

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS





UEMS MULTIDISCIPLINARY JOINT
COMMITTEE ON EMERGENCY
MEDICINE

EUROPEAN SOCIETY
FOR EMERGENCY
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European Board of Emergency Medicine

Dr David Williams

Chairman UEMS Multidisciplinary Joint Committee
& European Board of Emergency Medicine

(Past-President European Society for Emergency Medicine
& UK College of Emergency Medicine)



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What is Emergency Medicine?

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)



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What is the European Society for Emergency Medicine (EuSEM)?

- Represents the specialty of EM in Europe
- Includes Federation of 25 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

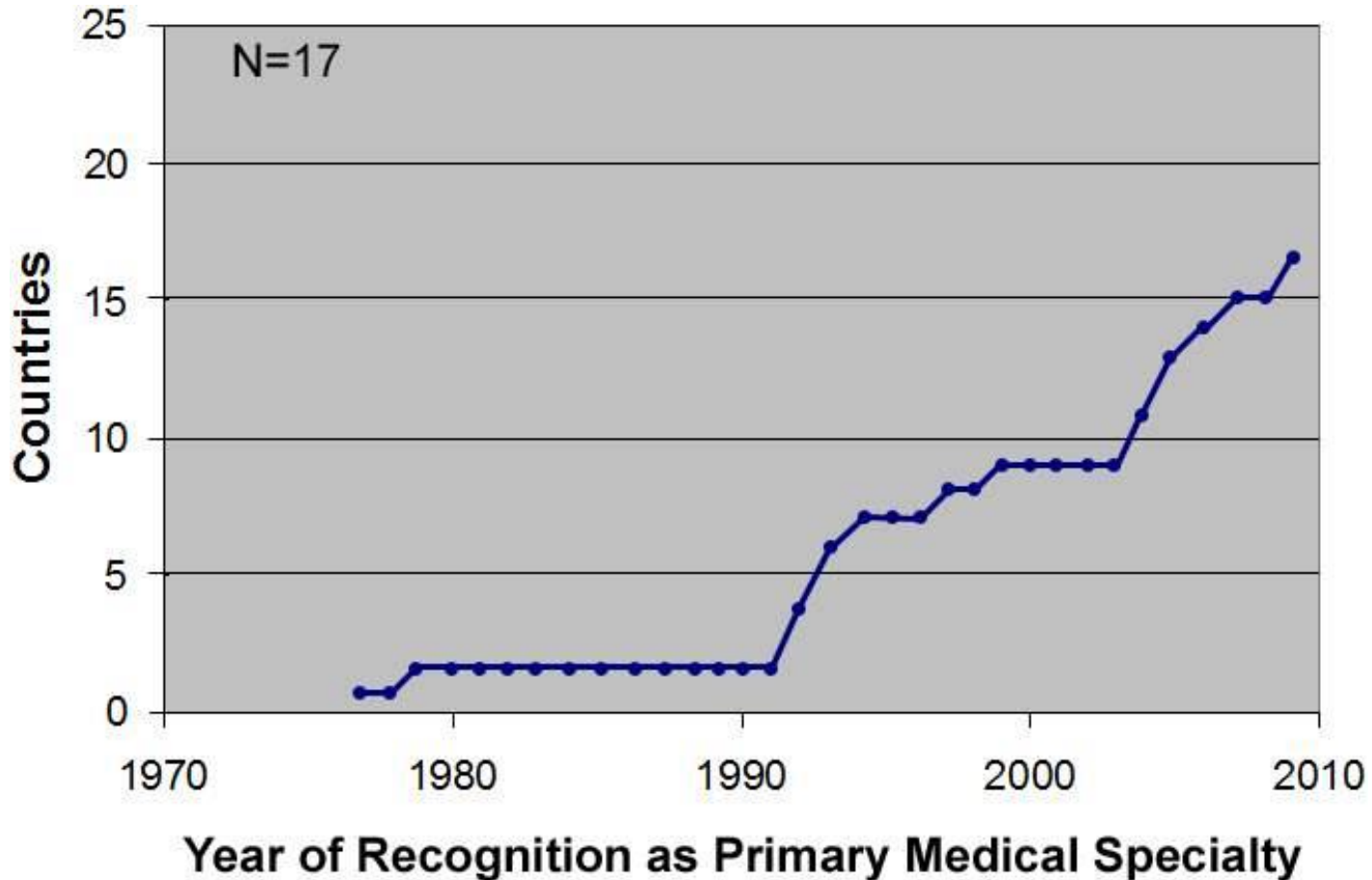


What is the current status of EM in the EU?

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



Growth of EM as a Primary Medical Specialty in Europe





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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



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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 EM and **endorsed by the Council of UEMS at their plenary meeting in Brussels on 25 April 2009**



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



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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, 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 EUROPEAN SOCIETY FOR EMERGENCY MEDICINE (EUSEM)?

The European Society for Emergency Medicine (EUSEM) incorporates a Federation which currently includes 24 European national societies of Emergency Medicine and represents more than 14,000 medical members in Europe.

WHAT IS THE MULTIDISCIPLINARY JOINT COMMITTEE (MJC) ON EMERGENCY MEDICINE?

The MJC on Emergency Medicine (MJC - EU) is a Committee of the Union ~~Europeenne des Medecins Specialistes~~ (UEMS). It includes representatives from the UEMS Sections of Anaesthesiology, Gynaecology, Internal Medicine, Orthopaedics, Paediatrics and Surgery, the MJC on Intensive Care Medicine, the FPMG of Junior Doctors, the Secretary-General of UEMS and the European Society for Emergency Medicine.

WHAT IS THE CURRENT STATUS OF EMERGENCY MEDICINE IN EUROPE?

Emergency Medicine is currently recognised as an independent specialty in three member states of the European Union (although only nine are listed in the EU Directive 2005/36/EC) and in five EU countries it exists as a ~~subspecialty~~. 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. It is thus recommended that other European countries should work towards the establishment of Emergency Medicine as a primary medical specialty.

