

**Road Map to incorporate Intensive Care Medicine in the Directive 2005/36/EV of the European Parliament and of the Council on the recognition of professional qualifications as a particular medical competence in Europe in Annex 5.1.3. Titles of training courses in specialized medicine.**

With the exception of Spain, intensive care medicine is not an independent speciality in 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 a Board certification in a variety of base disciplines: **Anaesthesiology, cardiac surgery, cardiology, internal medicine, neurology, neuro surgery, paediatrics, pneumology, 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/CE 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 2/5<sup>th</sup> 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 Directives 2005/36/EV 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. This includes Spain.

The CoBaTrICE programme which is supported by a grant from the European Community's Leonardo Programme, undertook an international survey of training in adult intensive care medicine (1) and defined the core (minimum) competencies required of a specialist in adult intensive care medicine (2). In the survey of training programmes in different EU Member States the minimum duration of training in months, for intensive care medicine varies, but the median time in Europe is 24 months (1, Table 2). The findings of the CoBaTrICE study in terms of competency based training can be applied to intensive care medicine training as a particular competence.

An important additional factor to consider, is how would changes to the status of intensive care medicine 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 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) An international survey of training in adult intensive care medicine, Barrett, H., J.F. Bion, *Intensive Care Med* (2005) 31:553-561
- 2) Development of core competencies for an international training programme in intensive care medicine, The CoBaTrICE Collaboration, *Intensive Care Med* (2006) 32:1371-1383

#### Necessary steps:

- 1) This document should be presented for approval at the annual meeting of the sections of the UEMS on April 17, 2008, in Brussels. In order to obtain an unanimous vote of the 9 sections involved, the document should be discussed during a working dinner on April 16 in the evening in Brussels with the presidents (or secretaries) of the sections **anaesthesiology, cardiac surgery, cardiology, internal medicine, neurology, neuro surgery, paediatrics, pneumology, surgery** and Board Members of the European Board of Intensive Care Medicine.
- 2) A letter to the council of UEMS should be written by the Board of Intensive Care Medicine requesting that this road map should be part of the agenda of the meeting of the presidents of April 17, 2008 in Brussels.
- 3) After discussion of the road map on April 17, and assumed that an agreement is obtained, the council should start the necessary steps to include the status of Intensive Care Medicine as particular competence in the Directives 2005/36/EV of the European Parliament and of the Council on the recognition of professional qualifications.