SPECIAL ARTICLE

Key Points of the Official Training Program for the Specialty of Emergency and Urgent Care Medicine in Spain

Agustín Julián-Jiménez[1,2], Carmen del Arco Galán[1,3], Rosa Ibán Ochoa[1,4,5], Pere Llorens[1,4,6], Rafael Calvo Rodríguez[1,7], Rafael Castro Delgado[1,8], Javier Jacob Rodríguez[1,9], Iria Miguéns Blanco[1,10], Mireia Puig Campmany[1,11]

For Emergency and Urgent Care Medicine (MUYE), July 2nd, 2024, will forever be remembered in Spanish health care as the date when the most anticipated and significant milestone was finally achieved—after an exceedingly long and arduous journey—with the publication of Royal Decree 610/2024, which established the title of Specialist Physician in Emergency and Urgent Care Medicine (MUYE). Currently, the specialty of MUYE is on the verge of the publication of an "SND Order" (a regulation issued by the Spanish Ministry of Health) that will define the final structure of the official training program (OTP) for MUYE, the evaluation criteria for physicians in training, and the accreditation requirements for the MUYE teaching units (TUs). In 2025, the National Commission for the Specialty (CNE) of MUYE prepared the OTP, which must be ratified by the Consejo Nacional de Especialidades en Ciencias de la Salud (CNECS). Without a doubt, this OTP represents an unprecedented, innovative, and highly significant framework, with distinctive features that set it apart from other specialty programs within the CNECS. The MUYE OTP must serve as the fundamental tool for training both competent and compassionate specialists, integrating professionalism, humanism, and excellence through the acquisition of the competencies, skills, knowledge, and experience necessary to complete the 4 years of specialized medical training. The objectives of this article are to present the most relevant, distinctive, and innovative aspects of the MUYE OTP (recently published as a Draft Order for public consultation by the Spanish Ministry of Health), including its competency areas—"transversal" (shared with all other specialties in Health Sciences), "common" (developed jointly by the Delegated Commission on Immediate Care for both Family and Community Medicine (MFyC) and MUYE), and "specific" (unique to MUYE); and the accreditation requirements for the TUs, which will comprise 3 key training settings representing the essential environments for the learning and professional development of MUYE specialists: the emergency department of the teaching reference hospital, the Emergency Medical Services (EMS), and the emergency department of the teaching hospital.

Keywords: Teaching. Training program. Specialty. Emergency Departments. Emergency Medical System.

Puntos clave del Programa Oficial de la Especialidad de Medicina de Urgencias y Emergencias en España

El 2 de julio de 2024 se publicó en España el Real Decreto 610/2024, por el que se establece el título de Médica/o Especialista en Medicina de Urgencias y Emergencias (MUYE). En la actualidad y en este escenario, la especialidad de MUYE está en puertas de la publicación de una "Orden SND" (norma emitida por el Ministerio de Sanidad) que certifique el itinerario definitivo del programa formativo oficial de la especialidad (POE) de MUYE, los criterios de evaluación de los especialistas en formación y los requisitos de acreditación de las unidades docentes (UD) de MUYE. La Comisión Nacional de la Especialidad (CNE) de MUYE ha elaborado en el año 2025 el POE que deberá ser ratificado por el Consejo Nacional de Especialidades en Ciencias de la Salud (CNECS). Se trata, sin duda, de un POE inédito, novedoso, relevante y con aspectos muy diferenciales del resto de POEs de las otras especialidades en Ciencias de la Salud que integran el CNECS. El POE de MUYE debe ser la herramienta fundamental para formar a buenos especialistas conjugando el profesionalismo, el humanismo y la capacitación de excelencia a través de la adquisición de las competencias, habilidades, conocimientos y experiencia necesarios para superar los 4 años de formación sanitaria especializada. Los objetivos de este artículo son dar a conocer al lector los aspectos más destacados, diferenciales y novedosos del POE de MUYE (publicado recientemente como Proyecto de Orden en audiencia e información pública por el Ministerio de Sanidad), entre los que destacan sus áreas competenciales ("transversales" que son compartidas con el resto de especialidades en Ciencias de la Salud, "comunes" que han sido elaboradas por la Comisión Delegada de Atención Inmediata para la especialidad de Medicina Familiar y Comunitaria -MFYC- y la de MUYE, y las "específicas" propias de MUYE), así como los requisitos de acreditación de las UD que van a integrar a tres dispositivos docentes que representan los distintos escenarios que son imprescindibles en el aprendizaje y capacitación del especialista en MUYE (el servicio de urgencias del hospital de referencia docente, el servicio de emergencias médicas y el servicio de urgencias del hospital docente).

Palabras clave: Docencia. Programa formativo. Especialidad. Servicios de Urgencias. Sistema de Emergencias Médicas.

Author Affiliations:
[1]Comisión Nacional de la Especialidad de Medicina de Urgencias y Emergencias.
[2]Servicio de Urgencias y Área de Docencia, Formación, Investigación y Biblioteca, Complejo Hospitalario Universitario de Toledo; IDISCAM; Universidad de Castilla La Mancha, Toledo, Spain.
[3]Servicio de Urgencias, Hospital Universitario La Princesa, Madrid, Spain.
[4]Comisión Delegada de Atención Inmediata del Consejo Nacional de Especialidades en Ciencias de la Salud.
[5]Servicio de Urgencias, Hospital Universitario Rio Hortega, Valladolid, Spain.
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Author Contributions:
All authors have confirmed their authorship in the author's responsibilities document, publication agreement and assignment of rights to EMERGENCIAS.

Corresponding Author:
Agustín Julián-Jiménez
Servicio de Urgencias.
Jefe de Estudios.
Coordinador de Docencia, Formación, Investigación y Biblioteca.
Complejo Hospitalario Universitario de Toledo.
Avda. Río Guadiana, s/n.
45071 Toledo, Spain.

Email:
agustinj@sescam.jccm.es

Article Information:
Received: 19-10-2025
Accepted: 20-10-2025
Online: 22-10-2025

Editor in Charge:
Òscar Miró.

[6]Servicio de Urgencias, Unidad de Corta Estancia y Hospitalización a Domicilio, Hospital General Doctor Balmis, Alicante. Instituto de Investigación Sanitaria y Biomédica de Alicante, ISABIAL. Universidad de Alicante, Spain. [7]Servicio de Urgencias, Hospital Universitario Reina Sofía, Córdoba, Spain. [8]Servicio de Asistencia Médica Urgente del Principado de Asturias (SAMU-Asturias), Universidad de Oviedo, Oviedo, Spain. [9]Servicio de Urgencias, Hospital Universitari de Bellvitge, l'Hospitalet de Llobregat, Barcelona, Spain. [10]Servicio de Urgencias, Hospital Clínico Universitario de Santiago de Compostela, A Coruña, Spain. [11]Servicio de Urgencias, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain.

Introduction

In the annals of humanity, there have been transcendent moments that have shaped the course of the "old and new times"—such as the mastery of fire, the invention of the wheel or the printing press, the discovery of America, the arrival on the Moon, or the fall of the Berlin Wall, among many others—events that have divided history into a "before and after."

For Emergency and Urgent Care Medicine (EUCM), July 2nd, 2024 will remain forever engraved in the memory of Spanish health care as the date when its most anticipated and significant milestone was finally achieved—after an overly long and tremendously arduous journey—with the publication of Royal Decree 610/2024, which establishes the title of Specialist Physician in Emergency Medicine.[1] It goes without saying that this event marked a clear before-and-after turning point and represented the culmination of more than three decades of professional aspiration by the Spanish Society of Emergency Medicine (SEMES), together with thousands of professionals, as well as the long-overdue settling of a debt owed to Spanish society.[2,3]

At present, and in this context, the Emergency Medicine specialty awaits the publication of a forthcoming SND Order (a regulation issued by the Spanish Ministry of Health), which will certify the final training pathway of the official specialty training program (OTP) for EUCM. This document outlines the competencies (transversal, common, and specific) to be acquired during rotations and on-call duties, the evaluation criteria for specialists in training, and the accreditation requirements for Emergency Medicine teaching units (TUs).[4]

The National Specialty Commission (CNE) for EUCM, in full compliance with Articles 21.2 and 28.8 of Law 44/2003 of 21 November, prepared the draft OTP in 2025.[4] This draft must be ratified by the National Council of Health Sciences Specialties (CNECS), which serves as an advisory body to the Spanish Ministry of Health and the Ministry of Science, Innovation and Universities in matters of specialized health training (SHT). In compliance with the principle of transparency, the drafting process included the mandatory steps of prior public consultation and public disclosure. The autonomous communities and the cities of Ceuta and Melilla were consulted, and the draft was reviewed by the Human Resources Commission (HRC) of the NHS and by the CNECS.[4]

This is, without a doubt, an unprecedented, innovative, and highly relevant OTP, with features that clearly differentiate it from the rest of the specialty programs within the CNECS framework.[5,6]

Once the EUCM OTP is approved and published in the Spanish State Gazette (BOE) in the coming months, Spain will finally cease to be a regrettable exception within the European and Latin American context, where the specialty is already consolidated in most countries.[7] From that moment on, decades of voluntary self-training will come to an end, and a structured and comprehensive training pathway will begin to bear fruit in the form of Emergency Medicine specialists who will guarantee patient safety and high-quality care in emergency departments (ED) and Emergency Medical Services (EMS).[2,3]

The EUCM OTP must serve as the fundamental tool for training excellent specialists—professionally competent, humanistic, and capable of excellence—through the acquisition of the competencies, skills, knowledge, and experience required to complete the 4 years of specialized health training (SHT).[8,9]

The aim of this article is to inform readers about the most relevant, distinctive, and novel aspects of the EUCM OTP (recently published as a draft Order for public hearing and consultation by the Spanish Ministry of Health).[4] Key elements include its competency areas ("transversal," shared with other specialties; "common," developed jointly by the Delegated Commission for Immediate Care (DC for IC) for the specialties of Family and Community Care Medicine –FCCM– and EUCM; and "specific," exclusive to EUCM), as well as the accreditation requirements for the TUs that will integrate the three essential teaching settings for training and certification in EUCM: the Reference Teaching Hospital ED, the EMS, and the Teaching Hospital ED.

What is an official specialty program, and what does it contain?

