

EDITORIAL

The first residents in Emergency and Urgent Care Medicine are now with us

Los primeros residentes de medicina de urgencias y emergencias ya están con nosotros

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Some dates remain forever etched in the collective memory of a profession. July 2nd, 2024, is undoubtedly one of them for all of us who are part of the Spanish Society of Emergency Medicine (SEMES). The publication of Royal Decree 610/2024, establishing the title of Specialist Physician in Emergency Medicine (SPEM), marked the turning point that we had pursued for more than 3 decades with perseverance, scientific rigor, and an unwavering conviction in the legitimacy of our cause.¹ Today, with profound emotion and an enormous sense of responsibility, we can state that the first SPEM residents are already with us. This moment is not the end of a journey. It is the beginning of a new era for emergency medicine in Spain, for patients, and for the health care system as a whole.

A journey that was far too long, but necessary

To understand the magnitude of what we are celebrating today, it is essential to remember where we came from. For decades, Spain was an anomaly² within the European and international health care landscape. While countries such as the United States, Canada, Australia, the United Kingdom, Ireland, and more than 15 Member States of the European Union recognized emergency medicine as a primary medical specialty, Spain maintained a training gap that, in the words of those who denounced it decades ago in the pages of this Journal, was “unjustifiable.”³

The professionals who have provided emergency and urgent care in Spain throughout all these years have done so with admirable dedication and competence, but under conditions of structural inequality in training. The professional development of Spanish emergency physicians has been predominantly self-directed, with a pace and intensity dependent on personal motivation and the opportunities available in their working environment.⁴ Physicians working in hospital emergency departments (EDs) and emergency medical services (EMS) had heterogeneous training depending on their original specialty.^{5,6} This situation was neither

sustainable nor fair, either for professionals or for patients.

The scientific evidence accumulated in *EMERGENCIAS and Revista Española de Urgencias y Emergencias (REUE)* has been unequivocal: emergency medicine has its own body of knowledge, a distinct scope of practice, and competencies that cannot be acquired by adapting the official training program of any pre-existing specialty.^{7,8} This was demonstrated with methodological rigor by comparative studies published in 2015 and 2022, which comprehensively analyzed the training programs in family and community medicine, internal medicine, intensive care medicine, and anesthesiology and resuscitation, unanimously concluding that none could replace a specific emergency medicine training program.^{7,8}

The interest was always there

One of the arguments most frequently used against creating the specialty was the alleged lack of demand among young physicians. Data published in *EMERGENCIAS* categorically disproved this claim. In 2010, a survey of more than 1,000 candidates for the MIR examination found that 87% considered creation of the specialty appropriate and that 40.5% would be willing to undertake residency training in emergency medicine. Nine percent would have selected it as their first choice, a figure that, extrapolated to all candidates in that examination cycle, represented more than 1,000 physicians who would have chosen emergency medicine as their first option.⁹ Similar studies among medical students in Catalonia showed that more than half ranked the future specialty among their preferred choices.¹⁰

The factor most strongly associated with willingness to choose emergency medicine was, precisely, previous knowledge of the specialty.⁹ The better emergency medicine was understood, the more attractive it became. This apparently simple finding contains a profound truth: those who experience emergency medicine firsthand fall in love with it. And now, at last, they

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will be able to train in it through a regulated and structured pathway, with the dignity it deserves.

The official specialty training program: an instrument of excellence

The arrival of the first emergency medicine residents is not merely symbolic. It represents the implementation of an official specialty training program (OSTP) developed by the National Commission for the Specialty of Emergency Medicine with rigor, a forward-looking perspective, and full alignment with the European standards defined by the European Society for Emergency Medicine (EuSEM) and the *Union Européenne des Médecins Spécialistes* (UEMS).^{11,12}

The SPEM OSTP is a 4-year program structured around 3 competency cores: transversal competencies shared with all health sciences specialties, common competencies, and 98 specific competencies unique to emergency medicine, distributed across 7 key domains.¹³

- Support of vital functions: the ability to act decisively when a patient's life is at imminent risk.
- Diagnosis and treatment of urgent and emergency conditions: the clinical core of the specialty.
- Care of critically ill and polytraumatized patients: comprehensive management of severely ill patients.
- Urgent and emergency care in special populations: pediatrics, geriatrics, obstetrics, and mental health.
- Disaster medicine and mass-casualty emergencies: the only specialty that specifically addresses these areas.
- Organization, planning, management, teaching, research, and innovation: the specialist as a leader, manager, and generator of evidence.
- Mastery of techniques and skills: the practical expertise that translates clinical decisions into action.

