



European Board of Intensive Care Medicine Multiple Joint Committee of Intensive Care Medicine

Response to the European Commission consultation on the revision of the Directive 2005/36/EC Recognition of Professional Qualifications Directive.

In order to facilitate the harmonization of training in Intensive Care Medicine (ICM) across Europe, the Union of European Medical Specialists (UEMS) created a specialty board for ICM, with representatives drawn equally from the Multidisciplinary Joint Committee for Intensive Care Medicine (MJCICM) and from the European Society of Intensive Care Medicine (ESICM). The Board can thus accommodate all current national models of training (supra-specialty, primary specialty, and sub-specialty). The Board provides educational credits for international meetings and training programmes, and works to harmonize standards of training and accreditation in intensive care medicine, in partnership with national organizations.

The European Society of Intensive Care Medicine (ESICM) is an international not for profit organization that represents the interests of over 6,000 multidisciplinary healthcare professionals practicing in Intensive Care Medicine, most of them Medical Doctors. Created in 1981, the ESICM seeks to improve the standards of education, training and knowledge of the specialty through the development of innovative educational tools, setting of multi-national training standards and assessments (including our own European Diploma in Intensive Care) and through the development of high quality research and the development of new ideas. The ESICM is represented into the Union of European Medical Specialists (UEMS) through the European Board of Intensive Care Medicine (EBICM).

In 2010, the EBICM and the MJCICM participated in the evaluation of the Professional Qualifications directive, Directive 2005/36/EC, and asked for a modernization of the system. Subsequently, the EU commission launched the Public Consultation on the Recognition of Professional Qualifications Directive led by DG Internal Market and Services. The EBICM is very pleased to also be able to contribute to this important consultation process and welcomes the European Commission's suggestion to modernize the *acquis* on the recognition of professional qualifications.

The EBICM believes that the system for the recognition of professional qualifications is in need of fundamental reform to bring it up to date with current medical specialties and processes. The EBICM strongly believes that this would lead to an improved and more homogeneous level of care, quality and safety for acutely ill patients cared for in EU hospitals, and that it would aid the free movement of health professionals between EU Member states (MS).

The EBICM is of the view that high quality health care provided by a motivated, skilled and experienced workforce is vital. High quality intensive care cannot be substituted by any new device or monitoring system, and should be planned for and achieved wherever it is required in the EU. As the EU population continues to grow and age, as the incidence of conditions such as diabetes mellitus, hypertension or obesity increases, the need for acute medical care will expand, and these pressures and issues will become both more important to understand and cope with. This is especially the case in Intensive Care Medicine, where an increasing demand together with changing perspectives as to what is both achievable and warranted come together. The provision of care in this setting is extremely dependent on a highly skilled, well-qualified multi-professional staff that is capable of dealing with an increasingly busy, more complex and more stressful environment. To identify and adequately train these staff takes more than a decade, with the implication that problems must be identified and solutions anticipated well before measures make any important effect.

Patient safety is one of the EU's most pressing health care challenges. Patients must have the right to receive safe and high quality care all over Europe and to have the fullest information in order to make informed choice.

Safe and high quality care requires the free and easy mobility of professionals between MS countries but this has to occur within a framework that ensures the highest standards of language and education are maintained.

Question 2. Do you have any suggestions for the simplification of the current recognition procedures?

The EBICM does NOT believe that further simplification of this system would necessarily be beneficial. Indeed there are areas, such as Intensive Care Medicine, where further additional criteria may be desirable to ensure a more effective and homogeneous healthcare delivery in all EU MS for acutely sick patients.

The EBICM and the MJCICM believes that the enhanced recognition of Intensive Care Medicine as a 'particular qualification' would facilitate the delivery of high-quality, homogeneous and patient-centered training programmes in MS. The EBICM and the MJCICM also believes that access to these training programmes should be possible through multiple primary specialties to meet the multidisciplinary approach that pertains to the practice of Intensive Care Medicine. This would above all enhance patient safety and enable the free movement of healthcare professionals between MS countries.