Law 44/2003 of 21st November, on the regulation of health care professions, states in Article 21 that the OTP is the official document that must specify the qualitative and quantitative objectives and the professional competencies that the resident must achieve throughout each academic year of the training pathway. At the end of this period, the resident must meet the established criteria to obtain the degree that authorizes them to practice the specialty.[10]

Although different OTP models currently coexist—some approved nearly 30 years ago (such as Anesthesiology and Resuscitation or Intensive Care Medicine from 1996, both pending imminent updates), and others recently published, such as Nuclear Medicine (September 2025)—since the publication of Royal Decree 589/2022,[11] which regulates transversal training for specialties in Health Sciences, all OTPs have adopted a largely similar structure and content. Therefore, as a modern and up-to-date OTP, the EUCM program will inevitably become a reference model and "template to follow" for others. However, due to its differential characteristics and the complexity of its teaching units, it will be more extensive and developed than the OTPs of specialties with more "traditional" Tus.[12]

Table 1 illustrates the structure and content of the Ministerial Order that will publish the EUCM OTP, organized into three fundamental sections according to the 2025 regulations and the draft Order published on October 14th, 2025: 1) Preamble and articles of the

Table 1. Outline of contents and structure of the Ministerial Order that publishes the official training program for the specialty of EUCM

A.-Preamble and articles of the Order
- Article 1. Purpose.
- Article 2. Scope of application.
- Final provision one. Competence title.
- Final provision two. Entry into force.

B.- Annex I: EUCM OTP and evaluation criteria for residents
- 1.- Introduction.
- 2.- Definition of the specialty.
- 3.- Participants in the drafting of the program.
- 4.- Regulations, legal framework, and references used.
- 5.- Scope of practice of the specialty.
- 6.- Objectives of the program.
- 7.- Competencies organized into domains (each must include assessment instruments, learning context, educational activities, and recommendations):
  - 7.1.- Transversal competencies of Health Sciences specialties and evaluation criteria.
    - DOMAIN 1. COMMITMENT TO THE PRINCIPLES AND VALUES OF HEALTH SCIENCES SPECIALTIES (7).
    - DOMAIN 2. PRINCIPLES OF BIOETHICS (2).
    - DOMAIN 3. LEGAL PRINCIPLES APPLICABLE TO THE PRACTICE OF HEALTH SCIENCES SPECIALTIES (6).
    - DOMAIN 4. CLINICAL COMMUNICATION (3).
    - DOMAIN 5. TEAMWORK (2).
    - DOMAIN 6. GENERAL CLINICAL SKILLS APPLICABLE TO HEALTH SCIENCES SPECIALTIES (8).
    - DOMAIN 7. MANAGEMENT OF MEDICATIONS AND OTHER THERAPEUTIC RESOURCES (6).
    - DOMAIN 8. EQUITY AND SOCIAL DETERMINANTS OF HEALTH (3).
    - DOMAIN 9. HEALTH PROMOTION AND PREVENTION (5).
    - DOMAIN 10. DIGITAL HEALTH (6).
    - DOMAIN 11. RESEARCH (6).
    - DOMAIN 12. TEACHING AND TRAINING (2).
    - DOMAIN 13. CLINICAL AND QUALITY MANAGEMENT (6).
  - 7.2.- Common competencies of EUCM and FCCM developed by the DC for IC.
    - DOMAIN 1. CARE COORDINATION AND CONTINUITY OF CARE (4).
    - DOMAIN 2. CLINICAL COMPETENCIES FOR PATIENT CARE BY ORGAN SYSTEMS (24).
  - 7.3.- Specific competencies of the EUCM specialty.
    - DOMAIN 1. SUPPORT OF VITAL FUNCTIONS (7).
    - DOMAIN 2. SIGNS, SYMPTOMS, AND REASONS FOR CONSULTATION (4).
    - DOMAIN 3. MANAGEMENT OF MEDICAL EMERGENCIES AND URGENT CONDITIONS (22).
    - DOMAIN 4. MEDICAL COORDINATION AND REGULATION (7).
    - DOMAIN 5. RESPONSE TO MASS CASUALTY INCIDENTS, DISASTERS, AND HOSTILE ENVIRONMENTS (8).
    - DOMAIN 6. ORGANIZATION, PLANNING, MANAGEMENT, TEACHING, RESEARCH, AND INNOVATION (8).
    - DOMAIN 7. TECHNIQUES AND SKILLS (42).
- 8.- Development of the training program.
  - 8.1.- Rotation schedule.
  - 8.2.- On-call duty plan.

C.- Annex II: Accreditation requirements for TUs for the training of EUCM specialists
- 1.- REQUIREMENTS FOR THE TEACHING STRUCTURE.
  - 1.1. Organizational structure of the TU necessary for SHT.
  - 1.2. Teaching quality management plan.
  - 1.3. Teaching resources.
- 2.- IMPLEMENTATION OF THE SPECIALTY TRAINING PROGRAM.
  - 2.1. TGSTP of the EUCM TU.
  - 2.2. Evaluation planning for the resident.
  - 2.3. Supervision protocol for the resident.
- 3.- SPECIFIC REQUIREMENTS.
  - 3.1. Care organization: common requirements for the three teaching devices (RTH, EMS, TH).
  - 3.2. For the RTH (human resources, physical area, equipment, clinical activity/results, quality and efficiency indicators).
  - 3.3. For the EMS.
  - 3.4. For the TH.
  - 3.5. Teaching and educational activity.
  - 3.6. Research activity.
- 4.- COMMITMENTS TO TEACHING.
  - Commitments of the owning entity of the teaching devices forming part of the EUCM TU.
- 5.- DEFINITION OF REQUIREMENTS FOR INCREASING MAXIMUM TEACHING CAPACITY.

The number in parentheses for each domain corresponds to the number of competencies to be acquired in that area.
DC for IC: Delegated Commission for Immediate Care; TUs: Teaching Units; SHT: specialized health training; EUCM: Emergency and Urgent Care Medicine; FCCM: Family and Community Medicine; RTH: reference teaching hospital; EMS: Emergency Medical Service; TH: teaching hospital; TGSTP: Training Guide or Standard Training Pathway.
Adapted from reference 4.

Ministerial Order; 2) Annex I: EUCM OTP and the evaluation criteria for specialists in training; 3) Annex II: Accreditation requirements for TUs training EUCM specialists.[4]

Table 2. Teaching devices that make up the EUCM TU

Reference Teaching Hospital It is the teaching reference center of the TU and must have the necessary resources to manage urgent or emergency conditions of varying complexity. The EUCM TU will depend on this center's TC. In addition, the center must be registered in REGCESS and classified as a C.1.1 General Hospital with health authorization for the care unit U.105–Urgent and Emergency Care (formerly U.68), according to Royal Decree 1277/2003, of October 10.
Emergency Medical Service It is the coordinator of alert reception, manages out-of-hospital resources, and is responsible for out-of-hospital care and transport. According to Royal Decree 1277/2003, of October 10, the EMS must be registered in REGCESS and correspond to a C.2.5.7 Mobile Health care Center with authorization for the care unit U.100–Medical Transport.
Teaching Hospital It is a center linked to the EUCM TU that, in the presence of complex care needs, may require interhospital transfer because it lacks the full range of services needed to manage urgent or emergency conditions of varying complexity. According to Final Provision One of Royal Decree 610/2024, of July 2, which amends Royal Decree 1277/2003, of October 10, the Teaching Hospital must be registered in REGCESS and classified as a C.1.1 General Hospital with authorization for the care unit U.105–Urgent and Emergency Care (formerly U.68).

TU: Teaching Unit; EUCM: Emergency and Urgent Care Medicine; REGCESS: General Registry of Health care Centers, Services, and Establishments; EMS: Emergency Medical Service.
Adapted from reference 4.

Both this structure and the final content of the Ministerial Order may undergo certain adjustments or minor changes—either in Annex I or Annex II—since they will not become definitive until they have been reviewed and evaluated by the remaining CNEs within the CNECS and approved for publication by the CNECS Permanent Commission. Only then will the current draft—known as the "Draft Order approving and publishing the training program for the specialty of Emergency Medicine, the evaluation criteria for specialists in training, and the accreditation requirements for Emergency Medicine teaching units"[4] —be ratified.

The Emergency Medicine Teaching Unit: a unique model with 3 different, complementary, and necessary components

The TU is defined as the set of personal and material resources belonging to the health care, teaching, research, or any other type of facilities which, regardless of their ownership, are considered necessary to provide regulated training in Health Sciences specialties through the residency system, as established in the OTPs of the different specialties.[4]

For the first time in the decades-long history of SHT in Spain, a TU will be structured as a 3-component system, allowing its 3 devices (learning environments) to provide all the contexts needed to ensure that the future EUCM specialist will be fully trained in urgent and emergent care: from the activation of the alert and assistance at the scene of the incident, through management in a center with specific resources for diagnosis and initial treatment of all urgent conditions—where, at times, transfer may be required to access certain specialized treatments—to management of the most complex conditions in a tertiary referral center.[13-15]

Table 2 defines and describes, from a technical standpoint, each of the 3 teaching devices that represent specific environments which, in a complementary manner, will guarantee the comprehensive training of the EUCM specialist.[4]

Operationally, the devices may be defined as follows:[4]

1. Reference Teaching Hospital (RTH): A high-complexity general hospital that functions as the central axis of the TU and houses the Teaching Committee (TC).

2. Emergency Medical Service (EMS): The organization responsible for out-of-hospital care, including mobile emergency care units (MECU) and the emergency coordination center (ECC).

3. Teaching Hospital (TH): Often a regional hospital with different caseloads and resources, providing residents exposure to an alternative hospital care reality.

