

# Another year without recognition for emergency medicine training in Spain

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Two thousand and eleven is coming to an end, and it has been a historic year for EMERGENCIAS. The progressive improvement in quality of the journal<sup>1-5</sup> has been recognized and rewarded by the publication of its first impact factor, which has catapulted it into an elite group of Spanish research journals and the most prestigious international journals in the field of Accident and Emergency Medicine (EM)<sup>6-9</sup>.

But from the point of view of EM in Spain, 2011 will also be remembered as another year lost before our specialty status is normalized. The lack of recognition as a primary specialty in the Spanish health system remains a huge deficit for both patients and professionals. For patients it means there is no assurance of finding a professional specifically trained and specialized in EM, in each encounter with hospital emergency departments (EDs) or medical emergency systems (MES). For professionals it means their training continues to depend on personal choice and effort, coming as we do from diverse backgrounds and without specific training for the work we perform. It is true that during the last legislative term we came closer than ever to official recognition. Promises on specialty status were repeatedly made by three successive Health Ministers<sup>10-12</sup>, momentarily stalled by a Royal Decree that considered EM a multi-professional area requiring prior specialization in another area before being allowed to specialize in EM<sup>13</sup>, and finally re-negotiated towards recognition as a primary specialty by the Ministry of Health after interventions by the Spanish Society of Accident and Emergency Medicine (SEMES): as just another of the 44 medical specialties currently offered in Spain for physicians under the Medical Intern Residency (MIR) system<sup>14</sup>. But unfortunately the authorities lacked po-

litical courage more than time for this draft Royal Decree to be approved, which would have ended more than 20 years of petition, delay and abnormal structural design in specialized medical training of our national health system.

The limited space of an Editorial does not allow a full and detailed account of all the arguments in favor of creating the specialty of EM, and the interested reader is referred to previous articles on this topic<sup>15-17</sup>. But I would draw the reader's attention to a few papers published in this journal that reflect the need and justice of our claim. Some arguments are compelling, like the fact that 2.4% of Spanish medical students would choose EM as their first option when deciding on what area to specialize in, and 52.1% included EM among their preferences<sup>18</sup>. And above all, this early vocation is consolidated once they finish their undergraduate studies in medicine: 9% of future residents choosing a place in the MIR 2010 call-up would have chosen EM if it had been available<sup>19</sup>. Among them, those who finally chose Family-Community Medicine and Critical Care were those who most often would have specialized in EM<sup>19</sup>. Then there the bold steps taken by SEMES to incorporate into daily routine and organization of the ED and MES certain structures already present in countries where EM is a primary specialty (such as the United Kingdom, Ireland, USA, Canada or Australia, to name a few), which have contributed to modern emergency assistance in Spain during the last few decades. Suffice to mention the widespread implementation of ED triage systems, with the development of our own (the SET, the Spanish triage system)<sup>20-23</sup>, the implementation of a national plan on patient safety in the ED<sup>24,25</sup>, active collaboration in the development of legislation on the provision of automated

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external defibrillators in public places<sup>26</sup>, the certification of physicians working in the ED by annual review, the accreditation of ED and MES based on quality standards developed by SEMES with professional consensus, involvement in the training of other professionals for out-of-hospital emergencies<sup>27</sup> or participation in developing international training plans in EM at both undergraduate and graduate levels<sup>28,29</sup>.

Finally, I would stress that EM has recently become a full section in its own right within the Union Européenne des Médecins Spécialistes (UEMS), a European body with advisory capacity on legislation by the European Commission, the Council and the European Parliament. Further information on this is available in another editorial published in the same issue of EMERGENCIAS<sup>30</sup>. This is not a trivial matter. In the new Europe with free movement of capital, goods and citizens, the possibility of medical specialists being able to practice anywhere in Europe requires official recognition and accredited training by all member states. And this must apply equally to Spanish EM specialists, who should be on a par with our European colleagues. The new head of the Ministry of Health will find it easy to complete the EM specialty project; it only needs the final decision to recognize de jure what already exists de facto. The time has come to approve, regulate, standardize and potentiate the specialty of emergency medicine for the benefit of our citizens and our professionals. We just cannot afford to let another year slip by without it.

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