



**ACEP SECTION**

**INTERNATIONAL  
EMERGENCY  
MEDICINE**

**2023 ACEP INTERNATIONAL  
AMBASSADOR COUNTRY REPORT  
COMPILATION**

**American College of Emergency Physicians  
International Ambassador Program**

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# Executive Summary

The **ACEP International Ambassador Country Report Compilations** provide a unique overview of the state of emergency medicine development in countries around the world through reports from the International Ambassadors of the American College of Emergency Physicians, who work with pioneers of emergency medicine around the world to help improve emergency care and promote the growth of the specialty.

The target audience are the pioneers and leaders of emergency medicine globally as well as stakeholders in emergency care.

The goal of the Compilations is to inform stakeholders, aid advocacy, and promote the exchange of ideas and collaboration in global emergency medicine.

## How to use this Compilation:

The Compilation starts with a summary of the key results from the country reports. Then individual Country Reports are listed alphabetically and provide in-depth information for each country.

## 2023 Highlights

The 2023 Compilation captured data from 69 countries, representing 75% of the global population. EM is now recognized in 91% of surveyed countries, with 87% having residency training programs and 86% hosting national EM societies. A total of 113,254 residency-trained EM physicians serve a population of 6.02 billion, although there is considerable variability in physician density and emergency department (ED) availability across regions. High-income countries report higher numbers of EM physicians per capita, while many low- and middle-income countries face challenges such as limited training programs and workforce shortages.

### Country report responses by region versus WHO regional totals

When grouped by WHO region, the Americas had the highest response rate, with 63% of countries participating, while the Africa region had the lowest, with a 21% response rate. Chi-squared analysis revealed no statistically significant differences between participating and non-participating countries based on WHO region.

### **Summary Comparisons between Country Reports from 2019 to 2023**

Between the two surveys collected to date, several key developments were observed. These include growth in the number of countries recognizing EM as a specialty, the establishment of new national EM societies, increases in EM residency-trained physicians (EMRTPs), a higher ratio of EM providers per capita, expansion in EM training programs and their per capita availability, as well as increases in EM board examinations and subspecialty training opportunities.

### **In-Depth Analysis:**

An in-depth analysis of the data in this compilation is provided in a separately published manuscript in JACEP Open, including a summary table of all respondent countries and a data comparison between the 2019 and 2023 iterations of this report.

### **Submit Updates and Corrections:**

Published data on emergency medicine development in many countries is limited or non-existent. Thus, the country reports in this Compilation often rely on verbal accounts and the Ambassadors' experiences working in-country. If you have updates or corrections, please reach out via the following email: [bsdfriedman@yahoo.com](mailto:bsdfriedman@yahoo.com)

## Introduction

### International Ambassador Program of the American College of Emergency Physicians (ACEP)

The American College of Emergency Physicians, ACEP, is made up of more than 38,000 emergency physicians, residents, and medical students, mostly in the United States but also internationally. The ACEP International Ambassador Program currently includes 159 ACEP members who represent ACEP and collaborate with local partners in 77 countries to promote improvements in emergency care and the growth of emergency medicine. The Ambassador Delegation representing ACEP in a given country consists of several kinds of Ambassadors. Lead Ambassadors, Deputy Ambassadors, and Resident Representatives are based in the United States. ACEP Liaisons are based in the country of interest. The Ambassador Delegation for each country is responsible for completing a standardized country report detailing the current state of emergency medicine in the country. This compilation is the second iteration of updated country reports; the first can be found at ( [2019 ACEP Country Report](#) ) with an accompanying peer-reviewed analysis publication.

(<https://pubmed.ncbi.nlm.nih.gov/35252974/>)

### 2023 ACEP Ambassador Country Report Compilation

In 2023, the ACEP Ambassadors completed Country Reports on 69 countries including information on the current state of emergency medicine in the specific country including information on residency programs, educational curricula, formal emergency medical associations, pre-hospital training programs, medical journals, and several other inquiries that aim to describe the local evolution of the specialty. This document includes these Country Reports in alphabetical order as well as summary tables for comparisons across countries.

## Goal

The 2023 ACEP Ambassador Country Report Compilation provides a general overview of the state of the specialty in 69 countries with emphasis on current strengths and challenges, with the goal of informing emergency medicine pioneers and stakeholders worldwide as they confront their own challenges improving emergency care and developing the specialty. Furthermore, we hope this compilation sparks exchange of ideas and collaborations within and across regions and levels of specialty development.

## Disclaimer

The opinions expressed in the Country Reports are those of the individual country report authors and may not represent the opinions of the Compilation editors or ACEP. Published data about emergency medicine development is very limited in many countries, and much of the data reported are based on experiences of the ambassadors and their local partners working in-country rather than official government, specialty society, or institutional data. To the extent possible, the research team has requested that individuals filling out the country reports rely on official sources and peer reviewed data to the extent possible. ACEP and the authors have not independently verified information in the reports. Though references were encouraged for all material when available, references were often not available in many countries. Minimal editing was performed on the country reports, mainly for style and punctuation.



# **Individual Country Reports in Alphabetical Order**

[View table of contents for country page numbers](#)

# Argentina

## EM PROFESSIONAL SOCIETIES

1. [Sociedad Argentina de Emergencias \(SAE\)](#)
  2. [Sociedad Argentina de Patología de Urgencias y Emergentología \(SAPUE\)](#)
  3. [Sociedad Argentina de Medicina Prehospitalaria \(SAMPRE\)](#)
- Links to EM Society National Goals
- [Dirección Nacional de Emergencias Sanitarias](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Jim Cusick

*Liaison(s):* Gaston Costa

## COUNTRY DEMOGRAPHICS

Total Population: 46.23 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Argentina? Yes

If so, what year was emergency medicine recognized? 2010

Is there an emergency medicine board certification exam in Argentina? Yes

Is access to emergency medical care a legal right in Argentina? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Argentina:

Emergency Medicine has been recognized as a specialty since May 2010. Residency programs exist across the country, with most concentrated in Buenos Aires Province. The Argentine Emergency Medicine Society is a member of IFEM and actively participates in the National Emergency Medicine Congress annually. Emergency Medicine specialization is acknowledged by SAE and the Sociedad Argentina de Patología de Urgencia y Emergentología (SAPUE), as well as through institutions like the University of Buenos Aires and Provincial Medical Colleges. Various academic programs in Emergency Medicine are available, offering both short- and long-term training options.

Brief update on top-line developments in Emergency Medicine in Argentina:

Emergency departments played a crucial role during the COVID-19 pandemic, often transforming into emergency critical care units, managing numerous ventilated patients and using portable respiratory machines. Emergency Medicine physicians trained general and family doctors in critical care topics to meet demands. The period also saw a significant increase in prehospital critical care transport cases, compounded by widespread fatigue and post-traumatic stress among emergency physicians.

Biggest threats to Emergency Medicine in Argentina:

Low compensation remains a significant challenge for the specialty.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Argentina: 100

Number of Residency-Trained EM Physicians in Argentina: 500

Residency-Trained EM Physicians per 100,000 population in Argentina: 1.08

Number of Physicians Graduating from EM Residencies in 2022: 50

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
15%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Argentina? Yes

How many Emergency Medicine residency programs are there in Argentina? 42

How long are EM residencies in Argentina? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
70%

What are the options for non-residency EM training for physicians in Argentina?  
Non-residency training options can be found at: <https://sae-emergencias.org.ar/>

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Disaster medicine
- ✓ Global emergency medicine
- ✓ Research
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Argentina? Yes

What is the most-common form of prehospital transportation system in Argentina?  
Locally organized prehospital transportation systems

Which pre-hospital system structure does Argentina generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Argentina have/follow structured protocols for emergency calls?  
Yes

Is there training available in Argentina for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Argentina:

The development of new courses for Emergency Medicine training.

## **REFERENCES**

- <https://sae-emergencias.org.ar/capitulo-de-residentes/?v=d72a48a8ebd2>
- <https://www.argentina.gob.ar/salud/residencias/ingreso/oferta-de-cargos-disponibles-en-todo-el-pais-2da-readjudicacion>
- <https://www.argentina.gob.ar/salud/residencias/ingreso-residencias/concurso-unificado#>
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- <https://www.argentina.gob.ar/salud/epidemiologia>
- <https://sae-emergencias.org.ar/>

# Armenia

## AMBASSADOR TEAM

*Lead Ambassador:* Sharon Chekijian

*Deputy Ambassador(s):* Oriane Diana  
Longerstaey

## COUNTRY DEMOGRAPHICS

Total Population: 2.97 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Armenia? No

Is access to emergency medical care a legal right in Armenia? No

## HISTORY AND RECENT DEVELOPMENTS

Brief update on top-line developments in Emergency Medicine in Armenia:

We are introducing Emergency Medicine as a specialty this year with an 18-month training program for MDs practicing in Emergency Medicine but originally trained in another field. This year will mark its inaugural class.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Armenia: 5

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Armenia? No

What are the options for non-residency EM training for physicians in Armenia?

New non-residency training options are being started in the country.

Which subspecialty training programs are available to EM-trained physicians?

None Available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Armenia? Yes

What is the most-common form of prehospital transportation system in Armenia?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Armenia generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Armenia have/follow structured protocols for emergency calls?

Yes

Is there training available in Armenia for prehospital providers (e.g. paramedics or emergency medical technicians)?

No

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

# Australia

## EM PROFESSIONAL SOCIETIES

1. [Australasian College of Emergency Medicine \(ACEM\)](#)

Links to EM Society National Goals

- [ACEM Advancing Emergency Medicine](#)

## AMBASSADOR TEAM

Lead Ambassador: Justin Binstead

## COUNTRY DEMOGRAPHICS

Total Population: 25.98 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Australia? Yes

If so, what year was emergency medicine recognized? 1991

Is there an emergency medicine board certification exam in Australia? Yes

Is access to emergency medical care a legal right in Australia? Yes

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Australia: 1300

Number of Residency-Trained EM Physicians in Australia: 5000

Residency-Trained EM Physicians per 100,000 population in Australia: 19.25

Number of Physicians Graduating from EM Residencies in 2022: 1000

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
83%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Australia? Yes

How many Emergency Medicine residency programs are there in Australia? 140

How long are EM residencies in Australia? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Emergency medical services (EMS)
- ✓ Pediatric emergency medicine
- ✓ Sports medicine
- ✓ Toxicology
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses? Yes

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Australia? Yes

What is the most-common form of prehospital transportation system in Australia?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Australia generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Australia have/follow structured protocols for emergency calls?

Yes

Is there training available in Australia for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

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- <https://acem.org.au/>
- <https://www.health.gov.au/topics/emergency-health-management/laws-regulations-plans>
- <https://www.health.gov.au/about-us/the-australian-health-system>
- <https://www.aihw.gov.au>

# Austria

## EM PROFESSIONAL SOCIETIES

1. [Austrian Association of Emergency Medicine \(AAEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* **Bradley Hubbard**

*Deputy Ambassador(s):* **Florian Schmitzberger**

## COUNTRY DEMOGRAPHICS

*Total Population:* 8.93 million

*World Bank Income Level:*

High income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Austria?* No

*Is access to emergency medical care a legal right in Austria?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Austria:*

**The Austrian Society for Emergency Medicine (AAEM)** was founded to promote the establishment of a formal specialization in in-hospital emergency medicine in Austria, aligning with practices long established throughout the EU. The AAEM represents emergency departments and the practice of in-hospital emergency medicine in Austria. Founded in 2008, the AAEM represents Austria in the UEMS (Union Européenne des Médecins Spécialistes) – Section for Emergency Medicine and is a National Society Member of the European Society for Emergency Medicine (EUSEM).

**Regarding clinical specialization in emergency medicine in Austria**, the Hospitals Act mandates that all hospitals provide competent first-aid services around the clock for emergency patients. To meet this requirement, hospital operators have established emergency departments.

Emergency departments are either located within individual specialist units (in hospitals with a pavilion structure) or in central emergency departments (in hospitals with a centralized structure).

**The number of patients visiting hospital emergency departments continues to rise.** This increase is partly attributed to migrants, who, due to conditions in their home countries, are more likely to seek care at hospitals rather than doctor's offices for health issues. Additionally, many patients avoid taking time off work, and the limited hours of doctor's offices and surgery scheduling, which are not open 24/7, drive patients to hospital emergency departments.

**The allocation of emergency patients to the emergency departments** of various clinical specialties is determined by the patients themselves, accompanying persons (relatives, drivers), non-medical staff, or medical personnel (graduate nursing staff, paramedics, EM doctors).

In cases of incorrect assignments or unclear symptoms that require the involvement of other clinical specialties, patients are referred to one or more emergency departments of the respective specialties. However, due to the restrictions of the Medical Act, activities that cross disciplinary boundaries are not permitted. This system leads to conflicts between clinical specialties regarding responsibility and



results in longer waiting times for patients (e.g., abdominal pain requiring evaluation by an internist, surgeon, gynecologist, or urologist).

**Doctors who have recently completed their training** often staff emergency departments due to limitations of time and training by any one particular specialist (e.g. trauma surgeon needing to provide complex medical management for conditions not requiring surgery). This situation frequently leads to cost-intensive and extensive diagnostic testing as well as increased inpatient admissions due to diagnostic uncertainty. This dilemma repeatedly gives rise to justified complaints which are amplified by the media. It is estimated that up to 30% of inpatient cases could be managed on an outpatient basis. With optimized emergency management, resources could be saved, capacities utilized more effectively, and the issue of hallway beds in many hospitals alleviated.

**Hospitals adhering to modern quality standards** require appropriate medical supply structures at the point of entry as part of contemporary risk management. To address these issues, the introduction of the specialty of "Emergency Medicine," which would be new to Austria, is a promising solution. Emergency medicine has been recognized as an independent specialty for over 25 years in countries such as the United States, the United Kingdom, and Australia. Additionally, 19 of the 27 EU countries recognize emergency medicine as a distinct clinical specialty.

**The role of emergency medicine involves managing** all emergency patients who arrive at a hospital and fulfilling the statutory obligation to provide competent first aid around the clock. To meet these

responsibilities, emergency physicians require specialized training, including a structured curriculum, and the ability to work in an interdisciplinary manner—an approach not currently permitted under existing regulations.

The activity profile of a specialist in emergency medicine includes the responsibilities of a general practitioner but expands to encompass essential expertise in emergency and intensive care medicine. This includes making emergency diagnoses, initiating appropriate therapy, determining further procedures, stabilizing life-threatening conditions, providing intensive acute care in an emergency treatment unit, and monitoring potentially life-threatening conditions.

**The establishment of emergency medicine as a clinical specialty** with an interdisciplinary emergency department offers several advantages, including clear responsibility assigned to emergency physicians. Currently, emergency medical care in Austrian emergency rooms is primarily delivered by EMTs (70-90%) and physicians (10-30%) trained in internal medicine, anesthesiology, pulmonology, critical care, or general practice with additional prehospital care training. The Austrian Association of Emergency Medicine (AAEM) continues to advocate for the recognition of emergency medicine as a distinct medical specialty and actively collaborates with the European Society for Emergency Medicine (EUSEM).

[Brief update on top-line developments in Emergency Medicine in Austria:](#)

The Austrian Ministry is considering a two-year fellowship in Emergency Medicine for physicians already trained in another specialty.

Biggest threats to Emergency Medicine in Austria:

Other specialties continue to oppose the creation of EM as a standalone specialty in part due to concerns this would reduce funding available for other specialties in the limited national medical budget.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Austria: 271

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Austria? No

What are the options for non-residency EM training for physicians in Austria?

The possible creation of a "supra-specialty" or fellowship for physicians trained in other specialties is being considered, but no decision has yet been reached.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Austria? Yes

What is the most-common form of prehospital transportation system in Austria?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Austria generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Austria have/follow structured protocols for emergency calls?

Yes

Is there training available in Austria for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Austria:

Austria still needs dedicated EM residencies to best equip physicians to effectively work in today's Austrian emergency rooms. While the creation of a fellowship or supra-specialty is a step, it is not necessarily in the right direction. The most effective solution is the establishment of Emergency Medicine residencies, which would provide optimal training for the future of Emergency Medicine in the country. Anything less falls short of the current training standards of other EU countries that already have distinct residency programs.

## **REFERENCES**

- <https://www.ris.bka.gv.at/>

# Belize

## AMBASSADOR TEAM

*Lead Ambassador:* Mark Bruce

*Deputy Ambassador(s):* Joy Mackey

*Resident Representative(s):* Shannon Sparrow

## COUNTRY DEMOGRAPHICS

*Total Population:* 0.44 million

*World Bank Income Level:*

Upper middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Belize?* Yes

*If so, what year was emergency medicine recognized?* 2021

*Is access to emergency medical care a legal right in Belize?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Belize:*

Belize is an upper-middle-income country in Central America with a population of approximately 375,000, bridging both Caribbean and Central American cultures. Due to its size, Belize has no medical school or residency programs. There are no residency-trained emergency medicine specialists in the country, and most physicians practice directly out of medical school with minimal formal post-graduate training and variable on-the-ground experience. Nursing and ancillary staff have similarly diverse training backgrounds.

Belize has demonstrated a strong commitment to improving emergency care. Since 2012, partnerships to strengthen emergency care in Belize, including collaborations with the Medical College of Wisconsin (MCW), Baylor College of Medicine (BCM), SUNY-Stony Brook, and UC Davis, have provided post-graduate short courses on key emergency medicine topics to ED physicians and nurses at KHMHA. Since 2015, BCM has conducted independent pediatric emergency medicine training at KHMHA and implemented a nationwide train-the-trainer curriculum, including the WHO Emergency Triage Assessment and Treatment (ETAT) program. Supplemental curricula relevant to Latin America, developed by BCM/Texas Children's Hospital, aims to improve pediatric outcomes. Over 200 healthcare providers have completed the course, which is now self-sustainable with more than 20 local ETAT trainers rolling out the program nationwide.

BCM has also partnered with the Ministry of Health (MOH) to implement the WHO Basic Emergency Care (BEC) course, creating four regional training teams with the goal of training every emergency and primary care provider in their regions by the end of 2020. Additionally, BCM has conducted the first-ever epidemiological assessment of trauma in Belize, introduced modified trauma forms to promote the ABCDE approach, facilitated the creation of a trauma registry, developed HIV screening guidelines, and introduced sepsis screening tools to improve emergency care at KHMHA.

[Brief update on top-line developments in Emergency Medicine in Belize:](#)

In 2023, Belize is preparing to open its first 4-year medical school at the University of

Belize, accredited to CARICOM standards, with an inaugural class of 35 students. See also the previous section regarding the ongoing "Strengthening Emergency Care in Belize" program.

### [Biggest threats to Emergency Medicine in Belize:](#)

Emergency medicine is in its early stages of development in Belize and faces several challenges. However, there is significant enthusiasm for its growth, presenting numerous opportunities for advancement. Current challenges include the absence of an in-country medical school and residency program, a lack of residency-trained EM physicians practicing in Belize, and a nationwide physician shortage.

### **EMERGENCY MEDICINE STATISTICS**

[Estimated Number of Emergency Departments in Belize:](#) 10

[What percentage of EM-trained physicians work in rural \(vs. urban\) settings?](#)

1%

### **EMERGENCY MEDICINE TRAINING**

[Are there EM residency programs in Belize?](#)

No

[What are the options for non-residency EM training for physicians in Belize?](#)

"Strengthening Emergency Care in Belize" program has been a collaborative effort by Karl Heusner Memorial Hospital Authority (KHMHA), Belize Ministry of Health and Wellness (MoHW), the Medical College of Wisconsin (MCW), and the American College of Emergency Physicians (ACEP). This project was initiated in 2010 at the request of KHMHA and the Belize Medical and Dental Association (BMDA) leadership, who recognized the great value of enhanced Emergency Care services, and

requested our help. Much has happened since then; the following is a summary of our current activity.

We have always had a goal of training trainers, which is a proven model for sustainability of any endeavor. A redesign of the "Strengthening Emergency Care in Belize" program has taken place in anticipation of the opening of an accredited (CARICOM standards) medical school by the University of Belize (UB). This current program began September 28, 2022, training a new 3-physician cohort in an academically structured 3-year, modular curriculum covering the core content of Emergency Medicine. This is modeled after North American Emergency Medicine residency programs. We are currently completing the 4th module of the 1st year. Key aspects in this current program are the in-person, constant supervision and oversight of the training by North American board certified Emergency Medicine physicians, presentation of the didactic material by members of the original KHMHA A&E core group doctors, and also the intensity and pace of instruction. Also, an important adjunct to this program is the MCW sponsored Kern Institute KinetiC3 program (medical pedagogy) which supports and trains the Belize A&E physician trainers in becoming proficient medical educators and eventually CARICOM qualified medical school professors, with specific expertise in Emergency Medicine/Emergency Care. As the Belize government moves closer to implementing and deploying a country wide, systems-based approach providing emergency care, such expertise is a valuable resource. Upon the opening of the UB School of Medicine, the "Strengthening Emergency Care in Belize" program is

structured to transition to an all Belize post-graduate program, with North American input and supervision on request. It has been an honor and privilege to be involved with this important work.

Which subspecialty training programs are available to EM-trained physicians?

None Available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Belize? Yes

What is the most-common form of prehospital transportation system in Belize?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Belize generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Belize have/follow structured protocols for emergency calls?

No

Is there training available in Belize for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians

- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Belize:

Emergency medicine is in the early stages of development in Belize and faces many challenges. However, there is significant enthusiasm for its growth and numerous opportunities for further advancement. These include: (1) the development of a certifying exam and recognition of non-residency-trained emergency physicians, (2) the establishment of an EM residency program, (3) the continued expansion of EM training for non-specialty-trained providers and emergency medicine research partnerships, and (4) the development of an in-country medical school.

# Bhutan

## AMBASSADOR TEAM

*Lead Ambassador:* Shankar LeVine

## COUNTRY DEMOGRAPHICS

Total Population: 0.76 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Bhutan? Yes

If so, what year was emergency medicine recognized? 2015

Is there an emergency medicine board certification exam in Bhutan? No

Is access to emergency medical care a legal right in Bhutan? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Bhutan:

The first Emergency Department in Bhutan was established at the National Referral Hospital in 2010 by the country's only neurosurgeon at that time. Initially, it was staffed by medical officers. Over the years, two doctors who trained in Emergency Medicine in Malaysia have helped to further develop emergency medical care at the National Referral Hospital. In 2018, two emergency medicine training programs were launched in the country. The Faculty of Nursing and Public Health began a 3-year Emergency Medical Responder (EMR) program, admitting 20 students annually. Additionally, the Faculty of Postgraduate Medicine at Khesar Gyalpo University of Medical Sciences of Bhutan introduced a

4-year Emergency Medicine residency program.

Brief update on top-line developments in Emergency Medicine in Bhutan:

The first cohort of EMR prehospital providers completed their training and joined the workforce in 2020. In 2022, the first two graduates of the Emergency Medicine residency program successfully completed their training and joined the workforce at regional referral centers. Emergency medicine specialists, residents, and medical officers played a vital role in Bhutan's COVID-19 response.

Biggest threats to Emergency Medicine in Bhutan:

As emergency medicine is a new specialty in Bhutan, there is a significant shortage of emergency physicians to provide both emergency and critical care at trauma hospitals nationwide. New graduates will need to play a key role in establishing and strengthening emergency departments across the country.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Bhutan: 4

Number of Residency-Trained EM Physicians in Bhutan: 5

Residency-Trained EM Physicians per 100,000 population in Bhutan: 0.66

Number of Physicians Graduating from EM Residencies in 2022: 2

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
100%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Bhutan? Yes

How many Emergency Medicine residency programs are there in Bhutan? 1

How long are EM residencies in Bhutan? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

Which subspecialty training programs are available to EM-trained physicians?  
None Available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?  
There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Bhutan? Yes

What is the most-common form of prehospital transportation system in Bhutan?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Bhutan generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Bhutan have/follow structured protocols for emergency calls?  
Yes

Is there training available in Bhutan for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Bhutan:

As more graduates of Emergency Medicine join the workforce, opportunities will arise for EM physicians to take leading roles in educating others about emergency medical conditions, forming subspecialties, providing emergency and critical care in remote areas, and strengthening prehospital care.

## **REFERENCES**

- <https://www.moh.gov.bt/about/program-profiles/contingency-plan/>

# Bolivia

## EM PROFESSIONAL SOCIETIES

1. [Santa Cruz Society of Emergency Medicine](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Autumn Brogan

*Deputy Ambassador(s):* Ashley Jacobson

## COUNTRY DEMOGRAPHICS

Total Population: 12 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Bolivia? Yes

If so, what year was emergency medicine recognized? 1999

Is there an emergency medicine board certification exam in Bolivia? No

Is access to emergency medical care a legal right in Bolivia? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Bolivia:

Emergency Medicine began in the 1990s in Bolivia with the establishment of the first residency program. Today, Emergency Medicine is recognized as a specialty. The Board of Emergency Medicine in Bolivia has been instrumental in advancing the specialty by focusing on the structure and formalization of education.

Brief update on top-line developments in Emergency Medicine in Bolivia:

In March 2023, the first international Emergency Medicine conference was held, with representation from all seven residency programs across the country.

Biggest threats to Emergency Medicine in Bolivia:

The greatest threat is the lack of investment in infrastructure, equipment, and training for health personnel in emergency care. While many medical personnel are eager to work in Emergency Medicine, they often lack the proper training environment to succeed. Standardization of medical schools and Emergency Medicine residency programs is critical to ensuring the specialty's future success.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Bolivia: 91

Number of Residency-Trained EM Physicians in Bolivia: 81

Residency-Trained EM Physicians per 100,000 population in Bolivia: 0.68

Number of Physicians Graduating from EM Residencies in 2022: 15

What percentage of EM-trained physicians work in rural (vs. urban) settings? 10%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Bolivia? Yes

How many Emergency Medicine residency programs are there in Bolivia? 7

How long are EM residencies in Bolivia? 3 years



Approximately what percentage of time in EM residency is spent in the Emergency Department?

100%

What are the options for non-residency EM training for physicians in Bolivia?

Yes, there are many certificate programs that are held occasionally throughout the country.

Which subspecialty training programs are available to EM-trained physicians?

None Available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Bolivia? Yes

What is the most-common form of prehospital transportation system in Bolivia?  
Locally organized prehospital transportation systems

Which pre-hospital system structure does Bolivia generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Bolivia have/follow structured protocols for emergency calls?

Yes

Is there training available in Bolivia for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- X Emergency physicians
- X EMS-trained physicians
- ✓ Non-emergency physicians
- X Nurses
- X No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Bolivia:

It would be valuable to gain knowledge on how to create and manage a 9-1-1 type system in Bolivia. Currently, the call system is limited to signaling an ambulance in the event of an earthquake.

### **REFERENCES**

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- [https://eldeber.com.bo/gente/santa-cruz-tiene-65-centros-de-salud-busca-el-tuyo-aca\\_179737](https://eldeber.com.bo/gente/santa-cruz-tiene-65-centros-de-salud-busca-el-tuyo-aca_179737)
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# Botswana

## AMBASSADOR TEAM

*Lead Ambassador:* Shawn D'Andrea

*Liaison(s):* Karabo Thokwane

## COUNTRY DEMOGRAPHICS

Total Population: 2.44 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Botswana? Yes

If so, what year was emergency medicine recognized? 2011

Is there an emergency medicine board certification exam in Botswana? Yes

Is access to emergency medical care a legal right in Botswana? Yes

## HISTORY AND RECENT DEVELOPMENTS

The practice of Emergency Medicine is relatively new in Botswana. It began in the private sector with the introduction of emergency medical services (EMS) in 1992. The government launched its EMS in 2010 with a pilot project in Gaborone, which has since expanded to nine areas across the country. Before the establishment of organized EMS, Botswana had ambulance services primarily used for transporting patients between facilities. In emergencies, nurses on rotation schedules would respond to out-of-hospital incidents, despite lacking specialized training in emergency medicine. Most EMS providers are based in urban and peri-urban areas, and in regions without formal EMS, these traditional practices persist. The first Emergency Medicine

specialty training program began in 2011, with the first cohort graduating in 2018. Currently, there are three qualified emergency physicians in the country.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Botswana: 31

Number of Residency-Trained EM Physicians in Botswana: 6

Residency-Trained EM Physicians per 100,000 population in Botswana: 0.25

Number of Physicians Graduating from EM Residencies in 2022: 1

What percentage of EM-trained physicians work in rural (vs. urban) settings? 100%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Botswana? Yes

How many Emergency Medicine residency programs are there in Botswana? 1

How long are EM residencies in Botswana? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 50%

What are the options for non-residency EM training for physicians in Botswana? N/A

Which subspecialty training programs are available to EM-trained physicians? None Available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?

No

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Botswana? Yes

What is the most-common form of prehospital transportation system in Botswana?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Botswana generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Botswana have/follow structured protocols for emergency calls?

Yes

Is there training available in Botswana for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✓ Nurses
- ✗ No formal medical oversight

## **REFERENCES**

- <https://www.moh.gov.bw/Publications/standards/EMS.pdf>

# Brazil

## EM PROFESSIONAL SOCIETIES

1. [Associação Brasileira de Medicina Emergência \(ABRAMEDE\)](#)
2. Associação Brasileira de Medicina de Urgência e Emergência (ABRAMURGEM; Unofficial - Internal Medicine Society)

## AMBASSADOR TEAM

*Lead Ambassador:* Ross Tannebaum

*Deputy Ambassador(s):* Michael Gibbs

*Liaison(s):* Ana Paula Freitas

*Resident Representative(s):* Henrique Alencastro Puls, Eric Sabatini Regueira

## COUNTRY DEMOGRAPHICS

*Total Population:* 214.83 million

*World Bank Income Level:*

Upper middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Brazil?* Yes

*If so, what year was emergency medicine recognized?* 2016

*Is there an emergency medicine board certification exam in Brazil?* No

*Is access to emergency medical care a legal right in Brazil?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Brazil:*

Until recently, Emergency Medicine (EM) as a specialty did not exist in Brazil. The first EM residency training program began in

1996 in Porto Alegre, in the state of Rio Grande do Sul, followed by the second program in 2008 in Fortaleza, in the state of Ceará. For the next eight years, no new programs were established. In 2016, EM was officially recognized as a specialty in Brazil, resulting in rapid growth of residency programs—from just two in 2015 to 54 programs across the country at the time of this writing. Emergency Medicine conferences organized by EM physicians have also increased significantly in both number and sophistication, including the notable national ABRAMEDE COBRAEM (Congress of Emergency Medicine), akin to the ACEP Scientific Assembly, held every two years. In addition, several Brazilian reference textbooks on EM have been published in the last five years, and a national peer-reviewed journal of Emergency Medicine was established within the last two years.

## Brief update on top-line developments in Emergency Medicine in Brazil:

Several significant developments in Emergency Medicine (EM) have been achieved in Brazil, including:

1. The expansion of residency programs, now totaling 54 across the country.
2. The launch of ABRAMEDE's first academic journal, (<https://jbmede.com.br/index.php/jbme>).
3. The creation of a national EM residents committee within ABRAMEDE, which has the potential to foster the development of future EM leaders.

## Biggest threats to Emergency Medicine in Brazil:

1. The rapid increase in the number of EM residency programs has led to inconsistencies in curricula, rotation quality, and the evaluation of resident knowledge and skills—issues now recognized as major concerns.

2. The recognition of Emergency Medicine as a legitimate specialty at academic, research, administrative, and clinical levels remains a significant challenge.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Brazil: 5600

Number of Residency-Trained EM Physicians in Brazil: 500

Residency-Trained EM Physicians per 100,000 population in Brazil: 0.23

Number of Physicians Graduating from EM Residencies in 2022: 175

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
5%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Brazil?  
Yes

How many Emergency Medicine residency programs are there in Brazil? 54

How long are EM residencies in Brazil? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
85%

What are the options for non-residency EM training for physicians in Brazil?

There are many private programs, differing on format, length, and focus.

Which subspecialty training programs are available to EM-trained physicians?