The TU must include a TC dependent on the RTH teaching device, following the regulations established by the corresponding Autonomous Community for SHT. The TC is the collegiate body responsible for organizing training, supervising its practical implementation, and monitoring compliance with the objectives set forth in the EUCM OTP. The TC must also facilitate the integration of training activities and residents into the routine clinical activity of the health care centers to which they are assigned, coordinating their professional activity with the management bodies of these centers.[16]

The TC must include a head of studies and accredited tutors who are specialists in EUCM. A maximum ratio of 1 tutor for every 5 residents must be maintained. In the EUCM TU, each resident will be assigned a tutor who is a EUCM specialist at the RTH, plus 2 teaching collaborators—1 from the EMS device and 1 from the TH device—who are likewise EUCM specialists.[4]

Another relevant and necessary aspect is that the activities of the EUCM TU must be integrated into the Teaching Quality Management Plan (TQMP) of the RTH, ensuring that teaching processes are identified, planned, implemented, monitored, and improved, and that the directives regarding the commitment of the management teams of all three teaching devices to the TU are clearly established.[4,16]

Training Pathway of the Official Program for the Specialty of Emergency Medicine: the road to teaching excellence

The first EUCM OTP draft recently released for Public Hearing has been adapted to the 21st century and developed from the solid foundations of the "SEMES Doctrinal Body"[13] and the identity lines of the European Curriculum and the European Training Requirements (ETR) for the Emergency Medicine specialty of the UEMS (European Union of Medical Specialists), both previously published by SEMES and the EuEMS Working Group.[14,15]

Until now, despite certain claims, no OTP existed in Spain that could follow the guidelines of SEMES and EuEMS, as demonstrated by two articles published in 2015[5] and 2022.[6] These studies thoroughly analyzed and compared SEMES' proposed OTP for EUCM with the OTPs of Family and Community Medicine (FCCM), Internal Medicine, Intensive Care Medicine, and Anesthesiology and Resuscitation. In both cases, the conclusion was the same: EUCM has its own doctrinal body and scope of practice, distinct from other specialties, leading to a training gap that could only be solved through the creation of a primary specialty in EUCM.[5,6]

The final evaluation of the OTP by the EUCM CNE, despite external constraints and limitations in the drafting process—including the mandate to reduce the program from 5 to 4 years—is excellent.[8,9]

Thus, with a vision grounded in the present but oriented toward the future, the goal is to train a well-rounded specialist who masters clinical practice in every EUCM scenario with equal depth and intensity, and who possesses a profound understanding of the health care system, a collaborative spirit with other specialties, humanistic values, and an integrated approach to the patient.[8,9]

The program follows European standards, is based on scientific evidence, clinical simulation, and teamwork, and develops technological skills, crisis management, and leadership abilities.[8,9]

How does the OTP define and contextualize the EUCM specialty and its scope of practice?

EUCM is the medical specialty dedicated to the immediate care of patients of any age with acute illness or injury. It is characterized by being a discipline in which time is a critical factor, as early interventions decisively influence prognosis.[4]

EUCM is responsible for managing clinical situations requiring rapid intervention, especially where there is a threat to life or to the functionality of an organ. Its main function is to provide appropriate care according to the level of urgency and risk, acting as the first point of contact with the health care system for many patients and ensuring continuity of care.[4]

Its scope is transversal, integrating knowledge from multiple areas to provide care both in out-of-hospital and in-hospital environments.

The sustained increase in urgent care consultations demonstrates high demand and the need for specialized professionals. Specialization allows for agile and coordinated care, reduces morbidity and mortality, and improves response times in disasters and other critical situations.

EUCM provides the skills necessary for immediate assessment, differential diagnosis, and initiation or planning of treatment before transfer to other specialists. It plays a key role in coordinating between levels of care, from prehospital to in-hospital settings.[4] Additionally, the future specialist will play a significant role in planning and responding to disasters and health crises—an essential aspect given the global challenges faced by health care systems today, and one explicitly addressed only by EUCM.[17]

Objectives of the EUCM OTP

The primary endpoint of the program is to establish the competencies that must be acquired and developed throughout Emergency Medicine residency to obtain the specialist title. A secondary endpoint is to define the criteria for evaluating these competencies.

Competencies of the EUCM OTP

A competency in the SHT context has traditionally been defined as the set of knowledge, skills, attitudes, and values that a health care professional must acquire during training to practice a specialty autonomously and with high quality. Overall, EUCM competencies go beyond technical knowledge: they include the ability to apply knowledge, communicate effectively with patients and colleagues, and adapt to the continual evolution of the specialty.[11]

Therefore, the OTP abandons traditional knowledge-list approaches and adopts a modern model structured into 3 core competency groups (Table 1). This approach defines training not only by what the resident "must know," but by what they "must be able to do" in real clinical practice.[8]

In an OTP, competencies are organized into competency domains, which group together fundamental competencies related to specific areas of knowledge. This concept is used to structure learning, evaluation, and specialty planning, and is defined through knowledge, skills, and attitudes.[11]

To obtain the EUCM specialist title, residents must complete a 4-year SHT training period. During this time they must acquire and develop: "transversal competencies", shared across all Health Sciences specialties; "common competencies", shared with FCCM; and "specific competencies" exclusive to EUCM. Similarly, the program includes evaluation criteria for each competency through appropriate assessment tools, training activities, and learning contexts.[4]

Scheduling the acquisition of each competency or

Table 3. Transversal competencies of the health sciences specialties included in the official training program of the EUCM specialty

DOMAIN 1. COMMITMENT TO THE PRINCIPLES AND VALUES OF THE HEALTH SCIENCES SPECIALTIES
1.1.- Have patient care and well-being as the primary objective.
1.2.- Respect the values and rights of patients, considering their diversity and vulnerability.
1.3.- Respect the autonomy of patients and their legal representatives in decision-making.
1.4.- Respect confidentiality and professional secrecy.
1.5.- Collaborate with, consult, and support other professionals.
1.6.- Acquire and maintain the professional competencies of the specialty.
1.7.- Contribute to the fulfillment of the general principles of the NHS established in Article 2 of Law 16/2003 on cohesion and quality of the NHS.
DOMAIN 2. PRINCIPLES OF BIOETHICS
2.1.- Apply the principles of bioethics and the "deliberative method" in professional practice.
2.2.- Identify and address situations involving ethical conflict.
DOMAIN 3. LEGAL PRINCIPLES APPLICABLE TO THE PRACTICE OF HEALTH SCIENCES SPECIALTIES
3.1.- Apply ethical and legal aspects related to the management of information, documentation, and clinical records to guarantee confidentiality and professional secrecy.
3.2.- Apply legal aspects related to the health care of minors, persons with disabilities, patients requiring decision-making support, end-of-life care, the adequacy of therapeutic effort, and the provision of aid in dying.
3.3.- Understand the functioning of clinical committees.
3.4.- Complete clinical-legal documentation.
3.5.- Detect early situations of gender-based violence and abuse/mistreatment and apply established protocols.
3.6.- Inform about and apply advance directives procedures.
DOMAIN 4. CLINICAL COMMUNICATION
4.1.- Inform the patient and/or their legal representative so they may provide free and voluntary informed consent, documenting this in the health record.
4.2.- Communicate appropriately across different situations and individuals:
– Identify the information needs of each patient, legal representative, or authorized person.
– Adapt communication to specific situations: i) delivering bad news; ii) end-of-life care; iii) difficult-to-manage patients; iv) patients with mental disorders; v) specific population groups (children, adolescents, older adults, persons at risk of exclusion, individuals with disabilities), among others.
4.3.- Apply strategies to improve adherence to prescribed treatment.
DOMAIN 5. TEAMWORK
5.1.- Work in interdisciplinary and multiprofessional teams (including understanding the roles and responsibilities of team members, communicating appropriately, and respecting contributions).
5.2.- Contribute to conflict resolution.
DOMAIN 6. GENERAL CLINICAL SKILLS APPLICABLE TO HEALTH SCIENCES SPECIALTIES
6.1.- Contribute to the drafting of the clinical history in a clear and usable manner.
6.2.- Critically analyze clinical information.
6.3.- Identify urgent situations and apply basic life support maneuvers.
6.4.- Apply the basic principles of evidence-based and value-based practice.
6.5.- Apply criteria for referral and interconsultation.
6.6.- Assess the impact of illness on the patient and their environment.
6.7.- Provide comprehensive care for chronic health problems and contribute to decision-making and optimization of care.
6.8.- Provide comprehensive care to patients, considering aspects such as mental disorders, dependency, and multimorbidity.

(Continued)

domain may be sequential or simultaneous, depending on the rotation program adapted to the teaching devices of each TU (RTH, EMS, and TH). Logically, transversal competencies will be acquired progressively over the four years; common competencies largely during the shared training period with FCCM; and specific competencies predominantly during the last 2 years.[4]

1. Transversal competencies of Health Sciences specialties in the EUCM OTP

For the acquisition of the title of Specialist in EUCM, the 55 generic or transversal competencies of the Health Sciences specialties listed in Chapter II of Royal Decree 589/2022, of July 19, which regulates transversal training in the Health Sciences specialties, must be acquired and developed over the 4 years of training. These competencies form the foundation of professional practice for any specialist in the Health Sciences and include 13 fundamental domains, such as bioethics, legal principles, clinical communication, teamwork, quality management, and research, among others.[4] Table 3 shows a schematic overview of the transversal competencies.

2. Common competencies of the EUCM OTP from the DC for IC

According to Article 4 of Royal Decree 610/2024, of July 2, which establishes the title of Specialist in EUCM and updates several aspects of the Specialist in FCCM training pathway, the EUCM and FCCM specialties will share a common training period, preferably within the first 2 years of both specialties.[1] The competencies that should be acquired during this common training period were developed by the DC for IC, as established in Article 5.2 of the Decree and in full compliance with Article 21.3 of Law 44/2003, of November 21.[1,10]

The DC for IC has developed a total of 28 competencies, grouped into 2 domains (care coordination and continuity of care, and clinical competencies for organ- and system-based care), aimed at ensuring comprehensive, safe, and high-quality management of the most

Table 3. Transversal competencies of the health sciences specialties included in the official training program of the EUCM specialty (Continued)

DOMAIN 7. MANAGEMENT OF DRUGS AND OTHER THERAPEUTIC RESOURCES
7.1.- Apply ethical principles and legal requirements in prescribing medications and other therapeutic resources.
7.2.- Use medications and therapeutic resources rationally, considering the individual needs of each patient and specific patient groups.
7.3.- Understand the principles of rational antimicrobial use.
7.4.- Periodically review therapeutic objectives to make necessary adjustments and avoid iatrogenesis.
7.5.- Detect adverse reactions and side effects to medications and other therapeutic interventions.
7.6.- Report adverse reactions to drugs and medical devices.
DOMAIN 8. EQUITY AND SOCIAL DETERMINANTS OF HEALTH
8.1.- Record social determinants of health in the clinical history.
8.2.- Understand the salutogenic model and health asset approach.
8.3.- Apply an equity-based approach in clinical practice.
DOMAIN 9. HEALTH PROMOTION AND PREVENTION
9.1.- Apply principles of epidemiology and genomics (when appropriate and available) for health-related decision-making.
9.2.- Carry out health promotion and disease prevention.
9.3.- Apply the legal principles of radiation protection in diagnostic and therapeutic procedures for both professionals and patients.
9.4.- Understand rights and apply preventive and occupational risk-protection measures specific to the specialty.
9.5.- Report notifiable diseases and communicate suspicions of occupational disease.
DOMAIN 10. DIGITAL HEALTH
10.1.- Use validated sources of biomedical or health sciences information.
10.2.- Use digital technologies for interaction and exchange of information and content.
10.3.- Understand regulations on Data Protection and Privacy in the healthcare field, particularly those related to information technologies, patients' rights to information, and professional responsibility in data custody and maintenance.
10.4.- Ensure data protection and patient confidentiality when using health information.
10.5.- Understand the fundamentals of coding systems.
10.6.- Perform tele-assistance and telemedicine.
DOMAIN 11. RESEARCH
11.1.- Understand ethical and legal regulations applicable to research involving human subjects.
11.2.- Understand the basic principles of biomedical research: basic, translational, clinical, and epidemiological.
11.3.- Generate knowledge by applying the scientific method and principles of bioethics.
11.4.- Consider gender and age perspectives in the generation and interpretation of scientific evidence.
11.5.- Disseminate scientific knowledge.
11.6.- Critically interpret scientific literature.
DOMAIN 12. TEACHING AND TRAINING
12.1.- Plan, design, and participate in training activities (clinical sessions, workshops).
12.2.- Use the English language in certain activities.
DOMAIN 13. CLINICAL MANAGEMENT AND QUALITY
13.1.- Participate in activities aimed at improving healthcare quality.
13.2.- Promote continuity of care.
13.3.- Contribute to ensuring patient safety.
13.4.- Contribute to organizational changes.
13.5.- Understand and contribute to meeting the most commonly used clinical management indicators.
13.6.- Use available resources efficiently.

