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Summary of the Annual Meeting of INDUSEM, ACEE, ACEN and EMA

Date: 26/12/2020

Virtual Format

- Professor Praveen Aggarwal called the Meeting to Order.
- He called on Dr. Sagar Galwankar to Chair the meeting.
- The Introduction of Members and Roll Call was done.

### **WACEM2021**

Dr. Sagar Galwankar announced that in WACEM 2020 could not be held at Malaysia due to COVID pandemic.

India would be hosting WACEM21 in a virtual Format to coincide with Azadi Ka Amrit Mohotsav.

### **Saturday Summit:**

The Saturday Summit format would continue as usual.

### **Convocation:**

Dr. Galwankar congratulated all those who have completed all the requirements for the award of FACEE. Unfortunately, due to prevailing pandemic, he mentioned that the college will be unable to award them the fellowship certificates.

### **Following issues were discussed:**

1. ACEE started the Fellowship programs in Emergency Medicine in 2010. And later added fellowships in Emergency Nursing, Pediatrics, Cardiology, and

Toxicology. We need to strengthen the College by motivating more and more residents to join the Fellowship programs. First year residents should be asked to join the fellowship programme in Emergency Medicine so that they can read the book within a year. Those who have completed MD or DNB in EM should be asked to join Fellowships in Emergency Cardiology, Toxicology and Pediatrics.

2. The question bank for fellowship in Emergency Medicine was prepared by the US faculty way back in 2009-10. Therefore, we need to completely revamp and revise the questions. For this we will need help from all the fellows of ACEE particularly those who have joined as a Faculty in a medical college or hospital. We intend to have a big question bank so that the majority of questions are not repeated.
3. Motivate MBBS students and interns to take up EM when they are posted with you. This is possible if you take responsibility of teaching and training the students and interns while they are with you in the EM. Tell them that EM is a unique specialty which is totally different from other disciplines. EM does not have the so called “routine” cases. Every case is unique and gives excitement to the physicians. Motivate them by informing them that Emergency medicine is a fast paced, team-oriented specialty that focuses on rapid evaluation and treatment of patient population consisting of pediatric, adult and elderly, male and females, rich and poor. You should give a background as to how the specialty developed over the past one decade in India. Inform them that the specialty of emergency medicine has evolved drastically over the decade and is increasingly getting a popular choice among medical students.
4. Due to COVID, the training of residents of all disciplines including EM has suffered. We hope that normalcy will be restored within next six months or so. During the intervening period, please formulate a rotation policy of residents to various specialties so that they get maximum training. The tendency to post them only in the ICUs should be done away with as the residents require training in assessing and managing patients in the non-ICU settings is also required. For example, majority of orthopedics traumatic and non-traumatic emergencies are at present tackled by orthopedicians only.

Please ensure that our residents are trained in providing emergency care to all types of patients.

5. Research is an important component of any discipline, but it is crucial in the field of Emergency Medicine as the mortality and morbidity remain high. One of the aims of the College is to encourage its Fellows to develop research projects related to critical illnesses and injuries. I urge the Fellows of the College to write multicentric research projects so that meaningful results can be drawn by including larger sample.
6. Dr. Sagar again emphasized about the BigData. Please encourage the residents working under you to upload their thesis at ViGyanCentral which will create a big repository of research conducted in India.
7. A lot of openings are going to come in medical colleges, both for senior residency and faculty jobs. We will make a WhatsApp group to disseminate the information available to anyone regarding availability of jobs in various colleges and hospitals.
8. At present, we generally hold conferences mainly for the residents of EM. What we require is to train those who are practicing at the most peripheral levels. A doctor at the periphery of the medical system has no scope for getting training in emergency medicine. Therefore, please ensure that you as the Fellows of the College organize CMEs and workshops in the region of your practice for the primary care doctors.

Finally, our vision is that by 2025-26, majority of our patients would have access to MCI or NBE certified emergency physicians whenever they visit an ED. Your suggestions to the College to achieve this vision will be very helpful.

We are constantly pursuing with NMC to remove certain anomalies in the MSR which are still present regarding the EM specialty

### **Faculty Criteria:**

For a DNB seat to be accredited, the National Board stipulates that the hospitals must have three full time EM consultants including a full time senior consultant with an MD in emergency medicine or related speciality, have eight years post graduate

experience and their primary place of clinical work should be the emergency department. This requirement is obviously almost impossible to fulfil for a new specialty.

Senior Consultant: Should possess recognized MD (or equivalent qualification) in Emergency Medicine and 5 years post PG experience or Recognized MD/MS/DNB (or equivalent qualification) in General Medicine/ Anesthesiology /General Surgery) and 8 years post PG experience

Junior Consultant: Should possess recognized MD (or equivalent qualification) in Emergency Medicine and 3 years post PG experience or Recognized MD/MS/DNB (or equivalent qualification) in General Medicine/ Anesthesiology /General Surgery) and 5 years post PG experience

Previous:

Senior Consultant: Should possess recognized MD (or equivalent qualification) in Emergency Medicine and 5 years post PG experience or Recognized MD/MS/DNB (or equivalent qualification) in General Medicine/ Anesthesiology /General Surgery) and 8 years post PG experience of which 5 years exclusively in the area of EM

Junior Consultant: Should possess recognized MD (or equivalent qualification) in Emergency Medicine and 3 years post PG experience or Recognized MD/MS/DNB (or equivalent qualification) in General Medicine/ Anesthesiology /General Surgery) and 5 years post PG experience of which 3 years exclusively in the area of EM.

### **Elections:**

We need to elect the members of the Governing Board of ACEE. Since the number of Fellows of ACEE is around 300 at present, the ACEE Fellows may give their choices by putting the names in the chat box. Current Governing Council members are Dr. Sagar Galwankar, President, myself as Vice President, Dr. Manpreet Singh as General Secretary, Dr. Sanjeev Bhoi as Treasurer, and Dr. Ashish Bhalla, Dr. Shakuntala Murthy, Dr. C.S. Prakash, Dr. Kalpana Kelkar and Dr. Vimal as members.

The Meeting ended with a vote of thanks.

Respectfully Submitted by



Professor Praveen Aggarwal