✓ Pediatric emergency medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Brazil? Yes

What is the most-common form of prehospital transportation system in Brazil?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Brazil generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Brazil have/follow structured protocols for emergency calls?

Yes

Is there training available in Brazil for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

✓ Emergency physicians

✗ EMS-trained physicians

- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Brazil:

The number of EM residency programs in Brazil is rapidly increasing, along with the number of residency-trained physicians. However, the demand for EM residency-trained physicians still far exceeds the supply, highlighting the need for additional residency training programs, particularly in northern Brazil. There is significant heterogeneity in core curricula across residency programs, and a need for greater consistency. Still, there is a pressing need for more board-certified emergency physicians. With advancements in communication and real-time translation technology, there is potential for joint resident and attending conferences between Brazilian residency programs and those in other countries, including the United States.

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- <https://jbmede.com.br/index.php/jbmede>

# Cambodia

## EM PROFESSIONAL SOCIETIES

1. Société Cambodgienne d'Anesthésie de Réanimation et Médecine Urgence (SCARMU)

## AMBASSADOR TEAM

*Lead Ambassador:* Donna Venezia

## COUNTRY DEMOGRAPHICS

Total Population: 16.84 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Cambodia? Yes

If so, what year was emergency medicine recognized? 1993

Is there an emergency medicine board certification exam in Cambodia? Yes

Is access to emergency medical care a legal right in Cambodia? No

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Cambodia:

During the Pol Pot regime in the 1970s-1990s, much of Cambodia's educated population, including doctors and nurses, were specifically targeted and killed. As a result, there were very few medical professionals left in the country. A combined Anesthesia/Critical Care/Emergency Medicine specialty was eventually started in the mid-1990s. Although "book learning" was possible, the mid-level teachers

needed for bedside and procedural teaching were no longer available. Initially, doctors in the program were sent to France for clinical training. However, all training is now conducted in-country.

Cambodia has made remarkable strides and now hosts five medical schools and a variety of training programs. Because France was the original training site, the medical language was French, and many of the management models, including EMS, were French-based. Today, several English-speaking medical schools use English as the primary medical language, which has created a divide among medical personnel. This also presents challenges for patients, as Khmer, the local language, often lacks medical terminology for many diseases. For instance, conditions involving inflammatory arthritis may all be referred to by patients as "joint pain," even though the differential includes diseases requiring vastly different treatments, such as rheumatoid arthritis, lupus, gout, infection, or osteoarthritis.

Brief update on top-line developments in Emergency Medicine in Cambodia:

The most significant development is the effort to improve pre-hospital care. While progress is slow, steps are being taken to establish a true pre-hospital system, which the country currently lacks.

Biggest threats to Emergency Medicine in Cambodia:

The lack of recognition of EM as a true "stand-alone" specialty has led to numerous challenges. Emergency departments are typically staffed by individuals without specialty training who often seek better opportunities elsewhere. This lack of cohesion among the few trained professionals makes it difficult to advocate

for improvements. Additionally, low pay and poor working conditions deter medical graduates from pursuing EM as a specialty, perpetuating the cycle of underdevelopment.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Cambodia: 100

Number of Residency-Trained EM Physicians in Cambodia: 30

Residency-Trained EM Physicians per 100,000 population in Cambodia: 0.18

Number of Physicians Graduating from EM Residencies in 2022: 10

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Cambodia? Yes

How many Emergency Medicine residency programs are there in Cambodia? 1

How long are EM residencies in Cambodia? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 15%

What are the options for non-residency EM training for physicians in Cambodia? Yes, there used to be a 1-year program from the University Health Science center to train practicing general physician ED providers that may be restarted again. There is presently a program at Sonja Kill Medical Center in Kampot, Cambodia that is a one year program in Emergency Medicine for non-residency trained medical school graduates.

Which subspecialty training programs are available to EM-trained physicians? None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses? No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Cambodia? Yes

What is the most-common form of prehospital transportation system in Cambodia?

No organized prehospital transportation systems

Which pre-hospital system structure does Cambodia generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Cambodia have/follow structured protocols for emergency calls?

Yes

Is there training available in Cambodia for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Cambodia: Cambodia is making significant progress both economically and within the medical field. Many physicians recognize the importance of establishing Emergency



Medicine (EM) as a distinct specialty. There is reason to believe that the medical societies in the country are open to further discussions about formally recognizing EM as a separate specialty.

## **REFERENCES**

- <https://www.trade.gov/healthcare-resource-guide-cambodia>
- <https://www.facebook.com/search/top?q=scarmu%20cambodia>

# Canada

## EM PROFESSIONAL SOCIETIES

1. [Canadian Association of Emergency Physicians \(CAEP\)](#)

Links to EM Society National Goals

- [CAEP Position Statements](#)

## AMBASSADOR TEAM

Lead Ambassador: **Mark Bruce**

## COUNTRY DEMOGRAPHICS

Total Population: 38.93 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Canada? Yes

If so, what year was emergency medicine recognized? 1980

Is there an emergency medicine board certification exam in Canada? Yes

Is access to emergency medical care a legal right in Canada? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Canada:

Emergency Medicine in Canada is a well-established specialty with a 40-year history, developed in parallel with the specialty in the United States. While there are variations across provinces, emergency departments offer open access. Insurance coverage, however, is province-specific. Canada has two pathways for Emergency

Medicine training. The first, provided by the Royal College, is a 5-year residency program designed to prepare physicians for practice in large urban and academic institutions. The second pathway, the CCFP-EM, involves one year of Emergency Medicine training following completion of a 2-year Family Medicine residency, aimed at equipping physicians to work in suburban and rural settings. In practice, there is often a blending of these two tracks.

[Brief update on top-line developments in Emergency Medicine in Canada:](#)

The Canadian healthcare system faces ongoing challenges, including struggling primary care infrastructure, human resource shortages (a predicted shortage of 1,000 Emergency Physicians by 2020), soaring healthcare costs, an aging population, and long emergency department wait times.

[Biggest threats to Emergency Medicine in Canada:](#)

Emergency physician burnout and retirements are significant concerns, contributing to staffing shortages. Additionally, underfunding of emergency care by the government, with variability between provinces, poses a persistent threat to the specialty.

## EMERGENCY MEDICINE STATISTICS

[Estimated Number of Emergency Departments in Canada:](#) 1300

[Number of Residency-Trained EM Physicians in Canada:](#) 3000

[Residency-Trained EM Physicians per 100,000 population in Canada:](#) 7.71

[Number of Physicians Graduating from EM Residencies in 2022:](#) 100

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
10%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Canada? Yes

How many Emergency Medicine residency programs are there in Canada? 31

How long are EM residencies in Canada? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

What are the options for non-residency EM training for physicians in Canada?  
There are 2 pathways for emergency medicine in Canada. One is provided by the Royal College, which is a 5 year residency training program, designed to equip physicians to practice in large urban and academic institutions. The second with a 1 year of EM training following completion of a 2 year family medicine residency (CCFP-EM), designed to equip physicians to practice in more suburban and rural environments. There is blending of the tracks in actual practice.

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Emergency medical services (EMS)
- ✓ Pediatric emergency medicine
- ✓ Sports medicine
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Canada? Yes

What is the most-common form of prehospital transportation system in Canada?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Canada generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Canada have/follow structured protocols for emergency calls?  
Yes

Is there training available in Canada for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Canada:

Canada has a mature and fully deployed emergency care system.

## **REFERENCES**

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- <https://caepconference.ca/>
- <https://www.canada.ca/en/health-canada/services/health-care-system/legislation-guidelines.html>
- <http://canadiem.org/wp-content/uploads/2022/01/Future-of-Emergency-Medicine-in-Canada.pdf>

# Chile

## EM PROFESSIONAL SOCIETIES

1. [Sociedad Chilena de Medicina de Urgencia \(SOCHIMU\)](#)

Links to EM Society National Goals

- [Law on Urgency and Vital Risk](#)

## AMBASSADOR TEAM

Lead Ambassador: **Rolando G Valenzuela**

## COUNTRY DEMOGRAPHICS

Total Population: 18.83 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Chile? Yes

If so, what year was emergency medicine recognized? 2013

Is there an emergency medicine board certification exam in Chile? No

Is access to emergency medical care a legal right in Chile? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Chile:

For detailed information, please refer to the publication:

<https://www.elsevier.es/es-revista-revista-medica-clinica-las-condes-202-articulo-the-specialty-of-emergency-medicine-S0716864017300299>

Brief update on top-line developments in Emergency Medicine in Chile:

In 2022, initial studies began for the preparation of a Society-driven Emergency Medicine Board Exam and a Society-sponsored standardized curriculum aimed at aligning all programs to the same standard. Chile continues to be a leader in advancing EM education in Latin America, with ongoing faculty participation in Emergency Medicine conferences in countries such as Costa Rica, Guatemala, Peru, Argentina, and Brazil.

## Biggest threats to Emergency Medicine in Chile:

While the popularity of Emergency Medicine in Chile is undeniable, there is significant variability in the quality of training programs. The first three programs (PUC, UC, USACH) are considered the most rigorous, while the rapid growth of newer programs has resulted in some being less robust. The specialty also faces challenges from the private healthcare system, which lures physicians away from academic and training roles. Additional losses occur as some physicians migrate to other countries, though this exodus is less pronounced than in other LMICs.

Emergency Medicine's popularity in Chile has driven the rapid expansion of training programs, reflecting the specialty's appeal and growing acceptance. Despite the establishment of 11 programs, considerable variability remains among them. A national boarding exam for EM training programs has yet to be implemented.

Chile's two-tiered healthcare system also poses challenges. Most EM residencies and academic roles are within the public system, which cannot match the compensation offered by the private sector. Each year, many practitioners leave for higher-paying positions in the private system, reducing the

number of educators and weakening the training infrastructure.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Chile: 2386

Number of Residency-Trained EM Physicians in Chile: 683

Residency-Trained EM Physicians per 100,000 population in Chile: 3.63

Number of Physicians Graduating from EM Residencies in 2022: 120

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
17%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Chile?  
Yes

How many Emergency Medicine residency programs are there in Chile? 11

How long are EM residencies in Chile? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
55%

What are the options for non-residency EM training for physicians in Chile?  
CONACEM (<https://www.conacem.cl/>) exists to grandfather those physicians currently working in Emergency Medicine.

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Administration
- ✓ Critical care

- ✓ Medical education
- ✓ Pediatric emergency medicine
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Chile? Yes

What is the most-common form of prehospital transportation system in Chile?  
Nationally organized prehospital transportation system

Which pre-hospital system structure does Chile generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Chile have/follow structured protocols for emergency calls?  
No

Is there training available in Chile for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Chile:

Chile is well-positioned to establish a Spanish-language journal where Chilean and other regional EM physicians can publish. Physicians would also benefit from support in partnering with surgeons to develop regionalized trauma care in Chile. Additionally, there is a need to enhance nursing education in resuscitation and Emergency Medicine.

## **REFERENCES**

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- <https://rnpi.superdesalud.gob.cl/#>
- <https://www.conacem.cl/>

# China

## EM PROFESSIONAL SOCIETIES

1. [Chinese Society of Emergency Medicine \(CSEP\)](#)
2. [Chinese College of Emergency Physicians \(CCEP\)](#)
3. [Beijing Society for Emergency Medicine \(BSEM\)](#)

Links to EM Society National Goals

- <https://csem.cma.org.cn/col/col2282/index.html?uid=5155&pageNum=1>

## AMBASSADOR TEAM

*Lead Ambassador:* Li Jia

*Deputy Ambassador(s):* Jeffrey Chen, Y  
Veronica Pei

*Liaison(s):* Xiaoguang Li

## COUNTRY DEMOGRAPHICS

*Total Population:* 1411.75 million

*World Bank Income Level:*

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in China? Yes

If so, what year was emergency medicine recognized? 1986

Is there an emergency medicine board certification exam in China? Yes

Is access to emergency medical care a legal right in China? Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in China:*

Emergency Medicine (EM) in China began in the 1980s, with the Chinese Association of Emergency Medicine established in 1986. EM in China encompasses three main areas: pre-hospital medicine, emergency medicine, and critical care medicine. The most common model of EM care in urban China follows a multi-specialist approach.

The first emergency department was established in 1983 at Peking Union Medical College Hospital. Since then, EM has evolved significantly, focusing on integrating these three core areas.

*Brief update on top-line developments in Emergency Medicine in China:*

Significant progress has been made in standardizing medical services across the country and improving emergency service capacity at basic-level hospitals. Pre-hospital first aid capabilities, particularly in managing cardiac arrest, have advanced. The adoption of advanced medical technologies, such as bedside ultrasound and ECMO, is becoming more widespread in emergency care. During the COVID-19 pandemic, emergency departments demonstrated resilience under pressure, enhancing treatment efficiency and saving countless lives.

*Biggest threats to Emergency Medicine in China:*

The primary challenge to emergency medicine in China is the inconsistency in the level of care across the country.



## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in China: 36570

Number of Residency-Trained EM Physicians in China: 11000

Residency-Trained EM Physicians per 100,000 population in China: 0.78

Number of Physicians Graduating from EM Residencies in 2022: 1559

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
70%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in China?  
Yes

How many Emergency Medicine residency programs are there in China? 50

How long are EM residencies in China? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

Which subspecialty training programs are available to EM-trained physicians?

✓ Critical care

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in China? Yes

What is the most-common form of prehospital transportation system in China?  
Locally organized prehospital transportation systems

Which pre-hospital system structure does China generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in China have/follow structured protocols for emergency calls?  
Yes

Is there training available in China for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✗ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✓ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in China:

The COVID-19 pandemic increased the country's attention to emergency care, providing an opportunity for further development.

## **REFERENCES**

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- <https://en.cma.org.cn/>
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# Colombia

## EM PROFESSIONAL SOCIETIES

1. Asociación Colombiana de Especialistas en Medicina de Urgencias y Emergencias (ACEM)

## AMBASSADOR TEAM

*Lead Ambassador:* Camilo Gutierrez  
*Deputy Ambassador(s):* Andrés Patiño  
*Liaison(s):* Eliecer Cohen  
*Resident Representative(s):* Stephany Jaramillo, Rachel Patel

## COUNTRY DEMOGRAPHICS

*Total Population:* 51.68 million  
*World Bank Income Level:*  
Upper middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Colombia?* Yes

*If so, what year was emergency medicine recognized?* 2005

*Is there an emergency medicine board certification exam in Colombia?* No

*Is access to emergency medical care a legal right in Colombia?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Colombia:*

Colombia has been a pioneer in establishing and consolidating Emergency Medicine (EM) as a specialty in Latin America. The chronological development of the specialty is as follows:

**1996:** CES University created the first EM residency program in Medellin, a 3-year program.

**2001:** Universidad del Rosario founded the country's only 4-year residency program.

**2004:** Universidad de Antioquia in Medellín became the first public university to offer a 3-year EM residency.

**2005:** CES University opened a branch of its residency program in Cali, in collaboration with Fundación Valle del Lili. This branch closed in 2013.

**2005:** The Colombian Ministry of Social Protection (Ministry of Health) formally recognized Emergency Medicine as a specialty—a major milestone for the field.

**2008:** Universidad Javeriana and FUCS University launched 3-year residency programs in Bogota.

**2013:** Universidad de Caldas in Manizales started a 3-year residency program.

**2014:** Universidad ICESI and Fundación Valle del Lili launched a 3-year residency.

The Asociación Colombiana de Especialistas en Emergencias (ACEM) is the most organized and recognized EM organization in Colombia, with over 200 members. ACEM has achieved full IFEM membership and has collaborated with ACEP since 2007 and ICEM since 2008.

**2010:** The first ACEM Congress was held in Bogota, featuring international speakers, including keynote speaker Dr. Judith Tintinalli.

**2012:** The second ACEM Congress, also held in Bogota, featured over ten international speakers, with Dr. Ron Walls as the keynote speaker.

**2017:** After a period of stagnation, the third ACEM Congress was held in Medellin, with more than 300 attendees and presenters from Colombia, the U.S., and Canada. ACEM also held elections to elect a new board of directors with members from Bogota, Medellin, and Manizales.

**2020:** ACEM co-hosted the Developing EM Conference in Cartagena. While the Developing EM Conference was successful, the ACEM Congress scheduled to follow was canceled on its first day due to the arrival of COVID-19 in Cartagena.

Since 2008, Colombian emergency physicians have participated in international conferences, including the IV MEMC in Sorrento, Italy, and multiple ICEM conferences (2010, 2012, 2014, 2016, 2018, and 2023). Colombian EM specialists have also led other associations, such as ALACED, and many emergency departments in Bogota are managed or led by EM-trained physicians.

#### [Brief update on top-line developments in Emergency Medicine in Colombia:](#)

The Developing EM Conference was successfully held in Cartagena. Plans are underway to launch a national Emergency Medicine conference in 2023.

#### [Biggest threats to Emergency Medicine in Colombia:](#)

A significant challenge is the lack of leverage for emergency physicians when negotiating labor contracts.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Colombia: 300

Number of Residency-Trained EM Physicians in Colombia: 450

Residency-Trained EM Physicians per 100,000 population in Colombia: 0.87

Number of Physicians Graduating from EM Residencies in 2022: 50

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
5%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Colombia? Yes

How many Emergency Medicine residency programs are there in Colombia? 8

How long are EM residencies in Colombia?  
3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
50%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Colombia? Yes

What is the most-common form of prehospital transportation system in Colombia?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Colombia generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Colombia have/follow structured protocols for emergency calls?

Yes

Is there training available in Colombia for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Colombia:

There is a need to engage new EM physicians in the national organization. Limited involvement of younger members, compounded by fatigue among senior leadership, presents a challenge.

## **REFERENCES**

- <https://www.acemcolombia.com/>

- [https://www.minsalud.gov.co/Normatividad\\_Nuevo/Resoluci%C3%B3n%205596%20de%202015.pdf](https://www.minsalud.gov.co/Normatividad_Nuevo/Resoluci%C3%B3n%205596%20de%202015.pdf)
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# Costa Rica

## EM PROFESSIONAL SOCIETIES

1. Asociacion Costarricense de Emergenciólogos (ASOCOME)

## AMBASSADOR TEAM

*Lead Ambassador:* Camilo Gutierrez

*Liaison(s):* Manrique Umaña McDermott

## COUNTRY DEMOGRAPHICS

*Total Population:* 5.21 million

*World Bank Income Level:*

Upper middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Costa Rica?* Yes

*If so, what year was emergency medicine recognized?* 1993

*Is there an emergency medicine board certification exam in Costa Rica?* No

*Is access to emergency medical care a legal right in Costa Rica?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Costa Rica:*

Before the 1990s, emergency medicine (EM) care in Costa Rica was disorganized and lacked a coordinated system. This prompted several institutions, including the Costa Rican Social Security System (CCSS), the Ministry of Health, the University of Costa Rica, the National College of Physicians, the National Insurance Institute, the local Red Cross, and Project HOPE, to collaborate on

developing a unified system for both prehospital and in-hospital emergency care.

This initiative included the creation of a central EM service (911) to coordinate among institutions, organize patient transportation, train EM technicians for the prehospital setting, and establish an EM residency program to train physicians in providing high-quality care in the Emergency Department.

The program for training physicians in the specialty of emergency medicine was developed in 1993 and consisted of two phases: a faculty preparation course and the residency itself. Faculty preparation involved U.S. emergency physicians residing in Costa Rica to help design a curriculum tailored to the region's needs. Twenty-one faculty members were trained to teach the residency curriculum, becoming known as the "grandfather generation."

Following this, a selection process for prospective residency applicants was conducted, and the first residents began training in 1994. They graduated as emergency medicine specialists from the three-year program in 1997. This process has continued for over 20 years. Although there were initially very few training spots, the growing need for EM-trained physicians across the country has driven significant improvements. By 2023, more than 130 EM physicians have completed training in Costa Rica.

[Brief update on top-line developments in Emergency Medicine in Costa Rica:](#)

The emergency medicine (EM) specialty in Costa Rica is thriving, expanding its presence beyond the Central Valley to more rural areas. Some EM physicians have pursued subspecialties, including

point-of-care ultrasound, hyperbaric medicine, and tactical medicine. Additionally, EM specialists have begun to take on decision-making roles at hospitals nationwide.

### Biggest threats to Emergency Medicine in Costa Rica:

While no major threats to the specialty are currently anticipated, burnout is becoming a significant concern due to extremely long shifts and the need to cover many extra shifts. Another ongoing challenge is the shortage of EM-trained specialists in very rural areas, where providing 24/7/365 emergency coverage remains difficult.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Costa Rica: 136

Number of Residency-Trained EM Physicians in Costa Rica: 130

Residency-Trained EM Physicians per 100,000 population in Costa Rica: 2.5

Number of Physicians Graduating from EM Residencies in 2022: 10

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
75%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Costa Rica? Yes

How many Emergency Medicine residency programs are there in Costa Rica? 1

How long are EM residencies in Costa Rica? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

50%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Administration
- ✓ Emergency medical services (EMS)
- ✓ Hyperbaric and undersea medicine
- ✓ Tactical medicine
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Costa Rica? Yes

What is the most-common form of prehospital transportation system in Costa Rica?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Costa Rica generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Costa Rica have/follow structured protocols for emergency calls?

Yes

Is there training available in Costa Rica for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✗ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Costa Rica:

Costa Rica could explore the establishment of a second emergency medicine (EM) residency training program, with careful planning to avoid negatively affecting the existing program. Additionally, initiating a subspecialty program, such as pediatric emergency medicine, would address a current gap and further strengthen the specialty's scope and impact.

## **REFERENCES**

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# Cuba

## EM PROFESSIONAL SOCIETIES

1. [La Sociedad Cubana de Medicina Intensiva y Emergencias](#)

### Links to EM Society National Goals

- [The Health Care System and Training Specialist in Intensive Care Medicine and Emergency in Cuba](#) [PDF download]

## AMBASSADOR TEAM

*Lead Ambassador:* Haywood Hall

*Deputy Ambassador(s):* Lisa Moreno-Walton

## COUNTRY DEMOGRAPHICS

Total Population: 11.1 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Cuba? Yes

Is there an emergency medicine board certification exam in Cuba? Yes

Is access to emergency medical care a legal right in Cuba? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Cuba:

Please reference the report below:

<https://www.primescholars.com/articles/the-health-care-system-and-training-specialist-in-intensive-care-medicine-and-emergency-in-cuba.pdf>

Brief update on top-line developments in Emergency Medicine in Cuba:

Relevant updates to the specialty are summarized in the following report:

<https://www.primescholars.com/articles/the-health-care-system-and-training-specialist-in-intensive-care-medicine-and-emergency-in-cuba.pdf>

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Cuba: 150

Number of Residency-Trained EM Physicians in Cuba: 2000

Residency-Trained EM Physicians per 100,000 population in Cuba: 18.02

Number of Physicians Graduating from EM Residencies in 2022: 150

What percentage of EM-trained physicians work in rural (vs. urban) settings? 20%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Cuba? Yes

How many Emergency Medicine residency programs are there in Cuba? 13

How long are EM residencies in Cuba? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 30%

What are the options for non-residency EM training for physicians in Cuba? There are short Masters Level training courses available.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Cuba? Yes

What is the most-common form of prehospital transportation system in Cuba?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Cuba generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Cuba have/follow structured protocols for emergency calls?

Yes

Is there training available in Cuba for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Cuba:

U.S. professionals should be encouraged to attend the annually held URGRAV conferences. Additionally, efforts should be made within the emergency medicine community to advocate for the lifting of the embargo and OFAC restrictions, as these barriers significantly hinder interaction and collaboration.

### **REFERENCES**

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- <https://urgrav.sld.cu/index.php/urgrav24/2024>

# Dominican Republic

## EM PROFESSIONAL SOCIETIES

1. [Dominican Society of Emergency Medicine \(SODOEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Amado Alejandro Baez

*Liaison(s):*

Marino Estrella, Laura Sosa

## COUNTRY DEMOGRAPHICS

Total Population: 10.62 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in the Dominican Republic? Yes

If so, what year was emergency medicine recognized? 2000

Is there an emergency medicine board certification exam in the Dominican Republic? No

Is access to emergency medical care a legal right in the Dominican Republic? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in the Dominican Republic:

**1995:** First EMS/paramedic class graduates at Hospital Dario Contreras.

**1996:** The first professional prehospital care society, the Dominican Society of Prehospital Medicine (SDMPH), is founded.

SDMPH sponsors the first official International Trauma Life Support Chapter (ITLS/BTLS).

**2000:** The first Emergency Medicine residency is established at Hospital Dario Contreras, the only trauma hospital in Santo Domingo.

**2007:** Healthcare Reform is implemented, making emergency care mandatory (Law 42-01).

**2005:** Emergency Medicine Interest Groups (EMIGs) are promoted at Dominican universities; currently, there are four EMIGs in the Dominican Republic.

**2008:** The Dominican Society of Emergency Medicine (SODOEM) creates its charter and gains recognition by the Dominican Medical College.

**2007:** Sub-specialty courses in toxicology, ED administration, trauma, and ultrasound begin at local universities with U.S. collaboration.

**2009:** The first full Academic Department of Emergency Medicine and Critical Care is established at Hospital General Plaza de la Salud and UNIBE.

**2010:** Fundación Carolina Spain grants training for 30 physicians to complete the University of Barcelona Masters in Emergency and Critical Care.

**2010:** An MOU is signed between the U.S. Department of Defense (DOD) and Hospital General Plaza de la Salud (HGPS) for trauma and ultrasound education.

**2010:** Emergency physicians are recognized for Critical Care Fellowship training.

**2012:** An MOU is signed between the University of Barcelona and UNPHU, granting access to the UB Masters in Emergency and Critical Care.

**2014:** The National 911 System becomes operational.

**2016:** The first Pediatric Emergency Medicine Fellowship is launched at Hospital Robert Reid.

**2016:** The COSMOS Simulated Hospital opens at Universidad Nacional Pedro Henriquez Ureña (UNPHU).

**2019:** Project TraumaRD.org Vision2020 is launched to develop a framework for a National Trauma System with collaboration from multiple agencies and organizations.

**2019:** A Diploma in Emergency Department Management is launched at UNPHU.

**2020:** Dr. Alejandro Báez is appointed as a COVID-19 advisor to the President of the Dominican Republic.

**2022:** Dr. Marino Estrella is assigned as ACEP liaison in the Dominican Republic.

**2022:** A new president of the Dominican Society of Emergency Medicine is selected.

**2023:** A meeting with the Ministry of Public Health is held to establish new Emergency Medicine fellowships in the country.

#### [Brief update on top-line developments in Emergency Medicine in the Dominican Republic:](#)

In 2020, Dr. Alejandro Báez was appointed as an advisor to the President of the Dominican Republic on COVID-19. In 2022, Dr. Marino Estrella was designated as the ACEP liaison to the Dominican Republic, and a new president of the Dominican Society of Emergency Medicine was elected. In 2023, a meeting with the Ministry of Public Health was held to discuss the establishment of a new Emergency Medicine fellowship in the country.

#### [Biggest threats to Emergency Medicine in the Dominican Republic:](#)

Emergency medicine has yet to be recognized by the social security system.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in the Dominican Republic: 4222

Number of Residency-Trained EM Physicians in the Dominican Republic: 480

Residency-Trained EM Physicians per 100,000 population in the Dominican Republic: 4.52

Number of Physicians Graduating from EM Residencies in 2022: 90

What percentage of EM-trained physicians work in rural (vs. urban) settings? 70%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in the Dominican Republic? Yes

How many Emergency Medicine residency programs are there in the Dominican Republic? 20

How long are EM residencies in the Dominican Republic? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 50%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Pediatric emergency medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?

Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in the Dominican Republic? Yes

What is the most-common form of prehospital transportation system in the Dominican Republic?

Nationally organized prehospital transportation system

Which pre-hospital system structure does the Dominican Republic generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in the Dominican Republic have/follow structured protocols for emergency calls?

Yes

Is there training available in the Dominican Republic for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in the Dominican Republic:

Integrating ultrasound into emergency departments and establishing fellowships not currently available in the country, with guidance from leaders trained abroad.

## **REFERENCES**

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- <https://repositorio.msp.gob.do/bitstream/handle/123456789/798/LeyNo.140-13.pdf?sequence=1&isAllowed=y>
- <https://issuu.com/elcaribe/docs/periodico20220426/12>

# Ecuador

## EM PROFESSIONAL SOCIETIES

1. Sociedad Ecuatoriana de Medicina de Emergencias y Desastres (SEMED)

## AMBASSADOR TEAM

*Lead Ambassador:* Andrés Patiño

*Deputy Ambassador(s):* Alexis Kearney

*Liaison(s):* Augusto Maldonado

*Resident Representative(s):* Jeffrey Chen

## COUNTRY DEMOGRAPHICS

*Total Population:* 18.09 million

*World Bank Income Level:*

Upper middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Ecuador?* Yes

*If so, what year was emergency medicine recognized?* 1993

*Is there an emergency medicine board certification exam in Ecuador?* No

*Is access to emergency medical care a legal right in Ecuador?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Ecuador:*

The history of the Emergency Medicine specialty in Ecuador spans three decades. Physicians interested in Emergency Medicine established the Ecuadorian Society of Emergency Medicine and Disasters in 1987, which remains active today. In 1989, Hospital Carlos Andrade

Marín graduated as the country's first Emergency Medicine Specialist. In 1993, the Health Ministry, with support from the Pan-American Health Organization, recognized the need for physicians trained to manage clinical situations arising from disasters, trauma, and emergencies, leading to the creation of the first residency program for "Emergency Medicine and Disasters" at Universidad Central in Quito.

Currently, there are two residency programs in the country, both located in Quito. While the specialty has gained recognition among other medical specialties, patients, medical students, and hospital administrators in Quito, its expansion outside the capital has been slow. Very few residency-trained EM physicians practice in other parts of the country, and uptake in private hospitals has also been limited. Consequently, most emergency care in Ecuador is still provided by general practitioners without residency training or by residency-trained physicians from other specialties.

Prehospital care was initially offered by volunteers from organizations such as the Ecuadorian Red Cross, the Scout Movement, and Civil Defense. In 1998, the Red Cross established a more formalized system, and the government gradually took on a greater role in EMS. The national emergency line, ECU911, was introduced in Quito in the late 1990s, and by 2011, the Health Ministry had extended the service to cover the entire country.

*Brief update on top-line developments in Emergency Medicine in Ecuador:*

*Residency Programs:* There are four new Emergency Medicine programs in the final phase of approval. In Guayaquil: Universidad Católica and Universidad Espiritu Santo. In Quito: Universidad San

Francisco de Quito and Universidad de las Américas. All four programs are private.

Emergency Medicine Societies: The Ecuadorian Association of Emergency Medicine (AEME) is a new organization led by young emergency physicians with educational and research objectives for advancing Emergency Medicine in Ecuador. In our view, this represents the next step forward for an Emergency Medicine association in the country.

Ultrasound Fellowship: Through Ondas Latinoamérica, a nonprofit organization, the first ultrasound fellowship in Ecuador began on January 9, 2023.

New Fellowship Projects in Critical Care and Geriatrics: These projects, initiated by the new association, aim to provide future educational opportunities for specialists while addressing some of the most pressing healthcare challenges in Emergency Medicine in Ecuador.

#### Biggest threats to Emergency Medicine in Ecuador:

The biggest threat to our specialty in Ecuador is the misunderstanding of our role as specialists. Unfortunately, during the pandemic, we missed the opportunity to elevate our image as a specialty and, even worse, to highlight our vital role as multipurpose physicians serving society. There is an urgent need to improve and develop research in Emergency Medicine. No specialty in our country is currently involved in research, but as a group, I can assure you there is significant interest in advancing this area.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Ecuador: 70

Number of Residency-Trained EM Physicians in Ecuador: 300

Residency-Trained EM Physicians per 100,000 population in Ecuador: 1.66

Number of Physicians Graduating from EM Residencies in 2022: 30

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
40%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Ecuador? Yes

How many Emergency Medicine residency programs are there in Ecuador? 3

How long are EM residencies in Ecuador? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
50%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Ecuador? Yes

What is the most-common form of prehospital transportation system in Ecuador?

