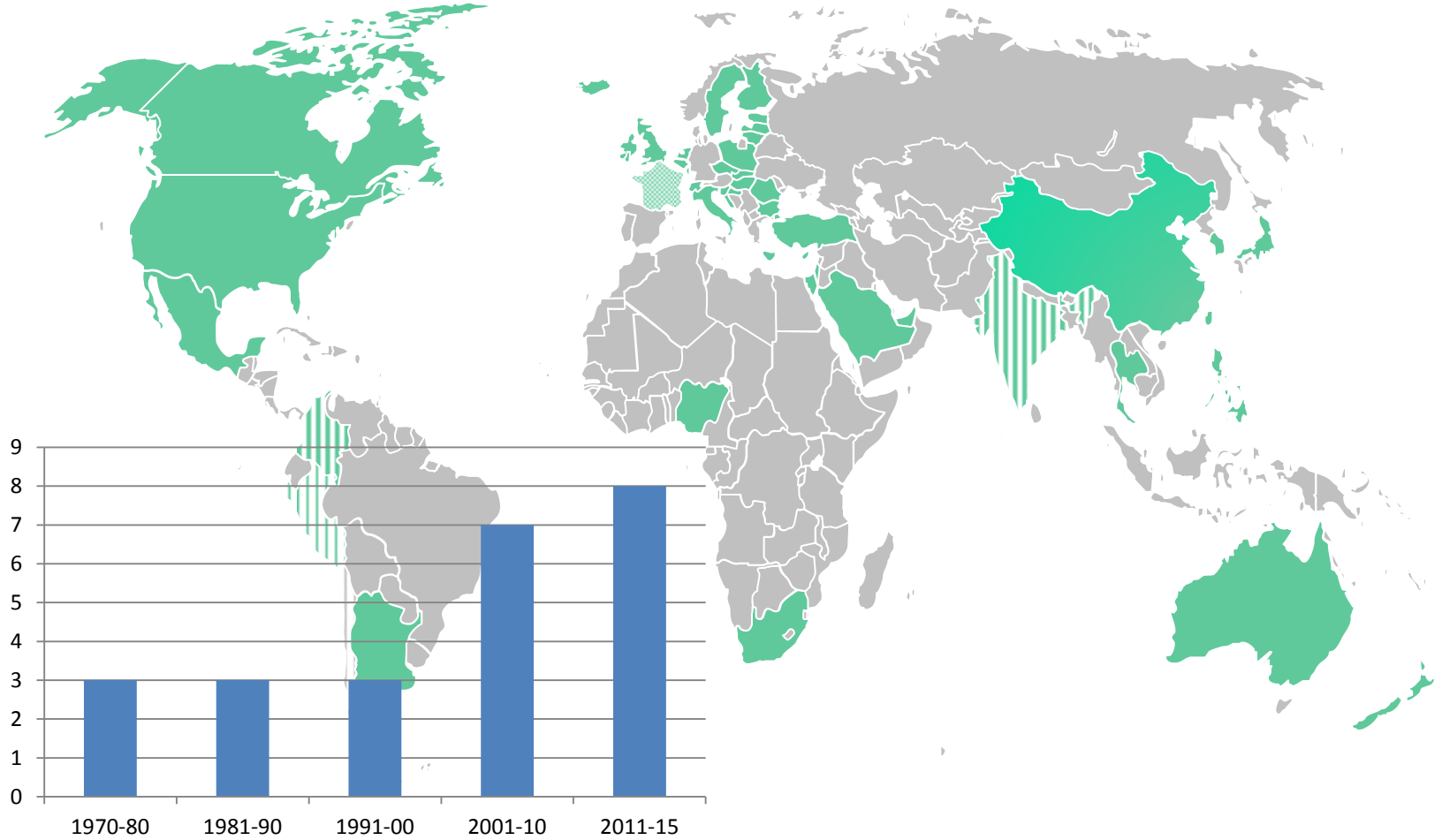
Medical Specialty in EU



17 Countries with primary specialty

Emergencias-2015_27_4_216-218

Emergency Medicine World



35-40 Countries with Formal Training Programs. 1/5

Historical aspects

Military experiences

Civil milestones

In 1966 the National Academy of Sciences published an influential report entitled "Accidental Death and Disability: The Neglected Disease of Modern Society."

