



The Intensive Connection



European Board of Intensive Care Medicine (EBICM)

**October 22, 2023 (09:00-10:00)
Minutes**

Present at LIVES 2023, Milan (Melia Hotel, room Gae Aulenti): E. Azoulay, J De Waele, M. Cecconi, JL Teboul, L Derde, A Artigas, P Povoas, M. Theodorakopoulou, L Galarza, J Alexandre
Connected from Zoom: M. Sander, E. Uhl, J Galea

E Azoulay (EA) welcomed all participants. All participants introduced themselves.
EA thanked everyone for their participation.

The approval of the minutes of the EBICM meeting held in Paris on 23 October 2022 was postponed to allow M Sander (MS) to read the document.

1. The Role of Intensive Care Medicine in natural disasters

Requests for providing teaching and education support are more and more frequent. ESICM has responded to those requests by organising well-attended webinars with a good rate of replay viewing.

EA asked whether responses to these solicitations could be provided by EBICM.

MS stated that a fast-responding unit exists on a European level which can build a mobile hospital including an ICU on short notice and EBICM and its represented societies could be involved in this initiative.

EA pointed out that requests are addressed to ESICM as the teaching society and that it would be difficult to delegate this responsibility to a third-party organisation. However, EBICM should be connected to the European political group dealing with disaster management and emergency medicine.

EA informed the audience that ESICM is thinking of writing a paper on the topic to rephrase its capacities and reiterate its non-political nature.

2. Shortage of ICU Nurses

The shortage of ICU Nurses is becoming a worldwide crisis. For good or bad reasons, people are moving from one country to another massively creating a staff shortage and closing beds.

EA asked whether EBICM could have a position on this issue and was interested in listening to the solutions found to retain the nursing staff at regional and local levels.

A. Artigas suggested better defining the tasks of the ICU nurses. In Spain, for instance, collaborators, like respiratory technicians or ICU pharmacists, taking care of critically ill patients are promoted to decrease the nursing charges and to allow nurses to spend more time with the patients.

MS mentioned that, in Germany, the ratio of patients to nurses was negotiated by trade unions. The shortage of intensive care nurses is reinforced by incentives (days off) if nurses work in the emergency department or operating theatre.

P Pova described the situation in Portugal which is facing a huge immigration of nurses (+/- 70.000 nurses over 20 years) to other countries.

M Cecconi drew attention to the fact that some countries are confronted with a shortage of physicians as well and invited the board to focus on this issue.

J De Waele commented on the Belgian experience where the shortage of nurses in some regions is damageable to patient care, but measures were taken by the government to retain the workforce.

J Galea echoed the trend in the cardiac surgery departments where elective cases are cancelled due to a lack of staff.

3. Contribution of Intensive Care Medicine in European Research

ESICM received requests from other medical specialities to open research to interdisciplinary and multidisciplinary approaches. EA wondered whether EBICM might consider joining European research networks.

L Derde shared her personal involvement in ECRAID, the European Clinical Research Alliance on Infectious Diseases, to which investigators from various countries are contributing and where networks are focusing on the type of research rather than on the content. Also, the Education Department at ESICM has developed a close collaboration with the WHO, which aims to facilitate research and bring people together to collaborate on research. She also mentioned the Canadian Clinical Research Network ([CCRN - RRCC](#)) which offers opportunities for collaboration in mapping European research through their live reporting of every recruited patient.

MS proposed to report this proposal to the MJC ICM and look for other medical societies to be interested in multidisciplinary research projects on a European level.

A. Artigas suggested convincing politicians to invest more money in intensive care medicine. EA was in favour of maintaining influence over decision-makers and using other existing structures to optimise and make more secure the data collected and its use.

4. European Training Recommendations (ETR): Revision process

The ETR document was adopted in October 2014. MS thought the document would need a revision and proposed to create a working group including other medical societies and interested people in this revision process. He will send the document to ESICM and seek the participation of other societies linked to ICM.

P Pova informed the audience that a full revision of the competencies has been performed which led to the publication of the revised version of CoBaTrICE in 2022 which represents an accurate framework of what should be an intensivist in Europe (Intensive Care Med 48, 1093–1094 (2022). <https://doi.org/10.1007/s00134-022-06783-1>).

5. Launching of a survey in 2024

Different topics for surveys were proposed.

MS: A survey on medical ICU staff in Europe should be politically interesting for UEMS.

J Galea suggested a survey on the shortage of physicians and nurses and a page about research

EA agreed to the proposals and would also explore the methodology of Canadian mapping. He would be in favour of any survey that gives EBICM exposure.

M Cecconi supported the idea of the staff shortage survey but warned against the risk of ending up with a prevalence of staff shortages in intensive care units rather than looking at whether there are enough young people to replace retiring colleagues or to cope with increasing demands.

P Pova would add to the staff shortage survey the understanding of the reasons why colleagues are leaving the profession or going to other places and the expectations of the new generation.

A. Artigas reminded the attendees that there is a need for accreditation of ICUs in Europe and, unfortunately, no such initiative has started yet. EA would be interested in surveying the European countries on their rules and criteria for opening ICU beds.

J De Waele would enquire if, in countries other than Belgium, a drop in patient loads was felt for which the reasons are still unclear or unknown.

6. EBICM Spring Meeting – Host rotation

At last year's meeting, the concept of rotating the Spring meeting among the partners' societies was alluded to. EA asked whether this rotation scheme could be put in place. Although he found the idea good, MS regretted the lack of interest of other societies in participating in the EBICM meetings. ESAIC has already proposed to host the Spring meeting in Munich in May 2024. MS and EA would be happy if other medical societies expressed their willingness to host the meeting.

7. Other Business

MS informed the attendees that Eberhard Uhl has been recently elected Secretary (and Treasurer as permitted by the UEMS statutes) of the Multiple Joint Committee of ICM for two years. He also confirmed that his term of office will end at the end of 2024.

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

The next EBICM meeting will take place at the ESAIC Congress in Munich in May 2024.