WHAT ARE THE PRINCIPLES OF EUSEM and MJC - EM POLICY?

The European Society for Emergency Medicine and the Multidisciplinary Joint Committee on EM 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 MJC - EM 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 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. A multi-national Task Force of EUSEM has been working with the Multidisciplinary Joint Committee on Emergency Medicine (MJC - EU) of the Union ~~Europeenne des Medecins Specialistes~~ (UEMS) and recently finalised a comprehensive Core Curriculum for Emergency Medicine in Europe. This curriculum includes the principles involved in the establishment and organization of training programmes of comparable standard in recognised departments across Europe and was formally endorsed by the Council of UEMS at a plenary meeting in Brussels on 25 April 2009.

SUMMARY OF EUSEM & MJC - EM POLICY

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.



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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)**



Objectives of MJC – EM and EuSEM Policy

- The highest quality of emergency care for all patients
- The delivery of such care by specialists trained in
Emergency Medicine
- Education and training programmes to deliver the
agreed Core Curriculum
- **Assessment and examination structure to confirm that
the necessary competencies have been acquired**



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**



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





EM Exams in EU Countries

Some issues arising from 1st meeting

- Standard to be required
- Responsible body (Board or Society?)
- Organisation and finance
- Structural format of examination
- Eligibility



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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



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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.”*



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EM Exams in UEMS Full and Associate Member Countries

- N = National Exam only = 12
- O = No exam in that country = 7
- U = Unrecognised specialty = 9
- ? = No information = 6

EM in UK

- 1972 32 Consultants appointed in UK – an experiment!
- 1977 First Training Programme in UK
- 1993 UK Faculty of EM linking Royal Colleges of Physicians, Anaesthetists and Surgeons
- 2008 College of Emergency Medicine

