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Emergency medicine specialization: the French and Belgian perspective

Pieter Jan Van Asbroeck¹ ; François Javaudin^{2,3} ; Robert Leach⁴ : Youri Yordanov⁵

¹ Department of Emergency Medicine, Ziekenhuis Oost-Limburg, Genk, Belgium

² Department of Emergency Medicine, University Hospital of Nantes, Nantes, France

³ Microbiotas Hosts Antibiotics and bacterial Resistances (MiHAR), University of Nantes, Nantes, France

⁴ Department of Emergency Medicine, CHWapi, Tournai, Belgium

⁵ Sorbonne Université, AP-HP, Hôpital Saint Antoine, Service d'Accueil des Urgences, INSERM, Institut Pierre Louis d'Epidémiologie et de Santé Publique, UMR-S 1136, Paris, France

On the 13th of November 2015, after being a supra-specialty for more than 10 years, emergency medicine (EM) became a primary specialty in France[1]. Compared to former regimens, the primary specialty allows EM residents to be fully trained on the wide range of clinical situations we face in the emergency department (ED) but also in emergency medical communication centres (EMCC, i.e. medical dispatch centres, SAMU in French) or in mobile intensive care units (MICU)[2,3].

After 6 years of medical school, and based on their rank at a national exam, medical students get to choose their specialty and the region in which they will train. The EM curricula is common to all French universities and residents have access to a national e-learning platform. In addition to these national educational resources each university organizes local courses, scenario and simulation based medical education sessions and a training in emergency point-of-care ultrasound (POCUS)[4]. Like most medical specialties (as opposed to surgical ones) EM curricula is spread over a 4 year residency program, divided in three separate segments. Each segment being defined by a distinct set of competencies and knowledge the residents must acquire.

The first year is called the “foundation phase” and is mainly dedicated to emergency medicine core competences. During the “foundation phase”, residents have a one semester rotation in an ED and another one in a general medicine ward (including hospital/internal medicine or acute geriatric units). The next phase last two years and is called the “extension phase”. It’s dedicated to the knowledge development and the acquisition of transversal skills. During this phase residents will spend a semester in a paediatric ED, one in a EMCC with access to a MICU and one in an intensive care unit (ICU). The fourth rotation is left to the resident choice in accordance to his/her preferences. The final year of the residency program, the “consolidation phase”, is associated with a major evolution of the practice conditions of EM residents, with the supervised autonomy status giving them a wide room for action but in a secure environment. During this consolidation phase the clinical duties of the resident, now called junior doctor, will be divided between the EMCC, the MICU and the ED.

Residents can train a supplementary year to gain a supra-specialization in paediatric EM. This implies for these residents an extra 6-month rotation in a paediatric ED and another one in a paediatric MICU, plus a specific set of competences and knowledge they should learn. This option is accessible for both the paediatricians in training and to the EM trainees.

Now the next step for EM in France is to add an extra year of training and therefore to implement a five-year training program, as required by the Doctors’ Directive, and allow the European union and UK recognition of French emergency medicine specialists[5].

In Belgium we have been interested in emergency care since the 1860’s and the first training program appeared by Royal Decree in 1993 establishing a 2 year course, with theoretical and practical classes as well as rotations in an ED and in the pre-hospital setting. It was, however, the Royal Decree of 2005 that created in Belgium two new EM specializations: one with a 3 year program and another with a 6 years program[6]. Today, the 6 years program is the only specialization training program that exists. Candidates wishing to train in EM must apply for a position in the different Belgian Medical Schools. They are assessed on the basis of their curriculum vitae, class ranking and on the results of a pre-specialization examination (with oral and written tests). Belgium officially became a federal state in 1993 and since then, some central powers and authority have been bestowed on the different regions , thus there can be additional

regional requirements. However, the Federal government does retain authority over standards and traineeships.

The training requires full time participation in recognized training departments along with theoretical classes. There is a mid and final examination for all candidates. For the moment the Region of Flanders uses the European Board Examination in Emergency Medicine (EBEEM) part A as their final exam whereas the 3 universities in the French-speaking community (comprising Wallonia & the Capital Region of Brussels) elaborate their own exams (their final exam is both written and simulation)[7]. Trainees must also take a separate training in disaster management and disaster medicine. This training in disaster medicine is of utter importance and has been repeatedly described as a way to improve health systems resilience, as this year proved in many aspects[8,9]. Other courses such as advanced life support, paediatric life support, trauma and ultrasound are also required but are not directly offered by the universities. There is a legal requirement of a one-year rotation in intensive care and a minimum of two years in EM (one of these 2 years must be in a university hospital ED). The remaining time can be spent either in EM (which is the choice of the majority) or in other specialty rotations. The medical schools can also individually impose their own obligatory rotations. There is also the obligation to publish a research article in the field of emergency medicine before official recognition.

The royal decree of 2005 does allow for supra-specialization in EM for candidates that are already recognized as specialists in 8 specific specialties, but that requires 2 years of supplemental training. All along their training, the candidates must regularly inform the Royal Recognition Committee which follows their progression and will ultimately recognize their degree.

Finally, we would like to point out that in France, each year about 500 emergency physicians are trained, corresponding to one per 140,000 inhabitants per year[9]. While in Belgium, according to the official numbers there was a total of 99 EM candidates who entered training in 2019. During this same year there were 43 EM specialists and 14 EM supra-specialists officially recognized by the Belgian Federal Government.

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