



THE EUROPEAN SOCIETY FOR EMERGENCY MEDICINE PAST, PRESENT AND FUTURE

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From Past to Present

The European Society for Emergency Medicine (EuSEM) was inaugurated in May 1994 during an international emergency medicine conference held in London. It developed as the initiative of one man who became not only the first President of the Society but also the first Editor of its associated Journal, the European Journal of Emergency Medicine (EJEM). Ten years later that same remarkable man was still President of the Society and Editor of the Journal. This is an achievement which will never be equalled and which renders us all immeasurably indebted to Professor Herman Delooz. Last year I had the privilege of succeeding him as President of EuSEM and earlier this year he was succeeded by Tom Beattie (Scotland) and Patrick Plunkett (Ireland) as joint Editors of the Journal. It is fitting that the 3rd European Congress on Emergency Medicine should have been held this February in Leuven, Belgium, where Professor Delooz had practised the art and science of emergency medicine for more than a quarter of a century. It was a wonderful opportunity to recognise his immense contribution to the promotion of emergency medicine across Europe.

2004 Conference in Prague

The tenth anniversary of the founding of EuSEM coincided in May of last year with the accession of ten new member states into the European Union and it seemed appropriate that one of them should be the venue for a meeting which considered the future role of the European Society as one of its main themes. The meeting was held in the magical city of Prague in the Czech Republic and the small but very select group of delegates were representative of more than twenty European countries. They had the opportunity not only of listening to invited speakers and to free paper and poster presentations but also of contributing to symposia and participating in discussion groups. A very wide range of issues was raised but a number of common aims and expectations soon emerged. These related primarily to the establishment of emergency medicine as a recognised specialty in individual countries, to the development of common standards of specialty training across Europe and to the need for improvement in the central organisation of a Society with such extensive geographical remit. Most of these aims are already incorporated within the Manifesto for Emergency Medicine in Europe which was approved by the Council of EuSEM some years ago but which still awaits translation into reality.

Individual EuSEM Membership or....

EuSEM was established as "a European forum for physicians who work within a structure providing pre-, inter- and/or in-hospital emergency medical care." The objective of the Society was to promote the advancement of Emergency Medicine in Europe at a time when relatively few European countries had national societies specific to the specialty. EuSEM thus began as a forum of individual members but the increasing recognition of the specialty of emergency medicine during the last decade has not resulted in a proportionate increase in membership. The reasons for this are manifold but they undoubtedly include the diversion of formerly active members from European level to newly created national societies, and the lack of an administrative base to respond to enquiries, to foster communication and, most especially, to collect subscriptions! The first of these reasons should be regarded as a positive outcome of the main objective of the Society and the second reason should have become less relevant last year when EuSEM was invited to establish its office in London in conjunction with the British Association for Emergency Medicine whose administrative staff have many years of relevant experience and expertise at national and international level.

....a Federation of National Societies

The Statutes of EuSEM, first approved in 1994, require the Society to “encourage the formation of and the cooperation between national associations for Emergency Medicine” and the majority of European countries do now have a specialty-specific national society. The Statutes were amended last year to encourage representation on the EuSEM Council of any national society or association which has a minimum number of full members of the European Society. That number is currently fifteen and several countries are now eligible for national representation. However, there is also increasing demand - some of it expressed during the meeting in Prague- that the European Society should establish a federation of individual National Societies and this has been given careful consideration by the Officers and Council of EuSEM. The proposal has the full support of the Council although they recognise that it does need to be associated with a sound business plan because no society can be run without regular income and no journal can survive without regular subscribers.

The “Doctors’ Directive”

Europe encompasses not only fifty or more different languages and cultures but also a similar number of different systems of health care and medical practice. Each country has different medical traditions, different systems of registration and differing lists of recognised medical specialties. This latter problem has been addressed in part by the European Union and, in particular, by the Department or Directorate-General which deals with the Internal Market, including the mutual recognition of diplomas and other free movement issues. This “Doctors’ Directive” was first issued as 93/16/EC but was more recently updated as 2001/19/EC. It currently recognises fifty-three different hospital medical specialties within the member countries of the European Union but the list is not exhaustive because it includes only those specialties which are common to all member states or which are common to at least two or more. Emergency Medicine was thus included in the list from its inception because it had long been recognised as a specialty in the United Kingdom and in Ireland. The accession of ten new member states last year enabled this list to be expanded to include also the Czech Republic, Hungary, Malta, Poland and Slovenia. The status of Emergency Medicine in other EU countries continues to evolve and some have made considerable progress towards specialty recognition but none other has yet made submission for the inclusion of Emergency Medicine in the “Doctors’ Directive.”

