

Editorial: Primary EM Residency and Growth of EM in Israel

Compared to the classic specialties in medicine - such as internal medicine, surgery or pediatrics - the specialty of emergency medicine is still relatively new on the scene, and in many countries does not yet even exist. In Israel, emergency medicine was first recognized as a super-specialty (a 30 month program after completion of a primary specialty in internal medicine, surgery, pediatrics, anesthesia or family medicine) in 1999. Since then, approximately 80 residents have graduated from recognized programs. The pediatric track in the super-specialty of emergency medicine was officially recognized in 2008, and since then approximately 16 residents have joined various Pediatric EM training programs around the country.

The general goals of these routes to certification were to develop a medical specialty that provides graduates with a broad spectrum of knowledge and clinical skills to provide the initial care for the entire spectrum of patients visiting emergency departments (2.6 million ED visits annually), eliminating the current fragmentation of the ED into the “medical”, “surgical”, or “orthopedic” disciplines, to promote the development of the academic, administrative and research aspects of the new discipline, and to enhance the creation of the next generation of leaders in this field. As this seemed like a feasible and cost-effective plan, endorsement was obtained from both the Israel Medical Association and the Israeli Ministry of Health. Similarly, the creation of our journal - the Israeli Journal of Emergency Medicine, ensued with similar objectives: contributions from local and world leaders in EM, and the vision to contribute to both the development and improvement of the practice of EM in Israel and worldwide, as well as to the development and reputation of the journal itself.

Unfortunately, reality shows a delay in this foreseen development. In many large and important EDs in Israel, the triage of ED patients

to the “medical” or “surgical” disciplines as well as the division of the ED to these disciplines is still practiced, and the following generation of leaders has not yet emerged. The development of academic EM, as well as of research, has also been slow. The lack of a primary specialty in emergency medicine has been seen by some EM leaders as the main reason for the slow progress, and for the discrepancy between the expected and actual achievements on this regard. Some have attributed this in part to the difficulty in changing clinicians’ (residents’) attitudes, and philosophy of care, after being shaped during long training periods (4.5 to 6 years) in their primary specialty such as in internal medicine or surgery. Others have argued that the relatively low salaries offered, and the relatively demanding nature of the job, do not attract the best candidates to the specialty. As well, some are of the opinion that the fact that many current ED directors did not receive formal training in EM has precluded them from bringing forth or leading towards the new developments and necessary changes for the new specialty.

Following an active campaign lead by the current board of the Israel Association for Emergency Medicine, a primary specialty in EM has already passed two of the three necessary steps required for its approval in the Israel Medical Association, to be followed by the approval also by the Israel Ministry of Health. While the approval of the primary specialty is imminent, the actual achievement of the ultimate goals of this new specialty is not as clear, and poses a real challenge to the leadership of EM in Israel. Without a thoughtful plan to overcome the obstacles that have precluded full success in establishing EM in Israel, there is no guarantee that a primary specialty by itself will bring EM in Israel its next stage of maturity.

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