

Proposal to incorporate Intensive Care Medicine as a particular medical competence in the Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications in Europe, in Annex 5.1.3., ‘Titles of training courses in specialised medicine’.

Intensive care medicine is an independent speciality in only one of the European member states. In most European countries, intensive care medicine can be obtained as a ‘particular competence’ with a common training programme for specialists with Board certification in a variety of base disciplines: **Anaesthesiology, cardiac surgery, cardiology, internal medicine, neurology, neurosurgery, paediatrics, pneumology, and surgery**. A particular competence is an area of expertise in addition to a primary speciality, where extra expertise outside the domain of the specific speciality is required to provide high quality patient care by multidisciplinary input from doctors from various medical specialities.

The European Directive on recognition of professional qualifications (Directive 2005/36/EC of the European Parliament) does not identify intensive care medicine as a primary medical speciality. The European Union requires that, to become a specialty, it must be recognized in at least 2/5th of the Member States and at the same time, by a particular majority (a weighted vote that is determined by the population of each country and other factors and giving what is called a “qualified majority”) in a committee on Qualification of the European Commission (not only for medical professions but generally for all protected professions). Furthermore, to create a Specialist Section for Intensive Care Medicine within the UEMS, ICM has to be recognized as an independent speciality by more than one third of the E.U. Member States and must be registered in the Official Journal of the European Commission (Medical Directives).

These requirements for a primary speciality are not fulfilled for Intensive Care Medicine and therefore the aim should be the incorporation of Intensive Care Medicine **as a PARTICULAR COMPETENCE** in the European Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications. This terminology is consistent with all forms of training based on acquisition of competencies.

Intensive Care Medicine was the first discipline in Europe to develop a multidisciplinary training programme based on the acquisition of competencies – clearly defined sets of knowledge, skills, attitudes and behaviours which together define the basic abilities of an intensivist. The CoBaTrICE project [1] (Competency-Based Training in Intensive Care in Europe) and training programme (www.cobatrice.org), supported by a grant from the European Community’s Leonardo Programme, undertook an international survey of training in adult intensive care medicine (2) and using consensus techniques defined the core (minimum) competencies required of a specialist in adult intensive care medicine (3). In the survey of ICM training programmes in different EU Member States the median duration of training is 24 months [Ref 2, Table 2]. The 102 competencies defined by the CoBaTrICE programme provide a sound basis for identifying intensive care medicine within the Directive as a particular competence.

An important additional factor to consider is how changes to the status of intensive care medicine might affect the quality of patient care. Current evidence indicates that patient outcomes are better when patients are cared for by trained intensivists. In Europe this can be achieved by facilitating the acquisition of harmonised common competencies in intensive care medicine by trainees from a wide variety of primary speciality training programmes. This may also have the added benefit of optimising the staffing of intensive care units.

Literature:

- 1) www.cobatrice.org
- 2) Barrett, H., Bion J.F. An international survey of training in adult intensive care medicine. *Intensive Care Med* (2005) 31:553-561
- 3) The CoBaTrICE Collaboration. Development of core competencies for an international training programme in intensive care medicine. , *Intensive Care Med* (2006) 32:1371-1383

Necessary steps:

- 1) This document has been approved by the European Board of Intensive Care Medicine, and further ratified at a meeting of the presidents (or secretaries) of the sections of anaesthesiology, cardiac surgery, cardiology, internal medicine, neurology, neuro surgery, paediatrics, pneumology, surgery and Board Members of the European Board of Intensive Care Medicine on April 16th 2008. Following presentation to the UEMS speciality Sections and Boards on April 17th, it was then presented to the UEMS Council on April 18th where it received unanimous approval.
- 2) The next step is to obtain explicit support from national representatives of the European Commission and Parliament through national training organisations in ICM, that the European Parliament and Council should include Intensive Care Medicine as a Particular Competence in the Directives 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications.

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