

**Janos P Baombe: Professor Abdelouahab Bellou, on behalf of the editorial board and our readers, thank you for receiving us today here in Rennes, capital of Brittany for this brand new podcast.**

**You are the president of the European Society of Emergency Medicine (EuSEM) at a rather critical moment of the specialty. Indeed, the importance of the homogenisation of Emergency Medicine (EM) throughout Europe and internationally is not in doubt. Today, almost twenty European countries have adopted the specialty as a sub-specialty or a complete specialty. How do you see the process of harmonisation of Emergency Medicine across Europe?**

Prof Bellou: The machine is in motion! We should have Emergency Medicine as a basic five-year specialty all over the European continent. There are currently fourteen countries that have accredited the specialty as a primary five-year specialty and there must be about five that are engaged in the creation of a full specialty but are today in a phase of sub-specialty of two- or three years. As you pointed out, we could easily reach twenty countries with EM as a complete specialty. France for example, endeavours to create a specialty of five-year duration starting in 2012.

**JPB: With reference to this, a few words about the European curriculum of Emergency Medicine?**

We elaborated this curriculum in 2007 and it was approved by the EuSEM Council. This curriculum should allow us to harmonise the educational objectives and the teaching methodology of EM in Europe. This is the first step in creating the specialty in every European country. This is a great initiative of EuSEM and we are very proud of it! We will be updating it continuously as there is much evolution that needs emphasis (in emergency ultrasound for example). This is a very positive element in the evolution of Emergency Medicine in Europe.

**JPB: What differences do you see in the specialty in countries like France, Belgium or Germany and countries that have long tradition in EM like the United Kingdom and Ireland?**

I think we can say that, (apart from Belgium that had created a specialty of six-year and a subspecialty of two) we have not yet reached that level of education that the English-speaking countries currently have. At the end of the day, the UK has created the specialty almost thirty years ago so there is a big difference! I do not think however that there is a significant difference at the organisational level. On the contrary, the emergency health care system is maybe even better in countries like Belgium and France - but it is clear that at an educational level, the UK has a very solid tradition. I think that very soon other European countries will follow this example of educational organisation.

**JPB: The Society, via Dr Roberta Petrino, is working on a project of a pan-European exam. What stage are we at with this exam that would harmonise the cultural, linguistic and professional differences?**

This is an important project that was initiated by the European Union of Medical Specialists (EUMS). The long-term objective of this diploma (and I am talking in terms of years) would be to replace the national ones. Today however this is not conceivable as each European state is responsible of its own specialty training and education. The

objective would be to standardise the education in Emergency Medicine. With the help of this diploma, we should be able to harmonise the different diplomas of all regions.

**JPB: A rather provocative question, Professor...do you see the supremacy of the English language and literature as an obstacle to the expansion of the specialty? What kind of support should we be offering to non-English speaking countries to facilitate their integration?**

I think that the use of the English language in science and medicine is not an obstacle at all! We must accept English as a universal language, a means of communicating between different countries. We should be asking European countries to encourage children to learn English at an early age. Emergency Medicine is a developing specialty in Europe but is also a worldwide one. We must have a global view and some countries like some of the French-speaking African countries or the Maghreb (Morocco, Algeria, Tunisia) might have some difficulties. But even in these countries, there is now a drive for young students to use English so it is not a real obstacle in the expansion of EM in Europe or anywhere else in the world.

**JPB: One last question Professor...about the future plans of the Society. Where do you see the Society in the next 5-10 years?**

I am very optimistic when it comes to EuSEM! The society has gone through great evolution in the past fifteen years or so. Today for example, the EuSEM Congress attracts between 1,000 and 1,500 delegates. There is however much to do to make the Society a more professional, a more scientific one in order to attract the European members even more. We currently have 17,000 affiliated members but our objective is to attract these affiliates to become full members. This is a very important objective. This is the first point: attract members to make the Society a more powerful one. The second point is to integrate the leaders and young physicians in Emergency Medicine into committees or sections where they can work and express themselves. We have recently created different sections like Paediatric Emergency Medicine, Emergency Echocardiography, Disaster Medicine, Research. We must have leaders and young doctors in each committee. The future of the Society depends enormously on these young doctors. We do have a great potential to become one of the best Societies of Emergency Medicine worldwide. I am convinced of this!

**JPB: Professor Bellou, once again, thank you for meeting with us today. On behalf of the editorial board and our readers, thank you!**

The pleasure was mine!