Note: For each competency, the following must be defined: Evaluation instruments, Learning context, Training activities, and Recommendations.
EUCM: Emergency and Urgent Care Medicine; NHS: National Health System.

prevalent conditions, while promoting a holistic view of the patient across different care settings.[4]

Table 4 lists the common competencies developed by the DC for IC.

3. Specific competencies of the EUCM specialty

The specific competencies represent the identity and core essence of EUCM. They are organized into 7 key domains:[4]

1. Support of vital functions: represents the EUCM specialist's ability to act decisively and accurately when the patient's life is in imminent danger, enabling intervention during the "golden minute," which can determine life or death.

2. Signs, symptoms, and reasons for consultation: these constitute the patient's initial reason for seeking care and the starting point for performing a rapid differential diagnosis based on often nonspecific clinical presentations. This skill is critical for identifying risk patterns, prioritizing care, and avoiding overlooked severe conditions hidden beneath common symptoms.

3. Management of medical emergencies and urgent conditions: covers the extensive and varied body of medical knowledge that the specialist must master and apply in practice in both ED and EMS, prioritizing acute and time-dependent situations.

4. Medical coordination and regulation: positions the EUCM specialist as a key manager within the health care system, responsible for determining the most appropriate resource for an emergency call, coordinating interhospital transport, and serving as the link between out-of-hospital and in-hospital care, ensuring continuity, safety, and efficiency throughout the care process.

5. Response to mass casualty incidents (MCIs), disas-

Table 4. Common competencies of the EUCM and FCCM specialties developed by the DC for IC

DOMAIN 1. CARE COORDINATION AND CONTINUITY OF CARE
1.1.- Coordinate care among different health care settings, levels, and professionals to provide comprehensive and efficient attention.
1.2.- Integrate the clinical method into patient care.
1.3.- Identify and address situations of risk, vulnerability, and signs of abuse or gender-based violence.
1.4.- Assess the patient's situation comprehensively, recognize clinically complex scenarios, and ensure continuity of care.
DOMAIN 2. CLINICAL COMPETENCIES FOR THE CARE OF PATIENTS BY ORGANS AND SYSTEMS
2.1.- Diagnose and treat patients with cardiovascular problems/conditions.
2.2.- Diagnose and treat patients with endocrine-metabolic diseases.
2.3.- Diagnose and treat patients with respiratory problems/conditions.
2.4.- Diagnose and treat patients with digestive problems/conditions.
2.5.- Manage the differential diagnosis of febrile syndrome.
2.6.- Diagnose and treat patients with infectious diseases.
2.7.- Diagnose and treat patients with neurological symptoms or problems/conditions.
2.8.- Diagnose and treat patients with hematologic problems/conditions.
2.9.- Diagnose and treat patients with dermatologic injuries and diseases.
2.10.- Diagnose and treat patients with renal and urological problems/diseases.
2.11.- Diagnose and treat women with gynecological problems/conditions.
2.12.- Perform diagnosis, initial management, and referral during labor.
2.13.- Manage threatened miscarriage and miscarriage in progress.
2.14.- Diagnose and treat patients with musculoskeletal problems/diseases.
2.15.- Diagnose and treat patients with rheumatologic and autoimmune diseases.
2.16.- Diagnose and treat patients with trauma, burns, and surgical wound infections.
2.17.- Diagnose and treat patients with acute poisoning.
2.18.- Diagnose and treat patients with otorhinolaryngologic problems/conditions.
2.19.- Diagnose and treat patients with ocular problems/conditions and conditions of the ocular adnexa.
2.20.- Diagnose and treat patients with mental health problems.
2.21.- Manage diagnostic suspicion, interconsultation criteria, and therapeutic approaches for major oncologic processes.
2.22.- Diagnose and treat common health problems in children (newborns, infants, school-age children) and adolescents.
2.23.- Diagnose and treat major geriatric syndromes and conditions with age-specific characteristics.
2.24.- Diagnose, prioritize, and treat medical, surgical, and traumatic emergencies and urgent conditions.

FCCM: Family and Community Care Medicine; EUCM: Emergency and Urgent Care Medicine; DC for IC: Delegated Commission for Immediate Care. Note: Each competency must define the evaluation instruments, learning context or settings where it will be acquired (Emergency Departments/ Primary Care/other services), the training activities to be carried out (with a minimum number for each activity or technique), and other recommendations for competency acquisition. Full details must be consulted in the official specialty training program published by the Ministry.

ters, and hostile environments: prepares the specialist for the most challenging scenarios, where needs exceed available resources and where mastery of triage, understanding of disaster command structures, and collaboration with law enforcement and civil protection agencies are essential to save the greatest number of lives.

6. Organization, planning, management, teaching, research, and innovation: ensures that the EUCM specialty not only functions but evolves. The specialist must also be a leader, a quality manager, a teacher for new generations, and a researcher contributing to the scientific evidence that will improve tomorrow's clinical practice.

7. Mastery of techniques and procedural skills: represents the specialist's instrumental capacity—the know-how that materializes clinical decisions. These procedural tools, combined with knowledge and clinical judgment, form a complete and effective professional.

Table 5 lists the 98 specific competencies distributed across the 7 domains.

Development and implementation of the Official Training Program for the Specialty of Emergency Medicine

Once the competencies that should be acquired have been defined, the OTP specifies the spaces and scenarios where learning and competency development must occur. This is done through the rotation schedule and the on-call duty plan.[4]

Rotations in the EUCM OTP training pathway

Tutors will prepare and supervise an individualized training plan (ITP) for each resident, aligned with the

Table 5. Specific competencies of the specialty of the EUCM specialty

DOMAIN 1. SUPPORT OF VITAL FUNCTIONS
1.1.- Perform comprehensive airway management in clinical situations that require it.
1.2.- Provide advanced life support to adult and pediatric patients.
1.3.- Recognize, assess, stabilize, and comprehensively manage the patient with severe trauma.
1.4.- Recognize, assess, stabilize, and comprehensively manage the patient in shock.
1.5.- Diagnose and treat acid–base disorders and electrolyte abnormalities.
1.6.- Manage fluid therapy in different clinical situations.
1.7.- Recognize, assess, stabilize, and comprehensively manage the patient in coma.

(Continued)

Table 5. Specific competencies of the specialty of the EUCM specialty (Continued)

DOMAIN 2. SIGNS, SYMPTOMS, AND REASONS FOR CONSULTATION*

2.1.- Systematically identify signs, symptoms, and reasons for consultation in patients treated in urgent and emergency settings, recognizing clinical patterns and their potential association with multiple organ systems.

2.2.- Identify and act upon clinical warning signs or indicators of life-threatening situations; establish an initial clinical judgment aimed at care prioritization, recognizing cases requiring urgent or immediate intervention.

2.3.- Establish a reasoned differential diagnosis based on signs, symptoms, or reasons for consultation, considering possible multicausal origins and the need to rule out life-threatening conditions.

2.4.- Select diagnostic tests, initiate the most appropriate treatment, and determine the need for interconsultation or referral depending on clinical evolution.

*The OTP includes the main clinical presentations that may prompt an urgent consultation (serving as a clinical framework for applying the competencies described in this domain, facilitating structured learning and formative assessment):
Constipation, jaundice, diarrhea, dysphagia, hematemesis, melena–rectal bleeding–hematochezia, nausea and vomiting, apnea and bradypnea, cardiac arrest, cough, dyspnea, hemoptysis, hypertension, hypotension, palpitations, syncope, diplopia, anopsia, ataxia, seizure, dysesthesia, agitation and other altered behaviors, loss of strength, headache, facial pain, locoregional pain (spine, joints), dental pain, abdominal pain, chest pain, hematuria, dysuria, urinary retention, oliguria and anuria, amenorrhea, dysmenorrhea, metrorrhagia, purpura, rashes and other skin lesions, bites and stings, pruritus, otorrhagia, otorrhea, hearing loss, dysphonia, vertigo, dizziness, red eye, stridor, fever, hematoma, altered level of consciousness, crying in pediatrics, paralysis or paresis (cranial or spinal nerves), altered mood, edema, suicidal ideation, crepitus, foreign body, deformity, asthenia, anesthesia, disorientation, hyperglycemia, hypoglycemia, burn, low oxygen saturation, cyanosis, dehydration, sexual abuse.

DOMAIN 3. CARE OF MEDICAL EMERGENCIES AND URGENCIES

For competencies 3.1 to 3.19 and 3.21, the structure is the same: 1) perform differential diagnosis; 2) Indicate and interpret diagnostic tests; 3) Apply risk scales; 4) Apply criteria for referral, admission, or discharge.
This domain continues and expands certain competencies from Domain 2 of the common competencies, reinforcing them through new activities and incorporating additional specialty-specific competencies.

