



European Board of Intensive Care Medicine

Meeting Minutes

Thursday 20 October 2011, ESICM Office, Brussels,

Present: H Van Aken, R Moreno, A Rhodes, JD Chiche, M Maggiorini, B Vallet, R Heylen, F Rubulotta, B Bollen Pinto, P Metnitz, G Sybrecht, N Le Dévic, (EO ESICM) , E Flament (ESICM)

Apologies: H Gerlach, F Gilsanz, M Herras, A Girbes, B Maillet, M Balzan

1. Welcome

R Moreno and HV Aken welcomed the participants.

H Van Aken presented 2 new delegates from the UEMS Anesthesia section: B Vallet and R Heylen. B Vallet is the new UEMS Anesthesia section representative to the MJCICM.

H Van Aken gave a brief overview of UEMS statutes and MJCICM rules. He was elected as chairman eight years ago. The Election of a new chairman is therefore due. B Vallet is candidate. H Van Aken had letters / emails of support from the nine UEMS section presidents represented in MJCICM for Benoit Vallet.

It was decided to delay the election as many of the established section representatives were not present making the election difficult to run on the day. The only candidate, B Vallet, withdraw his candidature to make the process easier. The chair of the MJC (HVA) together with the chair of the EBICM (RM) will arrange to run the election following the meeting in accordance with the UEMS statutes.

B Bollen Pinto who is representing the PWC for junior doctors asked if the same person can represent the section of Junior Doctors in the 2 committees; it was unanimously agreed.

2. Minutes of last meeting

The minutes were approved. The minutes will be uploaded on the UEMS website.

3. Items for discussion

5.1 Progress regarding incorporation of ICM as particular competence into Medical Directive (green paper response 2011 doc 2). Letter to Mr Tiedje.

Both the EBICM and the MJC ESICM strongly supported the concept that ICM should be incorporated into the ongoing revision of the medical Directive on Professional qualifications. Final recommendation has been sent to members of Parliament.

F. Rubulotta underlined that, regarding the question about conditions for accreditation, it is not clear if two-third of member states or one-third of member states are required. R. Moreno explained that nowadays it will be probably decided that we need one-third of member states, and said also that status of accreditation is very likely to change in the next 2-3 years. New specialties are now undergoing a more stringent process.

5.2 Specialty status of ICM at national level

Update on Portuguese situation: a formal request to the creation of the Primary Specialty of Intensive Care Medicine has been presented to the National Medical Board.

B Bollen Pinto expressed the concerns of junior doctors about length of training, transition period and mobility. Recognition of specialties depends on the direction of Economics, and in some countries, like Portugal and Spain, the training is paid for by the government; in this case, a variation of the length of training from 3 to 5 years could have a significant impact on country's budget. The situation is still heterogeneous: while for economical reason some countries tend to keep the training only 3-years, in some others foreign physicians are not accepted if they did not train for 5 years.

Spain has been the first country where Intensive Care was recognized as a primary specialty. Nowadays in many countries Intensive Care is considered a supra-specialty (even if this term is not technically correct), but the plans for some of them, like the UK, is to change into a primary specialty. However, it is important to keep in mind that, if Intensive Care is a primary specialty, then physicians lacking in Anesthesia qualifications will not be able to work in an anesthesia department.

R. Moreno explained that the proposition in some countries like the UK, is to give physicians the possibility of having a dual specialty to work both in IC and Anesthesia. Nevertheless, the European Commission regulation for recognitions provides only one specialty. The same is true in some EC countries.

Benoit Vallet says that this issue has to be considered also in relations with the European Board of Anesthesiology. Anesthesia training normally includes one year of Intensive Care, and probably they will agree for a two-year ICM training, because this could provide better training for physicians. Some examples about the length of Intensive Care training for an anesthesiologist in different countries (like France or Belgium) are given.

In conclusion, it will take time to harmonize training in Intensive Care and Anesthesia at a European level, but what we can do is to define a right model of training that should be adopted. Benoit Vallet says that the aim of the European Board of Anesthesiology is to assess the quality of training programs and to ensure that each country aims to achieve the same standards in terms of competencies.

However, the division of Intensive Care and Anesthesiology is still not clear on a global level. For example, some countries, like Switzerland or Scandinavia, recognize an official diploma for both intensive Care and Anesthesiology, but this is decided at national level, not European.

The main concern about length and type of training is, however, the mobility in different countries. Sometimes national laws can be confusing, as for example in Portugal. If Intensive Care is not automatically recognized in every country is because it is not mentioned in the Directives, not just because of different national regulations.

A. Rhodes says that in some countries, like the UK, recognition of qualifications is not straightforward also because of some other factors, for example language level of the foreign physician; there is no specific regulation about how to test language proficiency in English and this is required by the employer. On the other hand, in Germany you cannot have a license to be a physician without an official certification from the Goethe Institute.

R. Moreno says that, being Intensive Care recognized now as a primary specialty in many countries, it should be represented as a primary specialty in the UEMS and in the MJCIM. However, Intensive Care cannot be a voting member as is not a section in accordance with the rules of UEMS council.

5.3 European working time directive

The working time directive issue was discussed. It was agreed that training should focus on quality and competence rather than simply duration. All the participants agreed that this will almost certainly prolong the time required for training in several years.

5.4 OrZone EU accreditation exam pilot project

H Flaatten: really positive feedback. Impact on EDIC exam.

Hans Flatteen is not present but R. Moreno reports that he had a positive feedback about Orzone and that this can improve the quality of exams. The aim of the project concerning Orzone platform is to assess three competences for different specialties, knowledge, skills and professionalism.

5.5 EACCME (2011 doc 8)

F. Rubulotta explained that she attended the meeting in Brussels last year and that the format of the meeting is not changed, for example concerning hours and credits. She underscores that there are not many events organized regarding Intensive Care (about 5 in a year, including the one of our society).

5.6 Cobatrice

Marco Maggiorini briefly presented the CoBaTRICE programme and the CoBaForum with national representatives. There is an e-portfolio for trainees as part of the project. F. Rabulotta talked about the need of taking a decision on translations into the different European languages.

5.7 Hospital visitation programme

The main point concerning this programme are the expenses, because the hospitals have to take care about accommodation and logistics of visitors; the benefit is a certificate of recognition from the UEMS. Last visit was in Ankara following the request of Ankara University Hospital. There is a formal process for this programme but it is not always easy to find people available to travel. There are some international organizations which give National Societies the right to perform this process, in order to avoid travels. R. Moreno says that, even in a small country, it can take several months to visit all the ICUs.

6. Any other business

The official book of UEMS from 2008 was presented.

RM will organize the dates for the next meeting for early in 2012 .