No organized prehospital transportation systems

Which pre-hospital system structure does Ecuador generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Ecuador have/follow structured protocols for emergency calls?

Yes

Is there training available in Ecuador for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

## FUTURE OF EMERGENCY MEDICINE

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Ecuador:

We need to establish a strong partnership between emergency medicine associations and universities to consolidate efforts and better support the growth of emergency medicine in our country. The goal is to create a robust, multi-institutional network that prioritizes patient care over individual or governmental (political) interests.

## REFERENCES

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- <https://www.salud.gob.ec/wp-content/uploads/downloads/2014/02/ANEXO-3.-LEY-DE-DERECOS-Y-AMPA-RO-DEL-PACIENTE.pdf>
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- <https://www.puce.edu.ec/oferta-especialidades-medicas/>
- <https://www.ucuenca.edu.ec/servicios/sala-de-prensa/noticias-institucional/1534-especializacion-en-medicina-de-emergencias-y-desastres>



# Egypt

## EM PROFESSIONAL SOCIETIES

1. Egyptian Society of EM (EgSEM)
2. Egyptian Resuscitation Council (ERC)
3. [Egyptian Society of Critical Care and Emergency Medicine Congress](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Jon Mark Hirshon

*Liaison(s):* Muhammad Ali Saied Alkholy

## COUNTRY DEMOGRAPHICS

*Total Population:* 103.61 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Egypt?* Yes

*If so, what year was emergency medicine recognized?* 2001

*Is there an emergency medicine board certification exam in Egypt?* Yes

*Is access to emergency medical care a legal right in Egypt?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Egypt:*

The Egyptian Board of Emergency Medicine was established in 2001-2002 as a clinical degree awarded by the Ministry of Health and Population through the Egyptian Fellowship Training program, which is equivalent to a U.S.-based residency

program, granting a professional rather than an academic degree. It has played a significant role in promoting the specialty among physicians. Initially, the clinical training was a three-year program but was extended to four years for trainees registered from 2010 onward. The board's scientific committee is led by Prof. Dr. Hussein Sabry.

Notably, Egyptian specialty boards function as clinical specialty training programs with formal governmental recognition upon completion. An alternative, and generally more prestigious, pathway within Egypt for emergency medicine training involves completing a university-based program culminating in a master's or doctorate in emergency medicine.

Concerning academic placement post-residency and promotion, only three Egyptian universities have independent Departments of Emergency Medicine:

1. Suez Canal University established the first independent Department of Emergency Medicine in Egypt in 2002. The department appointed its first assistant lecturer ("specialist") in 2004 and its first lecturer ("consultant") in March 2011. In August 2016, the first assistant professor in emergency medicine earned this title, and by 2022, it became the only Emergency Medicine department in Egypt with a professor-level position. Suez Canal University initiated medical student teaching programs for 4th and 6th-year students in 2012 and has since organized nine Emergency Medicine Conferences.

2. Alexandria University, despite initiating its first training program in 1978, officially established its Department of Emergency Medicine in 2006. The department appointed its first career staff in 2007,

followed by its first assistant lecturer in 2010, first lecturer in 2017, and first assistant professor in 2022.

3. Tanta University's Department of Emergency Medicine was established in 2011, with the appointment of its first assistant lecturer in the same year and its first lecturer in 2019.

4. Mansoura University started an early training program in 1993, but it did not include academic certificates or opportunities for promotion. Their formal academic program began in 2012, and they have since been approved to establish a separate Department of Emergency Medicine.

5. Menufya University's Emergency Medicine unit remains part of the General Surgery Department. The unit appointed its first assistant lecturer in 2016 and its first lecturer in 2022.

6. Assiut University appointed its first assistant lecturer in Emergency Medicine in 2023; however, Emergency Medicine remains a unit within the Anesthesia Department.

Since 2019, 11 additional emergency medicine training programs have been established, reflecting significant growth and expansion of emergency medicine in Egypt.

#### [Brief update on top-line developments in Emergency Medicine in Egypt:](#)

There has been a substantial increase in the number of emergency medicine residency programs. However, the main challenge remains brain drain, which continues to pose a significant problem.

#### [Biggest threats to Emergency Medicine in Egypt:](#)

The primary threats are the emigration of trained specialists and limited government funding, both of which significantly contribute to the ongoing issue of brain drain.

### **EMERGENCY MEDICINE STATISTICS**

[Estimated Number of Emergency Departments in Egypt: 250](#)

[Number of Residency-Trained EM Physicians in Egypt: 450](#)

[Residency-Trained EM Physicians per 100,000 population in Egypt: 0.43](#)

[Number of Physicians Graduating from EM Residencies in 2022: 100](#)

[What percentage of EM-trained physicians work in rural \(vs. urban\) settings? 5%](#)

### **EMERGENCY MEDICINE TRAINING**

[Are there EM residency programs in Egypt? Yes](#)

[How many Emergency Medicine residency programs are there in Egypt? 17](#)

[How long are EM residencies in Egypt? 4 years](#)

[Approximately what percentage of time in EM residency is spent in the Emergency Department? 75%](#)

[What are the options for non-residency EM training for physicians in Egypt? There are short training courses available.](#)

[Which subspecialty training programs are available to EM-trained physicians? None available](#)

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Egypt? Yes

What is the most-common form of prehospital transportation system in Egypt?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Egypt generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Egypt have/follow structured protocols for emergency calls?

Yes

Is there training available in Egypt for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Post-COVID, the situation remains in flux, making it difficult to identify current opportunities with certainty. However, there has been substantial growth in higher education institutions, including medical schools, creating potential for the development of EM training programs.

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- [www.eg-rc.org](http://www.eg-rc.org)
- <https://www.facebook.com/CriticalCareCongress/>
- <https://manshurat.org/node/10069>

# El Salvador

## EM PROFESSIONAL SOCIETIES

1. Asociación Salvadoreña de Emergencias (ASAE)

## AMBASSADOR TEAM

Lead Ambassador: Eric Cioe

Liaison(s): Carlos Orellana-Jimenez

## COUNTRY DEMOGRAPHICS

Total Population: 6.33 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in El Salvador?

Yes

If so, what year was emergency medicine recognized? 2022

Is there an emergency medicine board certification exam in El Salvador? No

Is access to emergency medical care a legal right in El Salvador? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in El Salvador:

Emergency Medicine has continued to develop in El Salvador. The first residency program began in 2022, and another was launched at the State University this year (2024). The Association remains active despite the complex effects of the pandemic on its members.

Brief update on top-line developments in Emergency Medicine in El Salvador:

The *Asociación Salvadoreña de Emergencias* created and disseminated an online course to prepare health personnel for COVID-19 at the pandemic's onset. Additionally, it has been hosting monthly conferences on topics related to Emergency Medicine

(<https://asaemergencias.org/conferencias-mensuales-de-asaef/>).

Biggest threats to Emergency Medicine in El Salvador:

Challenges include precarious conditions, lack of academic and economic incentives, and insufficient trained personnel.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in El Salvador: 98

Number of Residency-Trained EM Physicians in El Salvador: 4

Residency-Trained EM Physicians per 100,000 population in El Salvador: 0.06

Number of Physicians Graduating from EM Residencies in 2022: 0

What percentage of EM-trained physicians work in rural (vs. urban) settings? 100%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in El Salvador? Yes

How many Emergency Medicine residency programs are there in El Salvador? 2

How long are EM residencies in El Salvador? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

65%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Hospice and palliative care medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in El Salvador? Yes

What is the most-common form of prehospital transportation system in El Salvador?

Informal and ad-hoc prehospital transportation systems

Which pre-hospital system structure does El Salvador generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in El Salvador have/follow structured protocols for emergency calls?

Yes

Is there training available in El Salvador for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✗ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in El Salvador:

The involvement and support of ACEP Emergency Medicine professors in the Emergency Medicine residency programs, whether in person or online, offer significant opportunities for advancing the specialty.

### **REFERENCES**

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# Ethiopia

## EM PROFESSIONAL SOCIETIES

1. [Ethiopian Society of Emergency & Critical Care Professionals \(ESEP\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Hassen Getaw

*Deputy Ambassador(s):* Tsion Firew

*Liaison(s):* Tigist Tesfaye

## COUNTRY DEMOGRAPHICS

Total Population: 105.03 million

World Bank Income Level:

Low income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Ethiopia? Yes

If so, what year was emergency medicine recognized? 2009

Is there an emergency medicine board certification exam in Ethiopia? No

Is access to emergency medical care a legal right in Ethiopia? No

## HISTORY AND RECENT

### DEVELOPMENTS

Consolidated history of Emergency Medicine in Ethiopia:

The first EM residency program began in 2007/2008, initially based in one hospital.

Over the years, graduated physicians started working in various hospitals and initiated residency programs. There are now five residency programs.

Brief update on top-line developments in Emergency Medicine in Ethiopia:

A new critical care fellowship has been established, which includes EM physicians. There are plans to launch an ultrasound fellowship.

Biggest threats to Emergency Medicine in Ethiopia:

The primary challenges are a lack of resources, a substantial patient burden, and a limited number of physicians to provide care.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Ethiopia: 15

Number of Residency-Trained EM Physicians in Ethiopia: 100

Residency-Trained EM Physicians per 100,000 population in Ethiopia: 0.1

Number of Physicians Graduating from EM Residencies in 2022: 30

What percentage of EM-trained physicians work in rural (vs. urban) settings? 2%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Ethiopia? Yes

How many Emergency Medicine residency programs are there in Ethiopia? 100

How long are EM residencies in Ethiopia? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

60%

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Ethiopia? No

### **REFERENCES**

- <https://esep.org.et>

# Germany

## EM PROFESSIONAL SOCIETIES

1. [Deutsche Gesellschaft Interdisziplinäre Notfall- und Akutmedizin \(DGINA\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* James Patrick

*Liaison(s):* Thomas Fleischmann,  
Isabel Lück

## COUNTRY DEMOGRAPHICS

Total Population: 84.08 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Germany? No

Is there an emergency medicine board certification exam in Germany? Yes

Is access to emergency medical care a legal right in Germany? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Germany:

Historically, three major impediments hindered the development of modern emergency medicine (EM) in Germany. First, Germany prioritized creating an advanced and expensive EMS system, including EMS physicians. Second, traditional specialties strongly resisted the recognition of EM as a full specialty, insisting that they could manage emergency care themselves. This opposition has delayed the recognition of EM as a full

specialty to this day. Third, emergency departments (EDs) in Germany have traditionally been heavily understaffed and underfunded.

Despite this, the number of patients visiting EDs has risen steadily, leading to a crisis a few years ago characterized by long waiting times, numerous boarding patients, and questionable quality of emergency care. This prompted the federal government to enact a law in 2018 that, for the first time in German history, mandated minimum standards for EDs. However, the law only partially succeeded, and emergency care in EDs remains inadequate for both patients and providers.

Since approximately 2020, EM has been recognized as a supra-specialty, requiring two years of additional training after completing residency in another major specialty.

### Brief update on top-line developments in Emergency Medicine in Germany:

After the limited success of the 2018 federal law requiring minimum standards for EDs, the government proposed a more comprehensive emergency care law in 2020. Unfortunately, this proposal was withdrawn due to the pandemic. As of early 2023, the federal government is considering another law aimed at improving emergency care. This remains under observation.

### Biggest threats to Emergency Medicine in Germany:

The primary threat to ED care in Germany is poor working conditions in EDs, which leave many patients dissatisfied with the quality of emergency care. These challenges have led to a significant exodus of talented doctors and nurses from EDs, ICUs, and wards. Currently, several solutions to the staffing



crisis are being debated. The best hope lies in the federal government's ongoing plans for a new, more extensive law to improve emergency care.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Germany: 1075

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Germany? Yes

How many Emergency Medicine residency programs are there in Germany? Unknown

How long are EM residencies in Germany? 2 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 75%

What are the options for non-residency EM training for physicians in Germany?

There are options for supra-specialty training after residency in another major specialty.

Which subspecialty training programs are available to EM-trained physicians? None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses? Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Germany? Yes

What is the most-common form of prehospital transportation system in Germany?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Germany generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Germany have/follow structured protocols for emergency calls?

Yes

Is there training available in Germany for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Germany:

Emergency care in Germany is undoubtedly in a deep state of crisis. This moment could represent a turning point toward better emergency care in the country. While there is hope, certainty remains far from assured.

## **REFERENCES**

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# Greece

## EM PROFESSIONAL SOCIETIES

1. [Hellenic Society for Emergency Medicine \(HeSEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Michael Radeos

## COUNTRY DEMOGRAPHICS

Total Population: 10.68 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Greece? Yes

If so, what year was emergency medicine recognized? 2018

Is access to emergency medical care a legal right in Greece? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Greece:

Prior to September 2018, there was no recognized specialty of Emergency Medicine in Greece. Emergency care in Greece resembled the state of the field in the United States during the late 1960s and early 1970s. When I first arrived in Greece as the ACEP Lead Ambassador, I connected with Dr. Helen Askitopoulou, Professor of Anesthesiology at the University of Crete at Heraklion and Director of the Emergency Department, and Dr. Panos Agouridakis, an intensivist and Director of the Emergency Department. When I asked how I could assist in

improving emergency medicine in Greece, they suggested establishing an exchange program to expose Greek attending physicians to the U.S. model of EM.

I sought funding for such a fellowship and was fortunate to secure support from the Stavros Niarchos Foundation (SNF). The foundation funded the Hellenic-American Emergency Medicine Exchange (HAEME) program at New York-Presbyterian Queens. The SNF provided financial backing for a three-month fellowship for Greek physicians over five years, enabling 17 physicians to receive training. Most of the HAEME fellows returned to Greece, advancing emergency medicine by working in emergency departments and advocating for the creation of an EM specialty.

Over the years, I collaborated with Greek colleagues to organize annual conferences to teach, promote, and lobby for the establishment of EM as a specialty. These efforts included meeting with the Ministry of Health and emphasizing the importance of EM, particularly during Greece's economic crisis. With the critical mass of SNF Fellowship-trained emergency physicians, educational conferences in various Greek cities, and discussions with government officials, EM was finally recognized as a supra-specialty in September 2018. This milestone was celebrated at the Fourth Pan-Hellenic Conference in Emergency Medicine in Athens, sponsored by the American Heart Association and supported by the Stavros Niarchos Foundation.

Biggest threats to Emergency Medicine in Greece:

The primary challenges include financing the current healthcare system and ensuring sustained government recognition and support for the specialty of Emergency Medicine.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Greece: 423

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Greece? No

What are the options for non-residency EM training for physicians in Greece?

There are currently three training centers for the supra-specialty of EM.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Greece? Yes

What is the most-common form of prehospital transportation system in Greece?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Greece generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Greece have/follow structured protocols for emergency calls?

Yes

Is there training available in Greece for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Greece:

Although financial support or formal endorsements are not available through ACEP, are there specific topics, areas of expertise, or mentoring opportunities that could be particularly helpful in advancing the specialty of EM locally or nationally? Dr. Tsiftsis states:

“To provide further motivation and training for our doctors through our partnership, I would like us to actively explore the possibility of an observership in Emergency Medicine in the United States that is affordable for our members. If my finances allow, I would like to attend the annual ACEP meeting in Philadelphia this year to explore closer collaboration and training opportunities for our members. Should I manage to attend, I would greatly

appreciate your introducing us to your network within ACEP and relevant stakeholders.”

## **REFERENCES**

- [https://www.euro.who.int/\\_data/assets/pdf\\_file/0007/357487/6\\_Greece-report\\_FINAL\\_web.pdf](https://www.euro.who.int/_data/assets/pdf_file/0007/357487/6_Greece-report_FINAL_web.pdf)
- [www.hesem.gr](http://www.hesem.gr)

# Guatemala

## EM PROFESSIONAL SOCIETIES

1. [Asociación Guatemalteca de Medicina de Emergencia \(AGME\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Anthony Dean

*Deputy Ambassador(s):* George Skarbek-Borowski

## COUNTRY DEMOGRAPHICS

Total Population: 17.36 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Guatemala? Yes

If so, what year was emergency medicine recognized? 2018

Is there an emergency medicine board certification exam in Guatemala? No

Is access to emergency medical care a legal right in Guatemala? No

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Guatemala:

In the 1990s, several physicians at Hospital General de San Juan de Dios (HGSJD)—one of Guatemala's primary teaching hospitals—proposed the development of an Emergency Medicine (EM) specialty program. These physicians, specialists in fields like Internal Medicine, Surgery, and Obstetrics, recognized gaps in their ability to handle undifferentiated

emergencies. They envisioned a one-year subspecialty training program in EM. However, this initiative was never formalized or submitted to the Universidad de San Carlos de Guatemala (USAC) for approval.

In 2012, Dr. Anthony J. Dean from the Department of Emergency Medicine at the University of Pennsylvania approached the authorities at USAC to propose the development of emergency medicine in Guatemala, modeled on the U.S. system as a primary specialty with a 3-4 year training program. In 2013, a two-day retreat was held at the USAC School of Medicine, attended by members of the HGSJD emergency department staff, faculty from the School of Medicine, USAC administrators (including the Dean and Provost), and five members of the Penn Department of Emergency Medicine. The meeting concluded with a resolution to proceed with plans to establish an EM residency program.

Dr. Dean subsequently applied for a Fulbright scholarship and made multiple visits to Guatemala in 2014, 2015, and 2016, collaborating with the USAC College of Post-Graduate Studies to develop the “Maestría” (Master’s Degree), the foundational requirement for all residency training programs. In 2016, Dr. Daniel Ridelman, a native Guatemalan with U.S. EM board certification, joined the effort. Dr. Ridelman is a faculty member of the Wayne State EM residency program in Detroit, where he also serves as Associate Director of the university’s Global Health program. The Fulbright scholarship was approved for 2017, enabling Dr. Dean to work on-site at the HGSJD emergency department. His responsibilities included program management, bedside teaching,

conferences, and resident education for the inaugural class of EM residents, originally scheduled to matriculate in December 2016.

Despite these “best-laid plans,” by the beginning of 2017, there was still no residency program, no resident class, and no formal approval of the Master’s Degree by USAC authorities. Throughout 2017, Dr. Dean worked to achieve these milestones, with significant support from Dr. Ridelman. That year, the first Congress of Emergency Medicine in Guatemala was successfully held in April, featuring sold-out registration and an international faculty from Canada, the USA, Costa Rica, Guatemala, Chile, and Argentina. The event strengthened ties among international pioneers in emergency medicine across the Western Hemisphere.

Dr. Ridelman also established the specialty society Asociación Guatemalteca de Medicina de Emergencia (AGME) and launched its website ([www.agme.org.gt](http://www.agme.org.gt)). Every university in the country was approached to support the Maestría Degree needed to establish a full-fledged residency program. Although the Ministry of Health initially declined involvement due to competing priorities, the IGSS (Social Security) system expressed interest in hosting the program. This willingness was largely due to the unwavering support of Dr. Conrado Rivera Lara, a member of the IGSS Board of Directors, who remained a staunch advocate for the project until his term ended in 2021.

The IGSS hospital system, which serves about 20% of the population (similar to the VA health system in the USA), was reviewed, and Hospital General Juan José Arévalo Bermejo (HGJJAB) in Zone 6 was chosen as the primary training site. This general hospital, with limited in-house

specialty services, was deemed an ideal site for training emergency physicians, as it necessitated the development of skills in managing undifferentiated emergencies, stabilizing critically ill patients, and appropriately using referral and transfer systems. Zone 6 was also selected due to the visionary support of the hospital’s director, Dr. Julio Barreno Escobar, who ensured that the hospital’s specialists would provide equitable and robust clinical training opportunities for the EM residents.

Emergency medicine rotations at HGJJAB were designed to include several months at the IGSS trauma hospital (Hospital General de Accidentes, Zone 7) and additional rotations in key areas such as neurology, pediatrics, critical care, and obstetrics at other IGSS facilities (Zone 9). Dr. Cinthia Juarez, a pediatric intensivist, was appointed as the IGSS residency coordinator at Zone 6. However, by the end of 2017, USAC had still not approved the Maestría program, preventing the recruitment of the inaugural class of residents for the academic year beginning January 1, 2018.

In April 2018, the EM *Maestría* program was officially approved by USAC. Two hospitals volunteered as the initial training sites: one in the IGSS system (HGJJAB) and one in the MOH/Public Health system (HGSJD). Eight residency slots were established, with four residents selected for each program to begin training in January 2019.

In 2018-19, the team expanded with the addition of Drs. Sara Crager and Ryan Ernst, Directors of the Fellowship in Medical Education and Innovation at UCLA. Their contributions, along with those of their Global EM fellows, significantly bolstered the program. In addition to frequent

teaching trips, Drs. Ernst and Crager secured extensive and long-term support from the EMRAP organization and the EMRAP-GO initiative. This initiative provides free access for residents to the EMRAP/EMRAP-GO platforms and sponsors residents' registration fees for the *Conceptos* conferences held in various locations.

The IGSS residency training site benefited from the involvement of an ever-growing group of exceptional Spanish-speaking educators, led by Drs. Manuela Brinkmann (Chile) and Ryan Ernst (UCLA). Together, they organized an annual one-week "bootcamp" in December to prepare the incoming intern class. Additional support came from dedicated educators like Dr. Rolando Valenzuela (Stonybrook), Dr. Eva Tovar (Riverside, CA), Dr. Manrique Umaña (Costa Rica), and Dr. Whitney Bryant (Cincinnati), whose contributions have been instrumental to the program's development.

#### [Brief update on top-line developments in Emergency Medicine in Guatemala:](#)

Before the start of the COVID pandemic, Dr. Nora Berens (Lansing, MI) initiated a weekly lecture series featuring internationally recognized Spanish-speaking leaders in EM. Held every Wednesday evening at 1700 Guatemala time, these lectures became an invaluable resource during the pandemic, attended by Guatemalan residents and participants worldwide. Once a month, the series collaborates with the AAEM's *Serie Educativa en Español*.

The program has also benefited greatly from the support of Jose Maria Reyes Navichoque, a Guatemalan educator who has generously provided free access to his training facility for workshops and simulation sessions. Additionally, the residency

program is involved in the EMS conference organized by Mr. Reyes each August, which attracts over 350 EMS providers and emergency physicians from across Central America. This conference offers residents opportunities to present, register for free, and learn about advances in prehospital and emergency care.

Residents have also received extensive ultrasound training support, including equipment, training sessions, and online proctoring. This real-time practice, essential for PoCUS competency certification, has been spearheaded by Drs. Denise Fraga (Carolinas) and Emily Bartlett (New Mexico). Two residents completed elective rotations in Mexico (focused on EMS and ultrasound) facilitated by Dr. Eva Tovar (Riverside, CA, and Tijuana, México).

Numerous senior residents and global health fellows have volunteered for four-week teaching stints at the residency training sites. To minimize disruption at the training sites, these opportunities are generally reserved for those who can commit to repeat visits.

In 2022, the residency program gained intra-institutional recognition when the MICU program requested PoCUS training from EM faculty. That same year, Dr. Ridelman delivered a lecture on the history of EM in Guatemala at ABEM's *Inaugural Dr. Leon L. Haley, Jr., M.D., Bridge to the Future of Emergency Medicine Academy*.

In December 2022, Guatemala graduated its first two classes of residency-trained emergency physicians. These eight pioneers have worked tirelessly to become experts in the field, overcoming an uncertain future, minimal mentorship, scarce role models, and the disruption caused by the



pandemic. Along the way, they have developed an EM "actitud," applying rigorous standards in a resource-limited and ever-changing environment that demands flexibility, innovation, resilience, and adaptability. While their challenges are not over as they establish themselves as peers among other specialists in a healthcare system still defining the role of emergency medicine, all have found employment. Reports indicate they are beginning to emerge as leaders and standard-bearers for the specialty in their respective hospitals. Several will be presenting at the Segundo Congreso de ME de Guatemala in April 2023.

The website [www.agme.gt.org](http://www.agme.gt.org) has continued to expand, including translations into Spanish of key documents, guidelines, position statements, algorithms, and articles. Dr. Ridelman has spearheaded the translation of the ROSH review collection (1,000+ cases and discussions) into Spanish, securing free access for Guatemalan residents to the entire library. The site has become a widely accessed resource throughout Latin America.

#### Biggest threats to Emergency Medicine in Guatemala:

Regrettably, deeply ingrained inter-institutional rivalries persist in Guatemala, particularly in higher education. These rivalries have been evident since the project's inception in 2012. Aware of this potential danger and mindful of how intra-specialty conflicts affected EM during its early years in the United States, we have made concerted efforts to be transparent, inclusive, and even-handed in our dealings with agencies, institutions, and professional organizations. Despite these efforts, there has been an almost complete breakdown in communication and collaboration between

the two fledgling emergency medicine residency programs. Faculty at the MOH hospital (HGSJD) have indicated that they do not wish to participate in our group's educational initiatives and have discouraged their residents from joining. As a result, much of the educational support available to the IGSS program is not extended to residents at HGSJD. Nonetheless, we continue to inform residents in both programs of all visits and planned activities, and many HGSJD residents participate in the Wednesday evening International Speaker Series lectures, the December "Bootcamp" lectures, and social events.

There have been a few concerning developments. In 2022, one of the EM1 residents dropped out of the IGSS program due to a change in career goals. Similarly, the HGSJD program lost a resident in 2020. Additionally, in 2022, the IGSS program managed to fill only one of its four slots. This may have been due to poor promotion and advertising by IGSS during the residency recruitment period in July and August, as well as a delay in the graduation of USAC medical students caused by a prolonged and widespread student strike. The 2023 recruitment season will reveal whether this was a trend or an anomaly. To improve the chances of success this year, we have organized the Ilo National Congreso de ME, scheduled for April 2023, with more than 15 international faculty members volunteering their time and expertise to give presentations and raise the profile of our specialty in Guatemala. Several recent EM graduates will also participate as speakers.

The upcoming 2023 recruitment season will determine whether these challenges represent a trend or an isolated issue. To improve recruitment success this year, we

have organized the Ilo National Congreso de ME, scheduled for April 2023. This event will feature over 15 international faculty members volunteering their time and expertise to deliver presentations aimed at raising the profile of emergency medicine in Guatemala. Several recent EM graduates will also contribute as speakers, showcasing their achievements and inspiring future applicants.

A future challenge for EM in Guatemala may stem from the traditional specialty practice model common in many Latin American countries. Physicians often invest significant time and effort into residency training to secure higher-paying roles in private settings as specialists. This could be an option for the first EM graduates, as a few private hospitals recognize the profitability of employing EM specialists in the ED, rather than relying on non-residency trained generalists with on-call specialists for surgery, OB/GYN, pediatrics, and cardiac emergencies. IGSS program graduates may also become employees within IGSS, where they can expect a reasonable salary. However, once the limited EM positions in private hospitals and IGSS are filled, graduates may only have the option of working in the MOH system, where compensation does not support a middle-class family budget. Unlike other specialists, EM-trained physicians cannot establish private offices or clinics to supplement their income while working in public hospitals. This financial limitation could discourage future applicants from pursuing EM as a specialty.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Guatemala: 200

Number of Residency-Trained EM Physicians in Guatemala: 8

Residency-Trained EM Physicians per 100,000 population in Guatemala: 0.05

Number of Physicians Graduating from EM Residencies in 2022: 8

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
50%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Guatemala? Yes

How many Emergency Medicine residency programs are there in Guatemala? 2

How long are EM residencies in Guatemala? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

What are the options for non-residency EM training for physicians in Guatemala?

There are a variety of night courses, weekend courses, et cetera, with education about aspects of emergency care for generalists who are staffing emergency receiving facilities in regional and district hospitals. These courses are put on by various "for profit" educators, and registrants pay out-of-pocket.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Guatemala? Yes

What is the most-common form of prehospital transportation system in Guatemala?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Guatemala generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Guatemala have/follow structured protocols for emergency calls?

No

Is there training available in Guatemala for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Looking ahead, we anticipate the continued strong leadership of Dr. Cinthia Juarez, supported by the various initiatives described above. Our residents and faculty will receive support to attend the Conceptos Conference in Costa Rica and participate in the International EMS Congress in August. During the final year of residency training in Guatemala, one resident is selected as “Chief,” taking on intensive teaching and administrative responsibilities, while the others are assigned to regional hospitals to practice with minimal oversight. Our ultrasound team has arranged for all EM4s to access Butterfly devices, receive regular telementoring on their ultrasound cases, and participate in weekly online training sessions. A blog has been established for recent residency graduates to share issues related to their clinical, academic, and administrative endeavors. Dr. Brinkman is developing a formal mentorship program for recent graduates, with quarterly brainstorming and update sessions planned with experienced EM faculty. We will continue collaborating with the AAEM global health group, including an anticipated visit from Dr. Leo Alonso. Efforts to promote cohesion and collaboration among EM trainees, graduates, and institutions will remain a key focus.

### **REFERENCES**

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- <https://www.agme.org.gt/medicina-de-emergencia>
- <https://www.emsguatemala.com/eventos>
- <https://www.agme.org.gt/>

# Guyana

## AMBASSADOR TEAM

*Lead Ambassador:* [Jamie Cirbus](#)

*Deputy Ambassador(s):* [Lacey MenkinSmith](#)

## COUNTRY DEMOGRAPHICS

*Total Population:* 0.75 million

*World Bank Income Level:*

High income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Guyana?* Yes

*If so, what year was emergency medicine recognized?* 2011

*Is there an emergency medicine board certification exam in Guyana?* Yes

*Is access to emergency medical care a legal right in Guyana?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Guyana:*

Prior to 2010, Emergency Medicine (EM) in Guyana was delivered in Accident and Emergency departments by General Medical Officers without specialty training in larger hospitals and as part of general outpatient care in smaller ones. Since 2002, faculty from the Vanderbilt University Department of Emergency Medicine have visited Georgetown Public Hospital Corporation (GPHC)—the country’s only tertiary care referral hospital—developing an ongoing collaboration.

In Guyana, EM residency training began on October 1, 2010, as the first degree-granting (Master’s) specialty training

in the country. Its first resident, Dr. Zulfikar Bux, graduated in November 2013. Dr. Bux later became the inaugural director of the newly established Department of Accident and Emergency at GPHC and the medical director of the National EMS system, which received government funding in 2021.

Currently, 2–3 residents are enrolled in each class, with graduates expected annually. Vanderbilt remains the main partner, supported by institutions including the University of the West Indies (Trinidad campus), University of Florida-Gainesville, Medical University of South Carolina, and University of Arizona.

In 2017, the Residency Director role transitioned from the inaugural Program Director, Dr. Nicolas Forget, to program graduate Dr. Zelda Luke, who led successfully for six years. In 2022, the role passed to Dr. Devi Jagjit, a graduate of both the EM residency and ultrasound fellowship, and now a Consultant in Emergency Medicine at GPHC. Emergency medicine education has also expanded to regional public hospitals, where residents complete rotations, though progress remains limited in these facilities.

While EM is recognized as a training specialty in Guyana, there is no board certification for any specialty.

### [Brief update on top-line developments in Emergency Medicine in Guyana:](#)

There has been increased development of fellowship training programs for emergency medicine graduates, including ultrasound, administrative, and global health fellowships. Pre-hospital care continues to grow through expanded EMS education and funding initiatives.

Biggest threats to Emergency Medicine in Guyana:

Concerns persist regarding physician recruitment and retention. Additionally, healthcare resources remain limited, especially in rural and non-urban areas.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Guyana: 6

Number of Residency-Trained EM Physicians in Guyana: 19

Residency-Trained EM Physicians per 100,000 population in Guyana: 2.53

Number of Physicians Graduating from EM Residencies in 2022: 2

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
100%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Guyana? Yes

How many Emergency Medicine residency programs are there in Guyana? 1

How long are EM residencies in Guyana? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
55%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Administration
- ✓ Global emergency medicine
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Guyana? Yes

What is the most-common form of prehospital transportation system in Guyana?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Guyana generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Guyana have/follow structured protocols for emergency calls?  
Yes

Is there training available in Guyana for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Guyana:

Development of additional fellowship training opportunities, enhanced research support, initiatives to support physician wellness, improved teaching and supervision of residents by program graduates, and the establishment of a national emergency medicine organization are key areas for the growth of emergency medicine in Guyana.