A Core Curriculum

The Manifesto of EuSEM recognises that Emergency Medicine is a specialty in its own right and it should thus have the four essential features of any major clinical discipline which are a unique field of action, a defined body of knowledge, an active research programme and a rigorous training programme. The defined body of requisite knowledge is found within the Core Curriculum recommended by a EuSEM Task Force and first presented during a conference in Portoroz, Slovenia, three years ago. This Task Force also recommended principles of training for Emergency Medicine in Europe and these were in agreement with the EU Medical Directive which recommends a five year programme of specialist training. Recommendations may not be difficult to make but they can be very difficult to implement.

UEMS

The European Union does not seek to influence the direct provision of health care and healthcare systems which therefore remain the national responsibility of individual member countries. However, there are a large number of European medical organisations which are non-statutory and non-governmental but which are not without political influence. One of the most important is the European Union of Medical Specialists, Union Européenne des Médecins Spécialistes (UEMS), which represents specialists within the member states of the European Union. Its influence extends even further because other European countries can be included as associate members or as participating observers. UEMS was established as long ago as 1958 and its statutory purpose is the harmonisation and improvement of medical specialist practice in the European Union. It has created Specialist Sections for each of the major disciplines practised in the member states but a Section can only be established for a specialty which is recognised in at least one third of EU countries. This is why there are currently fifty-three recognised specialties in the European Union (including Emergency Medicine) but only thirty-four Specialist Sections within UEMS.

Multi-Disciplinary Joint Committee

Some of the UEMS Specialist Sections have established European Training Boards with the specific remit of seeking to guarantee the highest standards of care in the specialty concerned, a guarantee to be achieved through recommendations for setting and maintaining standards of training and through recommendations for the content and quality and evaluation of training programmes. EuSEM has long recognised the importance of finding place for Emergency Medicine in UEMS but unfortunately the specialty still falls short of the minimum number of EU countries in which it needs to have formal recognition before being eligible to establish a new Section. However, Intensive Care Medicine faced a similar problem some years ago and was able to establish a Multi-Disciplinary Joint Committee (M-DJC) within UEMS with representatives from the European Society of Intensive Care Medicine and from established Sections (Anaesthesiology, Internal Medicine, Surgery and Paediatrics) most closely allied with the specialty of Intensive Care Medicine.

M-DJC for Emergency Medicine

EuSEM began to make similar representation to UEMS more than three years ago but only very recently was it agreed that a Multi-Disciplinary Joint Committee could be established for Emergency Medicine within UEMS. The Specialist Sections were asked whether they would wish to be involved and five of them have given positive response, including Anaesthesiology, Internal Medicine and Geriatric Medicine. These Sections subsequently nominated individual members to attend an inaugural meeting of the M-DJC for Emergency Medicine which was held in Brussels in April and where they were joined by representatives from EuSEM. This was a very important development for Emergency Medicine in Europe and should prove to be a major step towards the harmonisation and standardisation of teaching and training and the practice of the specialty. It is to be hoped that the recommendations previously made by the EuSEM Task Force about a core curriculum and principles of training can achieve implementation through this M-DJC of UEMS.

The Future

Much has been achieved during the past decade but much more remains to be done. It is greatly to be hoped that the proposed establishment within EuSEM of a federation of individual National Societies of Emergency Medicine would significantly enhance the strength and purpose and unity of the specialty in Europe and there can be no doubt that the numerical advantage of a much larger membership base would strengthen the representative role of EuSEM within UEMS and in the European Union. There would be great potential for collaboration on topics of research interest, for the further development of modular courses and for the establishment of Task Forces on issues of trans-national interest and concern to the specialty. These are just some of the matters which EuSEM could pursue with the support and involvement of representatives from individual National Societies. The next decade could offer our specialty an even more certain future than the last.

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