3.1.- Digestive and abdominal emergencies/urgencies.
3.2.- Cardiovascular emergencies/urgencies.
3.3.- Endocrine, metabolic, and nutritional emergencies/urgencies.
3.4.- Nephro-urological emergencies/urgencies.
3.5.- Neurological emergencies/urgencies.
3.6.- Respiratory emergencies/urgencies.
3.7.- Infectious disease emergencies/urgencies.
3.8.- Hematologic emergencies/urgencies.
3.9.- Rheumatologic emergencies/urgencies and systemic/autoinflammatory diseases.
3.10.- Ophthalmologic emergencies/urgencies.
3.11.- Otorhinolaryngologic and oral emergencies/urgencies.
3.12.- Gynecologic and obstetric emergencies/urgencies.
3.13.- Dermatologic emergencies/urgencies.
3.14.- Environmental pathology and physical-agent-related emergencies/urgencies.
3.15.- Toxicological emergencies/urgencies.
3.16.- Psychiatric emergencies/urgencies.
3.17.- Traumatologic emergencies/urgencies, burns, immersion injuries, hypothermia, heat-related illness, and surgical wound infections.
3.18.- Pediatric (newborn, infant, child) and adolescent emergencies/urgencies.
3.19.- Oncologic emergencies/urgencies.
3.20.- Organ and tissue donation.
– Identify potential donors early in the emergency department and notify the transplant coordination team.
– Inform families about the patient's vital prognosis and collaborate in the pre-ICU admission interview for donation purposes.
3.21.- Allergology emergencies/urgencies.
3.22.- Problems in older adults and end-of-life care:
– Diagnose and treat major geriatric syndromes and diseases with age-related differential features.

DOMAIN 4. MEDICAL COORDINATION AND REGULATION

4.1.- Identify and coordinate health care and non-health care resources to provide an effective response to users' needs in emergency and urgent care services.
4.2.- Understand different models of coordination centers and their collaboration with other health and non-health institutions.
4.3.- Apply processes for call reception, demand classification, resource allocation and management, and documentation of generated records.
4.4.- Evaluate diagnostic and/or therapeutic support for system health care resources and manage time-dependent emergency codes.
4.5.- Understand telecommunications systems used in coordination centers.
4.6.- Understand the planning and management of predictable-risk events.
4.7.- Analyze different types of medical transportation and special transports (neonatal, obstetric, psychiatric, CBRN, antisocial-risk scenarios, and threat environments) and select the most appropriate option.

DOMAIN 5. RESPONSE TO MCIs, DISASTERS, AND HOSTILE ENVIRONMENTS

5.1.- Understand the concepts of triage, MCI, and disasters.
5.2.- Analyze trends and epidemiology of disasters and their impact on public health.
5.3.- Apply collaboration protocols with Civil Protection authorities.
5.4.- Apply organizational and clinical procedures of emergency services during an MCI, including victim triage.
5.5.- Understand and evaluate the functioning of the Coordination Center during MCIs, disasters, and hostile environments.
5.6.- Plan the organization of MCI simulation drills.
5.7.- Understand the main components of an international humanitarian or emergency deployment.
5.8.- Identify and assess hostile environments and intentional attacks, adapting health care delivery to the required safety and self-protection measures.

(Continued)

Table 5. Specific competencies of the specialty of the EUCM specialty (Continued)

DOMAIN 6. ORGANIZATION, PLANNING, MANAGEMENT, TEACHING, RESEARCH, AND INNOVATION

6.1.- Understand the structural, functional, operational, and human-resource organization of a hospital emergency department and a medical emergency service, and their relationships with different functional areas and levels of care.
6.2.- Interpret the main indicators of basic dashboards used in managing an emergency department and an emergency medical service.
6.3.- Understand the different accreditation and certification systems and models for emergency and urgent care services.
6.4.- Issue and document medico-legal reports in accordance with current legislation and applicable clinical-care criteria.
6.5.- Identify and manage specific and vulnerable populations, including available psychosocial resources.
6.6.- Acquire foundational knowledge in clinical and translational research in emergency care, including the development of research projects, disEMSination of findings, and processes for obtaining competitive public funding.
6.7.- Acquire knowledge and integrate innovation, transformation, and artificial intelligence within the field of emergency and urgent care.
6.8.- Acquire the ability to organize and conduct clinical sessions, workshops, and protocols in emergency medicine; develop skills to communicate acquired knowledge, receive feedback, and use teaching tools.

DOMAIN 7. TECHNIQUES AND SKILLS

7.1.- Indicate, prescribe, and manage oxygen therapy and related techniques and procedures:
– Different modes/types of oxygen therapy.
– Invasive and non-invasive respiratory support.
– Pulse oximetry, capnography, co-oximetry, transcutaneous CO_2 monitoring.
7.2.- Indicate and perform thoracentesis and chest drainage, pericardiocentesis, paracentesis, arthrocentesis, lumbar puncture, and suprapubic puncture.
7.3.- Indicate and perform thoracotomy.
7.4.- Indicate and place peripheral, central, umbilical, and intraosseous venous access.
7.5.- Indicate and perform orogastric and nasogastric tube insertion.
7.6.- Indicate and perform arterial blood gas sampling.
7.7.- Indicate and perform urinary bladder catheterization.
7.8.- Place subcutaneous infusion pumps.
7.9.- Indicate and perform nasal tamponade.
7.10.- Indicate and perform functional bandages and immobilizations.
7.11.- Indicate and perform regional anesthesia procedures.
7.12.- Indicate and perform abscess drainage and drainage of other collections.
7.13.- Indicate and perform suturing.
7.14.- Indicate and perform removal of foreign bodies.
7.15.- Perform clinical ultrasonography.
7.16.- Indicate and manage electrical and pharmacological cardioversion, defibrillation, chest compressions, and mechanical chest-compression devices.
7.17.- Manage non-invasive monitoring.
7.18.- Manage transcutaneous pacemakers.
7.19.- Manage electrocardiography.
7.20.- Manage perimortem cesarean section.
7.21.- Participate in imminent childbirth.
7.22.- Manage drug administration in emergency and urgent care via different routes.
7.23.- Indicate and perform gastric lavage.
7.24.- Perform abdominal hernia reduction.
7.25.- Perform alignment, reduction, and immobilization of fractures/dislocations.
7.26.- Perform gastrostomy tube replacement.
7.27.- Perform testicular detorsion.
7.28.- Perform otoscopy.
7.29.- Perform tonometry.
7.30.- Perform ophthalmoscopy.
7.31.- Perform rhinoscopy.
7.32.- Perform Dix-Hallpike and Epley maneuvers.
7.33.- Perform tracheostomy cannula replacement.
7.34.- Indicate and perform patient immobilization and mobilization.
7.35.- Indicate and manage body temperature control.
7.36.- Perform extrication, disentanglement, and rescue extraction.
7.37.- Indicate and perform escharotomy.
7.38.- Perform paraphimosis reduction.
7.39.- Indicate and perform management and restraint of the agitated patient and those with mental health crises.
7.40.- Indicate ECMO.
7.41.- Indicate and place a REBOA.
7.42.- Develop effective communication skills in crisis situations.

MCI: mass-casualty incident; OTP: official specialty training program; ICU: intensive care unit; CBRN: Chemical, Biological, Radiological and Nuclear; EUCM: Emergency and Urgent Care Medicine; ECMO: extracorporeal membrane oxygenation; REBOA: resuscitative endovascular balloon occlusion of the aorta.
Note: For each competency, the following must be defined: evaluation instruments; learning context (emergency departments, primary care, other services); training activities (with minimum numbers per activity or technique); and specific recommendations for acquiring the competency. Detailed information must be consulted in the OTP published by the Ministry. Learning contexts not specified as mandatory rotations may be considered optional by the trainee.

training pathway approved by the TC, and will ensure compliance with the educational objectives and competencies established in the OTP.[4]

The duration of each training placement in other specialties will follow current regulations. Accordingly, the OTP outlines a four-year structure that organizes the activities necessary for the progressive acquisition of competencies within the appropriate timeframes.

Table 6. Distribution of rotations during the 4 years of training in the Official Program of the EUCM Specialty

Year 1	Year 2	Year 3	Year 4
General Emergency Care at the RTH: 3 months	General Emergency Care at the RTH: 3 months	Anesthesiology–Resuscitation: 2 months	Intensive Care Medicine: 2 months
		General Emergency Care at the RTH: 2 months	General Emergency Care at the TH: 1 month
Primary care: 1 month	Primary care: 1 month		EMS in the ECC: 1 month
Internal Medicine and other clinical specialties (cardiology, pulmonology, neurology, gastroenterology): 5 months	Obstetrics–Gynecology Emergency Care: 1 month	General Emergency Care at the TH: 2 months	EMS in UME: 2 months
	Nephrology/Urology Emergencies: 1 month		
	Ophthalmology Emergencies: 1 month	EMS: 2 months	Elective rotation: 2 months*
	Otorhinolaryngology Emergencies: 1 month		
	EMS: 1 month	General Surgery Emergencies: 1 month	General Emergency Care at the RTH: 3 months
Emergency Radiology: 1 month	Mental Health Emergencies: 1 month	Emergency Ultrasound: 1 month	
Pediatric Emergencies: 1 month	Trauma Emergencies: 1 month	Pediatric and Neonate Intensive Medicine: 1 month	
Holidays: 1 month	Holidays: 1 month	Holidays: 1 month	Holidays: 1 month

*The elective rotation may be completed within the same Teaching Unit (at the RTH, TH, or EMS) or as an External Rotation in a different Teaching Unit in Spain or abroad, depending on the Teaching Unit's criteria, to complement the competency objectives of the EUCM OTP.
Notes:
– "Emergency Care" refers to the urgent-care area enabling the trainee to acquire the required competencies.
– The EMS rotation must follow the schedules and shifts of each EMS service/region, ensuring compliance with the standard working hours (independent of on-call shifts, which will be performed at the RTH during the EMS rotation period).
– It is recommended that the rotation in Anesthesiology and Resuscitation take place in the first four months of year 3, and the rotation in Intensive Care Medicine in the first 4 months of year 4.
EUCM: Emergency and Urgent Care Medicine; OTP: Official Program of the Specialty; RTH: Reference Teaching Hospital; TH: Teaching Hospital; EMS: Emergency Medical Service; MECU: Mobile Emergency Care Unit; ECC: Emergency Coordination Center.
Adapted from reference 4.

Table 6 presents the distribution of rotations during the 4 years of training in the EUCM OTP.

On-call duty plan of the EUCM OTP

Medical on-call duties represent an essential component of learning. During these shifts, the resident faces a high volume and diversity of clinical processes and cases, which facilitates the application of knowledge and the development of skills.

As a general recommendation, 5 on-call shifts per month should be performed, as this represents a balanced number between educational needs and adequate rest.

Residents in EUCM will complete the highest proportion of their on-call duties in the environment of the Emergency and Urgent Care Services (ED of the RTH and TH, and in the EMS).

