SHOULD WE STANDARDIZE COMPETENCY REQUIREMENTS?

I'll start at the end, answering yes to what was asked to me. For the simple reason that in Europe and about the challenges we face, with regard to trauma and other medical and surgical emergencies, similarities are greater than differences. So, do the different countries need very different things? I don't think so. We all agree on the need for a trauma system *"to assure that patients (…) seamlessly receive the proper care, in the proper locations, with proper interventions and, if necessary, transfer to a hospital able to provide the best and most appropriate care"* (www.aast.org). We all agree that teamwork is necessary for prehospital care, transportation, emergency room care, intensive care, surgery and in/post-hospital rehabilitation. We all agree on the need for trauma registries with, as much as possible, global follow-up of patient's course. And finally, we all agree that it is necessary to educate, how to prevent and how to treat.

This is also apparent from the recommendations of the European Trauma Course Organization (ETCO) about equipment and facilities: complete trauma team, trauma admission bay close to the ambulance entrance, enough space and adequate lighting, adjacent operating room to allow emergency procedures, standard equipment for the initial management of major trauma, immediate availability of additional equipment as difficult airway equipment, X-ray, ultrasound machine, surgical instruments, readily available blood products and massive transfusion equipment, co-located CT scanner to allow immediate imaging and access to angiography and interventional radiology, 24 hours a day within 30-60 minutes of request.

And, from the International Association for Trauma Surgery and Intensive Care (IATSIC), the call to attention to the concept of damage control – *"decide (…), know when to get out, know how to do a temporary (delayed) abdominal closure"* – and to the importance of communication: *"surgeons, anesthesiologists, scrub nurses, ICU, other disciplines, each and all need to know what to be done and what to be planned".*

And we also agree that advanced trauma life support must no longer be understood just as the name of a course (ATLS®) but, also, more comprehensively, as a concept, on the basis of other internationally recognized educational models of more than one level, oriented to different professional groups and subgroups, such as "MRMId" (Medical Response to Major Injuries and Disasters), ETC, MUSEC (Modular Ultra-Sound Estes Course) or "DSAPnTC" (Definitive Surgical – Anesthetic – Peri-Operative Nurses Trauma Care). In fact, the interest in trauma training of health care professionals and their societies has evolved far beyond ATLS, through the development of more advanced training models and an enormous investment in the specific training in emergency surgery, with trauma, necessarily, encompassed. The objective has been to fill a flaw due to a generalized and certainly exaggerated tendency for super-specialization which privileged the elective activity over the urgent, relegating the need for effective transverse intervention capacity, especially when there is no one around able to do it better, an important matter in countries that, as a result of

international commitments, end up having medical mission groups, military or humanitarian, in distant theaters marked by instability and underdevelopment.

The recognition of the need for this training by the UEMS with the creation of the European Board of Surgery Qualification in Emergency Surgery (EBSQEmSurg) needs to be followed by the national authorities, through its inclusion in curricular programs to obtain competence in emergency surgery.

As a conclusion we can say figuratively that ATLS, ETC and DSTC, due to their complementarity, are the three vertices of a love triangle that must be kept alive. It will be the responsibility of the national authorities to contribute to the three-dimensionality, understanding it as the basis of a tetrahedron of competence in emergency surgery, whose fourth vertex can not fail to be the training type of program that already exists in UEMS and which, inexplicably, continues to be ignored and not transposed into national regulations by many.

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