Epidemiologic

Traffic accidents

Chronic decompensated diseases

Health system model

EM models

1. Anglo-American Model Hospital-based Emergency Medicine (Emergency Physicians).
2. Franco-German Model Prehospital Care (Emergency Medical Services).
3. Rural Model Community-based Primary Care (General Practitioners/Family Doctors.

Other specialties influence

- ✓ Anesthesia
- ✓ Intensive Care
- ✓ Internal Medicine
- ✓ Family doctors

Family Medicine

semFYC
Sociedad Española de Medicina de Familia y Comunitaria

60% of the new contracts are now on the EM sector.

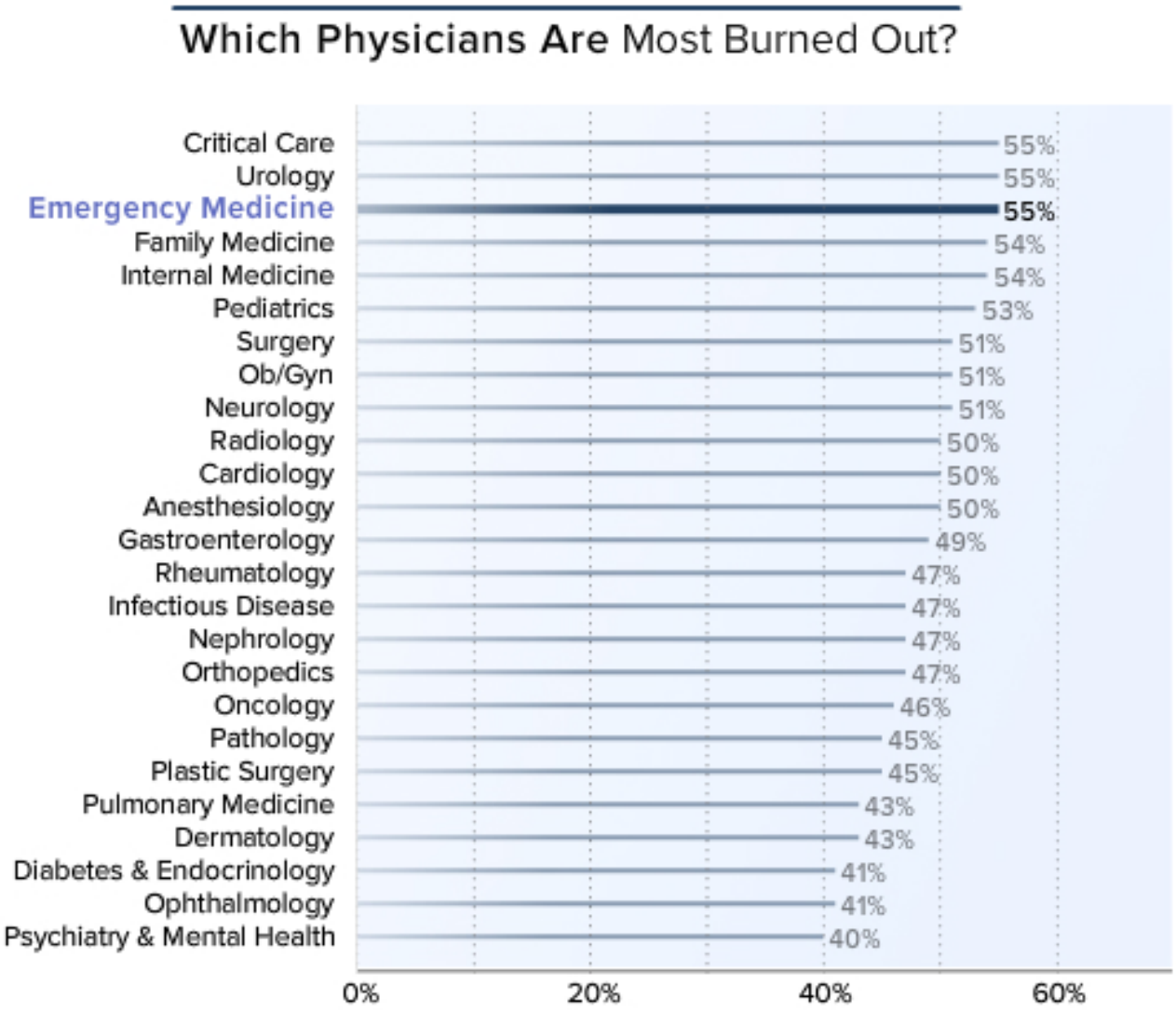
Casi 30 razones para decir NO a la especialidad de urgencias

