

One match at a time

Partido a partido

Pascual Piñera Salmerón

"I would also like to announce that we are going to respond to a long-standing demand from health care professionals. This ministry will recognize the specialties of Emergency Medicine, Infectious Diseases, and Genetics. In addition, we will continue to advance in the design of the specialty of Child and Adolescent Clinical Psychology to meet the need for specialized mental health care for this population group. By recognizing these specialties, we not only promote professional development and specialized training, but also help improve the efficiency of the health system and open vacancies in other areas that are also underserved. This effort reflects the Ministry's commitment to strengthening primary care and other shortage specialties within our National Health System." With these words, the Minister of Health of the Government of Spain, since November 21st, 2023, Dr. Mónica Sánchez Gómez, announced before the Congress of Deputies her commitment to creating the Specialty of Emergency Medicine in Spain—a commitment put into paper, not just words, as it should be.¹

The modernization of Spanish health care between the 1960s and 1980s paralleled the creation and development of specialized health care training (*Formación Sanitaria Especializada*, FSE) through the MIR system (*Médico Interno Residente*). The *Hospital General de Asturias* (Oviedo) in 1963 (led by Fernando Alonso Lej de las Casas and Carles Soler Durall) and the *Clínica Puerta de Hierro* (Madrid) in 1964 (led by José María Segovia de Arana) were the first hospitals to implement the MIR system in Spain. It became widespread in 1972 and was consolidated in 1984 as the only legal pathway to specialization.² In 1987, the Spanish Society of Emergency and Emergency Medicine (*Sociedad Española de Medicina de Urgencias y Emergencias*, SEMES) was founded. Since then, we have been advocating for the establishment of our specialty.

Health systems are in constant evolution, seeking to adapt to the changing needs of the populations they serve—ours is no exception.

In this context, the specialty of Emergency Medicine has emerged as a fundamental pillar of medical care, already recognized in numerous countries around the world and in most of our European neighbors. Its existence has significantly improved the quality of care for patients treated in emergency departments and in critical situations. Moreover, together with primary care, it has become the backbone of the health care system, ensuring equity and accessibility for 100% of Spain's population.

Specialization in Emergency Medicine has not only been shown to improve clinical outcomes for patients but also to enhance the efficiency of the health system. The ongoing modernization and increasing specialization of medicine make it unfeasible to have all types of professionals from every specialty available at all times. For this reason, the presence of professionals with comprehensive and structured training—such as emergency and prehospital physicians—is necessary and far more cost-effective, as endorsed by the 72nd World Health Assembly of the World Health Organization.³ Emergency medicine specialists are trained to manage a wide range of medical conditions, enabling them to act effectively under pressure and make critical decisions rapidly. In addition, specialization has led to better resource management, as these specialists can prioritize patients based on severity and need for immediate intervention.

Across Europe, countries such as the United Kingdom, France, and Italy have led the way in establishing this specialty, recognizing the need for highly qualified professionals dedicated exclusively to the care of patients in emergency situations. Emergency Medicine has proven essential to ensuring rapid, coordinated, and effective care, improving both the vital and functional prognosis of countless individuals.

Most European countries have well-established Emergency Medicine training programs. The specialty has long been recognized in countries such as the United States, where the American Board of Emergency Medicine (ABEM) has offered certification

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since 1979,⁴ and in the United Kingdom, where it has been an official specialty since 1967.⁵

Training for emergency medicine specialists in these countries is standardized, intensive, and comprehensive. Residency and continuing education programs ensure that these physicians remain at the forefront of medical advances and best practices, providing front-line care in the most critical health care settings. This has not only raised the standard of emergency care but also fostered research and innovation in urgent care medicine. These countries have acknowledged that Emergency Medicine is a distinct discipline with its own set of knowledge, skills, and competencies that merit specialized recognition. In Spain, it is essential to guarantee equitable access to emergency and prehospital care for all citizens, regardless of the process, location, or time at which such care is required.⁶ We must follow in the footsteps of those countries where Emergency Medicine has long been a recognized specialty and work to standardize and harmonize all aspects inherent to this field—information systems, indicators, structure, regulation, costs, training, research, humanization, quality, safety, and health outcomes.⁷

Experience from other nations shows that, although the creation of an Emergency Medicine specialty is a challenging process requiring significant reorganization and sustained investment, the rewards justify the effort. The specialty has improved the recruitment and retention of professionals dedicated to Emergency Medicine, thereby enhancing job satisfaction. Moreover, Spain's regional emergency medical systems—one per Autonomous Community—are internationally regarded as models of efficient,

with cutting-edge human and technical resources. Their expertise, recognition, and functioning are essential for Spanish citizens as well as for residents and tourists. However, few users realize that these systems lack structured training programs for their medical and nursing personnel.

As we have seen, while Emergency Medicine is already a well-established and respected reality in many countries, its future in those where it has not yet been officially consolidated is promising. As more nations recognize and adopt this specialty, it becomes evident that its existence is essential for effective, high-quality emergency medical care. The specialty of Emergency Medicine is more than a response to a need—it represents a proactive vision for health care, ensuring a properly structured system that places patients at the center of efficient medical practice, saves lives, and defines the standard of medical care for the future.

We hope that the Emergency Medicine specialty will finally become a reality in Spain so that, by 2025, we may see the first residents begin their training in this field. The ball is now in the Ministry of Health's court, awaiting the Council of State's report, which must be issued within two months and is, in any case, non-binding. The recent rapid establishment of new specialties (e.g., Child and Adolescent Psychiatry) has been an excellent example of the effective collaboration between the central and regional administrations in addressing an undeniable social and professional demand. We hope this example sets the tone—may the momentum not be lost, for the match is not over yet, and this one is called the health of the citizens of Spain.

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