Minutes Meeting of the EBICM

Milano (MiCO Exhibition and Congress Centre) on Monday, June 6, 2022, from 11:15 to 12:00

Attendees: M. Cecconi, M. Sander, A. Artigas, J. Galea, B. Niemann, E. Uhl, E. Schaden, J. Laake, S. Price, E. Azoulay, J. Kesecioglu, F. Duska, M. Theodorakopoulou, K. Zaccharowski, K. Strand, Z. Jucius, P. Schellongowski, R. De Robertis, S. Ozturk

Agenda:

1. Welcome (M. Cecconi / M. Sander)
Prof. M. Cecconi (MC) welcomed all participants. It was suggested that all participants should introduce themselves. All participants introduced themselves.
MC thanked everyone for their participation.

2. Agenda
There were no further points to be added to the agenda provided.

3. Minutes of the last meeting on Oct 7 2021 (M. Cecconi)
The minutes of the last meeting were approved.

4. Update on the free movement of intensivists in Europe

MC explained the position of the ESICM regarding free movement and inclusion of ICM into Annex V. To explain this position the paper "Diversity and inclusivity: the way to multidisciplinary intensive care medicine in Europe" (https://link.springer.com/content/pdf/10.1007/s00134-021-06384-4.pdf) was provided via the chat to all participants. MC stated that inclusion to Annex V is a powerful and effective way to recognize specialists that are competent in ICM and have spent an adequate amount of time to achieve these competencies. The European Training Requirement of the Union Européenne des Médecins Spécialistes (UEMS) represent a solid base for a common syllabus of these competencies (https:// www.uems.eu/__data/assets/pdf_file/0007/19753/ Item-3.2.1-ETR-Training-requirements-in-ICM-final- 26-sept-2014.pdf). The aim of this paper was to make clear that ESICM is not aiming for a primary specialty but for a multidisciplinary pathway with primary specialties as a basis for further training in ICM.

This process starting in November 2020 with the first published ESICM document was started because the European commission approached ESICM asking for a framework of recognition of ICM specialists. The mission was to create a framework for the recognition of competences in ICM.

Dr. Laake (NMA Norway) asked how inclusion of ICM into Annex V can help to identify individuals that have competences in intensive care medicine as these competences are not agreed on in all national member associations (NMA). Free movement for intensive care specialists would then be problematic if this is not the case.

Prof. Sander stated that the position of the MJC ICM has always been that ICM should be trained in tandem with a primary specialty and free movement of these specialists is possible with their diploma of the primary discipline and their structured ICU training within or after their primary specialization. It is common ground that intensive care medicine should be trained throughout Europe according to a common competence-based curriculum. The Multidisciplinary Joint Committee of Intensive Care Medicine (MJCICM) of the European Union of Medical Specialists (UEMS) and its working group, the EBICM together with ESICM and ESAIC, has agreed with their parent sections of UEMS on a unified training program. This program, the European Training Requirements (ETR) for the Core Curriculum of Multidisciplinary Intensive Care Medicine - European Standards of Postgraduate Medical Specialist Training - was adopted by UEMS in 2014. This ETR aims to have intensive care medicine as a multidisciplinary field accessible from several medical specialties. It focuses on the competence required to provide high quality care whatever the primary specialty is. Just inclusion of ICM into Annex V would not offer free movement. The Spanish primary intensive care specialist cannot work in Germany as this profession (primary intensivist) does not exists in Germany. Therefore, this would create confusion. A revision of Annex V needs to include in also 'particular competencies' after training in a specialty to recognize these qualifications. Consequently, there are no obstacles to the free movement within the EU for professionals holding a qualification awarded by the national competent authority on the basis of the certificate of conformity.

Prof. Ozturk (Neurology) stated that regarding the question primary specialty versus subspecialty of ICM it should be multidisciplinary and trained according to a curriculum with a multidisciplinary approach.

Prof. Cecconi agreed that the multidisciplinary approach is the preferred pathway, however ESICM is not against countries that have a primary specialty. These national decisions are up the NMAs.

Prof. Galea stated that Annex V is a powerful tool to guarantee recognition of professions/specialities in countries that have this profession/speciality. For any other country it will cause problems as there without a primary specialty ICM no automatic recognition will be possible. This is problematic. The group should search for a mechanism to force all EU countries to use the ETR ICM as a requirement in all EU countries to train ICM.

Prof. Azoulay (President elect ESICM) pointed out that the solution is based on the reality in the EU member states in agreement of the minimal training duration in ICM and the competencies that are taught in these countries. Then, after the member states agreed on this Annex V would be another option to offer free movement for these specialists.

Prof. Cecconi added that it is important after the Covid crisis to have specialists with these competences working in European ICUs and people without these competences should not be allowed to work in an ICU without supervision.

Dr. Laake made the point that there are different levels of ICU ward and the question what is an ICU is not solved. Therefore, the information provided in Annex V is also vague regarding the question what qualification is necessary to work on what kind of ICU. Regarding the necessary training program no specification is available there. Therefore, this would be important to specify and also one further important step is to define different levels of ICU care wards.

Prof. Artigas stated that a system of accreditation of intensive care wards in Europe would be necessary and helpful to define different levels of care. Some years ago this was already suggested.

Prof. De Robertis added that this exists already in Italy.

Prof. Ozturk suggested to use the ETR to define these levels of care.

Prof. Azoulay pointed out that any new definition might also be used by politics to address the shortage of ICU nurses to define lower levels of care e.g. weaning etc. This could lead as an unwanted side effect to a higher patient: nurse ratio.

Prof. Theodorakopoulou agreed that different levels of Intensive care were already used to reduce the nurse-to-patient ratio.

Prof. Sander suggested to create a working group from members of the MJC ICM, EBICM and interested scientific societies connected to Intensive care medicine to target first the issue of free movement of ICU specialists and the necessary training to be a European ICU specialist. As successful models already exist in Europe e.g., the Scandinavian approach it should be possible to find a good and durable solution also covering the multidisciplinary approach with this concept.

Prof. De Robertis asked for consultation with the UEMS for a modification of the EBICM to provide a more equal representation of ESAIC.

Prof Cecconi answered the reason of the creation of EBICM is that intensive care medicine was not part of any representation at the European level. Different Specialties represented in the MJC are also part of EBICM, this includes not only anaesthesia, but also cardiology, respiratory medicine etc. The society that represents intensive care with multidisciplinary and primary patterns is the European Society of Intensive Care Medicine. EBICM membership reflects this structure. Prof. Sander expressed understanding for both positions and will seek counselling with UEMS.

Prof. Zaccharowski stated that it was a very interesting and fruitful meeting. The aim of EBICM should be to create highest standards for European ICU specialists and therefore the preferred model as already expressed in former meetings of the MJC ICM and the EBICM should be the multidisciplinary pathway.

Prof. Cecconi stated again that the mission of ESICM is multidisciplinary intensive care with a common European training framework and not to create a new primary specialty in Europe as stated before. The paper supplied during the meeting was

written to make this clear.Prof. Cecconi and Prof. Sander thanked all participants for the discussion and closed the meeting at 12.10

The next EBICM meeting is scheduled at ESICM lives in Paris and will be announced in due time.