## **REFERENCES**

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- <https://www.vanderbiltem.com/global>

# Haiti

## EM PROFESSIONAL SOCIETIES

1. Société Haitienne de Medecine d'urgences et de Catastrophes (SHAMUC)

## AMBASSADOR TEAM

*Lead Ambassador:* Regan Marsh

*Deputy Ambassador(s):* Christopher Buresh, Paul Fraley, Shada Rouhani

*Liaison(s):* Jean Jimmy Plantin

*Resident Representative(s):* Kimberly Herard

## COUNTRY DEMOGRAPHICS

*Total Population:* 8.37 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Haiti?* Yes

*If so, what year was emergency medicine recognized?* 2017

*Is there an emergency medicine board certification exam in Haiti?* No

*Is access to emergency medical care a legal right in Haiti?* No

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Haiti:*

Specialized emergency care in Haiti began in 2013 with the opening of the Emergency Department at the University Hospital of Mirebalais. The country's first emergency medicine (EM) residency program opened

in 2014, and the specialty was formally established in 2017 with the graduation of Haiti's first class of EM residents. As of February 2023, over 30 emergency physicians have graduated from the Mirebalais residency program, with 25 still serving the country. In 2021, Haiti established its first emergency ultrasound fellowship, graduating one fellow annually. While emergency physicians once worked in both Port-au-Prince and rural areas, escalating political violence has concentrated them in rural regions.

## Brief update on top-line developments in Emergency Medicine in Haiti:

The period from 2020 to 2022 presented significant challenges due to the COVID-19 pandemic and ongoing political crises. Insecurity and pandemic-related restrictions disrupted training and academic activities. Despite these obstacles, the Haitian emergency medicine community made significant strides. Three classes of emergency physicians graduated during this time (2020, 2021, and 2022), and these graduates played a crucial role in caring for COVID-19 patients. In August 2022, Haiti held its second national emergency medicine symposium. Following the 2021 earthquake in Southern Haiti, Haitian emergency physicians were instrumental in the disaster response, acting as first responders, aero-medical transporters, and receiving physicians at tertiary care centers.

## Biggest threats to Emergency Medicine in Haiti:

Emergency medicine is still in its early stages in Haiti and is challenged by limited public-sector health funding, along with widespread insecurity and political instability. When emergency medicine was introduced in 2017, it was welcomed by the

Haitian Ministry of Health as a potential relief for a healthcare system strained by natural disasters and political unrest. Functional Emergency Departments require trained healthcare providers and standard infrastructure, but in a country with a minimal health budget, EDs often receive low priority. Many hospitals cannot afford to hire specialists or upgrade infrastructure and supplies. Consequently, emergency rooms are frequently under-resourced, staffed by minimally trained workers, leading to missed life-threatening diagnoses and delays in care.

The political climate also poses physical safety risks for emergency physicians, exacerbating an already critical shortage of healthcare workers. Even without instability, Haiti lacks sufficient emergency physicians. Only Hopital Universitaire Mirebalais has an emergency medicine residency, established just nine years ago, and the limited number of graduates cannot meet the country's needs. The ongoing insecurity has forced many physicians and nurses to leave the country or avoid unsafe areas. This has worsened the situation, with incidents such as armed men forcibly removing a patient from the MSF ED in Port-au-Prince in January 2023, creating a climate of fear that jeopardizes the safety of healthcare workers and limits access to care for patients.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Haiti: 35

Number of Residency-Trained EM Physicians in Haiti: 25

Residency-Trained EM Physicians per 100,000 population in Haiti: 0.3

Number of Physicians Graduating from EM Residencies in 2022: 4

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
96%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Haiti?  
Yes

How many Emergency Medicine residency programs are there in Haiti? 1

How long are EM residencies in Haiti? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
50%

Which subspecialty training programs are available to EM-trained physicians?  
✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?  
No

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Haiti? Yes

What is the most-common form of prehospital transportation system in Haiti?  
No organized prehospital transportation systems



Which pre-hospital system structure does Haiti generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Haiti have/follow structured protocols for emergency calls?

No

Is there training available in Haiti for prehospital providers (e.g. paramedics or emergency medical technicians)?

No

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Haiti:

As a young specialty in Haiti, the emergency medicine community continues to expand its educational programs and influence. Future priorities include enhancing pre-hospital care systems, establishing grants for research and education, and developing continuing education and professional development opportunities for emergency physician graduates. Plans are also underway to implement basic emergency care training for physicians and nurses at outlying health facilities. Dedicated funding for these initiatives would significantly accelerate the advancement of emergency medicine and emergency care. The Haitian emergency medicine community has expressed a need for better access to the international emergency medicine network to collaborate with experienced physicians who can share

their expertise through conferences and targeted knowledge exchanges.

# Honduras

## AMBASSADOR TEAM

*Lead Ambassador:* Jeff Nielson

*Deputy Ambassador(s):* Michael Gartner

*Liaison(s):* Rosa Tercero

## COUNTRY DEMOGRAPHICS

Total Population: 9.45 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Honduras? No

Is access to emergency medical care a legal right in Honduras? No

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Honduras:

Emergency Medicine (EM) is not yet a recognized specialty in Honduras but is scheduled to be established soon. With support from a grant provided by the International Bank for Development, the Universidad Nacional Autónoma de Honduras (UNAH)—the sole state university offering residency programs—plans to inaugurate its first EM residency program this summer, enrolling 10 residents. Currently, there is only one EM-trained physician in the country, who became incapacitated during the COVID-19 pandemic. However, several Honduran physicians are training in EM in Mexico and are expected to return to contribute to the specialty's growth.

EMS services remain rudimentary, with relatively better systems in the major cities of Tegucigalpa and San Pedro Sula. Most

provincial hospitals lack an effective EMS system. Emergency Departments (EDs) are generally staffed by medical interns or residents completing mandatory rotations in public hospitals. Additionally, some General Practice and Internal Medicine doctors with a strong interest in EM practice regularly despite lacking formal training.

[Brief update on top-line developments in Emergency Medicine in Honduras:](#)

The most immediate challenge for the new EM residency program is recruiting adequately trained faculty. Dr. Rosa Tercero is expected to return this month to assume the role of residency program director. I have submitted a Fulbright scholarship application to teach as faculty at UNAH for 9 months. The hope is to use the Guatemalan model, which had no effective in-country faculty for 3 years, and rely heavily on Zoom lectures from other Latin American countries that have EM residencies.

[Biggest threats to Emergency Medicine in Honduras:](#)

The primary threats to EM development include bureaucratic inertia within the Ministries of Health and Finance and inter-specialty rivalries. Some medical specialties perceive EM as a potential threat, which may create resistance to its establishment and growth.

## EMERGENCY MEDICINE STATISTICS

[Estimated Number of Emergency Departments in Honduras:](#) 28

## EMERGENCY MEDICINE TRAINING

[Are there EM residency programs in Honduras?](#) No

[Which subspecialty training programs are available to EM-trained physicians?](#)

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Honduras? Yes

What is the most-common form of prehospital transportation system in Honduras?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Honduras generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Honduras have/follow structured protocols for emergency calls?

Yes

Is there training available in Honduras for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Honduras:

The next three years will be critical for establishing Emergency Medicine in Honduras. As the specialty begins to take shape, it will require significant international support to ensure its successful development and sustainability.

# Hungary

## EM PROFESSIONAL SOCIETIES

1. [Hungarian Association of Emergency Medicine](#)
2. Hungarian Society of Oxiology  
Hungarian Association of Emergency Nursing

### Links to EM Society National Goals

- [http://msotke.hu/downloads/msotke\\_vezerelvek\\_es\\_allasfoglalasok.pdf](http://msotke.hu/downloads/msotke_vezerelvek_es_allasfoglalasok.pdf) [PDF download]
- [http://msotke.hu/downloads/szakmai/elso\\_hazai\\_szepszis\\_nap\\_kapcsan\\_hozott\\_nyilatkozat.pdf](http://msotke.hu/downloads/szakmai/elso_hazai_szepszis_nap_kapcsan_hozott_nyilatkozat.pdf) [PDF download]
- [http://msotke.hu/downloads/szakmai/surgossegi\\_program\\_2006.pdf](http://msotke.hu/downloads/szakmai/surgossegi_program_2006.pdf) [PDF download]

## AMBASSADOR TEAM

*Lead Ambassador:* Alexander Matolcsy

*Liaison(s):* Peter Kanizsai

## COUNTRY DEMOGRAPHICS

Total Population: 9.68 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Hungary? Yes

If so, what year was emergency medicine recognized? 2003

Is there an emergency medicine board certification exam in Hungary? Yes

Is access to emergency medical care a legal right in Hungary? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Hungary:

Hungary's first voluntary ambulance service was established in 1867 in Budapest (BOME) by physicians and supporters. In 1948, the National Ambulance Service (NAS) was created, centrally directed from Budapest with affiliated bases in larger cities. Prehospital care followed the "stay and play" approach. The first Ambulance Hospital was established in 1956, serving as a central emergency hospital for various emergencies. Physicians in the system were known as "oxyologists" (from *oxys* meaning acute or quick, and *logos* meaning science).

Today, the NAS is a government-funded organization with thousands of workers, led by CEO Dr. Gabor Csato. It operates numerous stations nationwide, ensuring a call-to-scene time of under 15 minutes in more than 90% of cases. Hungary's first intrahospital emergency ward was established in Szolnok in 1978, followed by facilities in Nyiregyhaza (1982) and Szekesfehervar (1992). From the early 2000s, many purpose-built emergency departments (EDs) were constructed, offering tiered levels of care: basic (Level 1), intermediate (Level 2), and advanced (Level 3). The largest centers are university-affiliated, with significant units in Pecs and Szeged, as well as one run by the Hungarian Army.

Brief update on top-line developments in Emergency Medicine in Hungary:

During the COVID-19 pandemic, the specialty of Emergency Medicine gained greater recognition. Programs to raise awareness of sepsis and stroke have been

implemented, alongside campaigns to rationalize the use of emergency services. The introduction of a new residency program, more aligned with the European curriculum, marks a significant step forward. Additionally, the role of artificial intelligence in Emergency Medicine is becoming increasingly evident.

#### Biggest threats to Emergency Medicine in Hungary:

Emergency Medicine in Hungary faces several challenges, including a lack of trained emergency nurses, chronic underfunding, and political interference in professional decision-making. The ongoing war in Ukraine has exacerbated economic challenges, leading to inflation, high energy costs, and rising food prices, which indirectly impact healthcare resources.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Hungary: 70

Number of Residency-Trained EM Physicians in Hungary: 202

Residency-Trained EM Physicians per 100,000 population in Hungary: 2.09

Number of Physicians Graduating from EM Residencies in 2022: 15

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
20%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Hungary? Yes

How many Emergency Medicine residency programs are there in Hungary?

How long are EM residencies in Hungary? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?  
Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Hungary? Yes

What is the most-common form of prehospital transportation system in Hungary?  
Nationally organized prehospital transportation system

Which pre-hospital system structure does Hungary generally follow?  
The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Hungary have/follow structured protocols for emergency calls?  
Yes

Is there training available in Hungary for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Hungary:

We believe increased cooperation with decision-makers would be highly beneficial, both in terms of financing and organizational improvements. Strengthening the general practitioner (GP) system would inevitably support Emergency Medicine, particularly given the alarmingly high average age of GPs in Hungary. Efforts should focus on recruiting younger GPs to address this gap. Additionally, fostering a better understanding of Emergency Medicine and its critical role within the healthcare system would provide further benefits.

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- <https://egeszseghazlm.hu/oldal/surgossegi-ellatas-jogszabaly>

# Iceland

## EM PROFESSIONAL SOCIETIES

1. Félag bráðalækna - Icelandic Society for Emergency Medicine

## AMBASSADOR TEAM

*Lead Ambassador:* **Hjalti Bjornsson**

## COUNTRY DEMOGRAPHICS

Total Population: 0.38 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Iceland? Yes

If so, what year was emergency medicine recognized? 1992

Is there an emergency medicine board certification exam in Iceland? Yes

Is access to emergency medical care a legal right in Iceland? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Iceland:

Emergency Medicine (EM) in Iceland began with the return of the first Icelandic EM physician trained in the United States in 1991. He successfully advocated for EM to be recognized as an independent specialty in 1992, making Iceland one of the first countries in Europe to do so.

Since then, EM has gradually expanded its scope and assumed a larger share of the clinical workload in emergency departments

(EDs). Initially, the ED grew out of an orthopedic trauma reception. In 2002, EM physicians began managing internal medicine cases, later incorporating surgical and cardiology patients. Today, EM physicians oversee nearly all acute adult patients presenting to the hospital. Pediatric emergency care is divided, with pediatricians managing medical cases in a pediatric ED while EM physicians handle all pediatric trauma cases.

In 2002, a two-year preliminary EM training program was launched. This was expanded in 2016 to a full six-year training program aligned with the UK RCEM curriculum and ePortfolio system. Currently, Iceland has 26 EM trainees in the program, roughly equivalent to one trainee per 15,000 inhabitants.

For more details on the history of EM in Iceland, visit:

<https://sjtrem.biomedcentral.com/articles/10.1186/s13049-017-0467-9>

Biggest threats to Emergency Medicine in Iceland:

The most significant challenge facing EM in Iceland is a hospital bed crisis, which results in a high number of patients boarding in the ED.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Iceland: 4

Number of Residency-Trained EM Physicians in Iceland: 25

Residency-Trained EM Physicians per 100,000 population in Iceland: 6.58

Number of Physicians Graduating from EM Residencies in 2022: 1

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
90%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Iceland? Yes

How many Emergency Medicine residency programs are there in Iceland? 1

How long are EM residencies in Iceland? 6 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
70%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?  
There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Iceland? Yes

What is the most-common form of prehospital transportation system in Iceland?  
Locally organized prehospital transportation systems

Which pre-hospital system structure does Iceland generally follow?  
The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Iceland have/follow structured protocols for emergency calls?  
Yes

Is there training available in Iceland for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Iceland:

To strengthen Emergency Medicine in Iceland, it is essential to continue improving the training program, placing a greater emphasis on simulation-based education. Given the sparse population in large areas of Iceland, the EM community must also focus on disseminating knowledge to rural doctors. This can be achieved by training local leaders in EM, offering targeted courses tailored to rural healthcare needs, and establishing robust online support systems to assist rural physicians in managing critical cases.

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- <https://sitrem.biomedcentral.com/articles/10.1186/s13049-017-0467-9>



# India

## EM PROFESSIONAL SOCIETIES

1. [Emergency Medicine Association India \(EMA\)](#)
2. [Society of Emergency Medicine of India \(SEMI\)](#)
3. [Association of Emergency Physician of India \(AEPI\)](#)
4. [The Indian College of Emergency Medicine \(TICEM\)](#)

### Links to EM Society National Goals

- [Academic College of Emergency Experts \(ACEE\) in India Policy](#)
- [SEMI Vision 2020](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Lingappa Amernath  
*Deputy Ambassador(s):* Kumar Alagappan, Arun Nandi  
*Liaison(s):* Das Indranil, Roshan Mathew, Harshil Mehta

## COUNTRY DEMOGRAPHICS

Total Population: 1367.17 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in India? Yes

If so, what year was emergency medicine recognized? 2009

Is there an emergency medicine board certification exam in India? Yes

Is access to emergency medical care a legal right in India? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in India:

The development of emergency care in India began in 1999 with the formation of the Society of Emergency Medicine of India (SEMI), which has played a pivotal role in establishing EM residency programs and organizing annual scientific conferences in collaboration with the American Academy for Emergency Medicine in India (AAEMI). These conferences, attended by international faculty and delegates, have contributed significantly to the growth of the field.

In 2005, another key organization, INDUSEM/Academic College of Emergency Experts (ACEE), was established to further promote EM development, including the introduction of MD/DNB (Diplomate of National Board) residency programs across India. Two major national conferences, EMCON and EMINDIA, bring together emergency physicians from India and abroad, although the increasing number of local faculty has reduced the reliance on international experts.

India's EMS infrastructure also expanded with the creation of the 108 EMS system, modeled after 911, in various states. AAEMI was founded in 2001 to promote EM, and in 2009, the Medical Council of India recognized EM as the 29th specialty. In 2013, the National Board began offering a three-year DNB program in Emergency Medicine. However, the number of EM residency programs remains limited due to faculty shortages and low interest from government medical colleges.

## Brief update on top-line developments in Emergency Medicine in India:

1. Establishment of a WHO Collaborating Center for Emergency and Trauma for the South-East Asian region at the All India Institute of Medical Sciences (AIIMS), New Delhi. <https://whoccemcare.org/>

2. Launch of a Pediatric Emergency Medicine (DM) program at AIIMS, Raipur.

3. Introduction of a COVID Central Dashboard.  
<http://www.indusem.org/blog/indusem-covid-central/>

4. Launch of the ASHWAMEGH faculty development program in partnership with AIIMS Nagpur and WHO-CCET.

5. A new mandate by the National Medical Council requiring a dedicated emergency medicine department with faculty for MBBS license recognition by 2023.

## Biggest threats to Emergency Medicine in India:

The greatest challenge is burnout among emergency physicians, especially after COVID-19, when the emergency department bore the brunt of severely ill patients, and EM residents received limited support from other specialties. Additionally, many trained EM physicians are emigrating to Gulf countries and the UK in search of better opportunities.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in India: 500

Number of Residency-Trained EM Physicians in India: 1000

Residency-Trained EM Physicians per 100,000 population in India: 0.07

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
5%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in India?  
Yes

How many Emergency Medicine residency programs are there in India? 200

How long are EM residencies in India? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

What are the options for non-residency EM training for physicians in India?

There is a Diploma in Emergency Medicine and a National Emergency Life support course (<https://main.mohfw.gov.in/organisation/Departments-of-Health-and-Family-Welfare/dmc-ell>).

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Pediatric emergency medicine
- ✓ Toxicology
- ✓ Wilderness medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in India? Yes

What is the most-common form of prehospital transportation system in India?

Locally organized prehospital transportation systems

Which pre-hospital system structure does India generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in India have/follow structured protocols for emergency calls?

Yes

Is there training available in India for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in India:

The creation of various subspecialties of emergency medicine, along with a fellowship program.

## **REFERENCES**

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- [https://emaindia.net/home/covid\\_central](https://emaindia.net/home/covid_central)

# Indonesia

## EM PROFESSIONAL SOCIETIES

1. [Indonesian Association Of Emergency Medicine \(PERDAMSI\)](#)
2. [Perhimpunan Dokter Emergensi Indonesia \(PDEI\)](#)

### Links to EM Society National Goals

- [PERDAMSI Vision and Mission](#)

## AMBASSADOR TEAM

*Resident Representative(s):* Liga Yusivirazi

## COUNTRY DEMOGRAPHICS

Total Population: 275.77 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Indonesia? Yes

If so, what year was emergency medicine recognized? 2017

Is there an emergency medicine board certification exam in Indonesia? Yes

Is access to emergency medical care a legal right in Indonesia? No

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Indonesia:

Emergency Medicine (EM) in Indonesia is still in the early stages of development. Although recognized as a specialty in 2017, there is currently only one accredited EM training program nationwide, leaving most

emergency departments (EDs) staffed by general practitioners (GPs). The structure of emergency care in Indonesia can be divided into pre-hospital, hospital, and the specialty's development.

Pre-hospital care, including disaster medicine and emergency medical services, remains underdeveloped and unable to fully meet the needs of the population. However, the Ministry of Health has introduced a decentralized national emergency medical system regulated by provincial governments. In hospitals, there are two types of EDs: academic and non-academic. Academic hospital EDs are staffed by residents from various medical specialties, while non-academic hospital EDs rely on GPs.

### Brief update on top-line developments in Emergency Medicine in Indonesia:

As a country highly prone to earthquakes and volcanic eruptions, the Indonesian Association of Emergency Medicine has launched several disaster medicine and pre-hospital care courses for general practitioners and nurses in recent years. These courses have also been instrumental in supporting prehospital providers during the COVID-19 pandemic.

Additionally, the University of Indonesia is developing a new Emergency Medicine residency program at Cipto Mangunkusumo General Hospital in Jakarta. This program, the second of its kind in Indonesia, is set to commence in 2023 and aims to address the shortage of EM-trained specialists.

### Biggest threats to Emergency Medicine in Indonesia:

The primary challenges to the development of EM in Indonesia include limited political support from the government, a lack of

understanding of EM practice, insufficient resources, inadequate funding, and a need for greater technical assistance.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Indonesia: 4

Number of Residency-Trained EM Physicians in Indonesia: 70

Residency-Trained EM Physicians per 100,000 population in Indonesia: 0.03

Number of Physicians Graduating from EM Residencies in 2022: 0

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
100%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Indonesia? Yes

How many Emergency Medicine residency programs are there in Indonesia? 1

How long are EM residencies in Indonesia?  
4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
70%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Disaster medicine
- ✓ Toxicology

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Indonesia? Yes

What is the most-common form of prehospital transportation system in Indonesia?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Indonesia generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Indonesia have/follow structured protocols for emergency calls?

Yes

Is there training available in Indonesia for prehospital providers (e.g. paramedics or emergency medical technicians)?

No

Who provides medical oversight for EMS or prehospital systems?

- ✗ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Indonesia:

We can enhance and expand capacity for Emergency Medicine, strengthen Emergency Medical Services systems, and serve as advocates for the development of

emergency care and training programs in the field.

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# Ireland

## EM PROFESSIONAL SOCIETIES

1. [Irish Association for Emergency Medicine \(IAEM\)](#)

Links to EM Society National Goals

- [IAEM Strategic Objectives](#)

## AMBASSADOR TEAM

Lead Ambassador: Kerry Forrestal

Resident Representative(s): Sallyan Rusnak

## COUNTRY DEMOGRAPHICS

Total Population: 5.01 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Ireland? Yes

If so, what year was emergency medicine recognized? 1962

Is there an emergency medicine board certification exam in Ireland? Yes

Is access to emergency medical care a legal right in Ireland? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Ireland:

Emergency Medicine (EM) in Ireland has developed significantly over the past 30 years. Its origins trace back to the 1950s with the establishment of Casualty Departments, precursors to Accident & Emergency (A&E) departments. As the specialty progressed, the Irish Accident &

Emergency Association was formed, publishing the landmark document *Standards for Accident & Emergency Departments in Ireland* in 1997. Recent milestones include the launch of the National Basic Specialty Training Scheme to ensure uniform training and the integration of Pediatric Emergency Medicine (PEM) into the national system. In 2019, Ireland celebrated the 30th anniversary of EM with the launch of the Irish Association for Emergency Medicine (IAEM) Strategic Objectives campaign.

[Brief update on top-line developments in Emergency Medicine in Ireland:](#)

Ireland has made significant progress in advancing its Strategic Objectives campaign, particularly in trauma care. Key achievements include the opening of the Major Trauma Center (MTC) for the Central Trauma Network in Dublin and the development of the Southern Trauma Network hub. Pediatric Emergency Medicine has also seen notable progress, such as updates to the Irish Children's Triage System, including age-specific pain scores, expanded eligibility for PEM consultants, and formal recognition of PEM by the Medical Council.

[Biggest threats to Emergency Medicine in Ireland:](#)

The most significant challenges facing EM in Ireland are hospital overcrowding and a shortage of consultants. Additionally, the aftermath of the Health Service Executive (HSE) cyberattack in May 2021 has posed ongoing issues, such as delays in ICT-processed labs and clinical data, with some processes now manual or relying on limited ICT resources. While cybersecurity challenges are global, Ireland has responded with a third-party evaluation that

provided actionable recommendations to bolster its resilience.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Ireland: 29

Number of Residency-Trained EM Physicians in Ireland: 420

Residency-Trained EM Physicians per 100,000 population in Ireland: 8.38

Number of Physicians Graduating from EM Residencies in 2022: 16

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
70%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Ireland? Yes

How many Emergency Medicine residency programs are there in Ireland? 1

How long are EM residencies in Ireland? 7 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
20%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Emergency medical services (EMS)
- ✓ Pediatric emergency medicine
- ✓ Simulation
- ✓ Toxicology
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Ireland? Yes

What is the most-common form of prehospital transportation system in Ireland?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Ireland generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Ireland have/follow structured protocols for emergency calls?  
Yes

Is there training available in Ireland for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✓ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Ireland:

As previously noted, ongoing efforts to expand Pediatric Emergency Medicine consults and standards are critical and should continue. These initiatives can also



serve as a model for developing and integrating additional Emergency Medicine subspecialties, further strengthening the field.

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# Israel

## EM PROFESSIONAL SOCIETIES

1. [The Israel Association for Emergency Medicine](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Michael Drescher

*Deputy Ambassador(s):* Baruch Berzon

*Resident Representative(s):* Brian Kohen,  
Rebecca Leff

## COUNTRY DEMOGRAPHICS

*Total Population:* 9.37 million

*World Bank Income Level:*

High income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Israel?* Yes

*If so, what year was emergency medicine recognized?* 1999

*Is there an emergency medicine board certification exam in Israel?* Yes

*Is access to emergency medical care a legal right in Israel?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Israel:*

Emergency Medicine (EM) was officially recognized as a medical specialty in Israel in 1999, with the first certification examinations held in 2003 for physicians who had completed postgraduate EM training. A workforce survey conducted that year revealed a shortage of certified

emergency physicians, with most senior EM specialists working weekday day shifts and EDs often staffed by residents from various specialties during other hours.

Over time, training programs have developed to address these workforce needs, including super-specialty programs requiring prior specialization and, since 2012, primary EM residency programs accredited by the Israeli Medical Association Scientific Council. In many hospitals, emergency departments are split into medical and surgical wings, staffed by specialists in internal medicine and surgery, respectively. Other specialties, such as orthopedics, gynecology, ENT, and ophthalmology, have separate rooms, while pediatric emergency medicine is primarily managed by pediatricians, some with specialized training in pediatric EM.

Despite an increase in full-time EM physicians and extended coverage during evening hours, a severe shortage of EM-trained physicians persists, with many smaller hospitals lacking EM specialists on weekends and overnight. Assuta Ashdod stands out as the only ED in Israel fully staffed by EM specialists and registrars 24/7, operating under a model more similar to the American system, where emergency medicine teams take full responsibility for patient care under senior physician supervision. In contrast, most hospitals continue to rely on junior doctors from various disciplines during off-hours, often without supervision by an EM specialist.

## Brief update on top-line developments in Emergency Medicine in Israel:

In the past two years, major policy-making bodies, including the Ministry of Health and the Israel Medical Association, have formally recognized EM as a critical public

health focus within the national health system. This progress, driven by the Israel Association for Emergency Medicine, has resulted in several national goals:

- Staffing and directing EDs with EM-trained physicians 24/7.
- Ensuring appropriate compensation and career development for EM attendings.
- Modernizing emergency medicine practices, particularly in hospitals located in peripheral regions.
- Implementing competency-based EM training.

#### **Biggest threats to Emergency Medicine in Israel:**

Despite significant progress in the recognition and practice of EM, the primary challenge remains the planning and resources required to gradually increase the number of EM-trained physicians to consistently staff all EDs 24/7. This shortage continues to impact the ability to provide comprehensive, specialist-led emergency care nationwide.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Israel: 28

Number of Residency-Trained EM Physicians in Israel: 200

Residency-Trained EM Physicians per 100,000 population in Israel: 2.13

Number of Physicians Graduating from EM Residencies in 2022: 27

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
30%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Israel?  
Yes

How many Emergency Medicine residency programs are there in Israel? 21

How long are EM residencies in Israel? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
55%

What are the options for non-residency EM training for physicians in Israel?

There are fellowship programs available for physicians with primary training in general surgery, internal medicine, anesthesia, pediatrics, and family medicine.

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Administration
- ✓ Critical care
- ✓ Pain management
- ✓ Pediatric emergency medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Israel? Yes

What is the most-common form of prehospital transportation system in Israel?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Israel generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Israel have/follow structured protocols for emergency calls?

Yes

Is there training available in Israel for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Israel:

While the number of full-time equivalents (FTEs) assigned to emergency departments (EDs) in Israel has increased since 2003, the rise in patient visits has led to a severe shortage of emergency medicine (EM)-trained physicians. Although there has been an improvement in the presence of EM specialists during evening hours compared to earlier surveys, senior EM physicians remain predominantly present during weekday day shifts. Overnight shifts and weekends in smaller hospitals are often left without EM specialists, with care provided by physicians in training and, to a lesser extent, other specialists.

To date, Assuta Ashdod is the only ED in Israel where a senior EM physician is scheduled overnight. Its model is unique and aligns more closely with the American

system. At Assuta Ashdod, the Department of Emergency Medicine is staffed exclusively by specialists and registrars trained in EM, who take full responsibility for the department and its patients. Residents and registrars treat patients under the supervision of a senior physician available 24/7. This contrasts with the majority of Israeli hospitals, where patients are more likely to be seen by junior doctors from various disciplines without EM specialist supervision.

The Assuta Ashdod model, which includes a thriving EM residency program and 24/7 staffing by EM-trained physicians, demonstrates the feasibility of implementing such a system across Israel. Additionally, recent years have seen the introduction of physician assistants in EDs, and their potential impact on alleviating physician shortages is under exploration. This development could provide a promising avenue to address staffing challenges nationwide.

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# Italy

## EM PROFESSIONAL SOCIETIES

1. [Societa' Italiana Medicine D'emergenza Urgenz \(SIMEU\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Alexandra Asrow

*Deputy Ambassador(s):* John Hipskind

*Liaison(s):* Giovanni Ricevuti

## COUNTRY DEMOGRAPHICS

*Total Population:* 59.24 million

*World Bank Income Level:*

High income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Italy?* Yes

*If so, what year was emergency medicine recognized?* 2008

*Is there an emergency medicine board certification exam in Italy?* No

*Is access to emergency medical care a legal right in Italy?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Italy:*

Emergency Medicine (EM) was officially recognized as a specialty in 2008. Before this, emergency departments (EDs) were staffed by physicians trained in other specialties or without residency training, and patients were triaged primarily to specialists. The advent of EM as a specialty has brought change, with growing interest in the field and an increasing number of medical

students applying to EM residency programs in recent years.

Despite this progress, the number of EM specialists remains insufficient to fill the many open positions across the country as Italy modernizes its emergency care system. Like many nations, Italy faces a healthcare crisis, characterized by an aging population, financial strain on the national health ministry, and inadequate resources to meet rising demands, particularly in EDs. Established institutions in healthcare, graduate medical education, and universities hosting EM residencies have struggled to adapt their training and practices quickly enough to match the rapidly increasing need. However, with growing attention to this issue, there is hope that funding, training slots, and leadership positions will expand, allowing EM to develop into a robust, respected specialty.

## Brief update on top-line developments in Emergency Medicine in Italy:

In recent years, the government has increased the number of scholarships for EM training to address the shortage of EM physicians in EDs.

However, many regions have begun allowing physicians without formal EM training or residency to work in EDs due to severe staffing shortages. This problem has been exacerbated by the attrition of EM physicians, many of whom are leaving the specialty, and a significant proportion of Italy's physician workforce nearing retirement age. Efforts are underway to address these challenges.

## Biggest threats to Emergency Medicine in Italy:

Emergency Medicine in Italy faces a lack of standardization in care and limited respect

from other specialties. A persistent misconception remains that any physician can work in the ED, underestimating the value of EM training and expertise.

Other major issues include poor compensation for EM doctors, high levels of stress, and low quality of life, resulting in vacant EM residency slots and staff shortages in EDs. Burnout, the COVID-19 pandemic, inadequate job quality, and insufficient pay have led to significant attrition from the specialty. These problems are compounded by a lack of legislative urgency to address these systemic issues.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Italy: 1300

Number of Residency-Trained EM Physicians in Italy: 750

Residency-Trained EM Physicians per 100,000 population in Italy: 1.27

Number of Physicians Graduating from EM Residencies in 2022: 200

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
40%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Italy?  
Yes

How many Emergency Medicine residency programs are there in Italy? 33

How long are EM residencies in Italy? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
60%

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Italy? Yes

What is the most-common form of prehospital transportation system in Italy?  
Locally organized prehospital transportation systems

Which pre-hospital system structure does Italy generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Italy have/follow structured protocols for emergency calls?