Therefore, on-call duties will not be performed in the different services or units through which the EUCM resident rotates, since all urgent conditions from those specialties are attended in the ED. Thus, during rotations in Internal Medicine, Cardiology, Pulmonology, Neurology, Gastroenterology, Anesthesiology and Resuscitation, and Primary Care, on-call duties will continue to be carried out in the ED of the RTH. Only during external rotations in Intensive Care Medicine (adult and pediatric-neonatal) will the on-call duties take place in those ICUs.

Additionally, depending on how each center is organized, hospitals with specific emergency care areas integrated into or functionally dependent on the Emergency Department (such as Pediatric Emergencies, Obstetrics-Gynecology, Mental Health, General Surgery, and Trauma) will assign on-call duties in those areas according to the established rotation calendar. When associated devices in Obstetrics-Gynecology, Mental Health, or Pediatrics exist and are included in the rotation plan (as described in Annex II of the accreditation criteria for EUCM teaching units in the draft OTP Order), residents will preferably perform their on-call duties in these specific units.[4]

Table 7 shows the on-call duty plan across the 4 years of EUCM specialty training in the OTP.

Implementation of the EUCM OTP

It is essential to ensure the acquisition of the competencies described in the EUCM OTP through the definition of:

1. Training Guide or Standard Training Pathway (TGSTP) of the EUCM TU[4,16]

Tutors of the TU must prepare a standard training pathway to adapt what is established in the OTP to the reality of their TU, ensuring compliance with the program according to the guidelines and models estab-

Table 7. On-call schedule for the 4 years of training in the Official Program of the EUCM Specialty

Year 1	Year 2	Year 3	Year 4
All on-call shifts will be performed in the General Emergency Department of the RTH: 5/month.	All on-call shifts will be performed in the General Emergency Department of the RTH: 5/month.	All on-call shifts will be performed in the General Emergency Department of the RTH: 5/month.	All on-call shifts will be performed in the General Emergency Department of the RTH: 5/month.
Except:	Except:	Except:	Except:
– During the Pediatric Emergency rotation: 5/month in Pediatric Emergencies.	– During the Obstetrics–Gynecology Emergency rotation: 5/month in Obstetrics–Gynecology Emergencies. – During the Mental Health Emergency rotation: 5/month in Mental Health Emergencies. – During the Trauma Emergency rotation: 5/month in Trauma Emergencies.	– During the General Emergency Care rotation at the TH: 5/month at the Teaching Hospital. – During the Pediatric–Neonatal Intensive Care rotation. – During the General Surgery Emergency rotation: 5/month in Surgery Emergencies.	– During the General Emergency Care rotation at the TH: 5/month at the TH. – During the Adult Intensive Care rotation: 5/month in that TU.

TU: teaching unit; RTH: reference teaching hospital; TH: teaching hospital; EUCM: Emergency and Urgent Care Medicine.
Adapted from reference 4.

lished by the TC. The TGSTP must include, at least: 1. General training objectives: transversal competencies, common competencies shared with FCCM, and specific competencies of EUCM; 2. Total duration of training and schedule; 3. Specific objectives and professional competencies to be acquired per rotation and year of residency; 4. Minimum required activity per resident for each technique or procedure; 4. Specialty on-call duties; 5. Type and number of clinical and/or bibliographic sessions in which the resident must participate; and 6. Research activities of the TU in which the resident must participate

2. Evaluation plan for the resident[4,16]

The evaluation of learning for any resident is a key element of the OTP, as it allows verification of the acquisition of the proposed competencies.

The tutors, with a favorable report from the TC, must define the criteria and guidelines for carrying out: 1) the formative (continuous) assessment of the resident, ensuring objective follow-up consistent with the acquisition of competencies throughout the training process. This assessment shall include, at a minimum, the formative assessment reports as a means of continuous monitoring of the resident's learning and the identification of areas for improvement in the development of their competencies, using the following tools: a) Periodic interviews between the tutor and the resident, at least quarterly (these interviews shall be recorded in the resident's Logbook, Portfolio, or Annual Academic Report).

b) The Logbook, Portfolio, or Annual Academic Report of the resident, serving as a record of all activities evidencing their learning process, including internal and external rotations and interviews with tutors.

The annual (summative) and final evaluations of residents at the end of each year of the training program will be based on the standardized Annual Tutor Evaluation Report. This report must be prepared in accordance with the instructions set out in Annex I of the Resolution of 21 March 2018 of the Directorate-General for Professional Regulation, which approves the basic guidelines that must be included in the official evaluation documents of residents, and the Resolution of 3 July 2018 of the Directorate-General for Professional Regulation, which corrects errors in the Resolution of 21 March 2018.

The evaluation schedule, in accordance with the OTP and its assessment tools, must be incorporated into the TGSTP.

3. Supervision protocol for the resident[4,16]

Guidelines must be defined to ensure the progressive assumption of responsibilities and a decreasing level of supervision as the resident advances in acquiring the competencies established in the OTP.

These supervision protocols must be defined considering: 1. General supervision levels established by the TC common to all specialties under its authority; 2. Graduation of supervision for those particularly significant clinical activities in which the resident participates; 3. Guaranteed direct (in-person) supervision of first-year residents by staff physicians in the various teaching settings of the center or unit where the resident is rotating or performing on-call/continuity-of-care duties; 4. Identification of high-significance areas that require specific supervision criteria; and 5. Establishment of a specific supervision protocol for each core teaching device of the Emergency Medicine TU—the RTH, the EMS, and the TH.

The content of these supervision protocols must be incorporated into the TGSTP.

Accreditation requirements for teaching units for training EUCM specialists

It is the responsibility of the person holding the position of Director General of Professional Regulation of the Spanish Ministry of Health to rule on accreditation applications for centers and TU, submitted by the entity that owns the center, following reports from the TC and the regional authority responsible for SHT. In accordance with Article 5 of Royal Decree 183/2008, of

February 8, which establishes and classifies Health Sciences specialties and develops certain aspects of the SHT system, the TU accreditation resolution must specify the number of accredited training positions, the owning entity, the management or coordinating body of the teaching infrastructure, and the location of the TC to which the TU is assigned. Similarly, the autonomous communities—regardless of whether the center's ownership is public or private—must issue a report and forward accreditation applications to the Spanish Ministry of Health.[4,16]

The impact of implementing these accreditation criteria will extend far beyond resident training. For an ED or EMS, aspiring to become part of an accredited TU will serve as a powerful incentive for continuous improvement. Undoubtedly, it will compel optimization of processes, outcome measurement, and the promotion of an academic culture. Teaching accreditation will become, in practice, a seal of clinical and organizational excellence. The presence of EUCM residents will further elevate the scientific and care standards of these services.[8,20-23]

Finally, before presenting general considerations on the Accreditation Requirements, it is important to recall that after evaluating the proposal made by the CNE, it will be up to the HRC of the NHS to determine the final accreditation requirements.

The accreditation requirements defined below (general requirements concerning the teaching structure of the TU and specific requirements for each teaching device—RTH, EMS, and TH) will allow accreditation of one resident position per year in the EUCM specialty:[4]

1. General requirements regarding the teaching structure. These were already discussed in previous sections describing the EUCM TU as a unique model with 3 complementary and necessary devices, and in the section on OTP implementation. Additionally, access to necessary teaching resources for SHT must be described, including digital health records, classrooms or meeting rooms, audiovisual media, and virtual library with updated access to scientific journals, especially high-impact journals in the specialty (first quartile). The EUCM TU must also provide access to a simulation classroom or equivalent environment for training in clinical skills, as well as for the acquisition and assessment of specific competencies.

2. Specific requirements. Detailed below.

Specific Accreditation Requirements for the Teaching Unit of Emergency Medicine for One Position per Year

To be accredited for one training position per year and to maintain accreditation, the EUCM TUs must define and comply with the following requirements. Teaching devices may have ownership different from that of the RTH but must meet the following criteria:[4]

1. A collaboration agreement. A signed agreement for SHT between the owning entities of the center or TU, specifying educational objectives, duration of the training placement, and validity period of the agreement.

2. Compliance with accreditation requirements. Each teaching device must meet the accreditation standards corresponding to its educational role.

3. Accreditation cannot be demonstrated cumulatively across devices. Each EUCM TU device (RTH, EMS, TH) must individually meet all applicable requirements.

Both the accreditation application and the TGSTP must specify the relationship between teaching devices, including the collaboration agreement forming the EUCM TU, ensuring transparency for residents regarding where their training will occur.

An RTH may belong to only 1 EUCM TU, with the exception of Pediatrics, Obstetrics-Gynecology, and/or Mental Health units, which may serve as teaching devices for other EUCM TUs when the RTH lacks such services and when sufficient teaching capacity exists.

The teaching capacity of the EMS and TH may be shared among multiple EUCM TUs, as long as the intrinsic teaching capacity of each device is not exceeded.

For each device (RTH, EMS, TH), the following must be available:

1. An organization and operations manual, including:

– Portfolio of services

– Organizational chart with hierarchical lines and descriptions of functions and responsibilities

– Planning of unit activities (clinical care, 24-hour services, teaching, research, continuing education)

2. Minimum operating time of 2 years

3. Protocolized collaboration. Established partnerships with other care units or interdisciplinary teams to ensure continuity of care.

4. A designated Chief/Coordinator/Director for each teaching device.

5. Clinical protocols for the most relevant and prevalent clinical processes or situations. These include consensus-based clinical pathways, procedures, or guidelines that ensure evidence-based, high-quality care, periodically updated and approved by the owning entity of each device.

1. Requirements Related to Teaching and Training Activities of the EUCM TU

– A program of joint clinical sessions with other specialties (under the TC or center) must be implemented, as part of the TC General Transversal Teaching Plan. Specific EUCM TU sessions are mandatory for the RTH and EMS, and recommended in the TH.

– Calendars and programs of the past two years must be provided.

– A minimum of 50 clinical sessions per year (monographic, bibliographic, case presentations, etc.) must be conducted across the three teaching devices and in joint center/TC sessions.

– Quarterly anatomic–clinical or mortality conferences (3 per year), organized by the EUCM TU or held

with its participation in those organized by the TC or the institution, as part of the regular activities for services or Tus.

– Structured formative assessment exercises must be carried out during the 3rd and 4th years of training, with at least one exercise per month for each trainee. These activities may be conducted "in situ" in the emergency department or within clinical simulation environments available at the center or within the simulation networks established in the autonomous communities.

– In addition, scientific meetings, monographic courses, skills workshops, conferences, and other training activities must be organized by the EUCM TU, with a minimum of 3 per year.

