

European Board of Intensive Care Medicine (EBICM)

October 26, 2025 (09:00-10:00)
Minutes

Present at LIVES 2025, Munich: Jan De Waele, Pedro Pova, Maria Theodorakopoulou, Emilio Rodriguez Ruiz, Rui Moreno, Anne Le Roy, Joel Alexandre
Connected from Zoom: Michael Sander, Eberhard Uhle, Lauri Husa

The minutes of the EBICM meeting held in Lisbon on 25 May 2025 were approved as true copies.

Meeting summary

Update from UEMS

Michael presented an update on the committee's membership, noting minor changes and the addition of Laurie Husa from the European Young Doctors as a new member.

Lauri Husa, an anaesthesiology and intensive care trainee from Helsinki and the current EJD representative in the MJC Intensive Care Medicine UEMS Committee, provided a brief update from the EJD side. Since the last meeting, there have been no major developments, but several upcoming activities were highlighted. These include an EJD Journal Assembly in Vienna in the coming weeks and a joint EJD–WHO workshop in Copenhagen in November, focusing on healthy minds, healthy systems, workforce well-being, and strategies to sustain the medical workforce under increasing systemic pressure. Lauri also noted that EJD is preparing a strategy update, expected to be a long-term process centred on workforce well-being and support. Finally, he informed the group of a change in representation: the new vice representative is Jose Pedra Cidare, an internal medicine doctor and critical care fellow from Portugal, and requested that his contact details be added to the representatives' list.

Michael Sander reported on several key UEMS- and EU-related developments. He highlighted a new Erasmus+ project involving UEMS, led by Aristotle University, aiming to improve empathy and communication in Malaysian healthcare education through virtual-reality-based training aligned with European and international standards. He also summarised a recent WHO Europe report on health workforce migration, noting a significant rise in inflows of non-EU doctors and nurses—particularly to the UK, Spain, Ireland, and France—while stressing WHO's call for stronger domestic training and workforce planning in source countries. Additionally, he mentioned the launch of the "Shaping the Future of Doctors' Health" survey by the European Federation of Salaried Doctors, examining links between working time and hazardous work. He referred to a Romanian policy report showing that pay increases, expanded residency positions, and affordable international training tracks significantly reduced doctor emigration and increased the national workforce. Finally, he outlined early discussions on an EU health workforce crisis plan, with a strong focus on digital skills, EU-level training initiatives (notably the BeWell initiative), and potential future funding to support training capacity and staff retention across member states.

EBICM priorities for 2026–2027 (standards, competencies, stakeholder engagement)

Liaison with partner societies and boards (brief status exchange; opportunities and constraints)

Jan raised concerns about the limited participation of various specialities in the meeting, noting that only neurosurgery and anaesthesiology representatives were present. Michael acknowledged the low attendance and suggested reaching out to societies involved in intensive care to send delegates. Jan suggested exploring reasons for the lack of participation among representatives and independent organisations, emphasising the importance of diverse input for progress in the group's objectives.

Jan and Michael discussed concerns about the lack of feedback and engagement from representatives regarding education and workforce issues in Europe. They agreed to reach out to representatives to clarify their roles and gather input. Joel noted that the focus of discussions has shifted from mobility issues to other topics, which may not be beneficial.

Challenges in Medical Speciality Retention

The group discussed the challenges of retaining interest in intensive care and broader medical specialities across European countries. Jan suggested two hypotheses: the programme may have been minimised over time, or people may no longer fear events that were previously concerning. Laurie proposed circulating the discussion more broadly to residents and the EJD to involve those working at the grassroots level and find creative solutions. The group acknowledged that while the discussion has been ongoing for 20 years, continued dialogue and collaboration are necessary for patient care.

Enhancing Cross-Border Medical Collaboration

Michael raised concerns about the lack of progress in addressing the free movement of intensivists across Europe, particularly for Portuguese doctors working in Germany, and proposed making this a primary focus for the group in the coming years. Maria emphasised the need to revisit this issue, highlighting that doctors are still moving between countries and retraining, and suggested it is the group's responsibility to ease their path. Pedro added that the focus should be on patient care and the lessons learned during the pandemic, when countries struggled to help each other, forgetting the importance of cross-border medical collaboration.

Medical Migration Impact on Healthcare

Michael and Jan discussed the issue of medical professionals migrating from Southern European countries to English-speaking nations, particularly due to language barriers. They highlighted the significant impact of this migration on healthcare in Southern Europe, where there is a shortage of qualified doctors and nurses, especially in special needs and other fields. Michael acknowledged the problem and suggested writing to the UEMS directory board to explore potential solutions for addressing this issue.

Enhancing Patient Safety and Training

The discussion focused on identifying shared priorities and challenges within the group, particularly around patient safety and professional training in intensive care medicine. Jan emphasised that patient safety remains a key priority, with the overarching goal of delivering safe intensive care to all European citizens. However, he questioned how well this priority currently aligns with the group's formal remit and highlighted the difficulty of progressing such topics without broad and active representation from relevant societies.

Michael Sander noted that there had been an initial intention to align patient safety efforts with ESAIC, but progress has been limited. He highlighted another pressing issue: the intensive care training module (ETR), which is over 10 years old and likely due for an update. At present, only a small number of scientific societies—primarily ESICM, anaesthesiology, and neurosurgery—are actively contributing, underscoring the need for stronger engagement from scientific societies to drive meaningful updates. Both agreed that progress on any major topic, including patient safety, depends on genuine input and representation from across specialities. Jan suggested that the group should first address this engagement problem and, over the coming months, explore what is limiting participation and how it could be improved.

Michael proposed concrete next steps to generate momentum and collaboration, such as involving ESAIC patient safety lead David Whitaker and potentially contributing to an update of key declarations (e.g., Helsinki and Vienna Declarations). Jan agreed that updating these initiatives with broader speciality input would be valuable and consistent with the group's purpose.

The conversation concluded with a consensus that patient safety initiatives and updating professional training standards could serve as shared priorities, not only because they are impactful for patients and doctors, but also because they may help stimulate greater interest and participation from other societies.

There was no other business brought forward, and the meeting was adjourned at 10:00.

Details on the next EBICM meeting will be communicated at a later stage.