Yes

Is there training available in Italy for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Italy:

The practice of Emergency Medicine (EM) in Italy would benefit greatly from a consensus on the specialty's identity and scope of practice, which could help eliminate regional disparities. Standardizing residency training, board examinations, and increasing the number of EM-trained physicians are critical steps toward strengthening the field. Achieving greater respect from other specialties is equally important.

Opportunities include promoting the value of EM to encourage more applicants to residency programs and addressing the lack of standardization in training—a crucial issue currently under discussion. These efforts could help unify the specialty and elevate its status within the healthcare system.

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# Jamaica

## EM PROFESSIONAL SOCIETIES

1. [Jamaica Emergency Medicine Association \(JEMA\)](#)

Links to EM Society National Goals

- [JEMA Mission and Vision](#)

## AMBASSADOR TEAM

Lead Ambassador: [Sheryl Heron, Tricia Smith](#)

Deputy Ambassador(s): [Chris Scott](#)

Resident Representative(s): [David Clarke](#)

## COUNTRY DEMOGRAPHICS

Total Population: 2.7 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Jamaica? Yes

If so, what year was emergency medicine recognized? 2001

Is there an emergency medicine board certification exam in Jamaica? Yes

Is access to emergency medical care a legal right in Jamaica? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Jamaica:

Emergency Medicine in Jamaica has seen significant progress over the past 20 years, gaining recognition as a specialty. A residency training program has been established, trademark life support courses

are now available, and efforts to develop sub-specializations have begun. The establishment of an emergency medicine association and increased diagnostic capabilities at the University Hospital of the West Indies (UHWI) further highlight this growth. However, there remains an urgent need for improvements in prehospital care, which requires the development of an efficient Emergency Medical Service (EMS). Greater emphasis is also needed in disaster medicine, toxicology, and trauma care. Advancing the training of emergency physicians and nurses, enhancing academia and research, and increasing advocacy by local emergency physicians are essential to further progress the specialty.

—Williams et al. *West Indian Med J* 2008; 57 (2): 161

[Brief update on top-line developments in Emergency Medicine in Jamaica:](#)

Over the past decade, there has been a 25–30% increase in disability and deaths caused by diabetes, cerebrovascular diseases, heart diseases, and chronic kidney diseases, significantly straining the healthcare system. High rates of accidents and injuries also persist, with injuries and violence contributing to a 4% increase in disability-adjusted life years over the past 10 years. Interpersonal violence is now the 8th leading cause of disability.

Jamaica also faces recurring and emerging communicable diseases, including tuberculosis, chikungunya, Zika, and dengue, along with challenges in immunization rates. On a positive note, HIV/AIDS cases and deaths have been steadily decreasing over the last decade.

Despite previous achievements, challenges remain in maternal and child health as well as environmental health. Maternal and under-five mortality rates have stagnated, and clear socioeconomic disparities exist among those seeking care in public facilities.

An important milestone was achieved in 2008 when user fees at public health services were removed to eliminate financial barriers and provide protection for health access. To maintain this progress and address current and future population health needs, securing sustainable financing is imperative.

—*Vision for Health 2030 - Ten-year Strategic Plan*, Ministry of Health

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Jamaica: 15

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
65%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Jamaica? Yes

How many Emergency Medicine residency programs are there in Jamaica? 1

How long are EM residencies in Jamaica? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
50%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Jamaica? Yes

What is the most-common form of prehospital transportation system in Jamaica?

Informal and ad-hoc prehospital transportation systems

Which pre-hospital system structure does Jamaica generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Jamaica have/follow structured protocols for emergency calls?  
Yes

Is there training available in Jamaica for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Jamaica:

The Ministry of Health has outlined several objectives to achieve by 2030, including:

1. Ensuring the availability and quality of highly trained health staff, particularly for public healthcare services.
2. Promoting a positive labor environment to motivate employees for efficient work.
3. Reducing clinical staff migration by implementing retention policies within the Ministry of Health and Wellness (MOHW).
4. Improving the sustained availability of professional and technical staff across the public health sector.
5. Strengthening the capacity of the MOHW's Human Resource Management Unit to plan, manage, monitor, and evaluate staffing needs and performance.
6. Encouraging new working categories that enhance patient safety and foster better relations with clinical staff.
7. Identifying training needs to accelerate the acquisition of relevant knowledge for implementing the new primary healthcare (PHC)-based model while providing improved career opportunities for workers.
8. Gradually increasing direct government funding toward the PAHO benchmark of 6% of GDP as public investment in health.
9. Establishing a healthcare reserve fund (The Health Fund) under the MOHW for discretionary investments aligned with the Vision for Health 2030 Plan implementation.

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# Japan

## EM PROFESSIONAL SOCIETIES

1. [Japan Association for Acute Medicine \(JAAM\)](#)
2. [Japan Society for Emergency Medicine \(JSEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Yuko Nakajima

*Deputy Ambassador(s):* Seikei Hibino, Taku Taira

## COUNTRY DEMOGRAPHICS

Total Population: 125.13 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Japan? Yes

If so, what year was emergency medicine recognized? 1983

Is there an emergency medicine board certification exam in Japan? Yes

Is access to emergency medical care a legal right in Japan? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Japan:

Emergency Medicine in Japan began in the early 1960s as motor vehicle collisions (MVCs) surged during the country's post-World War II redevelopment. The concept focused on centralizing critically ill or injured patients at designated Tertiary

Emergency Centers, where a multi-specialty model of Emergency Medicine staffing was implemented, primarily targeting multi-trauma and critical care cases.

In the late 1990s, the U.S. single-specialty model of Emergency Medicine was recognized as a complementary approach, driven by Japan's aging population. The recognition that seemingly trivial conditions could mask severe injuries or illnesses, particularly in elderly patients, highlighted the need for specialized emergency care. In 2004, the "ER Committee" was added to the Japanese Association for Acute Medicine (JAAM), reflecting the evolving focus on emergency care.

[Brief update on top-line developments in Emergency Medicine in Japan:](#)

Emergency Medicine is gaining recognition as a distinct specialty, particularly following the increased visibility and importance of emergency care during the COVID-19 pandemic.

[Biggest threats to Emergency Medicine in Japan:](#)

The greatest challenge is the shortage of Emergency Medicine-trained physicians. Efforts are underway to improve the quality of life (QOL) for all physicians in Japan, who are often overworked, but achieving this requires a sufficient number of EM physicians. Initiatives such as "task shifting," which involves expanding the scope of practice for nurse practitioners and EMTs, are being considered, though resistance to change remains.

Additionally, current legal restrictions prevent physicians from completing charts outside the hospital, adding to their workload. Addressing such barriers is

crucial to improving physician QOL and supporting the growth of Emergency Medicine in Japan.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Japan: 4500

Number of Residency-Trained EM Physicians in Japan: 5814

Residency-Trained EM Physicians per 100,000 population in Japan: 4.65

Number of Physicians Graduating from EM Residencies in 2022: 322

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
35%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Japan?  
mYes

How many Emergency Medicine residency programs are there in Japan? 250

How long are EM residencies in Japan? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
85%

Which subspecialty training programs are available to EM-trained physicians?  
Tactical Medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Japan? Yes

What is the most-common form of prehospital transportation system in Japan?  
Nationally organized prehospital transportation system

Which pre-hospital system structure does Japan generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Japan have/follow structured protocols for emergency calls?  
Yes

Is there training available in Japan for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Japan:

Increasing openness to change within the healthcare system and greater international collaboration present key opportunities for advancing Emergency Medicine in Japan, particularly through adopting global best practices and successful models.

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# Jordan

## EM PROFESSIONAL SOCIETIES

1. Jordanian Emergency Medicine Society (JEMS)

## AMBASSADOR TEAM

*Lead Ambassador:* David Callaway

*Resident Representative(s):* Suhaib Abaza

## COUNTRY DEMOGRAPHICS

*Total Population:* 11.06 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Jordan?* Yes

*If so, what year was emergency medicine recognized?* 2003

*Is there an emergency medicine board certification exam in Jordan?* Yes

*Is access to emergency medical care a legal right in Jordan?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Jordan:*

The Hashemite Kingdom of Jordan (HKJ) has a well-developed healthcare system with diverse public and private stakeholders. In 1989, an eight-year professional pathway for Emergency Medicine (EM) was established for Family Medicine physicians at the King Hussein Medical Center, laying the foundation for future EM specialty development. While every major hospital in

Jordan has a functioning Emergency Department (ED), these are primarily staffed by generalists without specialized EM training, leaving room for improvement in managing urgent or emergent medical and traumatic conditions.

Jordan boasts a strong medical education system and high standards of care, though significant variation exists between private, public, university, and military healthcare systems. Gaps remain in quality assurance, quality improvement, and systems development.

In 2015, Carolinas Medical Center initiated an exchange program, sending senior physicians to Jordan to conduct a gap analysis, assist individual departments, and advise on the formation of a National Society. Dr. Vivek Tayal collaborated with Drs. Liqaa Raffee and Emad Abu-Yaqeen to establish policies and procedures, resulting in the Jordanian Emergency Medicine Society (JEMS) becoming operational in 2016.

In 2018, the Jordan University of Science and Technology (JUST) residency program sent a senior EM resident to Carolinas Medical Center in Charlotte, NC, for a clinical observational rotation. JEMS also forged collaborations with the Emirate Society of Emergency Medicine (ESEM), sharing its logo at their conference. Dr. Raffee and EM resident Dr. Belal Al Rashdan presented an abstract at ESEM. Further partnerships were established with the Emergency Medicine Physicians Association of Turkey (EPAT) and the Egyptian Society for EM. Plans for an EM conference in 2020, organized jointly with Carolinas Medical Center, were also initiated.

### Brief update on top-line developments in Emergency Medicine in Jordan:

In 2022, the Jordanian Emergency Medicine Society (JEMS) hosted its inaugural International Emergency Medicine Conference with tremendous success and participation from over 10 countries. This conference highlighted the growth of JEMS as a regional and international convener of thought leaders.

### Biggest threats to Emergency Medicine in Jordan:

As EM continues to evolve in Jordan, it remains critical to insure pay parity for board certified physicians. Currently, the effects of "brain drain" are a threat as highly qualified physicians move abroad for more lucrative jobs.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Jordan: 156

Number of Residency-Trained EM Physicians in Jordan: 109

Residency-Trained EM Physicians per 100,000 population in Jordan: 0.99

Number of Physicians Graduating from EM Residencies in 2022: 22

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
95%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Jordan? Yes

How many Emergency Medicine residency programs are there in Jordan? 5

How long are EM residencies in Jordan? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

75%

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Jordan? Yes

What is the most-common form of prehospital transportation system in Jordan?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Jordan generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Jordan have/follow structured protocols for emergency calls?

No

Is there training available in Jordan for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

✓ Emergency physicians



- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **REFERENCES**

- <https://jiemc.org/index.php/about/introduction.html>
- <https://moh.gov.jo/ar/quality/InfoPageDynamic/105/326>

# Kenya

## AMBASSADOR TEAM

*Lead Ambassador:* Gregory Bell

*Deputy Ambassador(s):* Janae Fry, Austin Lee, Grace Wanjiku

## COUNTRY DEMOGRAPHICS

Total Population: 50.62 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Kenya? Yes

If so, what year was emergency medicine recognized? 2017

Is there an emergency medicine board certification exam in Kenya? Yes

Is access to emergency medical care a legal right in Kenya? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Kenya:

In 2017, the Kenyan government decentralized its healthcare system, shifting from a national "one government, one health system" approach to 47 distinct county-based healthcare systems. Each county government is now responsible for building and maintaining its emergency care system. While this devolution allows for locally tailored solutions, it has also resulted in fragmented and less coordinated emergency care. Many regions and healthcare levels remain ill-prepared to handle emergent conditions.

Prehospital emergency medical services (EMS) are a critical component of Kenya's emergency care system, but the decentralized approach has made it difficult for the government to estimate the number or location of ambulances. There is no national emergency response phone line, though some counties have individual emergency numbers for health, police, or fire services.

Despite Kenya's constitutional guarantee of the right to emergency medical treatment, as outlined in the Constitution of Kenya (2010) and the Health Act (2017), implementation of emergency medical care systems has seen limited progress. Most emergency departments are staffed by clinical officers and medical officers with varying levels of on-the-job experience, but little formal training in emergency care. However, with the growth of emergency medicine as a specialty, there is increasing focus on specialized training for medical officers, clinical officers, nurses, and prehospital EMS staff.

[Brief update on top-line developments in Emergency Medicine in Kenya:](#)

In response to demands for improving the quality and accessibility of emergency care, the Ministry of Health is prioritizing emergency medical care across the continuum, with particular focus on the prehospital setting. The recently released *Kenya Emergency Medical Care Strategy (2020–2025)* and *Kenya Emergency Medical Care Policy (2020–2030)* aim to integrate efforts and enhance the quality of emergency medical care, aligned with the goal of providing universal health coverage.

Currently, one of the primary challenges to the formal development and growth of emergency medicine as a specialty in

Kenya is the shortage of emergency medicine-trained specialist consultants and physicians who can advance the specialty and educate others. Although there are several physicians trained in emergency medicine abroad who are now active in Kenya, their numbers remain very limited, and most are working in private hospitals. While these physicians support the growth and development of the specialty, there are simply not enough of them to lead in clinical and faculty roles.

The lack of trained specialists also inhibits the development of a robust base of emergency medicine research. Many medical officers and clinical officers in health facilities across the country work in casualty, accident, or emergency departments, gaining on-the-job experience without formal education, training, benchmark standards, feedback, or quality improvement processes. Frequently, early-career physicians leave emergency departments after a few months or years for more lucrative specialist opportunities, further limiting the development of formal career pathways and the elevation of emergency care standards locally and nationally.

#### Biggest threats to Emergency Medicine in Kenya:

The absence of tailored national policies and standards for emergency care poses a significant threat to the development of Emergency Medicine in Kenya. Establishing such policies requires the Kenyan Ministry of Health to work closely with county governments and non-governmental stakeholders. This is the central goal of the *Kenya Emergency Medical Care Policy (2020–2030)*, which focuses on developing EMC infrastructure, Emergency Command and Control Centers, an Ambulance

Coordination System and dispatch centers, Information and Communication Technology, and strengthening leadership and governance at all levels.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Kenya: 50

Number of Residency-Trained EM Physicians in Kenya: 10

Residency-Trained EM Physicians per 100,000 population in Kenya: 0.02

Number of Physicians Graduating from EM Residencies in 2022: 30

What percentage of EM-trained physicians work in rural (vs. urban) settings? 97%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Kenya? Yes

How many Emergency Medicine residency programs are there in Kenya? 2

How long are EM residencies in Kenya? 2 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 40%

What are the options for non-residency EM training for physicians in Kenya?

Fellowship in Pediatric Emergency Medicine and Critical Care at University of Nairobi and Kijabi Hospital

<https://paediatrics.uonbi.ac.ke/programs/fellowship-paediatric-emergency-and-critical-care>

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Pediatric emergency medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?

Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Kenya? No

### **REFERENCES**

- [https://kenya.action4justice.org/legal\\_areas/right-to-health/](https://kenya.action4justice.org/legal_areas/right-to-health/)
- <https://www.who.int/publications/i/item/9789240000162>
- <https://www.kenyanews.go.ke/government-launches-emc-policy-2020-2030-for-emergency-treatment/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7565744/>
- <https://www.emergencymedicinekenya.org/diploma/>
- [https://medicine.maseno.ac.ke/family\\_health\\_home](https://medicine.maseno.ac.ke/family_health_home)
- <https://paediatrics.uonbi.ac.ke/programs/fellowship-paediatric-emergency-and-critical-care>

# Lao PDR

## EM PROFESSIONAL SOCIETIES

1. [Lao Society of Emergency Medicine](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Kristiana Kaufmann

## COUNTRY DEMOGRAPHICS

Total Population: 7.44 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Lao PDR? Yes

If so, what year was emergency medicine recognized? 2016

Is there an emergency medicine board certification exam in Lao PDR?

Yes

Is access to emergency medical care a legal right in Lao PDR? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Lao PDR:

1975–2016: Emergency departments were run by physicians specializing in anesthesia, internal medicine, surgery, and pediatrics.

2016: The Ministry of Health (MOH), University of Health Sciences, and Health Frontiers collaborated to initiate the Lao EM Residency program. Health Frontiers supported the first EM coordinator, Dr. Celine Jacobs, who designed the residency curriculum, evaluations, and teaching

materials and taught the first two classes of residents clinically and in conferences. Dr. Andrew Charlton succeeded her as the residency coordinator.

2016: The MOH also ran a one-year EM program.

2017: The first class of three-year EM residents began on September 1.

2018: The first Lao EM National Conference was held, and the second class of three-year EM residents began.

2019: The second Lao National Congress of EM was held.

September 2019–September 2021: The COVID-19 pandemic caused significant disruptions to EM education and clinical practice. There was no Health Frontiers EM coordinator or organized leadership for the program. Resident evaluations were minimal, and weekly conferences were conducted via Zoom, with 90% of didactic content delivered by residents. An EM resident observership at Khon Kaen University in Thailand was suspended. Despite a mild in-country epidemic, prolonged lockdowns and restrictions severely impacted training.

2020: The first class of eight EM residents graduated.

2021: The second class of eight EM residents graduated. Dr. Anthony J. Dean resumed the role of in-country residency coordinator with support from Health Frontiers.

2022: The third class of nine EM residents graduated.

2023: The third Lao National Congress of EM was held.

[Brief update on top-line developments in Emergency Medicine in Lao PDR:](#)

Development of a National Inter-Hospital Transfer Command and Control Center (CCC) in Vientiane, funded by Japan under

the direction of Dr. Takaaki Suzuki. The CCC, based at Mitthaphab Hospital, includes plans for Lao-based training programs for staff.

*Vientiane Rescue*, the only prehospital care provider in Laos, continues to operate despite government obstacles and lack of funding.

<https://www.youtube.com/watch?v=N5rlUBowJA8>

The EM residency program has developed a Primary Trauma Care (PTC) teacher training program and conducts courses at regional and provincial hospitals, as well as training surgery and orthopedic residents in teaching hospitals.

#### Biggest threats to Emergency Medicine in Lao PDR:

Emergency Medicine in Lao PDR faces severely limited resources. Only two hospitals in the country have CT scanners, and there is no government funding for relatively inexpensive emergency diagnostic or therapeutic equipment. Emergency departments lack access to blood gas machines (ABG/VBG), serum bicarbonate testing, coagulation profiles, LFTs, TSH, and D-dimer testing. Stat troponin tests are only available in one ED.

There are no pacemakers (internal or external), or essential supplies like para-, thora-, or pericardiocentesis needles, and bone marrow needles. Point-of-care ultrasound machines are solely donated, and available medications are highly restricted. Essential drugs such as adenosine, IV diltiazem, beta-blockers, and non-depolarizing paralytics are unavailable.

Patients needing specialized treatment must fund their own transport to appropriate facilities or remain untreated. These limitations hinder residents from gaining hands-on experience in the diagnostic and therapeutic interventions they learn in conferences.

Hospitals are tightly controlled by the MOH, which requires approval for any expenditure over \$500, limiting autonomy in development and innovation. Academic programs are managed by the University of Health Sciences, but appointees do not practice in public hospitals where residents train, creating a disconnect between program leadership and clinical education.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Lao PDR: 162

Number of Residency-Trained EM Physicians in Lao PDR: 25

Residency-Trained EM Physicians per 100,000 population in Lao PDR: 0.34

Number of Physicians Graduating from EM Residencies in 2022: 8

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
48%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Lao PDR? Yes

How many Emergency Medicine residency programs are there in Lao PDR? 1

How long are EM residencies in Lao PDR?  
4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

55%

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Lao PDR? Yes

What is the most-common form of prehospital transportation system in Lao PDR?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Lao PDR generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Lao PDR have/follow structured protocols for emergency calls?

Yes

Is there training available in Lao PDR for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✓ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Lao PDR:

A notable advantage of the centralized Lao system of government is its residency recruitment mechanism. The Ministry of Health (MOH) mandates regional and provincial hospitals to nominate candidates for residency training, selecting them based on national health priorities. These candidates receive salary support from their nominating hospitals and are contractually required to return to these hospitals after completing their training. This system ensures that graduating residents do not remain concentrated near their teaching programs, as is common elsewhere, but instead contribute to the development of Emergency Medicine practice capacity across the entire country.

### **REFERENCES**

- <https://www.youtube.com/watch?v=N5rIUBowJA8>
- [www.http://www.healthfrontiers.org/laos-project.html](http://www.healthfrontiers.org/laos-project.html)

# Liberia

## AMBASSADOR TEAM

*Resident Representative(s):* Prem Menon

## COUNTRY DEMOGRAPHICS

Total Population: 3.48 million

World Bank Income Level:

Low income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Liberia? No

Is access to emergency medical care a legal right in Liberia? No

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Liberia:

Emergency care in Liberia was minimal following the civil war. Several government-led programs were initiated to establish emergency care systems, but most of these efforts were dismantled after the Ebola epidemic, leaving emergency care infrastructure sparse. The Liberia EMS service was created in 2019, marking a significant step forward. However, there is currently no Emergency Medicine residency program in the country.

Brief update on top-line developments in Emergency Medicine in Liberia:

The EMS organization has developed rapidly since its inception in 2019, led by a Liberian native trained as a paramedic in the United States.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency

Departments in Liberia: 15

What percentage of EM-trained physicians work in rural (vs. urban) settings?

35%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Liberia? No

What are the options for non-residency EM training for physicians in Liberia?

Additional training courses are available for those specializing in Internal Medicine, Pediatrics, OB/GYN, and Surgery.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?

No

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Liberia? Yes

What is the most-common form of prehospital transportation system in Liberia?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Liberia generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Liberia have/follow structured protocols for emergency calls?

Yes



Is there training available in Liberia for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

# Libya

## EM PROFESSIONAL SOCIETIES

1. [Libyan Emergency Medicine Association \(LEMA\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* J. Stephen Bohan

## COUNTRY DEMOGRAPHICS

Total Population: 5.3 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Libya? Yes

If so, what year was emergency medicine recognized? 2009

Is there an emergency medicine board certification exam in Libya? Yes

Is access to emergency medical care a legal right in Libya? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Libya:

Emergency Medicine in Libya was established in 2010, with the first class of residents graduating in 2015.

Brief update on top-line developments in Emergency Medicine in Libya:

The number of graduates and trainees in Emergency Medicine is gradually increasing. Hospital managers now specifically request emergency medicine-trained physicians to work in

emergency departments, whereas previously, any physician was hired to cover ER shifts.

Biggest threats to Emergency Medicine in Libya:

The lack of clear emergency medicine policies, organized systems, and defined leadership poses significant challenges to the growth and development of the specialty.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Libya: 29

Number of Residency-Trained EM Physicians in Libya: 10

Residency-Trained EM Physicians per 100,000 population in Libya: 0.19

Number of Physicians Graduating from EM Residencies in 2022: 4

What percentage of EM-trained physicians work in rural (vs. urban) settings? 99%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Libya? Yes

How many Emergency Medicine residency programs are there in Libya? 10

How long are EM residencies in Libya? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 40%

Which subspecialty training programs are available to EM-trained physicians? None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Libya? No

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Libya:

The future of Emergency Medicine in Libya depends on international cooperation, online webinars, scholarships, government engagement, financial support, and leadership education to strengthen the specialty and drive its development.

### **REFERENCES**

- <https://lema.org.ly/>
- <https://emergencymedicine-day.org/activities/the-first-symposium-on-emergency-medicine-in-tripoli-libya>

# Malawi

## AMBASSADOR TEAM

*Lead Ambassador:* Heather Machen

*Deputy Ambassador(s):* Michael Connelly

*Liaison(s):* Mulinda Nyirenda

*Resident Representative(s):* Halley Alberts

## COUNTRY DEMOGRAPHICS

*Total Population:* 19.35 million

*World Bank Income Level:*

Low income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Malawi? Yes

If so, what year was emergency medicine recognized? 2010

Is there an emergency medicine board certification exam in Malawi? No

Is access to emergency medical care a legal right in Malawi? Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Malawi:*

Emergency Medicine (EM) was first recognized as a specialty in Malawi in 2010. Key developments included the reorganization and creation of a consolidated adult emergency department, with the formal introduction and recognition of triage, resuscitation, and stabilization as core functions for managing unstable patients beyond pediatric emergency care.

In 2010, a medical specialist was assigned to the Accident and Emergency section at Queen Elizabeth Central Hospital (QECH) for the first time. However, the main clinical

staff complement consisted of non-physician clinical staff until 2018, when more physicians began working in the department.

From 2010, EM trainees were recruited and sent to South Africa after a one-year induction at QECH. Currently, two EM physicians from this program are working at QECH. A local EM residency program was established in 2012 but initially struggled with funding. Formal support began in 2019, allowing the program to grow. In 2019, intern physicians began rotating through the emergency department for two-month periods.

*Brief update on top-line developments in Emergency Medicine in Malawi:*

Emergency Medicine specialists were at the forefront of creating and formulating the national COVID-19 response training and service organization.

The release of the National Emergency and Critical Care Strategic Framework.

National rollout of the WHO Basic Emergency Care Course in October 2022.

*Biggest threats to Emergency Medicine in Malawi:*

The under-recognition of Emergency Medicine as a distinct and separate specialty remains the greatest challenge to its development.

## EMERGENCY MEDICINE STATISTICS

*Estimated Number of Emergency Departments in Malawi:* 1

*Number of Residency-Trained EM Physicians in Malawi:* 4

*Residency-Trained EM Physicians per 100,000 population in Malawi:* 0.02

Number of Physicians Graduating from EM Residencies in 2022: 0

What percentage of EM-trained physicians work in rural (vs. urban) settings?

100%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Malawi? Yes

How many Emergency Medicine residency programs are there in Malawi? 1

How long are EM residencies in Malawi? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

65%

What are the options for non-residency EM training for physicians in Malawi?

There are modules in specialty training for individuals trained in Family Medicine, Surgery, and Medicine.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Malawi? Yes

What is the most-common form of prehospital transportation system in Malawi?

Informal and ad-hoc prehospital transportation systems

Which pre-hospital system structure does Malawi generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Malawi have/follow structured protocols for emergency calls?

Yes

Is there training available in Malawi for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Malawi:

Significant opportunities exist for advancing Emergency Medicine (EM) in Malawi, particularly through the integration of EM into the Universal Health Care (UHC) package. The inclusion of emergency care within the UHC framework can help strengthen the healthcare system by ensuring access to critical and life-saving services for all Malawians.

Additionally, the nationwide rollout of the World Health Organization's (WHO) Basic Emergency Care (BEC) course provides a foundational platform for enhancing the

skills of healthcare workers. This training can improve the quality and efficiency of emergency care delivery, particularly in resource-limited settings.

# Mexico

## EM PROFESSIONAL SOCIETIES

1. [Sociedad Mexicana de Medicina de Emergencia \(SMME\)](#)
2. [Asociación de Medicina de Urgencias y Desastres de México \(AMUDEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Alexander Kuc

*Deputy Ambassador(s):* Haywood Hall, David Martin, Sigrid Nasser, Linda Villamar

*Liaison(s):* Jessica Bravo, Jorge Luis Garcia Macias

*Resident Representative(s):* Matthew Fulton

## COUNTRY DEMOGRAPHICS

*Total Population:* 130.12 million

*World Bank Income Level:*

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Mexico? Yes

If so, what year was emergency medicine recognized? 1986

Is there an emergency medicine board certification exam in Mexico? Yes

Is access to emergency medical care a legal right in Mexico? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Mexico:

The 1985 earthquake highlighted the need for Emergency Medicine (EM) in Mexico. In 1986, the first EM residency training

program was established, followed by the creation of the *Sociedad Mexicana de Medicina de Emergencias* (SMME) in 1987. Today, there are 72 EM residency training programs across the country. In 2018, Mexico hosted ICEM2018, a watershed moment for the development and evolution of EM in Latin America.

[Brief update on top-line developments in Emergency Medicine in Mexico:](#)

Key areas of focus include:

1. Geriatric Emergencies, cerebrovascular accidents (CVA), cardiovascular diseases, toxicology, and simulation training.

2. Public health campaigns aimed at preventing diseases such as heart attacks, obesity, and CVA.

3. EM's critical role in organizing, decision-making, and developing care protocols during the COVID-19 pandemic.

4. EM's involvement in national and international disaster relief efforts.

[Biggest threats to Emergency Medicine in Mexico:](#)

Emergency Medicine in Mexico faces several challenges, including the lack of available resources, insufficient government funding for health supplies, inadequate personnel to meet the demand for work, physician burnout due to overcrowded EMS systems, and violence against healthcare personnel in the ED.

## EMERGENCY MEDICINE STATISTICS

[Estimated Number of Emergency Departments in Mexico:](#) 4718

[Number of Residency-Trained EM Physicians in Mexico:](#) 5000

[Residency-Trained EM Physicians per 100,000 population in Mexico:](#) 3.84

Number of Physicians Graduating from EM Residencies in 2022: 2006

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
20%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Mexico? Yes

How many Emergency Medicine residency programs are there in Mexico? 75

How long are EM residencies in Mexico? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
60%

What are the options for non-residency EM training for physicians in Mexico?  
There are short postgraduate courses available.

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Addiction medicine
- ✓ Administration
- ✓ Aerospace medicine
- ✓ Critical care
- ✓ Health policy
- ✓ Hospice and palliative care medicine
- ✓ Medical education
- ✓ Pediatric emergency medicine
- ✓ Research
- ✓ Simulation
- ✓ Toxicology

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Mexico? Yes

What is the most-common form of prehospital transportation system in Mexico?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Mexico generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Mexico have/follow structured protocols for emergency calls?  
Yes

Is there training available in Mexico for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Mexico:

Teaching and ongoing updates for professors of the emergency medicine residency are essential. Emergency medicine in Mexico offers an open landscape for the development of academic opportunities. International agreements have been established to host residents



from other countries, providing them with the opportunity to learn how EM operates in Mexico. Additionally, Mexico offers several highly specialized courses with durations ranging from one to two years.

## **REFERENCES**

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# Mozambique

## AMBASSADOR TEAM

Lead Ambassador: Kevin Lunney

## COUNTRY DEMOGRAPHICS

Total Population: 31.62 million

World Bank Income Level:

Low income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Mozambique?

Yes

If so, what year was emergency medicine recognized? 2016

Is there an emergency medicine board certification exam in Mozambique? Yes

Is access to emergency medical care a legal right in Mozambique? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Mozambique:

Emergency Medicine in Mozambique is a fledgling specialty. The country currently has six qualified specialists and nine residents enrolled in the government-funded residency program, supported by PLeDGE Health. At present, two hospitals in the country have emergency departments (*Urgências*) partially staffed by EM-qualified physicians.

Brief update on top-line developments in Emergency Medicine in Mozambique:

In 2021, Mozambique celebrated the graduation of its first six Emergency Medicine specialists. Of these, three have remained to teach in the ongoing residency

program. One graduate has been appointed as department head at the Central Hospital of Maputo, while another has taken on the role of residency director.

Biggest threats to Emergency Medicine in Mozambique:

The greatest challenge to Emergency Medicine in Mozambique is the lack of understanding about the specialty, given its small numbers and recent inception.

However, at the country's main hospital, respect for the specialty is growing as specialists demonstrate their skills and collaborate with other departments. This progress is further hindered by the profound lack of equipment in hospitals, which makes delivering quality care even more difficult.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Mozambique: 89

Number of Residency-Trained EM Physicians in Mozambique: 7

Residency-Trained EM Physicians per 100,000 population in Mozambique: 0.02

Number of Physicians Graduating from EM Residencies in 2022: 0

What percentage of EM-trained physicians work in rural (vs. urban) settings? 100%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Mozambique? Yes

How many Emergency Medicine residency programs are there in Mozambique? 1

How long are EM residencies in Mozambique? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

65%

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?