The EBICM would propose to decrease the importance of a minimum time base for the recognition of specialty status and favor the assessment of minimal competencies. In recent years, due to the implications of the European Working Time Directive, trainees' experience and hands-on training has diminished, whilst the minimum training period has remained constant. The result has inevitably been a reduction in the quality of training with diminished standards of healthcare delivery and reduced levels of patient safety. We believe that healthcare professionals are better described in terms of the level of competencies that are necessary and have been acquired. The ESICM has already implemented such a concept through the CoBATrICE project (Competency-BAsed

Training in Intensive Care in Europe, initially funded by the Leonardo de Vinci EU programme) that now constitutes the basis for training in many EU countries.

The EBICM favors the simplification of documentation and procedures for professionals wanting to move between EU countries. Whilst “contact points” play an important role in providing information and assistance regarding recognition procedures, the ESICM thinks that a central point at the EU level would be more visible and simpler. As health is such an important issue for EU citizens, we believe that the EU Commission should envisage a proper body for health workforce matters at the EU level.

Question 3. Should the Code of Conduct become enforceable?

The set of guidelines for interpreting the Directive (Code of Conduct) should become enforceable. This would enhance patient safety and quality of health care whilst protecting health professionals and administrations by applying best practice. This would be beneficial to all parties.

Question 4: Do you have any experience of compensation measures?

Intensivists do not yet benefit from automatic recognition of their professional qualifications. As such, they have to go through national compensation measures whenever they move between countries. The idea to develop Europe-wide codes of conduct for aptitude-testing or adaptation periods for health professionals not benefiting from automatic recognition is a step in the right direction. The EBICM would suggest to be even bolder and to organize EU wide accreditation examinations in the profession that would be recognized by the 27 MS. This would harmonize standards across the region and assist in simplifying the accreditation process when moving between countries.

The ESICM already delivers such a diploma (the European Diploma in Intensive Care, EDIC) and can also provide 44 modules of continuous professional development (CPD) via the PACT so that intensivists that want to take the exam can study for it. The ESICM also provides a series of educational courses that can be used as preparation for the European Diploma or as CPD. CPD is of the utmost importance in critical care as it evolves so quickly. ESICM is of the opinion that a European recognition of CME credits would encourage professionals in keeping their skills up to date.

Because the EBICM believes in the harmonization of medical training according to the highest standards of care for the benefit of EU citizens, we have actively participated in and contributed to the first pan European pilot test of knowledge assessment set with UEMS (tested for the first time in 4 EU countries on the 4th of February, 2011), which was a success.

Question 10: How could the concept of "regulated education" be better used in the interest of consumers? If such education is not specifically geared to a given profession could a minimum list of relevant competences attested by a home Member State be a way forward?

The EBICM believes that there should be a move away from an exclusively minimum time base for the recognition of specialty status to an assessment of competencies as described previously. New specialties should therefore be described by the 'particular competencies' or 'particular qualification' that they consist of, rather than the passage of time spent in a training scheme.

Question 11: What are your views about the objectives of a European professional card?

Regarding the objectives of a European professional card as suggested in the consultation, the EBICM see it as an advantage for all: this is a tangible reassuring element. It should be supported by an e-exchange of information between MS. As such, rather than creating new mechanisms, the existing Internal Market Information System (IMI) should be expanded so as to take that role.

Leaving common platforms that failed in their present format to harmonize compensation measures to move towards a "European curricula" is a strategy that should surely be explored.

Question 15: What are your views about introducing the concept of a European curriculum

A European curriculum based on common sets of competencies and running in addition to specific national requirements is appealing to ESICM that, as mentioned earlier, has developed such a "European curricula" for intensivists (COBATRICE project). These competencies have now been taken on board by an increasing number of EU MS.

Question 22: Do you see a need to modernise the minimum training requirements?

The EBICM strongly believes that the EWTD has had a detrimental effect on medical training and then on the safe and effective delivery of health care. Training, and subsequent recognition of professional status, must be based upon the acquisition of skills, knowledge, behaviors and competencies. This would enable professional status to be harmonized between and across countries with many consequential beneficial effects.

Question 27: Do you see a need for taking more account of continuing professional development at EU level?

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