

EDITORIAL

The added value of residency training in emergency medicine in Spain

El valor añadido de la residencia en medicina de urgencias y emergencias en Spain

Agustín Julián-Jiménez^{1,2}

There are undoubtedly 3 momentous and unforgettable dates for Emergency Medicine (EM) and the Spanish health care system that will remain forever etched in everyone's memory. They represent the 3 milestones most eagerly pursued, awaited, desired, and, it must be said, deserved by all those colleagues and friends who fought for so many years and who are now Specialist Physicians in Emergency Medicine (SPEM), whether they are still among us or wherever those may be who, sadly, left us before they could receive their specialist qualification in EM. Simply thinking of and remembering them is an honor and a privilege. We are certain that they know they have been designated "the first SPEMs in Spain" by the National Commission for the Specialty of Emergency Medicine (CNE).

First, July 3rd, 2024, after a journey that had been far too long and that brought us almost to the limits of our resilience, with the publication of Royal Decree 610/2024, establishing the title of Specialist Physician in Emergency Medicine (SPEM).¹ This marked the culmination of a legitimate professional aspiration pursued for more than 3 decades by the Spanish Society of Emergency Medicine (SEMES), together with thousands of professionals, as well as the repayment to Spanish society of a long-standing debt, with considerable interest.^{2,3}

Second, April 4th, 2026, Holy Saturday, the day on which Order PJC/311/2026 of March 31 was published, approving and publishing the official specialty training program (OSTP) for Emergency Medicine, the assessment criteria for specialists in training, and the accreditation requirements for Emergency Medicine teaching units.⁴

Finally, 3rd, June 5th, 2026, the date on which the first 82 Emergency Medicine residents officially began their 4-year training period.

Now, in this new scenario, Spain has finally ceased to be a regrettable exception within the European and Latin American context, where the specialty has long been firmly established in the vast majority of countries.⁵ From now on, decades of determined self-train-

ing come to an end, and a structured, comprehensive training pathway will begin to bear "its fruit" in the form of outstanding Emergency Medicine specialists who will ensure patient safety and quality of care in hospital emergency departments (EDs) and emergency medical services (EMS).⁶

For its part, the Emergency Medicine OSTP must serve as the fundamental tool for training both good specialists and specialists who are good professionals, combining professionalism, humanism, and excellence in training through the acquisition of the competencies, skills, techniques, knowledge, and experience required to successfully complete the 4 years of specialized health training (SHT).^{4,6,7}

This is undoubtedly an unprecedented, innovative, relevant, forward-looking OSTP with highly distinctive features compared with the training programs of the other specialties represented on the *Consejo Nacional de Especialidades en Ciencias de la Salud* (CNECS).⁸ These characteristics make the Emergency Medicine OSTP the first of a new era of SHT in Spain and, in themselves, constitute the first major added value of launching Emergency Medicine residency training in Spain: a training model firmly committed to an innovative, comprehensive approach aligned with the realities of clinical care.^{4,6,7}

For the first time since specialized health training was introduced in Spain, a teaching unit will be established as a 3-part structure, allowing its 3 training settings to provide all the learning environments required to ensure that future SPEMs become fully competent in the urgent and emergency care of any potential patient, in any situation and in any location. This ranges from activation of the alert and care at the scene, through management at a hospital equipped with specific resources for the diagnosis and initial treatment of all urgent conditions, where transfer may occasionally be required to access certain specialized treatments, to the management of the most complex conditions at a tertiary referral center.^{4,6,7} Taken together, this represents a decisive step forward for the health care system

Author Affiliations: ¹Presidente de la Comisión Nacional de la Especialidad de Medicina de Urgencias y Emergencias. ²Servicio de Urgencias y Área de Docencia, Formación, Investigación y Biblioteca, Complejo Hospitalario Universitario de Toledo; IDISCAM; Universidad de Castilla La Mancha, Toledo, Spain.

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Corresponding Author: Agustín Julián-Jiménez. Servicio de Urgencias - Área de Docencia, Formación, Investigación y Biblioteca. Hospital Universitario de Toledo. Avda. Río Guadiana, s/n. 45071 Toledo, Spain.

