



Dizzy times for our specialty; let's make sure we do not experience vertigo

G Hughes

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With news that the bid to form a UK College of Emergency Medicine is approved, the future of the specialty of Emergency Medicine looks bright.

The announcement that the bid to form a UK College of Emergency Medicine is formally approved, and that practical steps to make this happen are in progress as we go to press, is most welcome. It is a tremendous achievement. The virtues of tenacity, patience, negotiation, and diplomacy were critical to this success. The leadership of both BAEM and FAEM, and in particular one key individual, deserve credit and praise. Congratulations.

Not to be forgotten is the formal change of name of our specialty to Emergency Medicine. This is consistent with international practice (and, of course, the name of this journal) and is also most welcome; for those of our learned colleagues who still use the word 'casualty', it may take another generation to learn our new name.

What does this news mean, if we accept that this is not the end of the journey but another beginning? It is more than just the provision of a new name, with the likelihood of a Royal Charter to follow in due course. Put simply, the time, endeavour, commitment and politics invested must continue with due diligence. Complacency is forbidden.

Firstly, the Association and Faculty have the delicate task of merging their roles and officers. This will need sensitivity and tact. Even the apparently simple matter of what to do with the BAEM and FAEM annual conferences may be awkward. The two organisations must enter this merger as equal partners. We have every confidence that this will happen.

Secondly, the move of the offices of BAEM and FAEM from the Royal College of Surgeons in Lincoln's Inn Field into new premises in Churchill House, which we will share with the Royal College of Anaesthetists, is a good outcome. Although it may be a medium term or interim move until our College has the resources to buy its own building, living with our anaesthetic colleagues will have other benefits. In the fields of education and postgraduate training our combined skill sets will allow for sharing of (stem) basic training modules, which will help to further break down professional barriers, which in turn will improve care in the resuscitation room/ICU/anaesthetic triangle. With the projected manpower shortfall in both our specialties this commonality will help the NHS.

A big challenge ahead is to improve the consistency of care provided by emergency departments across the UK. We all know that departments differ in quality, the reasons being multifactorial. Aside from budgetary and staff constraints, systemic problems inherent within a trust, or recruitment difficulties, an important factor is education. This has to be the key role of the College. The newly approved postgraduate curriculum, the refinements in the MFAEM and FFAEM exam process and structure, the evolution of our Continuing Professional Development programme and finally, the delivery of real and meaningful audits, are the backbone to this. The three priorities are education, education, education.

The College will need to support and promote both existing and new special interest groups—for example, paediatrics, ultrasound, intensive care, resuscitation, trauma, prehospital care, toxicology, acute coronary syndrome, research etc. The College must be a focus for these activities for us as well as the parent colleges or councils that represent them.

Links with other relevant professional groups are important. Good interactions with nursing, paramedics, prehospital care practitioners, GPs and the other medical colleges are crucial. There is now an ideal opportunity to strengthen existing partnerships as well as create new ones.

Finally there is a cost to all of this. We are sure that no-one will object to getting their wallets out to help start us off on this exciting journey.

Let's enjoy the moment, without losing sight of the work ahead.

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