No

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Mozambique? No

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Mozambique:

There are endless opportunities to expand emergency medical care and training in Mozambique. Current efforts include research on the impact a single EM graduate can have on improving care at a hospital, even in the absence of other EM specialists. These findings could serve as a model for scaling emergency care across the country.

# Nepal

## EM PROFESSIONAL SOCIETIES

1. [Nepalese Society of Emergency Physicians \(NSEP\)](#)
2. [Collaboration for Emergency Care \(CEC\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Ramu Kharel

*Deputy Ambassador(s):* Pranawa Koirala

*Resident Representative(s):* Pawan Karki

## COUNTRY DEMOGRAPHICS

*Total Population:* 30.38 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Nepal?* Yes

*If so, what year was emergency medicine recognized?* 2017

*Is access to emergency medical care a legal right in Nepal?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Nepal:*

Emergency Medicine is one of the youngest recognized specialties in Nepal, and its growth in clinical practice and academic development has faced significant challenges. Most hospitals in Nepal follow a multi-specialist approach, where emergency room physicians are primarily general practitioners, family physicians, or house officers.

As physicians receive training through various pathways, national standards for training and certification have not yet been fully developed. Challenges such as difficult working conditions, physician recruitment, inadequate compensation, and limited academic opportunities have hindered the specialty's development. Emergency Medicine training in the form of PGY programs was approved by the Ministry of Education in 2021, but residency programs have yet to be launched. Post-PGY training options exist in the form of fellowships and DMs.

*Brief update on top-line developments in Emergency Medicine in Nepal:*

Emergency Medicine residency programs have been approved by the Ministry of Education.

The first HEAT assessment of emergency departments in Kathmandu has been completed and published.

Emergency standard treatment protocols have been ratified in Nepal.

*Biggest threats to Emergency Medicine in Nepal:*

A lack of implementation of available policies and protocols, as well as the absence of written protocols in institutions, hinders uniform care delivery across facilities.

Limitations in the prehospital care system, due to factors such as inadequate education, challenging geography, and insufficient infrastructure.

Underdeveloped emergency departments caused by limited equipment availability and an insufficient health workforce.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency  
Departments in Nepal: 125

What percentage of EM-trained physicians  
work in rural (vs. urban) settings?  
1%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Nepal?  
No

What are the options for non-residency EM  
training for physicians in Nepal?  
There is a 3-year post-PGY training  
program, offering the degree of Doctorate in  
Medicine in Emergency Medicine (DM in  
EM). There is a 3-year post-PGY Fellowship  
in Emergency Medicine. There is additional  
PGY training in both general and  
emergency medicine (MDGP&EM).

Which subspecialty training programs are  
available to EM-trained physicians?  
None available

Are there EM training programs for  
advanced practice providers (e.g. PAs, NPs,  
medical officers)?  
There are mid-level providers in the country,  
but no EM training programs for them

Are there EM training programs for nurses?  
No

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital  
system in Nepal? Yes

What is the most-common form of  
prehospital transportation system in Nepal?  
No organized prehospital transportation  
systems

Which pre-hospital system structure does  
Nepal generally follow?

The patient is brought to the doctor/health  
facility (Anglo-American)

Do EMS call centers in Nepal have/follow  
structured protocols for emergency calls?  
Yes

Is there training available in Nepal for  
prehospital providers (e.g. paramedics or  
emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or  
prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities  
for the growth and development of  
emergency medicine/care in Nepal:  
Emergency Medicine in Nepal is in its  
infancy, and the development of emergency  
care is a critical need. Progress will likely  
require baseline research and needs  
assessment on various aspects of  
emergency care. Establishing collaboration  
and creating a platform for experts and  
researchers to work together will be  
essential for driving the development of the  
specialty.

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- <https://nsep.org.np/>
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# New Zealand

## EM PROFESSIONAL SOCIETIES

1. Australasian College for Emergency Medicine (ACEM)

### Links to EM Society National Goals

- [Reduction of Alcohol and Drug Related Harm](#) [PDF download]
- [ACEM Declaration of Climate Change as a Medical Emergency](#)
- [ACEM Access Block](#)
- [ACEM Mental Health](#)

## AMBASSADOR TEAM

*Deputy Ambassador(s):* Michael Connelly, Gregory Larkin

*Liaison(s):* Brad Peckler

## COUNTRY DEMOGRAPHICS

Total Population: 5.12 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in New Zealand?

Yes

If so, what year was emergency medicine recognized? 1995

Is there an emergency medicine board certification exam in New Zealand? Yes

Is access to emergency medical care a legal right in New Zealand? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in New Zealand:

While there were predecessor organizations in the 1970s, the Australasian College for Emergency Medicine (ACEM) was not established until 1983. ACEM began publishing its journal in 1990 and was a founding member of the International Federation for Emergency Medicine (IFEM) alongside ACEP. Emergency Medicine was first recognized as an independent specialty in Australasia in 1993 and officially recognized in Aotearoa - New Zealand in 1995.

Brief update on top-line developments in Emergency Medicine in New Zealand:

The national response to the Whakaari - White Island disaster, which involved over 30 burn victims in critical condition, showcased the strength of emergency care systems.

The institution of *Manaaki Mana* represents a commitment to addressing health inequities and closing healthcare gaps for Māori in emergency departments.

A drop in hospital-based health targets appears to correlate with increased boarding times in EDs. ACEM has proposed a new set of Hospital Access Targets to address these issues.

The concept of district health boards has been replaced by a centralized health system, *Te Whatu Ora*, alongside a parallel Māori Health Authority, *Te Aka Whai Ora*.

Biggest threats to Emergency Medicine in New Zealand:

Access block and ED overcrowding remain the biggest threats to patient care, leading

to delays and potential harm. These issues also contribute to frustration and burnout among emergency physicians.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in New Zealand: 35

Number of Residency-Trained EM Physicians in New Zealand: 300

Residency-Trained EM Physicians per 100,000 population in New Zealand: 5.86

Number of Physicians Graduating from EM Residencies in 2022: 50

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
80%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in New Zealand? Yes

How many Emergency Medicine residency programs are there in New Zealand? 19

How long are EM residencies in New Zealand? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

What are the options for non-residency EM training for physicians in New Zealand?  
Diploma in Emergency Medicine

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Emergency medical services (EMS)
- ✓ Pediatric emergency medicine
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in New Zealand? Yes

What is the most-common form of prehospital transportation system in New Zealand?

Nationally organized prehospital transportation system

Which pre-hospital system structure does New Zealand generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in New Zealand have/follow structured protocols for emergency calls?

Yes

Is there training available in New Zealand for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in New Zealand:

The specialty of Emergency Medicine continues to grow in Aotearoa, with an increasing number of locally trained doctors entering ED roles compared to previous years.

## **REFERENCES**

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# Nigeria

## EM PROFESSIONAL SOCIETIES

1. Association of Emergency Medicine Healthcare Professionals

## AMBASSADOR TEAM

Deputy Ambassador(s): [Uche Anigbogu](#)

## COUNTRY DEMOGRAPHICS

Total Population: 216.78 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Nigeria? Yes

If so, what year was emergency medicine recognized? 2019

Is there an emergency medicine board certification exam in Nigeria? No

Is access to emergency medical care a legal right in Nigeria? No

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Nigeria:

Long before Emergency Medicine (EM) was recognized as a specialty in Nigeria, accident and emergency departments existed in major hospitals. These departments were primarily staffed by general practitioners without specialty training and overseen by consultants trained in other fields, primarily internal medicine and surgery.

The specialty gained recognition in 2019 when the National Postgraduate Medical College of Nigeria (NPMCN) established a Faculty of Emergency Medicine. This milestone was largely achieved through advocacy efforts by foreign-trained Nigerian emergency physicians who returned home to practice. Recognition of the specialty paved the way for the development of residency training programs.

In 2022, the University of Ibadan launched its EM residency program with five residents enrolled in a six-year program. By early 2023, approximately five additional institutions were preparing to commence residency training. However, as of now, there are only four Emergency Medicine-trained physicians practicing in Nigeria, all of whom received their training abroad.

[Brief update on top-line developments in Emergency Medicine in Nigeria:](#)

In early 2020, the first WHO Basic Emergency Care (BEC) training in Nigeria was held at the University of Lagos, followed shortly afterward by a second training session in Abuja.

The COVID-19 pandemic underscored the importance of emergency physicians, with one Nigerian EM physician leading government efforts on isolation center creation and disease management.

In October 2020, the Emergency Medicine Interest Group, Nigeria, was founded by and for medical students to support Nigerian EM-bound students and recent graduates while advocating for EM development.

Over the past two years, several startups and NGOs have emerged to support EMS efforts in Nigeria.

EM residency training began in 2022 at UCH, Ibadan, with more programs approved and set to launch in about five additional institutions.

### Biggest threats to Emergency Medicine in Nigeria:

Several challenges face the infantile state of emergency care in Nigeria including general poor healthcare funding which is reflected in the state of the accident and emergency departments. There is limited understanding of the specialty especially in institutions without emergency physicians (i.e. the vast majority). There are unfavorable policies and structures in place to support residency training and the development of EM residency programs in institutions without any emergency trained physicians, as the programs are being led by physicians from other specialties.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Nigeria: 879

Number of Residency-Trained EM Physicians in Nigeria: 4

Residency-Trained EM Physicians per 100,000 population in Nigeria: 0

Number of Physicians Graduating from EM Residencies in 2022: 0

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
100%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Nigeria? Yes

How many Emergency Medicine residency programs are there in Nigeria? 2

How long are EM residencies in Nigeria? 6 years

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Nigeria? Yes

What is the most-common form of prehospital transportation system in Nigeria?

Informal and ad-hoc prehospital transportation systems

Which pre-hospital system structure does Nigeria generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Nigeria have/follow structured protocols for emergency calls?  
No

Is there training available in Nigeria for prehospital providers (e.g. paramedics or emergency medical technicians)?  
No

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses

- ✓ No formal medical oversight

- <http://uch-ibadan.org.ng/clinical-2/#1515672771397-ff389914-2866>

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Nigeria:

There are significant gaps to be addressed in prehospital emergency medical care.

There is a need for short EM training programs, in addition to residency programs, targeting A&E nurses and medical officers not currently in training.

Clear national policies dedicated to the development of emergency care, supported by both governments and medical institutions, are essential. Increased financial investment by the government into prehospital and in-hospital emergency care delivery is critical. Research and data collection are necessary to identify gaps and prioritize the most pressing needs for development. Collaboration with foreign emergency physicians and international EM institutions is needed to assist in training residents at institutions lacking emergency physicians.

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# Oman

## EM PROFESSIONAL SOCIETIES

1. [Oman Society of Emergency Medicine \(OSEM\)](#)

Links to EM Society National Goals

- [OSEM Vision and Mission](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Terry Mulligan

*Deputy Ambassador(s):* Aasim Padela

## COUNTRY DEMOGRAPHICS

Total Population: 4.93 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Oman? Yes

If so, what year was emergency medicine recognized? 1999

Is there an emergency medicine board certification exam in Oman? Yes

Is access to emergency medical care a legal right in Oman? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Oman:

Please reference the link below:

<https://link.springer.com/article/10.1007/s12245-009-0143-6>

Biggest threats to Emergency Medicine in Oman:

The primary challenges to Emergency Medicine in Oman include limitations in

staffing and training, which hinder the development and sustainability of the specialty.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Oman: 5

Number of Residency-Trained EM Physicians in Oman: 50

Residency-Trained EM Physicians per 100,000 population in Oman: 1.01

Number of Physicians Graduating from EM Residencies in 2022: 10

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
50%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Oman?  
Yes

How many Emergency Medicine residency programs are there in Oman? 1

How long are EM residencies in Oman? 5 years

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Oman? Yes

What is the most-common form of prehospital transportation system in Oman?  
Nationally organized prehospital transportation system

Which pre-hospital system structure does Oman generally follow?  
The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Oman have/follow structured protocols for emergency calls?  
Yes

Is there training available in Oman for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Oman:  
Engaging with leaders to develop a research and scholarship agenda for Emergency Medicine would be highly beneficial. Additionally, implementing cross-country short courses focused on skill development could further enhance the specialty.

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# Pakistan

## EM PROFESSIONAL SOCIETIES

1. [Pakistan Society of Emergency Physicians \(PSEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Junaid Razzak

*Deputy Ambassador(s):* Sara Andrabi

*Liaison(s):* Saima Ali, Omar Abbas Ahmed Malik, Asad Mian, S. Ghazanfar Saleem, Shahan Waheed

## COUNTRY DEMOGRAPHICS

*Total Population:* 207.77 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Pakistan? Yes

If so, what year was emergency medicine recognized? 2008

Is there an emergency medicine board certification exam in Pakistan? Yes

Is access to emergency medical care a legal right in Pakistan? No

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Pakistan:*

The first Emergency Medicine (EM) residency program in Pakistan was launched at Aga Khan University in the 1990s, with a small number of clinicians trained in EM by visiting faculty from the United States. Many of the initial emergency

physicians obtained UK certification and eventually emigrated to the West.

A decade later, Aga Khan University relaunched its EM residency program in 2000, this time based on a US-style EM curriculum. In 2008, the College of Physicians and Surgeons Pakistan (CPSP), the national certification body, formally recognized EM as a specialty. The first residents were assessed and certified in 2014.

Since then, EM in Pakistan has experienced significant growth. The country now has 11 residency programs with 35 supervisors training 80 residents nationwide. Despite this progress, the quality of emergency care remains highly variable, with most citizens lacking access to high-quality emergency services. Prehospital care has improved in some provinces but remains rudimentary in others.

*Brief update on top-line developments in Emergency Medicine in Pakistan:*

There are several reasons to be optimistic about the growth of EM in Pakistan. The current leadership has launched several positive initiatives, including:

1. The launch of the *South Asian Journal of Emergency Medicine* and the *Pakistan Society of Emergency Medicine (PSEM) Newsletter*.
2. Development of courses such as Emergency Life Support, Emergency Care Workshops, and the ESLI course.
3. Regular PSEM Conferences and Leadership Summits.
4. The Leadership in Resuscitation Workshop.

5. Regional and international collaborative programs such as:

- APPNA Merit Emergency Medicine Initiative.
- South Asian Collaborative for Emergency Care (SACEM).
- Collaborative HALOs Program for Emergency Care in Pakistan.

6. The *Pakistan Lifesaver Program*, a national movement to train millions of Pakistani youth in lifesaving skills, which has already trained over 150,000 individuals.

7. The launch of Telephone CPR services in two provinces of Pakistan.

#### Biggest threats to Emergency Medicine in Pakistan:

The lack of a clear career structure and insufficient peer recognition remain major challenges for the growth and development of EM in Pakistan.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Pakistan: 1500

Number of Residency-Trained EM Physicians in Pakistan: 30

Residency-Trained EM Physicians per 100,000 population in Pakistan: 0.01

Number of Physicians Graduating from EM Residencies in 2022: 10

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
5%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Pakistan? Yes

How many Emergency Medicine residency programs are there in Pakistan? 11

How long are EM residencies in Pakistan? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
60%

What are the options for non-residency EM training for physicians in Pakistan?  
One-year Certification Program in Emergency Medicine (CPEM) in collaboration with the University of Pennsylvania, USA.

Which subspecialty training programs are available to EM-trained physicians?

✓ Pediatric emergency medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Pakistan? Yes

What is the most-common form of prehospital transportation system in Pakistan?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Pakistan generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Pakistan have/follow structured protocols for emergency calls?

Yes

Is there training available in Pakistan for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Pakistan:

There are several opportunities for advancing Emergency Medicine (EM) in Pakistan. The development of strong EM leadership is critical to the success of any other initiatives and serves as a foundation for the specialty's growth.

EM can play a pivotal role in strengthening disaster response efforts and, relatedly, improving bystander and ambulance care. Establishing a geographical model for trauma, cardiac, and stroke care could significantly enhance outcomes by ensuring timely and efficient access to specialized care.

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- <https://www.cpsp.edu.pk/accredited-institutes-fcps.php>



# Palestine

## EM PROFESSIONAL SOCIETIES

1. Palestinian Emergency Physicians Society

## AMBASSADOR TEAM

*Lead Ambassador:* Hans House

*Resident Representative(s):* Rebecca Leff

## COUNTRY DEMOGRAPHICS

Total Population: 5.35 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Palestine? Yes

If so, what year was emergency medicine recognized? 2011

Is there an emergency medicine board certification exam in Palestine? Yes

Is access to emergency medical care a legal right in Palestine? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Palestine:

Emergency Medicine in Palestine has been developing since 1994.

Biggest threats to Emergency Medicine in Palestine:

One of the biggest challenges is the presence of a crowd culture in emergency departments, which can hinder efficient patient care and workflow.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Palestine: 55

Number of Residency-Trained EM Physicians in Palestine: 9

Residency-Trained EM Physicians per 100,000 population in Palestine: 0.17

Number of Physicians Graduating from EM Residencies in 2022: 5

What percentage of EM-trained physicians work in rural (vs. urban) settings? 18%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Palestine? Yes

How many Emergency Medicine residency programs are there in Palestine? 5

How long are EM residencies in Palestine? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 15%

Which subspecialty training programs are available to EM-trained physicians? None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses? Yes

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Palestine? **Yes**

What is the most-common form of prehospital transportation system in Palestine?

No organized prehospital transportation systems

Which pre-hospital system structure does Palestine generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Palestine have/follow structured protocols for emergency calls?

**Yes**

Is there training available in Palestine for prehospital providers (e.g. paramedics or emergency medical technicians)?

**Yes**

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✓ Nurses
- ✗ No formal medical oversight

# Panama

## EM PROFESSIONAL SOCIETIES

1. Asociación Panameña de Medicina de Emergencias (ASPAME)

## AMBASSADOR TEAM

*Liaison(s):* Ricardo Hughes-Alvarez

## COUNTRY DEMOGRAPHICS

Total Population: 4.4 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Panama? Yes

If so, what year was emergency medicine recognized? 1998

Is there an emergency medicine board certification exam in Panama? Yes

Is access to emergency medical care a legal right in Panama? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Panama:

Emergency Medicine (EM) in Panama began in 2003 with the establishment of a program at a high-level hospital staffed by three specialists from Mexico and Costa Rica, all of whom were Panamanians. Another program started in 2018 at the trauma center, incorporating medical rotations across different hospitals.

In 2008, Panama saw the addition of subspecialty-trained physicians in areas such as pediatrics, EMS, and ultrasound. However, these programs are not yet available locally, as these doctors trained in external programs. EM specialists now hold high-level positions where they are working to implement systemic changes and improve the healthcare system.

Brief update on top-line developments in Emergency Medicine in Panama:

Progress has been made in the areas of ultrasound and EMS.

Biggest threats to Emergency Medicine in Panama:

The biggest challenge is the difficulty in creating laws to support the development and formalization of Emergency Medicine.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Panama: 40

Number of Residency-Trained EM Physicians in Panama: 47

Residency-Trained EM Physicians per 100,000 population in Panama: 1.07

Number of Physicians Graduating from EM Residencies in 2022: 4

What percentage of EM-trained physicians work in rural (vs. urban) settings? 5%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Panama? Yes

How many Emergency Medicine residency programs are there in Panama? 2

How long are EM residencies in Panama? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

40%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Pediatric emergency medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?

Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Panama? Yes

What is the most-common form of prehospital transportation system in Panama?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Panama generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Panama have/follow structured protocols for emergency calls?

Yes

Is there training available in Panama for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✗ Emergency physicians
- ✗ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **REFERENCES**

- <https://www.aspame.org/>
- [www.minsa.gob.pa](http://www.minsa.gob.pa)

# Papua New Guinea

## EM PROFESSIONAL SOCIETIES

1. [PNG Society of Emergency Medicine](#)

Links to EM Society National Goals

- [Ministry of Health Papua New Guinea](#)

## AMBASSADOR TEAM

Lead Ambassador: **Mark Hauswald**

## COUNTRY DEMOGRAPHICS

Total Population: 9.12 million

World Bank Income Level:

Lower middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Papua New Guinea? Yes

If so, what year was emergency medicine recognized? 2017

Is there an emergency medicine board certification exam in Papua New Guinea? Yes

Is access to emergency medical care a legal right in Papua New Guinea? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Papua New Guinea:

The University of Papua New Guinea's Master's program in Emergency Medicine has produced a cadre of emergency physicians. However, the majority of

emergency care is still provided by non-specialist physicians and Health Extension Officers.

[Brief update on top-line developments in Emergency Medicine in Papua New Guinea:](#)

Two new hospitals have been built, and the newly appointed health minister is a rural physician, which may bring increased focus on addressing rural healthcare challenges.

[Biggest threats to Emergency Medicine in Papua New Guinea:](#)

Emergency Medicine faces significant challenges, including rudimentary and often insufficient equipment. Additionally, the country has a critical shortage of physicians, with only 5 doctors per 100,000 population.

## EMERGENCY MEDICINE STATISTICS

[Estimated Number of Emergency](#)

[Departments in Papua New Guinea:](#) 45

[Number of Residency-Trained EM](#)

[Physicians in Papua New Guinea:](#) 20

[Residency-Trained EM Physicians per](#)

[100,000 population in Papua New Guinea:](#) 0.22

[Number of Physicians Graduating from EM Residencies in 2022:](#) 1

[What percentage of EM-trained physicians work in rural \(vs. urban\) settings?](#)

95%

## EMERGENCY MEDICINE TRAINING

[Are there EM residency programs in Papua New Guinea?](#) Yes

[How many Emergency Medicine residency programs are there in Papua New Guinea?](#)

1

[How long are EM residencies in Papua New Guinea?](#) 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

30%

What are the options for non-residency EM training for physicians in Papua New Guinea?

All physicians have some EM training and there is a formal Rural MD program.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are mid-level providers in the country, but no EM training programs for them

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Papua New Guinea? Yes

What is the most-common form of prehospital transportation system in Papua New Guinea?

Informal and ad-hoc prehospital transportation systems

Which pre-hospital system structure does Papua New Guinea generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Papua New Guinea have/follow structured protocols for emergency calls?

Yes

Is there training available in Papua New Guinea for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

### **REFERENCES**

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- <https://www.facebook.com/groups/610907842631640/>

# Peru

## EM PROFESSIONAL SOCIETIES

1. [Sociedad Peruana de Medicina de Emergencias y Desastres \(SPMED\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Andrea Dreyfuss

*Deputy Ambassador(s):* Cleo Garcia, David Martin

*Liaison(s):* Jackeline Estofanero-Huancollo, Robert Inga

## COUNTRY DEMOGRAPHICS

Total Population: 33.4 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Peru? Yes

If so, what year was emergency medicine recognized? 1984

Is there an emergency medicine board certification exam in Peru? No

Is access to emergency medical care a legal right in Peru? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Peru:

In the 1980s, Peru faced significant challenges from terrorist attacks and natural disasters. In response, the Peruvian Emergency and Disaster Society (*Sociedad Peruana de Medicina de Emergencias y*

*Desastres*, SPMED) was established in 1984.

The first Emergency Medicine (EM) training program was launched in 1993 at the Universidad Nacional Mayor de San Marcos (UNMSM). In 1999, EM was officially recognized as a specialty by the Peruvian Medical College. By 2004, a national emergency medical system plan was presented to the Ministry of Health, which included a unified emergency system and a standardized educational curriculum. Today, there are approximately 37 emergency medicine training programs across the country.

In 2011, the Mobile Emergency Care System (*Sistema de Atención Móvil de Urgencias*, SAMU) was created. In 2018, Peru introduced its first fellowship program for emergency physicians: the "Emergency Ultrasound Fellowship," developed with international support from Ondas de Latinoamérica.

During the COVID-19 pandemic, the number of residency program vacancies for EM increased significantly. The number of emergency physicians in Peru has continued to grow annually, with most working in large cities. While much progress has been made, there is still considerable work to do, though the specialty has gained increasing recognition.

[Brief update on top-line developments in Emergency Medicine in Peru:](#)

Emergency ultrasound rotations have been established for both national and international emergency medicine residents.

Twelve emergency physicians have graduated from the Emergency Ultrasound Fellowship.

The first dedicated emergency ultrasound area in the country has been created.

Biggest threats to Emergency Medicine in Peru:

The greatest challenges include overcrowding in emergency departments and limited availability of resources. Many people still lack health insurance, further straining the system. Additionally, emergency departments need to implement more advanced technology to improve patient care.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Peru: 395

Number of Residency-Trained EM Physicians in Peru: 664

Residency-Trained EM Physicians per 100,000 population in Peru: 1.99

Number of Physicians Graduating from EM Residencies in 2022: 58

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
10%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Peru?  
Yes

How many Emergency Medicine residency programs are there in Peru? 37

How long are EM residencies in Peru? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department? 35%

Which subspecialty training programs are available to EM-trained physicians?

✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Peru? Yes

What is the most-common form of prehospital transportation system in Peru?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Peru generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Peru have/follow structured protocols for emergency calls?

No

Is there training available in Peru for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight



## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Peru:

The future of Emergency Medicine in Peru includes the creation of additional fellowship programs to further specialize and enhance the skills of emergency physicians. With the growing demand for emergency physicians, the Peruvian health system is expected to continue increasing the number of residency program vacancies annually to meet this need.

## **REFERENCES**

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# Philippines

## EM PROFESSIONAL SOCIETIES

1. [Philippines College of Emergency Medicine \(PCEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Tao Zhu

*Deputy Ambassador(s):* Chris Courtney

*Liaison(s):* Teodoro “Ted” Herbosa, Ma

Lourdes “Des” Jiminez, Eligio “Ellis”

Maghirang

## COUNTRY DEMOGRAPHICS

*Total Population:* 111.57 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in the Philippines?*

Yes

*If so, what year was emergency medicine recognized?* 2009

*Is there an emergency medicine board certification exam in the Philippines?* Yes

*Is access to emergency medical care a legal right in the Philippines?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in the Philippines:*

In early 2009, the Philippine College of Emergency Medicine and Acute Care (PCEMAC) and the Philippine Society of Emergency Care Physicians (PSECP) began the process of merging into a single national specialty society for Emergency

Medicine, with encouragement and guidance from the Philippine Medical Association. A Steering Committee was organized to facilitate the merger, leading to the formation of the Philippine College of Emergency Medicine (PCEM). Since its establishment, PCEM has worked diligently to advocate for its members, set standards for practice, and foster the development, growth, and acceptance of Emergency Medicine in the Philippines.

[Brief update on top-line developments in Emergency Medicine in the Philippines:](#) Emergency Medicine gained significant attention during the COVID-19 pandemic, with PCEM helping to shape guidelines and protocols for emergency care nationwide. Despite this progress, major challenges remain alongside opportunities for growth.

Many hospitals still lack adequate supplies and equipment for patient care. Emergency Departments often face shortages of cardiac monitors, ventilators, ultrasounds, medications, and bed spaces. However, there have been notable improvements since my last visit to the Philippine General Hospital (PGH) in 2019. PGH now operates from a brand-new Emergency Department facility equipped with portable and handheld ultrasounds and a significant increase in bed space.

A persistent issue is the emigration of EM-trained physicians to jobs abroad, including on cruise ships and in countries such as Australia and those in the Caribbean. Many Emergency Departments continue to be staffed by non-EM physicians. Additionally, the nursing shortage remains a critical problem, as many nurses leave the country for better salaries, benefits, professional opportunities, and work environments.

Biggest threats to Emergency Medicine in the Philippines:

Emergency Medicine needs greater recognition, acceptance, and acknowledgment as a distinct specialty by other medical fields in the Philippines.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in the Philippines: 2100

Number of Residency-Trained EM Physicians in the Philippines: 500

Residency-Trained EM Physicians per 100,000 population in the Philippines: 0.45

Number of Physicians Graduating from EM Residencies in 2022: 50

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
5%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in the Philippines? Yes

How many Emergency Medicine residency programs are there in the Philippines? 21

How long are EM residencies in the Philippines? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
75%

What are the options for non-residency EM training for physicians in the Philippines?  
The Department of Health of the Philippines provides to GPs, especially the local health/rural health physicians, Basic Emergency Medical training incorporated in Emergency Preparedness and Disaster Management programs.

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Critical care
- ✓ Emergency medical services (EMS)
- ✓ Hyperbaric and undersea medicine
- ✓ Pediatric emergency medicine
- ✓ Toxicology

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in the Philippines? Yes

What is the most-common form of prehospital transportation system in the Philippines?

Locally organized prehospital transportation systems

Which pre-hospital system structure does the Philippines generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in the Philippines have/follow structured protocols for emergency calls?  
Yes

Is there training available in the Philippines for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians

- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in the Philippines: ACEP should continue to advocate for the recognition and development of Emergency Medicine in the Philippines, with a particular focus on expanding its reach and impact in more rural areas.

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- <https://pcem.ph/>
- <https://pcem.ph/about-us/>
- [https://ops.gov.ph/news\\_releases/durante-signs-anti-hospital-deposit-law/](https://ops.gov.ph/news_releases/durante-signs-anti-hospital-deposit-law/)
- <https://doh.gov.ph/>
- <https://pcem.ph/training-centers/>

# Poland

## EM PROFESSIONAL SOCIETIES

1. [Polskie Towarzystwo Medycyny Ratunkowej](#)
2. [Porozumienie Lekarzy Medycyny Ratunkowej](#)

Links to EM Society National Goals

- [PLMR Goals](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Terry Mulligan

*Deputy Ambassador(s):* Nicole Tyczynska

*Liaison(s):* Patryk Konieczka

## COUNTRY DEMOGRAPHICS

Total Population: 38.06 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Poland? Yes

If so, what year was emergency medicine recognized? 1999

Is there an emergency medicine board certification exam in Poland? Yes

Is access to emergency medical care a legal right in Poland? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Poland:

Emergency Medicine (EM) has been recognized as a specialty in Poland for 24 years, with over 30 years of development. This includes annual conferences and

biannual "tribal" conferences that have supported the growth and evolution of the field. Polish EM is considered one of the most well-developed specialties in Central and Eastern Europe.

[Brief update on top-line developments in Emergency Medicine in Poland:](#)

Polish EM services, particularly the Polish Red Cross, played a significant role in providing care to millions of Ukrainian refugees crossing into Poland during 2021–2022. This focus highlighted the importance of a robust emergency care system in times of crisis.

[Biggest threats to Emergency Medicine in Poland:](#)

Emergency Medicine in Poland continues to face challenges in achieving full recognition among other specialties. EM physicians are often viewed as replaceable by practitioners from other fields, such as internal medicine, surgery, or anesthesiology and critical care, who believe they can fulfill the role of an EM provider in the emergency department. This perception is compounded by the lack of direct government protection over the distinct role of EM physicians in the ED.

One significant threat is the potential withdrawal of government recognition of EM as a specialty. Additional issues include workforce shortages, with a lack of interest in EM among young physicians, further jeopardizing the growth and sustainability of the specialty.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Poland: 246

Number of Residency-Trained EM Physicians in Poland: 1167

Residency-Trained EM Physicians per 100,000 population in Poland: 3.07

Number of Physicians Graduating from EM Residencies in 2022: 100

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
60%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Poland? Yes

How many Emergency Medicine residency programs are there in Poland? 172

How long are EM residencies in Poland? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
40%

What are the options for non-residency EM training for physicians in Poland?

There are weekend courses available for continuing education but they do not take the place of residency training.

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Poland? Yes

What is the most-common form of prehospital transportation system in Poland?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Poland generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Poland have/follow structured protocols for emergency calls?  
Yes

Is there training available in Poland for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Poland:

Opportunities for growth include increasing the recruitment of medical students and young physicians into the specialty, as well as improving residency training programs. Consolidating residency programs from multiple hospitals into a few well-resourced “centers of excellence and training” could enhance the quality of education and provide a stronger foundation for the specialty until the number of interested applicants increases.