1. La urgencia es un área de capacitación propia del médico de familia, planificada durante su formación durante el período MIR.
2. El desarrollo de la Troncalidad y la creación de un Área de Capacitación Específica (ACE) de Urgencias como disciplina de alta especialización desde la formación en otras especialidades, es la

Specialty conditions of EM

- Burnout, working conditions.
- No interest on EM.
- Limitations on professional demand.
- Lack of professional carrier.

Burnout



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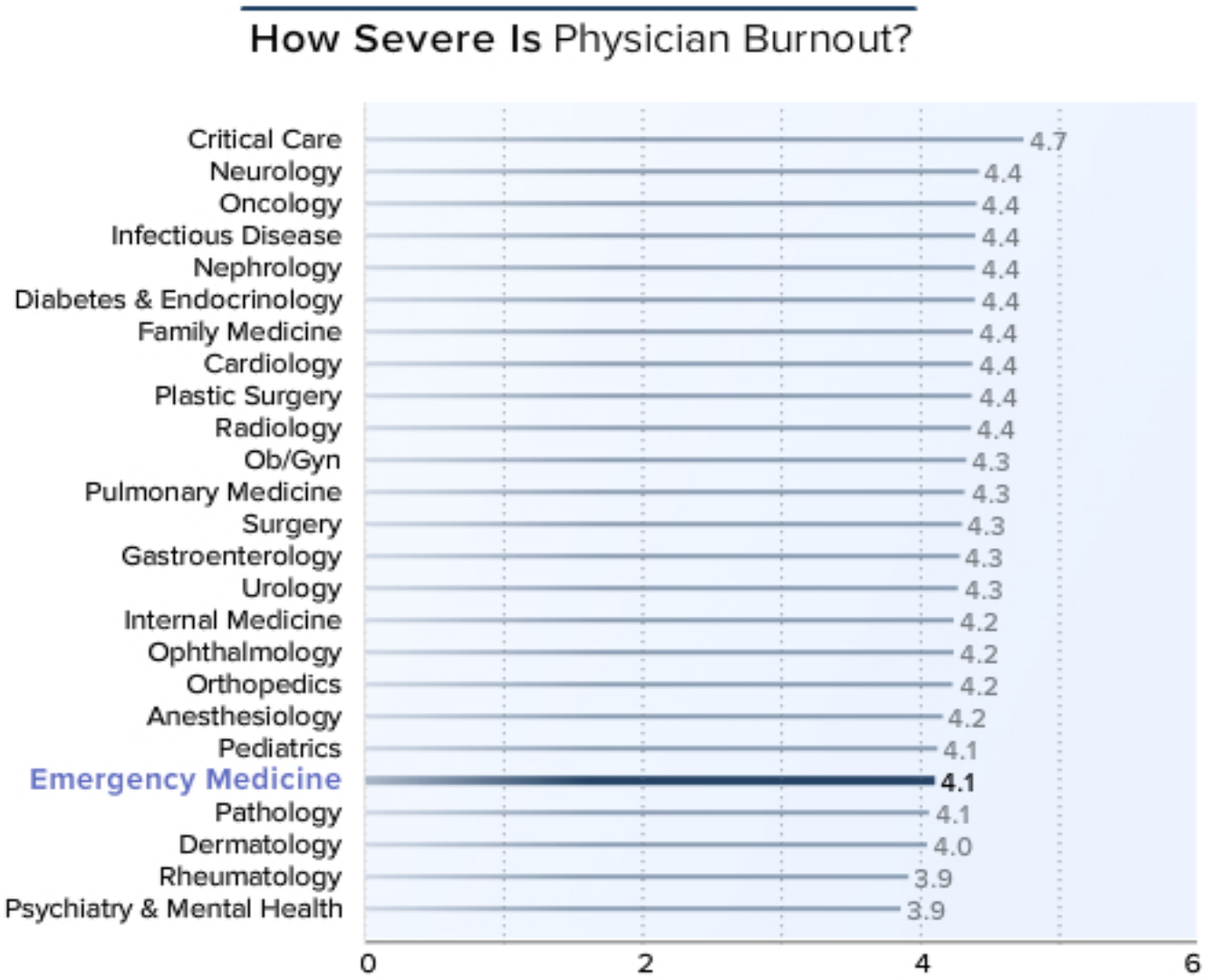
Burno