Training will take place within an emergency medicine teaching unit comprising 3 complementary and essential training settings: the teaching reference hospital, the emergency medical service, and the teaching hospital. This 3-part structure ensures that future specialists acquire competencies in both hospital and out-of-hospital settings, consistent with the transversal nature of the specialty.¹³

What the specialty means for patients

Beyond professional recognition, the creation of the emergency medicine specialty has a direct and measurable impact on the quality of care received by the public. Emergency departments and emergency medical services are the first point of contact with the health care system for millions of people every year. The care received within those first minutes and hours can determine survival and functional prognosis.

Specialization enables more agile and coordinated care, reduces morbidity and mortality, and improves re-

sponse times. The emergency medicine specialist is trained to perform an accurate differential diagnosis and to initiate or plan treatment before transfer to other specialists, playing a fundamental role in coordination between levels of care.¹³ Ultimately, this is the professional the patient needs at the most critical moment of their clinical course.

The evidence published in *EMERGENCIAS* over decades supports this statement. From studies assessing the efficiency of EDs to multicenter registries addressing highly prevalent conditions, research generated by Spanish emergency physicians has demonstrated that the quality of emergency care can and must be improved and that specialized training is one of the key factors in achieving this goal.

A debt repaid, a commitment renewed

This achievement would not have been possible without the work of generations of emergency physicians who, since SEMES was founded in 1988, fought for recognition of the specialty. Today we honor those who were our teachers, those who published the first articles in these pages on the need for an independent specialty, and those who appeared before the Congress of Deputies, the Senate, the Autonomous Communities, and the Central Government to defend this cause.¹⁴

At the same time, we fully recognize that the arrival of the first emergency medicine residents places new responsibilities upon us. We must be exemplary tutors, capable of transmitting not only technical knowledge but also the values that define a good emergency physician: a vocation for service, the ability to work under pressure, respect for patients and their families, and a commitment to continuous improvement.

Moreover, we must build a network of accredited teaching units capable of guaranteeing the quality of training throughout Spain, regardless of the hospital or emergency system in which the resident is trained. The official training program establishes rigorous and transparent accreditation criteria that must be strictly fulfilled.¹³

And we must continue conducting research. Scientific output by Spanish emergency physicians has increased steadily over recent decades,¹⁵ and *EMERGENCIAS* occupies a leading position within the international emergency medicine landscape. The creation of the specialty compels us to make a qualitative leap forward in generating evidence through our own research projects, doctoral theses, and active participation in national and international research networks.

Looking into the future

We cannot conclude this editorial without acknowledging that, although today we celebrate the arrival of the first emergency medicine residents, our task is not yet complete.

We must ensure the sustainability of this “safety valve” and the necessary generational renewal of the second-largest professional group within the Spanish National Health System.¹⁶ The Ministry’s report on the supply and need for medical specialists for 2023-2035¹⁷ is very clear. Emergency medicine will be the specialty with the oldest workforce by 2029 and will experience a moderate shortage of emergency medicine specialists (> 10%) throughout these years. SEMES recently conducted a field study showing that Spain currently has 1,200 emergency physicians older than 60 years and almost 400 unfilled established posts. Workforce planning is imperative, as is appropriately sizing the number of future MIR positions in emergency medicine ($\approx$ 500/year).

Recognition of the specialty of emergency nursing also remains pending,^{18,19} without which the multiprofessional emergency medicine teaching unit cannot become a complete reality.¹³ We will work with the same determination we have demonstrated thus far to ensure that this day arrives soon.

To the first emergency medicine residents, we say: welcome. You have chosen the most exciting, demanding, and necessary specialty in modern medicine. You will have the privilege of being the first, of writing history, and of demonstrating that emergency medicine in Spain can and must stand alongside the best systems in the world.

Children of emergency medicine,^{20,21} born from a continuous process of work, effort, integration, and undoubtedly emotion: you can count on all of us; you can count on SEMES. Welcome home.

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