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# Republic of Korea

## EM PROFESSIONAL SOCIETIES

1. [Korean Society of Emergency Medicine \(KSEM\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Daewon Kim

*Deputy Ambassador(s):*

Edward Choi

## COUNTRY DEMOGRAPHICS

Total Population: 51.63 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in the Republic of Korea? Yes

If so, what year was emergency medicine recognized? 1989

Is there an emergency medicine board certification exam in the Republic of Korea? Yes

Is access to emergency medical care a legal right in the Republic of Korea? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in the Republic of Korea:

Korea's first emergency department dates back to 1979, when the Korean Medical Association supervised the operation of the "Night Emergency Patient Report Center." Since then, Korean emergency physicians

have worked tirelessly to modernize emergency medicine in the country. Key milestones include the establishment of the emergency telephone number 119 (1982), the creation of the national professional organization Korean Society of Emergency Medicine (1989), the launch of residency training programs (1989), official government recognition of emergency medicine as a specialty (1995), the enactment of the Emergency Medical Service Act (1994), and the introduction of board certification (1996). More recently, Korea's effective response to the COVID-19 pandemic significantly mitigated the initial impact on the population.

[Brief update on top-line developments in Emergency Medicine in the Republic of Korea:](#)

Korea faces challenges similar to those in the United States in the post-pandemic world. Staffing shortages, patient boarding, and workplace violence present significant hurdles to retaining and recruiting emergency physicians.

[Biggest threats to Emergency Medicine in the Republic of Korea:](#)

Korean emergency physicians contend with a challenging practice environment characterized by ongoing staffing shortages, patient boarding, and workplace violence. These issues threaten the stability and sustainability of emergency medicine in the country.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in the Republic of Korea: 404

Number of Residency-Trained EM Physicians in the Republic of Korea: 2316



Residency-Trained EM Physicians per 100,000 population in the Republic of Korea: 4.49

Number of Physicians Graduating from EM Residencies in 2022: 0

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
80%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in the Republic of Korea? Yes

How many Emergency Medicine residency programs are there in the Republic of Korea? 55

How long are EM residencies in the Republic of Korea? 4 years

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in the Republic of Korea? Yes

What is the most-common form of prehospital transportation system in the Republic of Korea?

Nationally organized prehospital transportation system

Which pre-hospital system structure does the Republic of Korea generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in the Republic of Korea have/follow structured protocols for emergency calls?

Yes

Is there training available in the Republic of Korea for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in the Republic of Korea:

There are significant opportunities for growth and development in emergency medicine in Korea, particularly through ongoing collaboration and the exchange of knowledge and best practices with the global emergency medicine community.

The establishment of a Poison Center in Korea is a recent development and presents a key area for growth. Support from organizations like ACEP could help in building a robust Poison Center program to meet the needs of the population effectively. Additionally, there are opportunities to expand subspecialty training in areas such as toxicology, critical care, and disaster medicine, which could further strengthen the field of emergency medicine in Korea.

## REFERENCES

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- <https://e-medis.nemc.or.kr/portal/the/me/lookStatPage.do>

# Russian Federation

## EM PROFESSIONAL SOCIETIES

1. [Russian Society for Emergency Medical Care](#)

### Links to EM Society National Goals

- [Russian Society for Emergency Medical Care Laws](#)

## AMBASSADOR TEAM

Lead Ambassador: Anthony Rodigin

## COUNTRY DEMOGRAPHICS

Total Population: 146.86 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in the Russian Federation? Yes

If so, what year was emergency medicine recognized? 1982

Is there an emergency medicine board certification exam in the Russian Federation? No

Is access to emergency medical care a legal right in the Russian Federation? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in the Russian Federation:

Since 1982, "emergency care," primarily involving ambulance work, became a recognized option for physicians through a

one-year internship as part of postgraduate training. Ambulance work has also been a primary career destination for mid-level providers for over a century. Since 2000, gradual efforts began to shift away from physician-centric EMS toward the establishment of modern emergency departments (EDs) and integrated ED/prehospital emergency medicine systems. A national society has been active for over 15 years, organizing publications and conferences, although it also encompasses EMS work. Progress over the last five years has been slower than in the previous decade.

[Brief update on top-line developments in Emergency Medicine in the Russian Federation:](#)

Moscow has slowly followed St. Petersburg's lead in opening EDs and starting ED residency programs, but the actual numbers of these developments fluctuate and remain unclear.

[Biggest threats to Emergency Medicine in the Russian Federation:](#)

The specialty faces significant challenges, including the absence of grassroots movements, insufficient financial incentives, and a lack of EDs being operated or built. All innovation and progress have been driven top-down by the national society leadership, limiting widespread adoption and development.

## EMERGENCY MEDICINE STATISTICS

[Estimated Number of Emergency Departments in the Russian Federation:](#) 13

[Number of Residency-Trained EM Physicians in the Russian Federation:](#) 0

Residency-Trained EM Physicians per 100,000 population in the Russian Federation: 0

Number of Physicians Graduating from EM Residencies in 2022: 0

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
90%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in the Russian Federation? Yes

How many Emergency Medicine residency programs are there in the Russian Federation? 2

How long are EM residencies in the Russian Federation? 2 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
50%

What are the options for non-residency EM training for physicians in the Russian Federation?

Grandfathering EM programs for ambulance physicians and anesthesia/resuscitation physicians can be as short as 3-4 months.

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in the Russian Federation? Yes

What is the most-common form of prehospital transportation system in the Russian Federation?

Nationally organized prehospital transportation system

Which pre-hospital system structure does the Russian Federation generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in the Russian Federation have/follow structured protocols for emergency calls?

Yes

Is there training available in the Russian Federation for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in the Russian Federation:

The opportunities and feasibility of expanding Emergency Medicine (EM) in rural areas remain unclear. A hybrid model combining ED-based care with field-based EM work is likely to persist, similar to the approach seen in France.

While specialties such as toxicology and other classic EM "fellowships" are currently treated as separate specialties or residencies in Russia, there is significant potential for the development of new EM subspecialties. Helicopter Emergency Medical Services (HEMS-EM), Disaster-EM, and other subspecialties are likely to emerge in the future to address evolving healthcare needs and gaps in emergency care delivery. These developments could play a critical role in enhancing the overall emergency care infrastructure in Russia.

## **REFERENCES**

- [www.emergencyrus.ru](http://www.emergencyrus.ru)
- <http://www.emergencyrus.ru/#/docs/aws/>
- <https://medum.org/events/smp-2023.html>

# Rwanda

## EM PROFESSIONAL SOCIETIES

1. [Rwanda Emergency Care Society](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Kyle Martin

## COUNTRY DEMOGRAPHICS

Total Population: 13.25 million

World Bank Income Level:

Low income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Rwanda? Yes

If so, what year was emergency medicine recognized? 2013

Is there an emergency medicine board certification exam in Rwanda? No

Is access to emergency medical care a legal right in Rwanda? No

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Rwanda:

Emergency Medicine is blossoming in Rwanda. While general practitioners continue to provide the majority of emergency care, an increasing number of emergency medicine providers are now stationed throughout the country. The prehospital system, SAMU, provides ambulance services nationwide and is staffed by well-trained nurse anesthetists.

To increase Rwanda's capacity to meet its acute care needs, the Rwanda Ministry of

Health (MoH), in collaboration with the Columbia University Systems Improvement at District Hospitals and Regional Training in Emergency Care (sidHARTE) program ([www.sidharte.org](http://www.sidharte.org)) and the University of Rwanda College of Medicine and Health Sciences (UR/CMHS), developed a Postgraduate Diploma (PGD) course in Emergency and Critical Care Medicine (ECCM) in 2012. The first cohort of eight PGD/ECCM trainees successfully completed their training requirements in July 2015.

Also in 2012, the Rwandan Government launched its Human Resources for Health (HRH) program (<http://www.hrhconsortium.moh.gov.rw/>), with the goal of increasing the number of trained health managers, nurses, dentists, and physician specialists across a wide range of specialties. With funding from the Rwanda HRH program, and in collaboration with the MoH and the UR/CMHS, Brown University (later joined by Columbia University) developed and launched a four-year Master of Medicine (MMed) program in Emergency Medicine, equivalent to an Emergency Medicine residency program in the United States. The PGD/ECCM was recognized by the UR/CMHS as equivalent to the first year of the four-year MMed program, allowing PGD/ECCM students to either graduate with a diploma after one year or continue to pursue a Master of Medicine (MMed) in Emergency Medicine. These training programs are expected to produce emergency care providers and accelerate the development of Emergency Medicine in Rwanda over the coming decades, serving both urban and rural populations.

In addition, the Rwanda Emergency Care Association was formally launched in 2015

as an advocate for Emergency Care in Rwanda and has successfully hosted multiple national conferences over the years.

#### Brief update on top-line developments in Emergency Medicine in Rwanda:

Several efforts are underway to improve emergency care in Rwanda. These include initiatives to enhance road safety and prehospital care, such as the installation of speed cameras and *Stop the Bleed* hemorrhage control training. Additionally, multiple projects are focused on offering the WHO Basic Emergency Care course. National initiatives are also in place to improve trauma care at district hospitals. Emergency Medicine providers in Rwanda continue to serve as regional leaders in research, with numerous publications in peer-reviewed journals.

#### Biggest threats to Emergency Medicine in Rwanda:

While Emergency Medicine in Rwanda continues to grow, sustained support from the Ministry of Health and the University of Rwanda is essential. There is also concern that EM graduates may seek opportunities abroad, potentially impacting the growth of the specialty within the country.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Rwanda: 4

Number of Residency-Trained EM Physicians in Rwanda: 14

Residency-Trained EM Physicians per 100,000 population in Rwanda: 0.11

Number of Physicians Graduating from EM Residencies in 2022: 2

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
70%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Rwanda? Yes

How many Emergency Medicine residency programs are there in Rwanda? 1

How long are EM residencies in Rwanda? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Rwanda? Yes

What is the most-common form of prehospital transportation system in Rwanda?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Rwanda generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Rwanda have/follow structured protocols for emergency calls?

Yes

Is there training available in Rwanda for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Rwanda:

The future of Emergency Medicine in Rwanda is bright. The EM (MMed) program in Kigali continues to recruit new trainees, while the Rwanda Emergency Care Association (RECA) leads efforts to disseminate emergency medicine education across the country.

## **REFERENCES**

- <https://recaonline.org/>
- [www.sidharte.org](http://www.sidharte.org)



# Spain

## EM PROFESSIONAL SOCIETIES

1. [Sociedad Española de Medicina de Urgencias y Emergencias \(SEMES\)](#)

Links to EM Society National Goals

- [SEMES Statutes](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Amado Baez

*Liaison(s):* Lupe Del Rocio Coronel Chumbi,  
Pascual Piñera-Salmeron

## COUNTRY DEMOGRAPHICS

Total Population: 47.33 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Spain? No

Is access to emergency medical care a legal right in Spain? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Spain:

In Spain, there is a long tradition of emergency services spanning more than 40 years, during which the first prehospital emergency services were established, despite the absence of an Emergency Medicine specialty as a distinct field.

Biggest threats to Emergency Medicine in Spain:

The greatest current threat is the absence of Emergency Medicine as a recognized

specialty, a situation we hope will change in the coming months.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Spain: 400

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
30%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Spain?  
No

What are the options for non-residency EM training for physicians in Spain?  
Emergency doctors come from different specialties such as Family Medicine and internal medicine.

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?  
There are no midlevel providers in the country

Are there EM training programs for nurses?  
No

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Spain? Yes

What is the most-common form of prehospital transportation system in Spain?  
Nationally organized prehospital transportation system

Which pre-hospital system structure does Spain generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Spain have/follow structured protocols for emergency calls?

Yes

Is there training available in Spain for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Spain:

At this time, our main objective is to achieve recognition for Emergency Medicine as a specialty. Once this goal is accomplished, we will focus on other issues. We believe there are many opportunities for future collaboration, especially given the large Hispanic population in the USA.

## **REFERENCES**

- [https://www.sanidad.gob.es/ciudadanos/prestaciones/centrosServiciosSNS/hospitales/docs/CNH\\_2022.pdf](https://www.sanidad.gob.es/ciudadanos/prestaciones/centrosServiciosSNS/hospitales/docs/CNH_2022.pdf)
- [www.semes.org](http://www.semes.org)
- <https://www.semes.org/home/estatutos/>
- <https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/docs/UUH.pdf>

# Switzerland

## EM PROFESSIONAL SOCIETIES

1. [Schweizerischen Gesellschaft für Notfall- und Rettungsmedizin \(SGNOR\)](#)

## REFERENCES

- <https://www.sgnor.ch/home>

## AMBASSADOR TEAM

*Deputy Ambassador(s):* John Hipskind

## COUNTRY DEMOGRAPHICS

Total Population: 8.7 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Switzerland?

Yes

Is access to emergency medical care a legal right in Switzerland? Yes

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency

Departments in Switzerland: 100

What percentage of EM-trained physicians work in rural (vs. urban) settings?

50%

## EMERGENCY MEDICINE TRAINING

Are there EM residency programs in Switzerland? No

Which subspecialty training programs are available to EM-trained physicians?

None available

## PRE-HOSPITAL EMERGENCY CARE

Is there at least one EMS or prehospital system in Switzerland? Yes

# Thailand

## EM PROFESSIONAL SOCIETIES

1. [Royal Thai College of Emergency Physicians \(RTCEP\)](#)
2. [Thai Association for Emergency Medicine \(TAEM\)](#)

Links to EM Society National Goals

- [RTCEP Facebook](#)

## AMBASSADOR TEAM

*Lead Ambassador:* **Charlie Inboriboon**

*Deputy Ambassador(s):* **Wirachin**

**Hoonpongsimanont**

*Resident Representative(s):* **Brandon Friedman**

## COUNTRY DEMOGRAPHICS

Total Population: 23.83 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Thailand? Yes

If so, what year was emergency medicine recognized? 2004

Is there an emergency medicine board certification exam in Thailand? Yes

Is access to emergency medical care a legal right in Thailand? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Thailand:

The ACEP International Section congratulates Thai emergency medicine

physicians on another significant milestone: the creation of the Thai College of Emergency Physicians. As Thailand looks forward to growing the specialty, we want to share a brief history of modern emergency medicine in the country.

Hospital care in Thailand began during the 1881 cholera pandemic when many temporary hospitals were established in and around Bangkok. By the late 1880s, Siriraj Hospital became Thailand's first hospital and, shortly after, its first medical school. It wasn't until 1969 that Ramathibodi Hospital opened the nation's first physical emergency department (ED), staffed by rotating interns and residents. During the political turmoil of the 1970s, many hospitals responded to the influx of injured patients by creating emergency departments.

Initially, volunteer foundations transferred patients to hospitals. In 1977, Police General Hospital attempted to establish a city-wide command and control center using the call number 1691. In 1983, the Supreme Commander of Thailand provided 40 ambulances for city-wide emergency medical services (EMS) and initiated call number 123 for all emergency calls in Bangkok. However, this integrated system ended when he lost power in 1986, leading to various hospitals developing their own EMS systems and call numbers with government funding.

In 1995, the Ministry of Public Health established the Office for Emergency Medical Service System (OEMSS). The OEMSS aimed to form and implement national EMS policy and provide local EMS care in Bangkok. However, a lack of funding prevented the establishment of a nationwide EMS system.

As prehospital systems evolved, a group of physicians convened in 1997 to address the need for improved ED care. They held the 1st National Conference of Emergency Medicine in 2000 and founded the Thai Association for Emergency Medicine (TAEM) in 2001. In collaboration with the Medical Council of Thailand and representatives from all specialties in the Royal Colleges of Medicine, TAEM developed a curriculum for emergency medicine education and launched formal 3-year emergency medicine training programs in 2004. They also approved a 4-month training course for emergency medicine nursing.

Since then, TAEM has promoted the specialty by increasing awareness of emergency medicine and enhancing emergency care through the education of laypersons and medical providers. Recognizing the importance of international collaboration, TAEM joined the International Federation of Emergency Medicine (IFEM) and the Asian Society for Emergency Medicine (ASEM). In 2011, they hosted the 6th Asian Conference of Emergency Medicine.

In 2008, the Emergency Medical Act and the National Institute of Emergency Medicine (NIEM) were established to provide universal emergency medical coverage for all patients in Thailand. In 2012, the Office of Public Health for Emergency Medicine was created to oversee all aspects of emergency medical care. During the same period, practicing and board-certified Thai EM physicians launched the Annual Conference of Thai Emergency Physicians (ACTEP). In 2015, they formed the Society of Thai Emergency Physicians (SoTHEP), which operates under the Royal Thai College of Internal

Medicine and facilitates coordination among emergency physicians in Thailand.

SoTHEP's efforts were rewarded in 2016 when the Thai Medical Council authorized the creation of the Thai College of Emergency Physicians (TCEP), with an administrative board elected by SoTHEP members. The final step toward the full recognition of emergency medicine as its own distinct specialty in Thailand would be an official appointment from the King of Thailand, designating it as the Royal Thai College of Emergency Physicians.

#### [Brief update on top-line developments in Emergency Medicine in Thailand:](#)

There has been ongoing development of subspecialty certifications in addition to the EM diplomate certification.

#### [Biggest threats to Emergency Medicine in Thailand:](#)

There is limited funding for the continued research and development of the specialty.

### **EMERGENCY MEDICINE STATISTICS**

[Estimated Number of Emergency Departments in Thailand:](#) 901

[Number of Residency-Trained EM Physicians in Thailand:](#) 1000

[Residency-Trained EM Physicians per 100,000 population in Thailand:](#) 4.2

[Number of Physicians Graduating from EM Residencies in 2022:](#) 100

[What percentage of EM-trained physicians work in rural \(vs. urban\) settings?](#)  
10%

### **EMERGENCY MEDICINE TRAINING**

[Are there EM residency programs in Thailand?](#) Yes

How many Emergency Medicine residency programs are there in Thailand? 25

How long are EM residencies in Thailand? 3 years

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Emergency medical services (EMS)
- ✓ Global emergency medicine
- ✓ Toxicology

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Thailand? Yes

What is the most-common form of prehospital transportation system in Thailand?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Thailand generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Thailand have/follow structured protocols for emergency calls?

Yes

Is there training available in Thailand for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **REFERENCES**

- <http://www.tceps.org/tcep1/>
- <https://www.taem.or.th/>
- <https://www.facebook.com/RTCEP/>
- <https://tcep.or.th/resident-matching/2566/institutes>

# Trinidad and Tobago

## EM PROFESSIONAL SOCIETIES

1. [Trinidad and Tobago Emergency Medicine Association \(TTEMA\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Michael Euwema  
*Deputy Ambassador(s):* Jonathan Meadows, Carol McCammon

## COUNTRY DEMOGRAPHICS

*Total Population:* 1.37 million  
*World Bank Income Level:*  
High income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Trinidad and Tobago?* Yes

*If so, what year was emergency medicine recognized?* 2015

*Is there an emergency medicine board certification exam in Trinidad and Tobago?*  
Yes

*Is access to emergency medical care a legal right in Trinidad and Tobago?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Trinidad and Tobago:*  
Four historic emergency medicine groups have contributed to the development of emergency medicine in Trinidad and Tobago: the Jamaica Emergency Medicine Association (JEMA), the Caribbean

Emergency Medicine Association (Barbados), the Trinidad Emergency Medicine Association (TEMA), and the Bahamas Emergency Medicine Association (BEMA). Dr. Ian Sammy is credited with spearheading the growth of emergency medicine in Trinidad and Tobago through national and international academic coordination efforts.

The University of the West Indies has become a unifying organization for emergency medicine in the region, as its lecturers are all members of their respective national emergency medicine associations. While emergency medicine has made significant progress, it currently lacks a full-time professor in academia and remains under the Department of Clinical Surgical Sciences.

The Trinidad and Tobago Association of Emergency Physicians (TTAEP) was transformed into the Trinidad and Tobago Emergency Medicine Association (TTEMA), and held its first annual conference in 2000.

*Brief update on top-line developments in Emergency Medicine in Trinidad and Tobago:*

There is a collaborative effort underway to develop a dashboard for the EMS system. Hospitals across the country are also continuing to enhance their EMR systems. Additionally, new COVID-19 facilities have been established in Arima, Couva, and Point Fortin.

*Biggest threats to Emergency Medicine in Trinidad and Tobago:*

Staffing levels within emergency medicine are impacted by rapid turnover situations. Some EM physicians work as locums, with contracts ranging from a few months to three years. There is also movement of

providers to jurisdictions outside the country. In Tobago, staff rotations for training purposes have been observed.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Trinidad and Tobago: 23

Number of Residency-Trained EM Physicians in Trinidad and Tobago: 30

Residency-Trained EM Physicians per 100,000 population in Trinidad and Tobago: 2.19

Number of Physicians Graduating from EM Residencies in 2022: 2

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
100%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Trinidad and Tobago? Yes

How many Emergency Medicine residency programs are there in Trinidad and Tobago?  
1

How long are EM residencies in Trinidad and Tobago? 5 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
55%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Trinidad and Tobago? Yes

What is the most-common form of prehospital transportation system in Trinidad and Tobago?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Trinidad and Tobago generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Trinidad and Tobago have/follow structured protocols for emergency calls?

Yes

Is there training available in Trinidad and Tobago for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight



## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Trinidad and Tobago:

Efforts are focused on optimizing and expanding training, scope of practice, and addressing medicolegal issues for nurses, such as phlebotomy. There are currently no mid-level providers (PAs or NPs), but introducing EMTs in the department could help augment RN services.

## **REFERENCES**

- <https://www.ttema.org/>
- <https://health.gov.tt/>
- [https://sta.uwi.edu/fms/medicine/prog\\_emergency.asp](https://sta.uwi.edu/fms/medicine/prog_emergency.asp)

# Turkey

## EM PROFESSIONAL SOCIETIES

1. [Emergency Medicine Association of Turkey](#)
2. [Emergency Physicians Association of Turkey](#)
3. Emergency Medicine Foundation of Turkey

Links to EM Society National Goals

- [TATD Mission and Vision](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Wael Hakmeh

*Deputy Ambassador(s):* Selim Suner

*Liaison(s):* Sabak Mustafa, Cem Oktay, Ibrahim Ulas Ozturan

## COUNTRY DEMOGRAPHICS

Total Population: 84.98 million

World Bank Income Level:

Upper middle income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Turkey? Yes

If so, what year was emergency medicine recognized? 1993

Is there an emergency medicine board certification exam in Turkey? No

Is access to emergency medical care a legal right in Turkey? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Turkey:

Turkey is one of the first countries in Europe to adopt Emergency Medicine (EM) as a specialty. The development of EM in Turkey, in chronological order, is as follows:

**1990:** Government and university leaders held meetings to improve emergency medical care systems.

**1993:** EM was declared an independent specialty with a 3-year program by the Ministry of Health (MoH).

**1993:** The first EM residency training program was established at Izmir Dokuz Eylul University.

**1993:** Paramedic training programs were introduced as 2-year associate-level programs following high school.

**1994:** The first group of residents began EM training—two at Dokuz Eylul University and one at Firat University.

**1994:** The MoH adopted a national emergency number, 112.

**1995:** The Emergency Medicine Association of Turkey (EMAT) was established.

**1996:** First aid and emergency care technician (EMT-Basic level) training began in trade high schools under the MoH.

**1997:** The first Emergency Medicine Symposium was organized in Izmir by EMAT.

**1998:** The first EM resident graduated.

**1999:** The Emergency Physicians Association was established.

**2000:** Regulations on Emergency Medical Services were enacted.

**2000:** The *Guidelines for Emergency Medicine Residency Training* were published by EMAT. At the time, there were 20 residency-trained EM specialists and 14 academic departments.

**2001:** The first issue of the *Turkish Journal of Emergency Medicine* was published by EMAT.

**2001:** The first international congress (*The First Multinational Middle Eastern Conference on Emergency Medicine*) was organized in Istanbul.

**2002:** The length of EM residency training was revised to 5 years.

**2004:** EMAT's Turkish Board of Emergency Medicine applied to and was approved by the Turkish Board of Medicine (TBM).

**2006:** Training and Research Hospitals under the MoH began offering residency training programs.

**2007:** The *Guidelines for Emergency Medicine Residency Training* were revised by the Turkish Board of Emergency Medicine.

**2009:** The *Regulation on the Rules and Procedures of Emergency Department Practice* was enacted.

**2009:** The *Regulation on Specialization in Education in Medicine and Dentistry* was enacted.

**2010:** The MoH's Executive Committee of Medical Specialties established a Committee of Curriculum Development and Standardization for Emergency Medicine. Program requirements, core content, and clinical competencies were implemented.

**2011:** The MoH revised the length of EM training to 4 years.

**2016:** The MoH's Executive Committee of Medical Specialties accredited current residency training programs.

**2017:** The *EM Specialty Training Curriculum and Standards v.2.3* was developed.

**2018:** The *Regulation on the Rules and Procedures of ED Practice in Healthcare Facilities* was amended by the MoH.

**2018:** The first National Board Exam was held by the Turkish Board of Emergency Medicine.

**2022:** The Emergency Medicine Foundation of Turkey was established.

**2022:** A critical care fellowship program for emergency physicians was submitted to the Ministry of Health.

[Brief update on top-line developments in Emergency Medicine in Turkey:](#)

The period from 2020 to 2022 was extremely challenging for the healthcare system in Turkey. The financial crisis, low doctor salaries, and increased violence against healthcare workers led to a growing trend of doctors emigrating to high-income countries. In response, healthcare unions went on strike several times across the country, though emergency departments (EDs) and intensive care units (ICUs) were excluded. This exacerbated the workload for

emergency physicians (EPs), who were already under significant stress.

During this time, the Turkish government took steps to improve doctor wages and enacted stronger laws against violence in healthcare. However, concerns remain that these measures may not address the root causes of the issues, such as a dysfunctional social security system, inequities in human rights, and financial disparities.

Additionally, EM residency spots were dramatically increased in 2022, leading to an unbalanced faculty-to-resident ratio and hundreds of unfilled residency positions after the Turkish Medical Specialty Exam. EM societies have warned authorities that this rapid transformation could negatively impact EM education and the quality of patient care.

#### Biggest threats to Emergency Medicine in Turkey:

Widespread violence across the country and overcrowding in care spaces.

### **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Turkey: 105

Number of Residency-Trained EM Physicians in Turkey: 2694

Residency-Trained EM Physicians per 100,000 population in Turkey: 3.17

Number of Physicians Graduating from EM Residencies in 2022: 331

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
70%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Turkey? Yes

How many Emergency Medicine residency programs are there in Turkey? 114

How long are EM residencies in Turkey? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
20%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Turkey? Yes

What is the most-common form of prehospital transportation system in Turkey?  
Nationally organized prehospital transportation system

Which pre-hospital system structure does Turkey generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Turkey have/follow structured protocols for emergency calls?  
Yes

Is there training available in Turkey for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

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# Uganda

## EM PROFESSIONAL SOCIETIES

1. [Emergency Care Society of Uganda \(ECSU\)](#)

## AMBASSADOR TEAM

*Lead Ambassador:* Eleanor Reid

*Deputy Ambassador(s):* Stacey Chamberlain, Ashley Pickering

## COUNTRY DEMOGRAPHICS

Total Population: 44.21 million

World Bank Income Level:

Low income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Uganda? Yes

If so, what year was emergency medicine recognized? 2017

Is there an emergency medicine board certification exam in Uganda? No

Is access to emergency medical care a legal right in Uganda? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Uganda:

Emergency medical services (EMS) in Uganda are in their infancy and remain a significant deficiency in the country's healthcare system. In 2017, the Government of Uganda (GoU), recognizing the health sector's inability to respond promptly and effectively to emergency medical crises, began transitioning ambulance services into a fully-fledged

EMS department under the Ministry of Health (MoH).

This effort was part of the GoU's initiative to strengthen ambulance services and the referral system, as outlined in the Health Sector Development Plan (HSDP) 2015/16–2019/20. The MoH has since developed and begun implementing an EMS policy to specifically address the need for improved EMS and referral systems in the country. Additionally, the MoH has rolled out standards and protocols to support the establishment of a fully functional EMS system, resulting in significant progress in emergency medical care.

However, there remains a long road ahead to achieving an EMS system that effectively serves the nation.

[Brief update on top-line developments in Emergency Medicine in Uganda:](#)

The Ministry of Health launched the national EMS policy and strategy.

[Biggest threats to Emergency Medicine in Uganda:](#)

There are limited faculty teaching positions at universities.

## EMERGENCY MEDICINE STATISTICS

Estimated Number of Emergency Departments in Uganda: 18

Number of Residency-Trained EM Physicians in Uganda: 10

Residency-Trained EM Physicians per 100,000 population in Uganda: 0.02

Number of Physicians Graduating from EM Residencies in 2022: 9

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
60%

### **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Uganda? Yes

How many Emergency Medicine residency programs are there in Uganda? 2

How long are EM residencies in Uganda? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
65%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?  
Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Uganda? Yes

What is the most-common form of prehospital transportation system in Uganda?

No organized prehospital transportation systems

Which pre-hospital system structure does Uganda generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in Uganda have/follow structured protocols for emergency calls?  
No

Is there training available in Uganda for prehospital providers (e.g. paramedics or emergency medical technicians)?  
Yes

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians
- Non-emergency physicians
- Nurses
- No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Uganda:

There are opportunities for clinical teaching support within residency programs. While much focus has been placed on pre-hospital emergency care, greater emphasis now needs to be directed toward in-hospital emergency care to ensure both systems are in sync. Additionally, programs are needed to support the scaling up of emergency care professionals at all levels.

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# Ukraine

## EM PROFESSIONAL SOCIETIES

1. [Ukraine Resuscitation Organization \(URO\)](#)

### Links to EM Society National Goals

All in Ukrainian, and are filed with the Ministry of Health. To access such, email ACEP Liaison, leader of national EM and Disaster Medicine with the MOH, Dr. Vitaliy Krylyuk. Please contact the ACEP International Ambassador team to obtain Dr. Krylyuk's contact information.

## AMBASSADOR TEAM

*Lead Ambassador:* Brian McMurray

*Deputy Ambassador(s):* Tracy Sanson, Igor Tkachenko

*Liaison(s):* Vitaliy Krylyuk, Ivan Kuzminskyi

## COUNTRY DEMOGRAPHICS

*Total Population:* 41.17 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Ukraine?* Yes

*Is there an emergency medicine board certification exam in Ukraine?* Yes

*Is access to emergency medical care a legal right in Ukraine?* Yes

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Ukraine:*

Emergency medical care in Ukraine began just over 100 years ago, with patients brought to hospitals from their homes or the scene of an incident by horse-drawn ambulances, often operated by the Fire Department. During the Soviet era, the model evolved into what is sometimes referred to as the "Franco-Germanic" model, in which an experienced emergency medicine (EM) doctor—and later, more recently, an EM-trained doctor—rode on the ambulance. Interestingly, only about 20% of today's ambulance runs result in the patient being transported to the hospital. Most patients are assessed on the scene, and if deemed stable, the EM ambulance crew can coordinate follow-up care with a family practitioner or primary care doctor, often available by the next day.

Today, several evolutionary changes are underway that will transform emergency medicine in Ukraine over the next decade:

1. Larger cities are beginning to establish physician-staffed emergency departments at their designated Emergency and Trauma Hospitals. Kyiv and Vinnitsa are among the cities with EDs equipped with ultrasound and CT scanners, as well as adjacent ICUs.

2. New educational programs are being developed to train ambulance-based nurse practitioners (NPs), known as "feldshers," who currently work alongside EM-trained physicians on higher-acuity ambulances. This training follows a paramedic-style model and will grant NPs the authority to perform tasks previously reserved for EM doctors. Over time, EM physicians will increasingly transition to hospital-based



roles in a more traditional Western ED model.

3. Current and future EM-trained physicians will be prepared to function in hospital-based EDs and perform procedures such as lumbar punctures and central line placements, which are currently performed primarily in ambulances.

4. Simulation training and the adoption of Western certifications such as BLS, PALS, NRP, ITLS, and ATLS are rapidly being developed and integrated. Dr. Krylyuk and his colleagues are leading this Ministry of Health-mandated transition. These certifications will become standard for the nation's paramedics and all EM physicians. In the future, only the highest-acuity ambulances will have a physician on board as the new training protocols are implemented nationwide.

