

Core curriculum in Emergency Medicine

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EDITOR:

As Anaesthesiologists working principally in an emergency setting, we were pleased to read in the paper on 'Core curriculum in Emergency Medicine integrated in the specialty of anaesthesiology' that Anaesthesiologists have played a key role in the development of Emergency Medicine [1]. In addition, we could fully agree with the statement that dealing with acute conditions or diseases is a part of all medical specialties and is not a question of exclusivity for either medical specialty [1]. However, the basic specialty of Emergency Medicine already exists in many European countries and both basic specialties of Anaesthesiology and Emergency Medicine were accepted by the EU as a European recognized basic specialty in 1993 [2]. For Emergency Medicine, it was the result of evolution in medicine, namely the body of knowledge on emergency care increased almost exponentially and society demands doctors fully dedicated to pre- and/or in-hospital emergency care. Anaesthesiology as well as other specialties are directly involved in this evolution.

It is surprising that the history of Anaesthesiology is so quickly forgotten. Anaesthesiology developed out of surgery because the body of knowledge and skills, in combination with a demand on patient safety, increased rapidly. One should understand that evolution in medicine can hardly be stopped.

As Anaesthesiologists dedicated to Emergency Medicine for most of our time, we realize out of daily practice that a training of several years is needed to possess all the medical and organizational knowledge and skills to fulfil the needs of modern Emergency Medicine. However, we support the view that Anaesthesiologists in training must be exposed to emergency care and that an emergency department is the appropriate place to become trained in specific aspects of emergency care useful in the further career of any one of them.

Regarding the proposed curriculum [1], we were surprised that no reference was made to existing literature on Emergency Medicine curricula as it is stated that each specialty should base its activities on

scientific grounds [3–5]. These papers are supported by the European Society for Emergency Medicine (EuSEM), which is specifically dedicated to Emergency Medicine and of which all authors of this letter are Council members. Other members of this Council collaborate with the UEMS to further pursue the formation of a Section of Emergency Medicine within this body. It was of concern to realize that the first-named author of the paper under discussion is a representative member of the UEMS Multidisciplinary Joint Committee on Emergency Medicine.

Finally, taking into account the content and the time a resident in Anaesthesiology will have available, the proposed curriculum is totally unrealistic. It is impossible to acquire all the proposed knowledge and skills and to be sufficiently exposed to all listed procedures within the suggested period of 4 months in Emergency departments. It is as unrealistic as if we would recommend a full Anaesthesia training as part of the European Emergency Medicine curriculum and to be completed within a maximum period of 6 months.

In conclusion, we hope that Anaesthesiologists will continue to play a key role by training in and practising emergency care. However, we also hope that looking at the history of Anaesthesiology itself and at the different evolution in Emergency Medicine in many European countries, the European Society of Anaesthesiology does not make the same mistake as cited in the paper to which we refer. Emergency Medicine is not an exclusive specialty, but by publishing this curriculum paper without consulting anaesthesiologists who daily perform Emergency Medicine and who are involved in the European Society for Emergency Medicine gives the clear impression of promoting exclusivity.

As Anaesthesiologists working in the field of Emergency Medicine, we are disappointed by this publication, which we consider to be a historical mistake. We hope that the curriculum proposal is supported by only a small minority of European Anaesthesiologists.

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References

1. De Robertis E, McAdoo J, Pagni R, Knape JTA. Core curriculum in emergency medicine integrated in the specialty of anaesthesiology. *Eur J Anaesthesiol* 2007; 24: 987–990.
2. Formal recognition of specialties determined by EU directive 93/16 (revised directive 2005/36/EC).
3. Task Force of the European Society for Emergency Medicine: Petrino R, Bodiwala G, Meulemans A, Plunkett P, Williams D. EuSEM core curriculum for Emergency Medicine. *Eur J Emerg Med* 2002; 9(4): 308–314.
4. Council of the European Society for Emergency Medicine. Manifesto for Emergency Medicine in Europe. *Eur J Emerg Med* 1998; 5: 1–2.
5. Yates D. Training in emergency medicine. In: Deloos H, ed. *Emergency Medicine and the Anaesthetist*, 212pp. Baillière's Clinical Anaesthesiology 6/1, 1992; 6(1): 161–175.

Reply

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EDITOR:

The authors of the Working Party on Emergency Medicine of the European Board of Anaesthesiology (European Union of Medical Specialists, EUMS/UEMS) want to thank Dr Raed and colleagues for their correspondence. However, we are afraid that Dr Raed and colleagues have misunderstood the intention of our paper. Our paper, in fact, describes the part of the core curriculum in Anaesthesiology dedicated to Emergency Medicine, as is desirable and as is required for any resident who is trained as an Anaesthesiologist in Europe.

In contrast to what Dr Raed and colleagues suggest, our paper does in no way promote exclusivity. Emergency Medicine in Europe is diverse, has different contents and different positions in different countries in association with varying organizations of medical care, varying geography and varying resources. With the exception of nine European Countries, Emergency Medicine is not an independent speciality in most European Member States.

The European Directive on recognition of professional qualifications (Directive 2005/36/CE of the European Parliament) does not identify Emergency Medicine as a primary medical speciality. The

European Union requires that, to become a speciality it must be recognized in at least two-fifths of the Member States and at the same time, by a particular majority (a weighted vote that is determined by the population of each country and other factors and giving what is called a 'qualified majority') in a committee on Qualification of the European Commission (not only for medical professions but generally also for all protected professions). Furthermore, to create a Specialist Section for Emergency Medicine within the UEMS, Emergency Medicine has to be recognized as an independent speciality by more than one-third of the EU Member States and must be registered in the official Journal of the European Commission (Medical Directives). All these requirements for a primary medical speciality are not fulfilled for Emergency Medicine.

The European Board of Anaesthesiology (and not the European Society of Anaesthesiology, which unfortunately was misquoted in the correspondence) has no ambition to be involved in the crusade of the European Society of Emergency Medicine to have Emergency Medicine recognized as a separate medical speciality.

Emergency Medicine has many definitions in many regions and countries in Europe. In our opinion it would definitely be preferable first to agree on the definitions of Emergency Medicine in Europe and then to agree on the competencies that are required to achieve high-quality care in Emergency Medicine throughout Europe. It is also important to identify

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