European Board of Intensive Care Medicine (EBICM) - UEMS Multi-Disciplinary Joint Committee (MJC) Intensive Care Medicine

Conference Call of the MJC ICM and EBICM
October 7, 2021 (15:00-16:00)
Minutes

Present: M Cecconi (ESICM President), J Alexandre (ESICM CEO), E Uhl (Neuro Surgery Rep), A Vieillard-Baron (ESICM Secretary), K Zacharowski (ESAIC President), M Theodorakopoulou (EBICM ESICM Rep), I Martin-Loeches (ESICM CoBa Faculty Chair), J Jackeviciute (Junior Doctors Rep), M Sander (MJC ICM Chair), J Kesecioglu (ESICM Past-President), R Moreno (ESICM Past President), A Artigas (ERS Rep), P Gruber (EBICM ESICM Rep), S Ozturk (Neurology Rep), J Galea (Surgery Rep), A Brinkmann (NMA Germany), P Povoa (incoming CoBa Faculty Chair), F Duska (ESICM ETC Chair)

M Cecconi welcomed all participants and thanked them for being present. All participants introduced themselves.

M Cecconi informed the participants that the meeting is being recorded and asked for everyone's agreement.

M Cecconi suggested presenting a short update from ESICM and some of the work done on the free movement of intensivists and then opening the debate. M Sander added the revision of the European Training Requirements (ETR) document as a discussion topic.

M Cecconi presented the current statement of the work in progress on the free movement of intensivists.

As of today, due to differences in training to become an intensivist in Europe, there is no agreement as to how intensivist qualifications are to be recognised between the Member States, and thus no freedom of movement is accorded to intensivists under EU law.

ESICM approached the European Commission which advises us to use Annex V as an instrument to facilitate an agreement between the Member States without requesting any change in the national training systems.

After consultations, ESICM adopts an inclusive approach and welcomes all specialities and backgrounds as long as a high level of training in Intensive Care Medicine is maintained and achieved in an adequate amount of time. Free movement can be promoted while maintaining a multidisciplinary approach throughout Intensive Care Medicine.

To clear any confusion about any potential push of a primary speciality, the ESICM Presidents wrote an editorial, published in open access in the ICM journal, explaining the ESICM multidisciplinary approach.

K Zacharowski thanked M Cecconi for the presentation and his clarification regarding the multidisciplinary approach.

A Artigas asked what the difference is between the first document published some years ago (ETR) and the proposal presented today.

M Cecconi responded that the proposal is in line with ETR. There is an overall agreement on the competencies, but the difference lays in the way to come to a qualification that is recognised across Europe.

R Moreno suggested to get the best from both approaches as it was done in Portugal in 2015: A pathway having a medical speciality followed by additional 2-yr training in intensive care or the pathway of the primary speciality (5-y training in intensive care).

A Artigas added that the suggestion of R Moreno was exactly the aim of ETR. The only step missing in the process of recognition is the approval of the European Institutions.

M Sander commented that the certification process should be properly defined to bring this to UEMS to get the certification recognised throughout Europe.

J Kesecioglu argued there is no need to produce another document, but actions to move forward need to be done.

A Artigas stated that the definition of ICUs accreditation in Europe is still missing. R. Moreno noted that the accreditation of intensive care units is the responsibility of national medical councils, which may lead to legal problems if this task is given to a European institution (unless the law is changed).

S Ozturk cited the example of the Neuro-Intensivists in Turkey, who are "stuck" in the ICUs from the moment they are recognised by the government as intensivists and cannot go back to the neurology department. E Uhl confirmed that in Germany, doctors with a double speciality are free to work either in an ICU or in the department of their primary speciality.

P Povoa asked whether the specialists who have been trained during the curriculum of another speciality can be certified at the same level as those who have the primary speciality curriculum. He also suggested defining the common barriers existing in the Member States to avoid solving particular problems in each country.

M Cecconi believed that to obtain a European qualification in intensive care, an agreement should be found on the minimum common denominator for multidisciplinary pathways and primary pathways.

S Ozturk would like to have an overview of the situation of intensive care medicine across the different European countries. This should be useful for further discussion.

A Artigas favoured the definition of a common training programme independently on the medical speciality which would be valid in all European countries, but completely different from the hospital organisation and the definition of an intensive care unit.

R Moreno added to A Artigas' argument that specialists in intensive care should be trained as general intensivists to be able to work in any specialised ICU, and therefore are free to dedicate more time in a more specific field within intensive care medicine.

M Sander is convinced EBICM cannot solve the problems at the national level. The aim should be a recognition of a national certification at a European level, so that everyone who has the right to run an ICU in any European country, has the right to do it throughout Europe.

M Theodorakopoulou suggested starting with setting the timeframe and training framework to avoid any confusion between the ICU training with the basic speciality training. The timeframe to achieve the necessary rotation in the different units could be two years or more, and once fully trained, the intensivists are qualified to go everywhere in Europe and to work in every ICU.

M Cecconi asked J Jackeviciute's opinion as a representative of young doctors, on the importance to have the qualification that allows the free movement of young intensivists in Europe.

J Jackeviciute agreed on the differentiation between the ICM specialisation and medical speciality. She also admitted that all the countries should have the same timeframe and adopt the same standard requirements because there is presently a big discrepancy in Europe.

P Povoa liked very much the idea to have a minimal curriculum of general ICM training together with a minimum of time working in ICU.

M Cecconi proposed that, if the European Commission asks for another consultation paper, the EBICM members could be asked for the time frame and the related syllabus necessary in their speciality to acquire ICU skills. A consultation with other European Societies could also be done in parallel to define the minimal requirements of an intensive care unit in Europe.

The date of the next EBICM meeting and a draft working plan as suggested by A Artigas will be communicated in due time.