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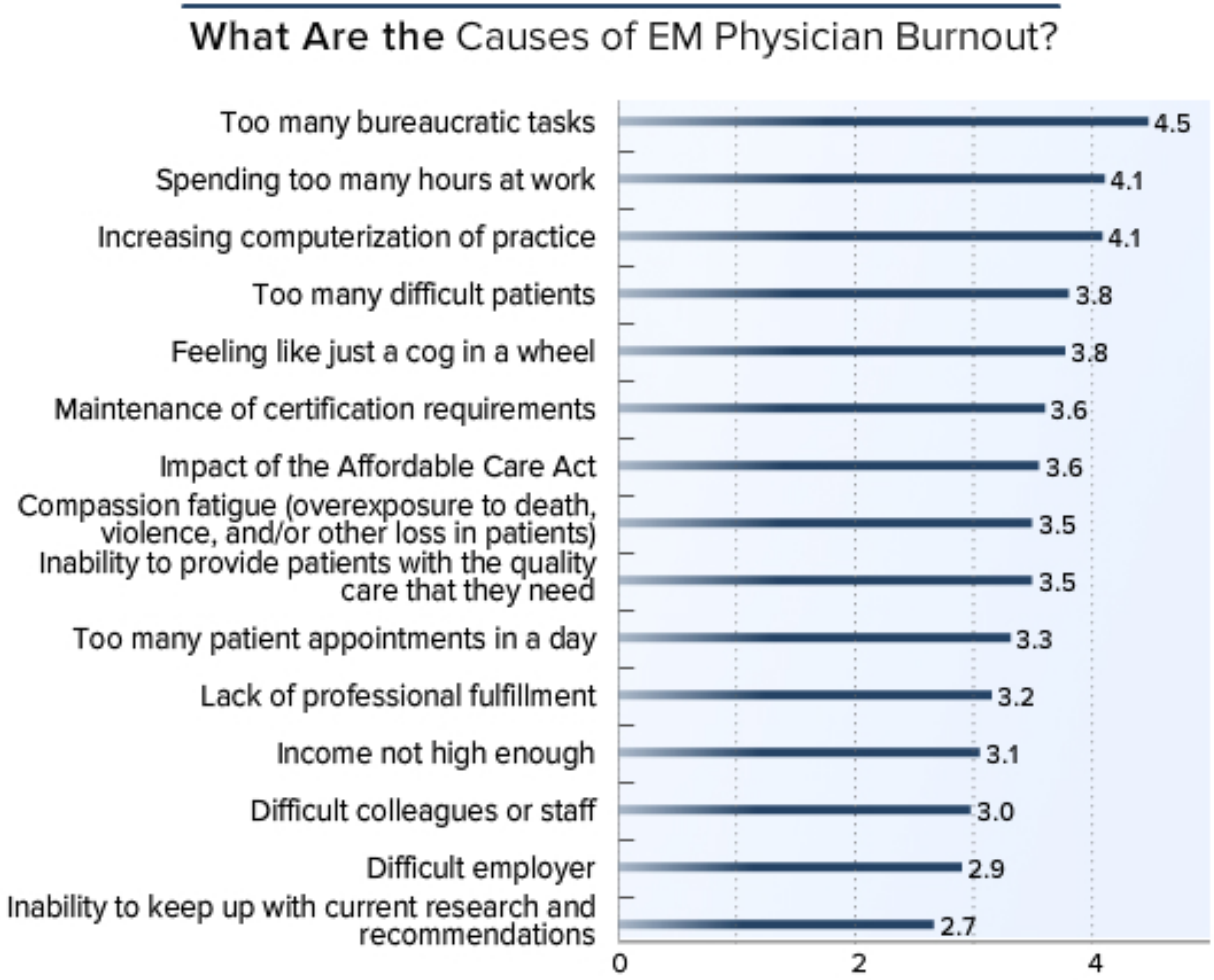
What are de causes of Burnout



