



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

Minutes Meeting of the MJC ICM and EBICM

Paris (Palais des Congrès) on Sat. October 20, 2018 from 10:00 to 12:00.

Agenda:

1. Welcome

Prof. Massimo Antonelli (MA) and Prof. Michael Sander (MS) opened the meeting and welcomed all participants. At the beginning of the meeting MS showed the new structure of the EBICM and the publication from 2002.

After general discussion all participants agreed that this publication needs to be updated and the MJC ICM and the EBICM need to redefine their role in form of a “white paper” or “Mission statement”. It was discussed that part of this mission should be the definition of intensive care units (different structure in different European countries) and intensive care patient groups. Prof. Maurizio Cecconi pointed out that this will be important to define the requirements for ICM regarding training and structure. ESICM will check how this could be published as done in 2002 in their journal ICM. MS suggested to all attending members of the EBICM to share their thoughts by email within the next 2 weeks.

Action points:

MS to communicate with the new incoming president of ESICM (Prof. Jozef Kesecioglu (JK)) to propose a draft of this mission statement for review by the group.

2. Review minutes Copenhagen

The minutes of Copenhagen were displayed, discussed. No further amendments were noted.

Action points:

None, to be uploaded to the Website of the EBICM

3. Update ETR

MS displayed the ETR. Prof. Kai Zacharowski explained for the group the process how the ETR was developed and adopted by the UEMS. However, until now the adoption by all

members of the MJC ICM throughout Europe has failed so far. The group discussed that the task will be difficult to achieve as the authorities on a national basis can freely decide to use this ETR or not. However, as the ETR has been developed together with ESICM on basis of CoBaTrICE, it is a valid tool to guarantee harmonized training requirement in different European countries and also forms the basis for European examinations in ICM. Further promotion by all stakeholders (ESICM, ESA with their “diploma” EDIC of ESICM or EDAIC of ESA, and all primary specialties) will be necessary to succeed with broader implementation.

It is still of note that so far, we have not succeeded to have all involved primary specialties at the table during our meetings, despite repeated invitations. All agree that efforts should be done to make this work.

Action points:

MS to communicate again with the UEMS office to fill the remaining gaps of the members of the primary ICM specialties (Cardiac surgery, Cardiology, Internal Medicine, Neurology) and get names who need to be invited from the European medical societies.

4. European harmonization

- Fellowship programme

Postponed due to time lack.

Action points:

Re-schedule for the next meeting

- Recommendations on basic requirements for intensive care units (Update necessary)

MS presented the publication of Valentin et al. (ICM 2011) that defined basic requirements of intensive care units. It was discussed by the group that in addition to the ETR it will be of importance for free movement of ICM personal in Europe to know the structure and requirements for intensive care units throughout Europe including technical aspects (Monitoring, Ultrasound machines, Point-of-care Devices etc.), but also including staffing aspects (Nurse to patient ratio, Physician to patient ratio, Training requirements to practice ICM). At the moment most publications and data on this issue on an European basis is not up to date. The group agreed that this afford will be an important addition to the ETR to facilitate free movement in Europe and an updated recommendation of minimal requirements for ICM is within the scope of the EBICM as one aim is according to the 2002 publication the harmonization of the training and practice of intensive care medicine in Europe with the establishment of minimum acceptable standards. Next steps were discussed

within the group. It was decided that the MJC-ICM together with ESICM will form a task force to prepare an outline of a survey that should assess the status quo of how, where and with what kind of requirements (staffing, nursing education etc.) intensive care is offered in European countries. MS invited all members of EBICM to express their interest to participate by email and also add their thoughts how this project could be run to improve the quality of care for ICM patients in Europe.

Action points:

MS to communicate with JK about this initiative to get a mixed group of ICM professionals from the MJCICM, ESICM and European medical societies also including nursing, allied health care professionals and ESICM NEXT members.

5. Any other business

None.

Action points:

None.

Next meeting during Euroanaesthesia 2019, June 1-3 in Vienna, exact date, time and meeting room will be communicated.