



The Shortage of Emergency Medical Residents; A Serious Alarm for the Iranian Ministry of Health and Medical Education

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Dear Editor,

Emergency medicine is one of the world's newest academic disciplines in recent decades (1). This discipline was established in Iran several years ago and its importance in the community is gradually increasing (2). Emergency medical services play a key role in providing health care services. In recent years, the role of emergency medicine specialists was quantitatively and qualitatively studied in Iran, in the light of its emergence and in spite of some disagreements made at the beginning of its establishment in the Iranian universities. Today, it is well documented that in the Iranian emergency rooms, by the presence of emergency medicine specialists in the treatment system, providing medical services to patients is significantly improved and the waiting time to access services remarkably decreased. By the reduction of patient's waiting time, and time to determine the patient's status and destination in the hospital, further emergency beds are available for possible admissions and emergency rooms are prepared for future admissions (3), in addition to economical savings and other benefits (4). Officials and deputies of the Iranian Ministry of Health always emphasize on the importance of attracting and educating emergency medicine specialists according to the needs of the country in their interviews and forms of need assessment (5). Despite this emphasis and the needs of the country, studies and experiences in Iran show that the procedure of admission and training of emergency medicine specialists is very worrying and critical, therefore, the choice of this discipline has a very low priority for applicants (6) and emergency medicine has the highest rate of withdrawal among residents compared to other disciplines. Many emergency medical residents are over 35 years old and apply for this discipline with low motivation and energy, while the essence of this discipline requires younger, more motivated and energetic individuals.

Research findings suggest that disciplines such as emergency medicine and surgery have lower priorities for applicants due to their stressful nature, increased workload, and the disruption of lifestyles and work life. However, such factors are not limited to Iran and other countries in the region and the world have also the same conditions (6, 7). Nevertheless, a worrisome issue is the release of alarming figures by the Iran Medical Council authorities indicating that more than 11000 medical graduates in recent years did not refer to register and get license from this organization; in other words, they abandoned medicine or immigrated. In addition, 15000 physicians who registered and were licensed by the Iran Medical Council are involved in other businesses, and since 2014 the immigration rate of physicians with different specialties increased 38 times (8). Moreover, shocking figures released by the Iranian Ministry of Health after announcing the results of residency entrance exam, which showed that 305 city-disciplines had no applicants for the emergency medicine, and more than 6000 applicants accepted in the residency entrance exam of 2018 preferred to wait for the next turn, immigrate, or even continue their education in general practice (9). In addition, to the best of authors knowledge, a large number of admitted applicants did not refer to register or withdrew from university at the beginning of the course, to such an extent that some universities registered only two or three emergency medical residents that is far less than the nominal and actual capacities of the universities. If the same status is observed in the residency entrance exam on March 2018, which is not unexpected, departments of emergency medicine might be inactive in most universities.

Perhaps being close to residency entrance exam on March 2018 was the main factor for unwillingness of residents for registration, but it is noteworthy that other ma-

major causes including very low allowance for residents that is inappropriate to their dignity (since they are mostly married and have children, but are not authorized to work in any medical centers except those designated by the Ministry of Health, based on notarized commitments), the large number of referrals and admissions to educational hospitals, very low and poor quality welfare facilities for residents in most universities, reduced quality of education due to enormous number of patients, inappropriate and imbalanced capacity of some disciplines to the real needs of the community, and ultimately, uncertain job prospects with delinquency, along with other existing factors cause the doctors not to register for residency entrance exam or not show interest to educate in such disciplines, especially the emergency medicine. Due to population growth, establishment of new hospitals and emergency centers, lifestyle changes in the Iranian society, recent catastrophic events and even terrorist attacks in Iran, and early burnout and lower retirement age in emergency medicine compared with other disciplines such as radiology and non-surgical ones, the need of the country for motivated, well-educated, young physicians familiar with emergency situations, crisis management, and crowded emergency rooms are multiplied.

Under the current conditions of the Iranian health system involving different sectors of the health system, the Ministry of Health, in addition to all these problems that require fundamental infrastructures to be solved, requires serious and practical short- and long-term strategies to address the needs of the country to emergency medical specialists; the people in contact with many residents, general practitioners, and medical students suggest policymakers of the Ministry of Health to double the allowance of emergency medicine residents, modify emergency medical tariffs, or realize residential tariffs for emergency medical specialists (to guarantee future career opportunities), specify more time off for emergency medicine residents than their counterparts in other disciplines, allocate short-term two days or more holiday monthly in order to reduce work pressure in case of admitting residents at optimum level, permit working at non-educational hours in private sectors for emergency medical residents, and set a regular dress for emergency medical resident throughout the country to increase job acceptance, allocate more advantages and higher priorities for the selection of places in the post-graduate program of serving the community, and agree to reduce the registration capacity of so-called "luxury" disciplines such as radiology, skin, etc., in order to persuade the students with higher grades to study in this discipline. In addition, it should be noted that the knowledge of medical students in internship and previous courses is low and insignificant in many universities;

training and informing students regarding the emergency medicine discipline should be considered by managers and policymakers. It should be noted that the budget allocated to persuade residents to this discipline is peanuts in comparison with those of specialties. Finally, it is emphasized that such short-term strategies should not ban middle- and long-term planning for the modification of the residency system.

Supplementary Material

Supplementary material(s) is available [here](#) [To read supplementary materials, please refer to the journal website and open PDF/HTML].

Footnotes

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