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Working conditions

Satisfaction by Specialty

	Overall Satisfaction	Fairly Compensated	Choose Medicine as a Career	Choose the Same Specialty
Dermatology	59%	65%	37%	74%
HIV/ID	53%	46%	58%	54%
Oncology	53%	51%	51%	57%
Pathology	52%	64%	44%	49%
Psychiatry	52%	58%	47%	50%
Emergency Medicine	51%	61%	52%	41%
Gastroenterology	50%	48%	44%	58%
Pediatrics	50%	52%	55%	44%
Urology	50%	48%	43%	60%
Critical Care	48%	47%	54%	44%
Ophthalmology	48%	46%	38%	61%
Anesthesiology	47%	55%	39%	46%
Diabetes/Endocrinology	47%	42%	55%	45%

Satisfaction by Specialty (cont'd)

	Overall Satisfaction	Fairly Compensated	Choose Medicine as a Career
Pulmonology	47%	44%	59%
Radiology	47%	58%	33%
Rheumatology	47%	43%	49%
Family Medicine	46%	49%	62%
Cardiology	45%	42%	40%
Plastic Surgery	45%	41%	35%
Internal Medicine	44%	48%	66%
Neurology	44%	41%	48%
Obstetrics/Gynecology	44%	43%	53%
Orthopedics	44%	39%	37%
Nephrology	43%	42%	48%
Surgery	43%	42%	41%

Interest for EM as specialty

ORIGINAL

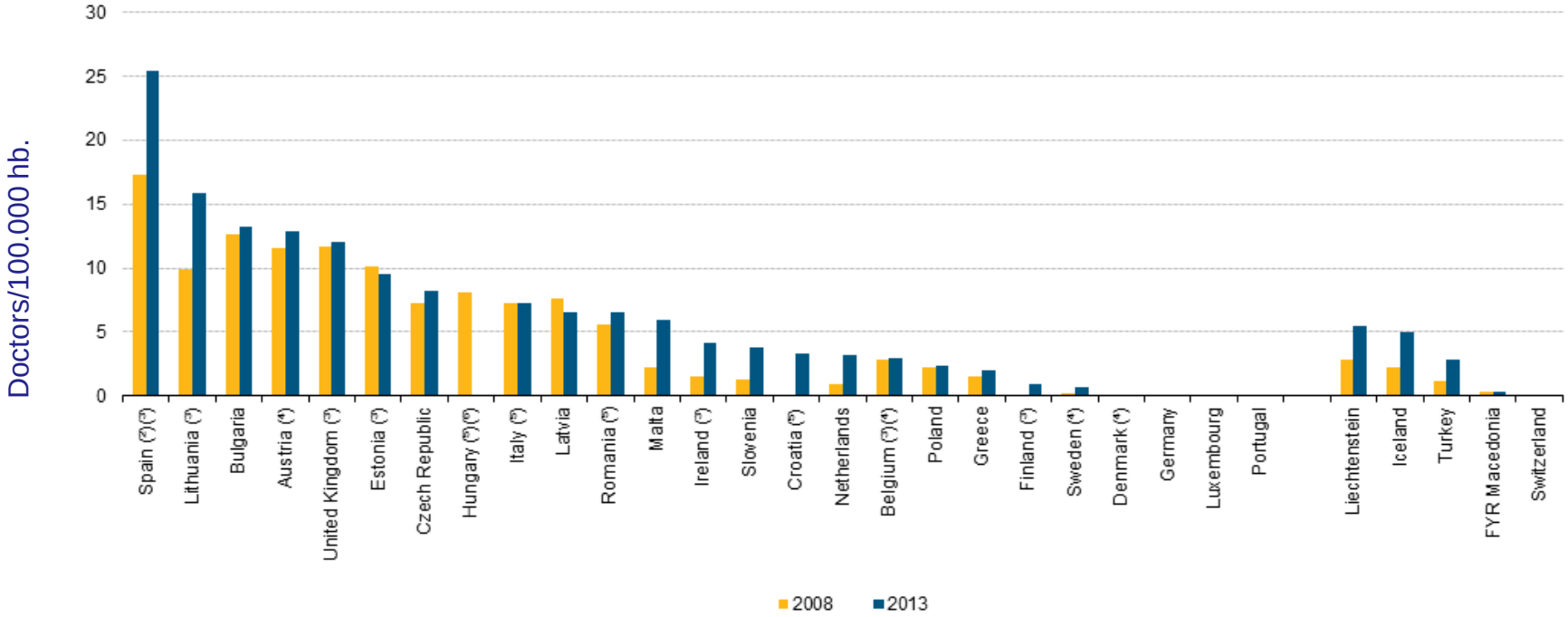
Predisposición de los aspirantes a médico interno residente (MIR) a escoger la especialidad de Medicina de Urgencias y Emergencias y factores relacionados