The nation's primary and most advanced simulation training center, *Tesimed*, is located in Ternopil. Founded by Drs. Arsen Gudima and Galina Tsimbalyuk, this facility offers comprehensive medical simulation training, complete with its own ambulance, ambulance receiving bay, and emergency department.

#### [Brief update on top-line developments in Emergency Medicine in Ukraine:](#)

For unfortunate reasons but out of necessity, the war over the past year, since 2/24/2021, has greatly accelerated and reshaped emergency care throughout Ukraine.

Many EU countries and other Western democracies have donated ambulances, helicopter evacuation systems, large buses functioning as "ICUs on wheels," and medical supplies for all areas of medicine.

The war has necessitated the development of forward emergency care closer to the battlefields and central coordination of national care efforts. Dr. Krylyuk, along with associates like Dr. Kuzminskiy, Dr. Maxim Maximenko, and their colleagues in Kyiv, is coordinating these efforts. Drs. Krylyuk and Kuzminskiy serve as ACEP liaisons, while Dr. Andrii Telezhnyi, a trauma surgeon based in Kharkiv and the new ACEP Liaison for Ukraine, is deeply involved in battlefield medical care.

As an ACEP Ambassador, I have traveled to Ukraine three times since the war began. With the help of Drs. Krylyuk, Kuzminskiy, Telezhnyi, and many others, my focus has been on promoting the adoption of the Massive Transfusion Protocol at hospitals and Emergency Whole Blood Field Transfusions. These initiatives have been increasingly embraced and implemented, despite Ukraine's previous prohibition on administering uncrossmatched blood under any circumstances—a ban that was lifted in March 2021, roughly three weeks into the war.

#### [Biggest threats to Emergency Medicine in Ukraine:](#)

The biggest challenge remains the lack of a reliable revenue stream, given the current model of medical financing by the central government, a holdover from the Soviet era. Historically, there has also been significant corruption in areas such as equipment procurement and approval, hospital financing for equipment acquisition, and the provision of medical supplies. The government has been financially unable to provide the "free medical care for all" outlined in its constitution. As a result, funding for ambulances, crews, EM doctors,

“feldshers,” medicines, equipment, and supplies has been inconsistent.

The best emergency medicine ambulances, crews, and emergency and trauma hospitals rely heavily on private corporate donations. For example, digital angiography suites and high-quality EM cardiology ambulance care are typically funded by local businesses rather than the government.

However, the war has brought a sudden shift, with an outpouring of donated medical supplies, equipment, vehicles, and Western-supported field hospitals. There has also been a notable presence of doctors, nurses, and APCs from around the world, providing critical support to Ukraine’s medical system.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Ukraine: 50

Number of Residency-Trained EM Physicians in Ukraine: 1200

Residency-Trained EM Physicians per 100,000 population in Ukraine: 2.91

Number of Physicians Graduating from EM Residencies in 2022: 150

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
20%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Ukraine? Yes

How many Emergency Medicine residency programs are there in Ukraine? 20

How long are EM residencies in Ukraine? 2 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

75%

What are the options for non-residency EM training for physicians in Ukraine?

There is now a major center now for paramedic training being tested in Ternopil, Ukraine.

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Administration
- ✓ Disaster medicine
- ✓ Health policy
- ✓ Simulation
- ✓ Toxicology
- ✓ Ultrasound

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?

Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Ukraine? Yes

What is the most-common form of prehospital transportation system in Ukraine?

Nationally organized prehospital transportation system

Which pre-hospital system structure does Ukraine generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Ukraine have/follow structured protocols for emergency calls?

Yes

Is there training available in Ukraine for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✗ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

## **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Ukraine:

In the aftermath of the war, opportunities to participate in the "rebuilding" of Ukraine will span all areas of humanitarian need. With a growing appetite for Western and EU medical practices, Ukraine is now fully embracing these advancements as it moves toward becoming part of the EU in the future.

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# United Kingdom

## EM PROFESSIONAL SOCIETIES

1. Royal College of Emergency Medicine (RCEM)

### Links to EM Society National Goals

- [RCEM Corporate Plan 2021-2023](#)

## AMBASSADOR TEAM

*Liaison(s):* Immad Qureshi

## COUNTRY DEMOGRAPHICS

Total Population: 67.03 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in the United Kingdom? Yes

If so, what year was emergency medicine recognized? 1972

Is there an emergency medicine board certification exam in the United Kingdom? Yes

Is access to emergency medical care a legal right in the United Kingdom? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in the United Kingdom:

**2015** - The College was granted the title "Royal" on 4 February by Her Majesty The Queen, acting on the advice of her Ministers, and became The Royal College of Emergency Medicine.

**2008** - The College and the Association formally merged on 29 February to form a new body, The College of Emergency Medicine, incorporated by Royal Charter.

On 1 October, HRH the Princess Royal presented the Charter to Mr. Jim Wardrope.

**2007** - 40 years since the establishment of CSA.

EuSEM became affiliated with 24 national societies in 23 European countries.

**2006** - The Faculty of A&E Medicine became the College of Emergency Medicine (CEM) on 1 January. Mr. Jim Wardrope served as the first president of CEM.

The College became the authoritative body for Emergency Medicine in the UK and the Republic of Ireland (where it works alongside the Irish Association for Emergency Medicine).

The College and the Association moved to shared accommodation in Churchill House, Red Lion Square, Holborn.

The College became constitutionally independent from its "parent" colleges.

The FFAEM diploma was renamed FCEM, and MFAEM became MCEM.

The College of Arms authorized the transfer of the Faculty's coat of arms to CEM.

**2005** - The Faculty and Association each voted unanimously at General Meetings to merge and form a College.

A Merger Board was formed to work out the practical details.

EuSEM formed a Federation of national EM societies in Europe.

**2004** - The British Association for Emergency Medicine (BAEM) dropped "Accident" from its name, though its initials remained unchanged.

A UK Statutory Instrument formally changed the name of the specialty from A&E Medicine to Emergency Medicine.

**2003** - The first examination confirming eligibility for entry to Higher Specialist Training in Emergency Medicine (MFAEM) was held.

**2001** - The AGM of BAEM approved consideration of establishing a College of Emergency Medicine in conjunction with FAEM.

**2000** - The journal was relaunched as Emergency Medicine Journal (EMJ).

**1998** - The SAC in A&E Medicine became the Joint Committee on Higher Training in A&E Medicine under the auspices of FAEM.

**1996** - The first specialty examination of the Faculty of A&E Medicine (FFAEM) was held.

The Faculty was granted a coat of arms by the College of Arms.

**1994** - The European Society for Emergency Medicine (EuSEM) was founded as an individual membership body.

**1993** - The Intercollegiate Faculty of A&E Medicine was inaugurated on 2 November at RCSEng.

The Faculty had six "parent" colleges: RCSEng, RCPLond, RCSEd, RCPEd, RCPSGlas, and RCoA.

Dr. David Williams served as the first president.

The Emergency Medicine Research Society (EMRS) was absorbed by the Faculty.

BAEM continued its responsibility for professional and clinical matters, while the Faculty focused on academic and training issues.

**1991** - The Intercollegiate Board on A&E Medicine was established with representation from BAEM, RCPLond, RCSEng, RCPEd, RCSEd, RCPSGlas, RCPI, RCSI, and RCoA.

The International Federation for Emergency Medicine was established (first members included ACEP, ACEM, BAEM, and CAEP).

**1990** - Mr. David Yates was appointed to the first professorial chair in A&E Medicine in Manchester.

The CSA agreed to change its name to the British Association for Accident & Emergency Medicine (BAEM) after much debate.

**1986** - The first International Conference on Emergency Medicine was held in London.

**1985** - The British Accident & Emergency Medicine Journal and Archives of Emergency Medicine were adopted as CSA journals.

**1984** - The Australasian College of Emergency Medicine was established.

**1983** - The Emergency Medicine Research Society was founded as an independent body to foster research in the specialty, holding its first meeting at the Royal Station Hotel in York.

The first specialty examination (FRCSEd) in Accident & Emergency Medicine and Surgery was held. (This became MRCSEd (A&E) later; the final diet was in 2009.)

**1981** - The Australian Society of Emergency Medicine was formed.

**1978** - The first Senior Registrar appointments were approved by the SAC in A&E Medicine (several posts had been filled since 1976).

The Canadian Association of Emergency Physicians was established.

**1975** - The Specialist Advisory Committee (SAC) in Accident and Emergency Medicine was formed under the auspices of the Joint Committees in Higher Medical and Surgical Training.

**1972** - 30 Consultant posts were established as part of an experimental pilot, creating a new specialty in the UK – Accident and Emergency Medicine (known as Emergency Medicine in most other countries).

**1968** - The first AGM of the CSA was held in Walsall, near Birmingham.

The American College of Emergency Physicians was founded.

**1967** - The Casualty Surgeons Association (CSA) held its first meeting at BMA House, chaired by Maurice Ellis. Most attendees were non-consultant Senior Casualty

Officers, and all 10 members at the first meeting had surgical backgrounds.

**1962** - A report by Sir Harry Platt recommended changing the name of Casualty Departments to Accident & Emergency Departments.

**1953** - The Senior Casualty Officer grade was created to provide experienced medical supervision in Casualty Departments.

**1952** - Mr. Maurice Ellis was appointed as the first full-time Casualty Consultant in England, at the General Infirmary at Leeds.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in the United Kingdom: 235

Number of Residency-Trained EM Physicians in the United Kingdom: 1632

Residency-Trained EM Physicians per 100,000 population in the United Kingdom: 2.43

Number of Physicians Graduating from EM Residencies in 2022: 500

What percentage of EM-trained physicians work in rural (vs. urban) settings? 70%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in the United Kingdom? Yes

How many Emergency Medicine residency programs are there in the United Kingdom? 5

How long are EM residencies in the United Kingdom? 6 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?

75%

What are the options for non-residency EM training for physicians in the United Kingdom?

Certificate of Eligibility for Specialist Registration; doctors have to submit a portfolio of evidence to the medical council and it is assessed against trainees to determine if it is equivalent. Successful doctors are awarded specialist registration.

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Emergency medical services (EMS)
- ✓ Pediatric emergency medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?

Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in the United Kingdom? Yes

What is the most-common form of prehospital transportation system in the United Kingdom?

Locally organized prehospital transportation systems

Which pre-hospital system structure does the United Kingdom generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in the United Kingdom have/follow structured protocols for emergency calls?

Yes

Is there training available in the United Kingdom for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✗ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

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# United States of America (USA)

## EM PROFESSIONAL SOCIETIES

1. [American College of Emergency Physicians \(ACEP\)](#)
2. [Society for Academic Emergency Medicine \(SAEM\)](#)
3. [American Academy of Emergency Medicine \(AAEM\)](#)
4. [American College of Osteopathic Emergency Physicians \(ACOEP\)](#)
5. [Council of Residency Directors in Emergency Medicine \(CORDEM\)](#)
6. [Emergency Medicine Residents' Association \(EMRA\)](#)

### Links to EM Society National Goals

- [ACEP Advocacy Action Center](#)
- [ACEP Annual Report 2021](#)

## COUNTRY DEMOGRAPHICS

Total Population: 331.89 million

World Bank Income Level:

High income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in the USA? Yes

If so, what year was emergency medicine recognized? 1972

Is there an emergency medicine board certification exam in the USA? Yes

Is access to emergency medical care a legal right in the USA? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in the USA:

- **1968:** ACEP was founded and became a member of the American Medical Association (AMA) Scope of Practice Partnership (SOPP). ACEP continues to attend regular SOPP meetings to advocate for physician-led teams nationwide and to utilize and promote shared resources among chapters.
- **1969:** ACEP's first Scientific Assembly was held.
- **1970:** The first emergency medicine residency program was established in Cincinnati.
- **1972:** The first issue of the Journal of the American College of Emergency Physicians (JACEP), the precursor to Annals of Emergency Medicine, was published.
- **1973:** Congress enacted the Emergency Medical Services Systems Act, forming 911 emergency services.
- **1979:** Emergency Medicine was recognized as the 23rd medical specialty by the American Board of Medical Specialties (ABMS).
- **1980:** The first emergency medicine physicians were certified by the American Board of Emergency Medicine (ABEM).
- **1986:** The Emergency Medical Treatment and Labor Act (EMTALA) was enacted by Congress as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 U.S.C. 1395dd).
- **1990:** ACEP published its first Clinical Policy: Management of Chest Pain.
- **1992:** ABEM approved the first two subspecialty certifications: Medical Toxicology and Sports Medicine.
- **1997:** ACEP passed a historic resolution requiring members to have board



certification in emergency medicine or to have completed an emergency medicine residency program.

- **2006:** ACEP released its first Report Card on the State of Emergency Medicine.
- **2010s:** ABEM approved additional subspecialty certifications in Anesthesiology Critical Care Medicine, Emergency Medical Services (EMS), Internal Medicine-Critical Care Medicine, Pain Medicine, and the focused practice designation in Advanced Emergency Medicine Ultrasonography.
- **2021:** ACEP published a new policy statement, National Pandemic Readiness: Ethical Issues, outlining eight principles of pandemic preparedness. ACEP worked with Congress and the Biden Administration to review the country's pandemic response, promote additional policy changes to prevent future PPE shortfalls, and develop legislative proposals to better prepare for future disasters.
- **2021:** ACEP joined more than 60 prominent healthcare associations in supporting a new OSHA Vaccination and Testing Emergency Temporary Standard.

#### [Brief update on top-line developments in Emergency Medicine in the USA:](#)

The development of the COVID-19 Field Guide by ACEP during the pandemic, which is continually updated with the latest news on variants, vaccines, and more, was a significant achievement. In late 2021, the Field Guide was recognized with one of the most prestigious awards in the association industry for its positive impact on the community at large.

The *Managing COVID-19 Patients: The COVID-19 ED Management Tool*, a collaboration with EvidenceCare, guides clinicians through steps such as severity classification, risk prognostication, risk

assessment, diagnostic testing, diagnostic interpretation, disposition, and treatment.

More information is available here:

<https://www.acep.org/covid19-management-tool>

Data Visualizations: With CDC grants, ACEP launched a website featuring U.S. emergency department data from the National Syndromic Surveillance System, allowing users to parse local COVID-19 trends by region and time frame. Access the data here: <https://www.acep.org/coviddata>

Multilingual emergency physicians collaborated with ACEP to develop COVID-19 Vaccination Smart Phrases in 12 languages: Arabic, English, French, Japanese, Lingala, Portuguese, Pashto, Russian, Spanish, Swahili, Turkish, and Urdu. Details can be found here: <https://www.acep.org/covidvaccinesmartphrases>

To assist hospitals in developing COVID-19 vaccination programs in emergency departments, ACEP created a toolkit and webinar to share best practices from EDs nationwide. Learn more here: <https://www.acep.org/vaccinationprogramsintheED>

In 2022, ACEP worked with Congress and the Biden Administration to review the country's pandemic response, promote additional policy changes to prevent future PPE shortages, and develop legislative proposals to better prepare the country for future disasters.

ACEP leaders also engaged in an exciting new collaboration between CMSS and ACGME called *Equity Matters*. While the initiative aims to drive change within graduate medical education (GME), ACEP

is developing its own "capstone" project to achieve health equity by increasing physician workforce diversity and creating clinical learning environments that are safe, inclusive, and equitable.

### **Dr. Lorna Breen Health Care Provider**

**Protection Act:** In 2021, the U.S. House of Representatives approved the ACEP-supported bill (H.R. 1667), sponsored by Rep. Susan Wild (D-PA), with an overwhelming bipartisan vote of 392 to 36.

### **Biggest threats to Emergency Medicine in the USA:**

There are several ongoing issues in the field of emergency medicine, including those exacerbated by the pandemic and those that existed prior. First, emergency care has experienced substantial growth in volume over the past several decades, with one study showing that 47.7% of hospital-associated medical care in the United States occurs in the Emergency Department. Significant increases in patient volumes have resulted in longer wait times, overcrowded waiting rooms, excessive boarding within emergency departments, and hospitals operating at or above full capacity. These issues have major implications for patient satisfaction within the ED and have taken a significant toll on the health and well-being of the providers delivering emergency care across the country.

These challenges also create a substantial financial burden for patients, many of whom struggle to afford emergency care and subsequent hospitalizations, leading to financial losses for healthcare institutions that must find alternative means to compensate for these deficits. Additionally, the increasing pressure on providers to

meet quality metrics while caring for a larger patient volume in overburdened care settings has exacerbated burnout in an already high-stress specialty.

Substantial progress must be made in the coming months and years to improve patient-staffing ratios, develop alternative care models, and implement strategies to slow the gradual increase in the use of emergency services.

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in the USA: 4547

Number of Residency-Trained EM Physicians in the USA: 63000

Residency-Trained EM Physicians per 100,000 population in the USA: 18.98

Number of Physicians Graduating from EM Residencies in 2022: 2600

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
19%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in the USA? Yes

How many Emergency Medicine residency programs are there in the USA? 282

How long are EM residencies in the USA? 3 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
60%

Which subspecialty training programs are available to EM-trained physicians?

- ✓ Addiction medicine
- ✓ Administration
- ✓ Aerospace medicine
- ✓ Critical care
- ✓ Disaster medicine
- ✓ Emergency medical services (EMS)
- ✓ Global emergency medicine
- ✓ Health policy
- ✓ Hospice and palliative care medicine
- ✓ Hyperbaric and undersea medicine
- ✓ Medical education
- ✓ Pain management
- ✓ Pediatric emergency medicine
- ✓ Research
- ✓ Simulation
- ✓ Sports medicine
- ✓ Tactical medicine
- ✓ Toxicology
- ✓ Ultrasound
- ✓ Wilderness medicine

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

Yes there are training programs for mid-level providers

Are there EM training programs for nurses?

Yes

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in the USA? Yes

What is the most-common form of prehospital transportation system in the USA?

Nationally organized prehospital transportation system

Which pre-hospital system structure does the USA generally follow?

The patient is brought to the doctor/health facility (Anglo-American)

Do EMS call centers in the USA have/follow structured protocols for emergency calls?

Yes

Is there training available in the USA for prehospital providers (e.g. paramedics or emergency medical technicians)?

Yes

Who provides medical oversight for EMS or prehospital systems?

- ✓ Emergency physicians
- ✓ EMS-trained physicians
- ✓ Non-emergency physicians
- ✗ Nurses
- ✗ No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in the USA:

As noted above, the need for Emergency Medicine providers to shift the burden of low-acuity care away from the Emergency Department has led to the development of new avenues for “Acute Unscheduled Care,” including telemedicine, home-health care operated by EMS agencies, and the expansion of Urgent Care services. Beyond this, the number of subspecialties within Emergency Medicine continues to grow, already encompassing opportunities in Pediatric EM, EMS and pre-hospital care, Disaster Medicine, Sports Medicine, Critical Care, Toxicology, Ultrasound, Global EM, Geriatric EM, Research, Education, and Administration/Leadership.

Expanding the scope of Emergency Medicine providers to broaden their impact as care providers presents an opportunity to further develop the field and offer innovative ways to deliver care to patients.

Partnerships with Emergency Medicine systems in other countries, as well as collaborations with providers in other specialties, can help maximize opportunities

to grow and refine healthcare systems in the United States.

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# Vietnam

## EM PROFESSIONAL SOCIETIES

1. Vietnamese Society of Emergency Medicine (VSEM)

## AMBASSADOR TEAM

*Lead Ambassador:* Craig Cooley

*Deputy Ambassador(s):* Matthew Fuller

*Liaison(s):* Do Ngoc Son

## COUNTRY DEMOGRAPHICS

*Total Population:* 99.46 million

*World Bank Income Level:*

Lower middle income

## EMERGENCY MEDICINE BASICS

*Is emergency medicine recognized as a unique medical specialty in Vietnam?* Yes

*If so, what year was emergency medicine recognized?* 2012

*Is there an emergency medicine board certification exam in Vietnam?* No

*Is access to emergency medical care a legal right in Vietnam?* No

## HISTORY AND RECENT DEVELOPMENTS

*Consolidated history of Emergency Medicine in Vietnam:*

Emergency Medicine (EM) is still in the early stages of development in Vietnam. There is no formal national curriculum for medical school or residency training. A two-year EM residency training program, with curriculum and teaching materials modeled after U.S. and Australian EM resources, was established at Hue University of Medicine and Pharmacy in

Hue, Vietnam, in the fall of 2010. However, due to limitations in salary and recognition, the program has had intermittent graduating classes. Additionally, there is an Emergency Medicine Certificate program based at Cho Ray Hospital in Ho Chi Minh City.

The Vietnamese Society of Emergency Medicine (VSEM) was formed in April 2012, with representatives from all regions of Vietnam. It continues to coordinate educational opportunities through EM conferences and the development of EM curricula for physicians working in emergency departments across the country. Different regions also work locally to advance EM through education and system development. With the exception of disruptions caused by COVID-19, national conferences have been held since 2009, featuring both international speakers and a rapidly growing number of national speakers in EM. Despite these efforts, significant work remains to establish a national curriculum for medical schools and residency programs, as well as to provide training for currently practicing physicians working in emergency departments. Key goals over the next few years include achieving high-level recognition of the specialty and securing central government support for it.

Formal Emergency Medical Services (EMS) have existed for several years and are referred to as "115" (the emergency access number). Traditionally, EMS teams have been staffed by a physician, nurse, and untrained driver. There is some interest in transitioning to a more paramedic-based model; however, this approach has not yet gained significant traction. Historically, public perception has been that ambulances do not provide useful medical care, and

patients are often charged in real-time for ambulance transport. These factors have limited the use of the 115 system. While there are some written protocols in place, the response capability of 115 varies throughout the country. In areas like Ho Chi Minh City, private and hospital-based ambulances are used more frequently, often without significant system coordination. In other regions, such as Hanoi, a more centralized 115 system is utilized but lacks the resources to adequately serve a city of its size. Furthermore, there is limited coordination between EMS and fire or police services, each of which has a different emergency access number, preventing the establishment of a truly integrated prehospital emergency system.

#### [Brief update on top-line developments in Emergency Medicine in Vietnam:](#)

Due to COVID and other challenges, there have not been significant top-line developments in the speciality.

#### [Biggest threats to Emergency Medicine in Vietnam:](#)

There continues to be a lack of commitment to the specialty across the country. Although the specialty is recognized at the governmental level, resources have not been allocated to support its growth and development. Additionally, while the official salary has increased, it still does not provide a livable wage for physicians in emergency medicine, leading most physicians to supplement their income through private clinics. Compounding this issue is the lack of training programs. With only one residency and one diploma program, the near-term growth of trained specialists is severely limited.

## **EMERGENCY MEDICINE STATISTICS**

[Estimated Number of Emergency Departments in Vietnam:](#) 1300

[Number of Residency-Trained EM Physicians in Vietnam:](#) 30

[Residency-Trained EM Physicians per 100,000 population in Vietnam:](#) 0.03

[Number of Physicians Graduating from EM Residencies in 2022:](#) 0

[What percentage of EM-trained physicians work in rural \(vs. urban\) settings?](#)  
4%

## **EMERGENCY MEDICINE TRAINING**

[Are there EM residency programs in Vietnam?](#) Yes

[How many Emergency Medicine residency programs are there in Vietnam?](#) 1

[How long are EM residencies in Vietnam?](#) 2 years

[What are the options for non-residency EM training for physicians in Vietnam?](#)

Diploma in Emergency Medicine-Ho Chi Minh City. This is a joint collaboration between University Medical Center and Cho Ray Hospital, supported by University of California-Davis, UCSF-Fresno, and University of Utah. It encompasses an 18-month curriculum based on the current IFEM standardized curriculum with adjustments for Vietnamese practice environment/patient population; curriculum includes weekly didactics taught by US and Vietnamese based faculty, either virtually or in person, accompanied by hands on simulation cases, ultrasound instruction, small group discussion, or procedure labs. Semi-annual testing with graduate diploma awarded upon successful completion of

coursework and passing grade on final exam. It has graduated 3 classes of diplomates, with roughly 12 physicians currently enrolled.

Which subspecialty training programs are available to EM-trained physicians?

None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?

There are no midlevel providers in the country

Are there EM training programs for nurses?

No

### **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Vietnam? Yes

What is the most-common form of prehospital transportation system in Vietnam?

Locally organized prehospital transportation systems

Which pre-hospital system structure does Vietnam generally follow?

The doctor is brought to the patient in the field (Franco-German)

Do EMS call centers in Vietnam have/follow structured protocols for emergency calls?

Yes

Is there training available in Vietnam for prehospital providers (e.g. paramedics or emergency medical technicians)?

No

Who provides medical oversight for EMS or prehospital systems?

- Emergency physicians
- EMS-trained physicians

- Non-emergency physicians
- Nurses
- No formal medical oversight

### **FUTURE OF EMERGENCY MEDICINE**

Please discuss any particular opportunities for the growth and development of emergency medicine/care in Vietnam:

Further expansion of Emergency Medicine training programs that align with the current paradigm is necessary, with the ultimate goal of evolving toward a Vietnam-born solution for broader Emergency Medicine training programs.

### **REFERENCES**

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# Yemen

## EM PROFESSIONAL SOCIETIES

1. [Yemeni Association Of Emergency Medicine and Disasters \(YAEMD\)](#)

## AMBASSADOR TEAM

*Deputy Ambassador(s):* Carol McCammon

## COUNTRY DEMOGRAPHICS

Total Population: 19.69 million

World Bank Income Level:

Low income

## EMERGENCY MEDICINE BASICS

Is emergency medicine recognized as a unique medical specialty in Yemen? Yes

If so, what year was emergency medicine recognized? 2004

Is there an emergency medicine board certification exam in Yemen? Yes

Is access to emergency medical care a legal right in Yemen? Yes

## HISTORY AND RECENT DEVELOPMENTS

Consolidated history of Emergency Medicine in Yemen:

Emergency Medicine (EM) is a relatively new specialty in Yemen. The first EM program in the country was implemented in early 2004: the Arab Board of Health Specialties (ArBHS) program, which has an accredited center at Al-Thawrah Modern General Hospital (TMGH). The program itself was established in 1999(1). In 2020, the Yemeni Board of Emergency Medicine (YBEM) was finally established, adopting a program identical to the ArBHS EM

program. It provides broader opportunities for training in EM while maintaining the quality of training seen in ArBHS. The residency program is well-structured by the ArBHS EM committee. Additionally, in 2013, the Yemeni Board for Medical Specializations (YBMS) introduced a 1-year diploma in EM to help provide qualified EM physicians for rural areas. Training for this diploma was conducted at TMGH, a Level 1 trauma center with extensive exposure to multi-specialty patients seeking treatment. At the time of writing, there is one other EM training center available, and YBMS is working to open at least one more in the near future.

Although EM is still gaining recognition by medical authorities worldwide, Yemen took its first steps toward this recognition in 2004 when ArBHS approved the TMGH residency program, which is also recognized by YBMS. On December 10, 2013, shortly after the terrorist attack on the Sana'a Defense Military Complex Hospital, a group of EM physicians established the Yemeni Association of Emergency Medicine and Disasters (YAEMD), a locally approved professional, non-profit, non-governmental organization. The association includes not only board-certified and non-board-certified EM physicians but also nursing staff, physician assistants, and respiratory therapists. YAEMD's goals are to promote and advocate for EM as a specialty in Yemen, encourage scientific research, and provide scientific, financial, and moral support for research and continuing education (CME) programs related to emergency and disaster medicine. YAEMD also communicates with international associations and participates in scientific cooperation agreements. YAEMD is recognized by the Yemeni Ministry of Health



and the Ministry of Social Affairs and Labor and has been a full member of the International Federation for Emergency Medicine (IFEM) since January 2014 – one of the first regional organizations to attain membership. To date, YAEMD has 170 registered members and held its first annual international conference in Sana'a – the Yemeni International Conference for Emergency Medicine (YICEM19) – on January 28–29, 2019.

Unfortunately, many of Yemen's home-trained EM specialists have migrated to neighboring countries in search of better and safer working conditions. Those who remain in Yemen endure mediocre facilities, struggling administrations, and uncertainty over when or even if they will be paid. They are usually overworked and undercompensated.

#### [Biggest threats to Emergency Medicine in Yemen:](#)

One of the key challenges facing Yemen is an acute shortage of healthcare workers. The country also lacks any formal prehospital emergency medical services (EMS). Ambulances provided by the Ministry of Health, as well as those in public and private sector health facilities, are used solely for inter-hospital transportation, with little coordination. Medical helicopters are available only for military services and some oil production facilities. Overall, emergency departments (EDs) in Yemen primarily rely on general practitioners (GPs) as the main emergency care clinicians, regardless of their experience. Board-certified emergency physicians often leave the country due to the war, the humanitarian crisis, and worsening poverty. They migrate to nearby countries in search of higher wages, greater respect for the specialty, and improved security for themselves and their families.

The COVID-19 pandemic has only exacerbated this existing problem.

Yemen's poor economic state and ongoing civil war have taken a toll on the availability of critically important medical supplies. Those that are available are often poorly maintained due to a lack of funding. The damaged infrastructure in Yemen adds to the challenges, with multiple reports of emergency physicians using old or defective equipment. The civil war has also raised safety concerns, prompting many individuals to carry weapons. Despite hospitals being designated as gun-free zones, limited security allows family members to enter EDs armed.

At the start of the COVID-19 outbreak, the complete lack of PPE and safety measures put ED staff and community health workers at great risk. Healthcare workers also face increasing threats and attacks from the family members of COVID-19 patients. The death of a single physician has a profound impact, leaving entire communities without access to the care that physician would have provided. Due to the shortage of physicians and the difficulty of accessing medical care, some COVID-19 patients initially misdiagnosed their symptoms and sought treatment with over-the-counter medications. This placed pharmacists and pharmacy staff at particularly high risk of infection at a time when communities increasingly relied on them due to the lack of emergency physicians and functioning hospitals, creating a vicious cycle.

Yemenis lack sufficient access to clean water and sanitation. The ongoing war, the displacement of millions of people, and seasonal flooding create ideal conditions for the spread of infectious and communicable

diseases. In hospitals, infection control measures are often impossible to implement, as many hospitals completely or partially lack sinks and soap. There is no national workforce strategy to employ more epidemiologists, and there is a shortage of technical staff needed for evidence-based field investigations and active surveillance. This has resulted in widespread outbreaks of cholera, dengue, diphtheria, chikungunya, and measles. These outbreaks have been made more difficult to manage and control with the concurrent spread of COVID-19.

Surveys conducted after the 2011 Yemeni Revolution noted that hospitals remained poorly equipped to meet the needs of the patient population during disasters. Ongoing disasters have diverted financial resources away from building capacity for disaster preparedness toward immediate relief efforts. There is also limited institutional training and knowledge related to disaster preparedness among healthcare providers.

Content included above was adapted from: Alsabri M, Alsakkaf LM, Alhadheri A, Cole J, Burkle FM Jr. Chronic Health Crises and Emergency Medicine in War-torn Yemen, Exacerbated by the COVID-19 Pandemic. West J Emerg Med. 2022;23(2):276-284. Published 2022 Feb 28. doi:10.5811/westjem.2021.10.51926

## **EMERGENCY MEDICINE STATISTICS**

Estimated Number of Emergency Departments in Yemen: 3700

Number of Residency-Trained EM Physicians in Yemen: 120

Residency-Trained EM Physicians per 100,000 population in Yemen: 0.61

Number of Physicians Graduating from EM Residencies in 2022: 5

What percentage of EM-trained physicians work in rural (vs. urban) settings?  
71%

## **EMERGENCY MEDICINE TRAINING**

Are there EM residency programs in Yemen? Yes

How many Emergency Medicine residency programs are there in Yemen? 2

How long are EM residencies in Yemen? 4 years

Approximately what percentage of time in EM residency is spent in the Emergency Department?  
85%

Which subspecialty training programs are available to EM-trained physicians?  
None available

Are there EM training programs for advanced practice providers (e.g. PAs, NPs, medical officers)?  
Yes there are training programs for mid-level providers

Are there EM training programs for nurses?  
Yes

## **PRE-HOSPITAL EMERGENCY CARE**

Is there at least one EMS or prehospital system in Yemen? No

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