EDITORIAL

Emergency medicine as a specialty in the European context

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The European Union (EU) does not directly control the healthcare model offered in each of its member countries and these models are as diverse as the more than 50 languages spoken in Europe, with different funding, organization and objectives.

Such diversity can lead to problems when applying the rules of the EU Treaty such as the free movement of goods and workers[1] and, specifically, health professionals, since the quality of care and professional development has to be ensured. This is now a reality in practically all EU countries, and in some countries, such as the United Kingdom, 30% of the total number of registered physicians are immigrants[2,3].

In the European context there are a number of non-governmental organizations (NGOs) that influence decision-making bodies such as the European Commission or Council and the European Parliament, which have legislative power for member countries. In the health sector, the Union Européenne Des Médecins Spécialistes (UEMS) plays a key role, although there are other bodies. Other NGOs play an important role as consultants to the European Commission; in health matters, these include: the European Association of Senior Hospital Physicians, the Standing Committee of European Doctors, the European Conference of Medical Orders, the European Medical Students' Association, the European Federation of Salaried Doctors, the Permanent Working Group of European Junior Doctors and the European Union of General Practitioners[4]. All have power to influence EU decision-making bodies in their specific areas.

UEMS is a nonprofit organization which represents member states and those associated to the EU, through National Medical associations (General Council of Physicians in the case of Spain). Today it has 35 member countries, representing 37 medical specialties divided into sections or divisions and multi-disciplinary groups, involving 1.4 million specialists in Europe. The objectives of the UEMS are to harmonize the levels of medical specialist training across Europe, to facilitate the free movement of professionals, and to ensure quality of care and professional development. Its functions include the representation and defense of specialist physicians with respect to EU authorities[5,6]. To achieve these objectives, it has created sections and boards representing each of the medical specialties and an accreditation model for post-graduate training to ensure uniformity of specialist qualifications through a specific curriculum and training program[7].

UEMS has been in operation since 1958 with the founding of the European Economic Community, in order to establish common criteria for specialists which would allow mobility between member countries. This is achieved through recommendations and standards on critical aspects of postgraduate training (such as continuing education or professional degree) and quality practice guidelines. These recommendations are used by decision-makers and health professionals to ensure quality specialized assistance in Europe and are grouped in Chapters[6]. One of its key achievements was the creation of the EACCME (European Accreditation Council for Continuing Medical Education), which encompasses national accreditation agencies and ensures the quality of the training courses in Europe, which involves accreditation agencies of continuing education in our country

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(National Commission on Continuing Education in the National Health System, regulated by RD 1142/2007). The EACCME issues so-called "EACCME credits" if they meet the criteria established, after payment of a fee[8].

Accident and emergency medicine (EM) is not a recognized specialty in all EU countries. Today EM is registered as a primary specialty in a European Commission Directive in 9 of the 27 members, and in 5 other countries it exists as supraspecialty. In addition, it exists as a primary specialty in four countries not included in the directive. The UEMS rules require that at least one third of EU countries have a recognized specialty to create a section, which is the highest body of representation in the Council of the UEMS. In 2005, the European Society for Emergency Medicine (EuSEM) together with UEMS constituted a multidisciplinary group (the Multidiscilinary Joint Committee, MJC), which includes representatives from other specialties. In these early meetings in Brussels there were representatives of the UEMS sections of anesthesia, internal medicine, geriatrics, surgery, cardiology, traumatology and pediatrics together with the working group of the EuSEM and EJD (European Junior Doctors). The objectives of the group focused on: promoting maximum quality in the management of all patients with urgent procedures, establishing a standard for the practice of EM in Europe, promoting the principle that all urgent care be performed by specialists trained in EM, and establishing training programs according to an approved curriculum. The main achievement of the group in these early years was to define the European curriculum on EM, which was finally approved in April 2009 in Brussels by the Council of UEMS[10,11]. Other entities, such as the International Federation for Emergency Medicine (IFEM), have made similar efforts but without the support of an international structure[12]. The existence of a European Curriculum allows uniformity of the training program in those countries that have opted for EM as a primary specialty, and is the reference model for the European Commission, as in other specialties[13,14]. Another key document was that presented by the MJC and EuSEM on EM, accepted by the Council of UEMS in October 2009[15]. One of the objectives of the MJC is the creation of an examination test to accredit the level of professional training to established European standards. The MJC/European Board of Emergency Medicine is a full member of CESMA (Council for European Specialist Medical Assessments) and, together with the EuSEM, has recently established a working group to develop an examination which proves competence and training of professionals in Europe. This project, already underway in other specialties such as neurology, intensive care, urology, surgery or pediatric surgery, is a long-term endeavour due to the difficulties of implementation. The MJC option is for those specialties that are not recognized and could be multidisciplinary. This is the current situation of the specialty of intensive care[16]. Members of the group decided to take a further step forward with the request for the creation of a board in EM, which was achieved at the meeting of UEMS Council in Prague in October 2010, with the same constituents as the MJC and the same objectives. Finally, the creation of a section of EM was achieved at the Naples meeting in October 2011 and, once constituted, represents full acceptance of the specialty of emergency medicine within UEMS and the possibility of influencing decisions through recommendations to the Council of UEMS to be transmitted to the European Commission. This new scenario is a major achievement: it provides a legal framework for the promotion of emergency medicine in Europe and Spain and, ultimately, seeks greater guarantee of quality of emergency care of patients and the promotion of its professionals.

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