Tomás TORANZO CEPEDA[1], Francisco José ARAMBURU VILARIÑO[2], Luis GARCÍA-CASTRILLO RIESGO[3], Juan ALGARRA PAREDES[4], Francisco NAVARRO DÍAZ[5], Santiago TOMÁS VECINA[6], Manel CHANOVAS BORRÁS[7], José LÁZARO GONZÁLEZ[1]

EM should be created	87%
EM as first option	9%
Prone to select EM	40%

Limitations on professional demand

Emergency Physician year 2008-2013



(1) Practising physicians unless otherwise stated. Greece, the Netherlands, Finland, the former Yugoslav Republic of Macedonia and Turkey: professionally active physicians. Ireland, Portugal and Liechtenstein: licensed physicians. France, Cyprus and Slovakia: not available.
(2) Data for 2010 instead of 2008.
(3) Break in series.
(4) Data for 2012 instead of 2013.
(5) Data for 2009 instead of 2008.
(6) 2013: not available.
Source: Eurostat (online data code: hlth_rs_spec)

Lack of professional carrier

- ✓ Disaster medicine
- ✓ Emergency medical services
- ✓ Hospice and palliative medicine
- ✓ International Emergency Medicine and Global Health
- ✓ Medical toxicology
- ✓ Pediatric emergency medicine
- ✓ Research
- ✓ Simulation
- ✓ Sports medicine
- ✓ Toxicology
- ✓ Ultrasound
- ✓ Undersea and hyperbaric medicine
- ✓ Wilderness medicine

Cost

ED 2% of health cost

"Nonemergency utilization of the emergency department requires the same resources that would be utilized in an office setting.

Cost

Health in the European Union

Healthcare expenditure

Current healthcare expenditure (% GDP)

NETHERLANDS	11.8 %	PORTUGAL	9.7 %	HUNGARY	7.7 %	LUXEMBOURG	6.8 %
FRANCE	11.2 %	SPAIN	9.2 %	BULGARIA	7.7 %	LITHUANIA	6.4 %
GERMANY	10.9 %	GREECE	9.2 %	SLOVAKIA	7.6 %	POLAND	6.3 %
BELGIUM	10.9 %	SWEDEN	9.1 %	CZECH REPUBLIC	7.4 %	LATVIA	6.0 %
DENMARK	10.6 %	FINLAND	8.7 %	CYPRUS	7.3 %	ESTONIA	5.8 %
AUSTRIA	10.4 %	SLOVENIA	8.6 %	CROATIA	7.0 %	ROMANIA	5.5 %

Other External influences

Social evolution

Economics

Needs

Political agenda

Not willing to develop the speciality of EM

Summary

Actual tendency in EU and world wide is to regularize EM practice.

No strong argument against EM as medical specialty.

Debate will go on looking for a cost/effective model.

European Society for Emergency Medicine (EuSEM)

EPAT 1999 Emergency Physicians Association of Turkey

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