Email: agustinj@sescam.jccm.es

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as a whole, enabling progress toward a more organized, more efficient, and better-prepared model capable of responding to the current and future needs of the population in both out-of-hospital and hospital settings.⁹⁻¹¹

With regard to accreditation of the various EM teaching units of SPEM, as tutors, teaching collaborators, and directors of studies will be able to verify, all the requirements included in the OSTP must be met to confirm the qualitative leap and improvement in care uniformly across all of them. This applies both collectively to the teaching unit as a whole and individually to each of its 3 settings: the teaching reference hospital, EMS, and teaching hospital. Specialists in EM training and all members of the public can feel reassured by this paradigm shift, which brings with it the greatest added value of trust for SHT in Spain: the safety of both patients and residents.⁴⁻⁶

The benefits and advantages provided by structured training in EM as a primary specialty are countless, indisputable, and immeasurable. Among them, however, several particularly significant benefits can be highlighted:

- Comprehensive training of all future specialists by ensuring acquisition of cross-sectional competencies shared with the other health sciences specialties, common competencies developed by the Delegated Commission for Immediate Care for the specialties of Family and Community Medicine and Emergency Medicine, and competencies specific to EM.^{4,6} This standardized and structured training ensures that every patient in Spain is treated according to the same quality standards, regardless of the autonomous community or type of center.^{2,5} Once specialized training in EM is fully established, structured and organized continuing education will also be implemented for qualified EM specialists, reflecting a model of continuous professional development.^{5,6}

- The definitive and necessary step toward establishing formal hierarchical structures for EDs and EMS in all autonomous communities, providing them with the same structures, posts, functions, rights, and responsibilities as other teaching and clinical services and units, where appointment to leadership positions must require possession of the specialist qualification in Emergency Medicine.^{1,9}

- The ability to plan workforce requirements and staffing because, with its own specialty code, autonomous communities can now advertise specific Emergency Medicine posts through public employment competitions. This will also help bring an end to precarious temporary contracts concealed under other professional categories. Furthermore, it enables both the Spanish Ministry of Health and the autonomous communities to calculate how many actual Emergency Medicine positions need to be incorporated in an orderly manner through official calls, including those within the MIR system.²

- Restoration of the professional and employment recognition of SPEM by establishing, alongside other

specialists, a regulated and recognized professional career structure. This may also improve employability and salary recognition relative to other professional categories and specialties.^{5,12}

- European recognition, allowing Spain to align with international and European standards, facilitating mobility and ensuring that our specialists possess standardized competencies based on European Union standards. In this way, by aligning with the European Directive on professional qualifications, Emergency Medicine specialists trained in Spain will be able to have their qualification recognized throughout the European Union. Previously, emigration involved far more cumbersome and complex individual validation procedures.^{12,13}

- Attraction and retention of talent in Emergency Medicine by opening a direct vocational pathway for the many medical graduates who have long wished to train and pursue their professional careers in EDs and EMS. It will therefore no longer be necessary to complete another specialty as a bridge into Emergency Medicine.¹⁴ Over the years—and hopefully as few years as possible—it will become possible to ensure sustainability and generational renewal in EDs and EMS, which are currently critically threatened.² In addition, for the other specialties, particularly those that have historically supplied a large proportion of the workforce in EDs and EMS indirectly, this represents an opportunity to improve the efficiency of their training because their residents will ultimately work in the specialty in which they were trained.¹ In this regard, Royal Decree 610/2024 also opens the door to a new professional pathway establishing a procedure whereby SPEM and Family and Community Medicine specialists may obtain the qualification in the other specialty through an assessment examination and a period of training.¹

- Greater impetus for research and innovation in Emergency Medicine. Although there is already a well-established and progressively expanding quantitative and qualitative research tradition in Emergency Medicine, Emergency Medicine specialists have an excellent vehicle for disseminating research findings: the journal *EMERGENCIAS*, which is ranked in the 1st decile of the Emergency Medicine category. Nor should we overlook *Revista Española de Urgencias y Emergencias*, the other journal published by SEMES. This, along with the research requirements established in the Emergency Medicine OSTP, will place our specialty in a privileged position relative to other specialties over the coming years.¹⁵

Emergency Medicine has never been marginal, although it has gone from sustaining the health care system and training thousands of residents from most specialties for decades to finally having an identity of its own.¹⁶ In reality, what changes with the existence of Emergency Medicine as a specialty is not the essence of the work itself, but rather its framework, its identity, and, fortunately, its future.¹⁷

To the new SPEM residents, and especially to the 82 members of the first cohort who began your training on June 5th, 2026, we at the National Commission for

the Specialty of Emergency Medicine want to tell you: enjoy the challenge. Congratulations, and know that “You’ll never walk alone.” Because if anyone asks what added value the Emergency Medicine specialty brings to Spain, the answer is you.

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