– Medical professionals assigned to the TU services must demonstrate that they have completed at least 2 accredited courses in the previous 2 years—of which at least 1 must be an Advanced Life Support course. Similarly, EUCM TU specialists must have taught 2 accredited courses in the previous 2 years. These courses, formally accredited by the Commission for Continuing Education of Health Professions, must be evaluated based on their content and the competencies acquired, rather than solely on their title or the organization offering them (such as specific societies or institutions).

2. Requirements Related to Research Activity of the EUCM TU

The EUCM TU must have a specific research activity plan, integrated into the institution's overall research plan. The minimum scientific activity to be undertaken by the TU must be defined, at both national and international levels, providing results from recent years and meeting the following requirements:

– Participation in at least one peer-reviewed research project (ranging from publicly funded competitive projects, projects funded by external agencies, to studies approved by local Ethics/Research Committees, etc.) within the past 10 years.

– Having at least one active research project of its own with scientific output during the past 4 years.

– Two publications authored by members of the RTH teaching device of the EUCM TU in indexed national or international journals—or 4, in the case of multicenter work—related to EUCM, within the past 2 years. Electronic references to publications must be provided, and publications must have an Impact Factor (Journal Citation Reports–Web of Science) or be indexed in PubMed at minimum. Only publications that explicitly list the center and the clinical service/area corresponding to the EUCM TU will be considered.

– Two annual presentations (communications or lectures) by RTH members of the EUCM TU at local, national, or international scientific meetings. After TU accreditation, participation of EUCM residents must be ensured.

– The TU must develop research protocols to ensure resident participation in research activities.

3. Requirements for the RTH

Table 8 illustrates the specific requirements of the RTH teaching device of the EUCM TU, as published in the Draft Order approving the EUCM OTP, the evaluation criteria for residents, and the accreditation requirements for TUs.

4. Requirements for the EMS

Table 9 illustrates the specific requirements of the EMS teaching device of the EUCM TU, as published in the Draft Order approving the EUCM OTP, the evaluation criteria for residents, and the accreditation requirements for TUs.

5. Requirements for the TH

Table 10 illustrates the specific requirements of the TH teaching device of the EUCM TU, as published in the Draft Order approving the EUCM OTP, the evaluation criteria for residents, and the accreditation requirements for TUs.

Requirements for Increasing the Maximum Teaching Capacity of the Emergency Medicine Teaching Unit

Once a EUCM TU has been provisionally or definitively accredited, according to the indications and resolutions of the SHT Accreditation Unit of the Spanish Ministry of Health, the owning entity of the RTH may request an increase in the number of EUCM residency positions. This requires prior reports from the RTH's TC and the competent regional health authority.[4]

For this purpose, general guidelines and a series of criteria for accreditation and increased teaching capacity are established for each teaching device (RTH, EMS, TH), as shown in Tables 11, 12, and 13.

As a general rule, the maximum number of accredited EUCM training positions per year is 4.

Regardless of the number of residents assigned to the EUCM TU, the number of EUCM specialists in the RTH and TH must always be greater than the number of residents.

Human resources, as well as clinical activity and its complexity, must be proportional to the number of accredited residents, using as a reference the baseline activity described in the specific requirements for the RTH, EMS, and TH, along with the teaching, training, and research activity of the UD, and the criteria set forth in Tables 11, 12, and 13.

The proper functioning of the Evaluation Committees must be demonstrated for at least the past 2 years.

Participation of residents in research projects and publications must be demonstrated (past 2 years).

Resident satisfaction with the training received must be demonstrated by providing the results of the annual

Table 8. Specific requirements for the RTH teaching device of the EUCM TU

Human resources
– 1 Head of Service, EUCM specialist.
– 5 physicians specialized in EUCM.
– 1 EUCM specialist. physically present 24 hours a day, every day of the year.
– The number of nursing professionals and nursing care technicians must be sufficient to ensure compliance with appropriate staffing ratios according to the complexity and workload of the Service.
– Other professionals and all additional staff assigned to the Emergency Department must be sufficient to support clinical care, admissions, and administrative functions (porters, administrative staff, etc.).
– Regardless of the number of residents assigned to the EUCM TU, the number of EUCM specialists in the RTH must always be equal to or greater than the number of residents.
– Professionals may work full-time or part-time. In the case of part-time positions, the number of professionals must be increased proportionally.

Physical area
– Description of its population coverage.
– Emergency department admissions area.
– Triage station.
– Rapid-assessment consultation rooms without inpatient beds.
– Patient care bays.
– Observation room: the number of stations must be at least 5% of the average daily patient volume.
– Resuscitation bay.
– Plaster and immobilization room.
– Wound care and suturing room.
– Workroom or meeting room.
– Care and functional areas required to ensure that the resident completes their training rotations as described in the OTP, which the RTH teaching device must include:
  1.- Internal Medicine
  2.- Cardiology
  3.- Pulmonology
  4.- Neurology
  5.- Orthopedic Surgery and Traumatology
  6.- Ophthalmology
  7.- Otorhinolaryngology
  8.- Nephrology
  9.- Urology
  10.- Radiology
  11.- Anesthesiology and Resuscitation
  12.- General Surgery
  13.- Intensive Care Medicine
– Care and functional areas required to ensure formal training according to the OTP, either within the RTH or through a collaboration agreement with associated teaching devices:
  a) Mental Health Service (or associated teaching device)
  b) Pediatrics Service (or associated teaching device)
  c) Obstetrics and Gynecology Service (or associated obstetric–gynecologic emergency teaching device)
  d) Primary care devices: health centers accredited as teaching devices of the FCCM MTU corresponding to the Health Area of the RTH TC (regardless of whether it is an integrated care model or a system where primary care management and/or the TC of the FCCM MTU operate independently).

Note: The RTH must necessarily include teaching/care units listed from 1 to 13 above. For Pediatrics, Obstetrics–Gynecology, and Mental Health, it is not essential that these units be integrated or accredited within the RTH *per se,* provided that training is guaranteed through associated teaching devices according to the EUCM OTP rotation schedule.

(Continued)

survey conducted by the Autonomous Community, as required by Art. 29.5 of RD 183/2008, as well as surveys and evaluations conducted by the TC.

Research criteria previously described are the same whether 1 or 2 training positions are requested per year. They must be doubled when requesting 3 or 4 training positions per year.

A minimum of 2 years must have elapsed since the last review of the accredited teaching capacity before a request for expansion can be made.

Reflection and Final Comments

The EUCM CNE, as a full member of the CNECS, in its important—yet limited—advisory role to the Spanish Ministry of Health in matters of SHT, has assumed the commitment and enormous responsibility of drafting the first OTP for our specialty.[4] In this historic moment, granted a unique opportunity, we all recognize that the success of this new era will depend directly on the commitment of every EUCM specialist at the bedside in the ED, in the UME, as well as in medical school classrooms, and in the teaching, training, and research activities we must offer our residents from the very first cohort.[2,8,24,25]

Thus, the excellence of the EUCM specialty now rests on the shoulders of the current generation of professionals, who will soon receive their well-deserved specialist title and who are called to be the first tutors, evaluators, and leaders of this new system.

Let us honor our teachers (especially those who are no longer with us) and embrace the challenge with enthusiasm—to participate actively in teaching and research to transform the reality of the Spanish health care system.

Tabla 8. Specific requirements for the RTH teaching device of the EUCM TU (Continued)

Equipament
- IT systems for recording clinical information: digital medical record.
- Communication systems (coordination).
- Audiovisual equipment.
- Consultation rooms.
- Meeting rooms/classrooms.
- Library (virtual or physical).
- Equipment: All material necessary to guarantee evaluation, stabilization, urgent diagnosis and treatment, and the performance of urgent techniques and procedures. Also includes medications and consumable materials associated with the management of time-dependent conditions.

Care Activity/Outcomes

The RTH must demonstrate that the following care activity criteria have been met in the 2 years prior to submitting the accreditation request. These represent a minimum activity level required to ensure adequate training of one resident and compliance with the OTP:
- The Emergency Department must attend > 100 patients per day (36,500 per year), including adult emergencies, pediatric emergencies, and obstetric/gynecological emergencies.
- Activity by priority level:
  - At least 5% of patients must be priority levels 1–2.
  - At least 30% must be priority level 3.
- Minimum daily volumes by type of emergency:
  - General emergencies: ≥ 22/day (8,030/year).
  - Pediatric emergencies: ≥ 18/day (6,570/year).
  - Traumatology emergencies: ≥ 18/day (6,570/year).
  - General surgery emergencies: ≥ 14/day (5,110/year).
  - Obstetrics–gynecology emergencies: ≥ 10/day (3,650/year).
  - Ophthalmology emergencies: ≥ 5/day (1,825/year).
  - Nephrology/urology emergencies: ≥ 5/day (1,825/year).
  - Mental health emergencies: ≥ 5/day (1,825/year).
  - ENT emergencies: ≥ 3/day (1,095/year).
- At least 5% of all Emergency Department patients must be managed in the Observation area.

Efficiency and Quality Indicators

The following basic indicators of efficiency and scientific-technical quality must be recorded and met. If a standard is not met, causes must be analyzed and improvement actions proposed:
- Admission-to-triage time: Median < 10 minutes.
- Triage-to-first medical assessment for levels 1–2: Median < 10 minutes.
- Length of the ED stay: < 6 hours in > 80% of patients.
- Return visits within 72 hours requiring readmission: < 5% of all patients.
- Patients leaving without being seen: < 5% of all patients.
- Percentage of patients receiving a discharge report with the required minimum dataset: > 95% of all discharged patients.
- Percentage of patients discharged with a prescription (when applicable): > 75%.
- Existence of a registry of notifications, adverse events, falls, complaints, and claims, including the proportion relative to the rest of the hospital and actions taken.
- In-department mortality: < 1% of all patients.
- It is advisable that EUCM specialists participate in various hospital committees. Participation of at least one EUCM specialist is mandatory in the hospital mortality committee and in infection and/or antimicrobial stewardship (ASP) committees.

EUCM: Emergency and Urgent Care Medicine; TU: Teaching Unit; OTP: Official Training Program of the Specialty; RTH: Reference Teaching Hospital; TH: Teaching Hospital; TC: Teaching Committee; MTU: Multiprofessional Teaching Unit; FCCM: Family and Community Care Medicine.
Adapted from reference 4.

With the help, suggestions, and contributions of everyone, we are already shaping the next EUCM OTP.

Although we have many reasons to be pleased, we cannot yet be fully satisfied until the Emergency Nursing specialty is approved and, together, we create the Multiprofessional Emergency and Urgent Care Teaching Unit.[26,27]

Conflict of Interest Disclosures: None reported.

Funding: The author declares the non-existence of funding related to this article.

Ethical responsibilities: All authors have confirmed the maintenance of confidentiality and respect for patients' rights in the author's responsi¬bilities document, publication agreement and assignment of rights to EMERGENCIAS.

Article not commissioned by the Editorial Board and with external peer review.

Acknowledgments: The EUCM CNE commissioners wish to express their gratitude to the entire Secretariat of the National Council of Health Sciences Specialties (General Subdirectorate for Training and Professional Regulation) for their constant support, guidance, and dedication in the development of the EUCM OTP.

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Table 9. Specific Requirements of the EMS Teaching Device of the EUCM TU

Human Resources
– 5 attending physicians specialized in EUCM.
– 2 EUCM specialists responsible for medical coordination.
– A sufficient number of nursing professionals and emergency medical technicians to meet appropriate staffing ratios according to the complexity and workload of the Service.
– Additional professionals and all personnel necessary to support EMS and ECC activity: call operators, administrative staff, etc.
– Work schedules may be full-time or part-time; if part-time, the total number of professionals must be proportionally increased.
Physical Area
– Description of the population covered.
– 2 Class C MECUs, which must be advanced life support ambulances with on-board medical staff and capacity to transport residents in the clinical cabin. They must operate 24 hours/day or an equivalent schedule (7-hour, 12-hour, or other shifts) to ensure EMS teaching capacity. In certain contexts (depending on the organizational structure of MECUs in different Autonomous Communities), if only one 24-hour Class C MECU is available and meets activity standards (≥ 3 responses/day), an alliance may be established between multiple MECUs to collectively reach ≥ 7 total daily responses, allowing evaluation for teaching accreditation. Future increases in teaching capacity will depend on unit performance and the number of training positions requested.
– A ECC with at least 1 individual listening channel for the resident.
– A digital platform for telephone call management.
– A meeting room.
Equipment
– Devices and material for responding to MCI.
– The ECC must have a telephone call-management platform.
– Meeting or work room.
– MECUs must carry the equipment required by current legislation.
Care Activity / Outcomes
The EMS must demonstrate the following minimum activity levels over the 2 years prior to the accreditation request, ensuring adequate resident training and compliance with the OTP:
– A combined total of 7 patient attendances per day by the EMS MECUs (2,555 per year).
– The average number of emergencies attended by the EMS advanced life support MECUs (with attending physicians) must be ≥ 2 per day. Ideally, the MECUs where residents rotate should attend ≥ 3 emergencies/day.
– The ECC must document an average of 120 health care-related calls per day (43,800 per year).
Efficiency and Quality Indicators
The following indicators must be recorded and achieved. If any standard is not met, causes must be analyzed and improvement actions implemented:
– Return of spontaneous circulation on hospital arrival in out-of-hospital cardiac arrest patients who received advanced life support: > 15% of cases.
– Annual percentage of "infarction code" patients with ECG-to-hospital arrival time ≤ 120 minutes: > 95% of cases.
– Annual percentage of stroke "stroke code" patients with EMS call-to-hospital arrival time ≤ 90 minutes: > 85% of cases.
– Response times (EMS call –> EMS arrival) for high-priority or time-dependent emergencies: < 20 minutes in > 90% of cases.
– Annual simulation drills for MCI, disasters, and CBRN events.
– Implemented urgent-care protocols for:
– Cardiorespiratory arrest
– Severe trauma
– Stroke
– Acute coronary syndrome
– Sepsis
If any of these urgent-care protocols is missing, EMS accreditation will be conditional on implementing the missing protocol within 2 years.
– Percentage of complaints and claims responded to within 30 working days: > 90% of cases.

EUCM: Emergency and Urgent Care Medicine; OTP: Official Training Program of the Specialty; EMS: Medical Emergency Service; MECU: Mobile Emergency Care Unit; ECC: Emergency Coordination Center; CBRN: chemical, biological, radiological, nuclear; MCI: mass-casualty incident; ECG: electrocardiogram.

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14 **Table 10.** Specific Requirements of the TH Teaching Device of the EUCM TU

Human Resources
- 1 Head of Service specialized in EUCM.
- 3 physicians specialized in EUCM.
- 1 EUCM specialist physically present 24 hours a day, every day of the year.
- A sufficient number of nursing professionals and nursing care technicians to ensure appropriate staffing ratios according to the Service's complexity and workload.
- Additional professionals and staff required for clinical care, admissions, and administrative duties (porters, administrative staff, etc.).
- Professional work schedules may be full-time or part-time; if part-time, staffing must be proportionally increased.

Physical Area
- Description of population coverage.
- Emergency department admissions area.
- At least 1 triage station.
- Rapid-assessment consultation rooms without inpatient beds.
- Patient care bays.
- Observation room: the number of stations must be at least 5% of daily attendances.
- Resuscitation bay.
- Plaster and immobilization room.
- Wound care and suturing room.
- Workroom or meeting room.

Equipment
- Digital systems for clinical information management: electronic health record.
- Communication systems (coordination).
- Audiovisual equipment.
- Consultation rooms.
- Meeting rooms/classrooms.
- Library (virtual or physical).
- All materials required for urgent evaluation, stabilization, diagnosis, treatment, and performance of emergency techniques and procedures, including medications and disposable supplies used in time-dependent conditions.

Care Activity / Results

The TH must demonstrate the following activity criteria for the 2 years prior to the accreditation request. These represent the minimum activity required to ensure resident training and compliance with the OTP:
- Attendance of > 50 patients per day (18,250 per year), including adults, pediatric patients, and obstetric/gynecologic emergencies.
- Transfer of at least 12 patients per year from the TH Emergency Department to the RTH or other centers for completion of diagnostic and/or therapeutic processes.
- At least 5% of all Emergency Department patients must have been managed in the observation area.

Efficiency and Quality Indicators

The following basic efficiency and scientific–technical quality indicators must be recorded and met. If any standard is not achieved, causes must be analyzed and improvement actions implemented:
- Admission-to-triage time: median < 10 minutes.
- Triage-to-first-physician contact for levels 1 and 2: median < 10 minutes.
- Length of stay in the Emergency Department: < 6 hours in > 80% of patients.
- Returns within 72 hours requiring readmission: < 5% of all patients.
- Unattended patients (walkouts): < 5%.
- Percentage of patients receiving a discharge report compliant with the Minimum Basic Data Set: > 95% of discharged patients.
- Percentage of discharged patients who receive a discharge prescription (when applicable): > 75%.
- Existence of a registry of incident reports, adverse events, falls, complaints, and claims (with analysis relative to the rest of the hospital and implemented corrective actions).
- In situ mortality: < 1% of all patients.
- EUCM specialists in the Emergency Department must participate in hospital mortality and infection committees and/or antimicrobial stewardship programs (ASP).

OTP: Official Training Program of the Specialty; RTH: Reference Teaching Hospital; TH: Teaching Hospital; TC: Teaching Committee.
Adapted from reference 4.

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Table 11. Criteria for Accreditation and Increase of Teaching Capacity of the RTH as a Teaching Device of the EUCM TU

Criteria	Teaching Device of the EUCM TU RTH	Teaching Capacity (positions per year)
Human Resources Care Activity	5 EUCM specialists. Attendance of > 100 patients per day (36,500 per year).	1
Human Resources Care Activity	8 EUCM specialists. Attendance of > 150 patients per day (54,750 per year).	2
Human Resources Care Activity	12 EUCM specialists. Attendance of > 200 patients per day (73,000 per year).	3
Human Resources Care Activity	16 EUCM specialists. Attendance of > 250 patients per day (91,250 per year).	4

TU: Teaching Unit; EUCM: Emergency and Urgent Care Medicine; RTH: reference teaching hospital.
Adapted from reference 4.

Table 12. Criteria for Accreditation and Increase of Teaching Capacity of the EMS as a Teaching Device of an EUCM TU*

Criteria	Teaching Device of the EUCM TU EMS	Teaching Capacity**
Human Resources Care Activity	5 attending EUCM specialists. – Assistance of at least 7 patients per day in the MECU (2,555 per year). – At least 120 calls per day to the ECC.	1
Human Resources Care Activity	8 attending EUCM specialists. – Assistance of at least 10 patients per day in the MECU (3,650 per year). – At least 180 calls per day to the ECC.	2
Human Resources Care Activity	12 attending EUCM specialists. – Assistance of at least 14 patients per day in the MECU (5,110 per year). – At least 200 calls per day to the ECC.	3
Human Resources Care Activity	16 attending EUCM specialists. – Assistance of at least 18 patients per day in the MECU (6,570 per year). – At least 250 calls per day to the ECC.	4

*If an EMS belongs to > 1 EUCM TU its teaching capacity increases proportionally, provided that it meets the requirements listed in the table for increasing the number of annual training positions per EUCM TU.
**Each unit of teaching capacity corresponds to 12 months of resident training.
For example, with a teaching capacity of 1, the EMS could train 2 residents per year for 6 months each, or 1 resident per year from 2 different TUs, each completing their allocated training time.
TU: Teaching Unit; EUCM: Emergency and Urgent Care Medicine; ECC: Emergency Coordination Center; MECU: Mobile Emergency Care Unit Class C.
Adapted from reference 4.

Table 13. Criteria for Accreditation and Increase of Teaching Capacity of the TH as a Teaching Device of the EUCM TU*

Criteria	Teaching Device of the EUCM TU TH	Teaching Capacity**
Human Resources Care Activity	3 EUCM specialists. Attendance of > 50 patients per day (18,250 per year).	1
Human Resources Care Activity	4 EUCM specialists. Attendance of > 60 patients per day (21,900 per year).	2
Human Resources Care Activity	6 EUCM specialists. Attendance of > 70 patients per day (25,550 per year).	3
Human Resources Care Activity	10 EUCM specialists. Attendance of > 80 patients per day (29,200 per year).	4

*The maximum teaching capacity of the TH is 4. These positions may belong either to the same EUCM TU (associated with 1 RTH) or multiple EUCM TUs depending on the agreements established.
**Each unit of teaching capacity corresponds to 12 months of resident training. For example, with a teaching capacity of 1, the Teaching Hospital could train 4 residents per year for 3 months each, or 1 resident per year from 4 different EUCM TUs, or other equivalent combinations.
TU: Teaching Unit; TH: Teaching Hospital; EUCM: Emergency and Urgent Care Medicine
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