Minutes of the UEMS Multidisciplinary Joint Committee of Intensive Care Medicine (MJCICM) meeting

The meeting was held on September 28, 2002 at 10.30 a.m. at the Hotel Rey Juan Carlos I in Barcelona, prior to the 15th Annual Congress of the ESICM

In Attendance:
Prof. S. de Lange UEMS Section Anaesthesiology, Reanimation, and Intensive Care
Prof. H. Burchardi ESICM, Past President (guest)
Prof. Dr. J. Takala ESICM, President
Dr. G. Ramsay ESICM, President-Elect
Dr. Julian Bion ESICM, Secretary

Apologies:
Dr. L. Goncalves UEMS Cardiology Section
Prof. H. Van Aken UEMS Section Anaesthesiology, Reanimation, and Intensive Care (traffic problems)
Dr. H. Ording UEMS Section Anaesthesiology, Reanimation, and Intensive Care
Dr. F. Ferreira Section Internal Medicine
Prof. Dr. J. WFiite UEMS Section Surgery (meeting of the UEMS meeting in Lisbon)
Dr. M. Beghetti UEMS Section Paediatrics
Dr. Ramet UEMS Section Paediatrics
Dr. Greenhalgh

The Chairman Prof. S. de Lange formally opened the meeting by expressing a warm welcome to all participants of the meeting, and explained that the general secretary, Hugo van Aken, presumably would not be able to come in time because of air traffic problems in France. He regretted that so many committee members were unable to join the meeting, but recommended that committee meetings should take place at least twice a year to maintain continuity.

Item 1: Agenda
The agenda was accepted as it was proposed.

Item 2: Minutes of the meeting May 10, 2002; matters arising from the minutes
The minutes of the meeting were approved with minor changes. In this connection Prof. Simon de Lange asked the ESICM delegates about the idea of putting the UEMS logo on the title page of the journal “Intensive Care Medicine”. Prof. Takala explained that this decision had had to be postponed since the Editor-in-Chief, Prof. Laurent Brochard, has not been present at the last meeting of the ESICM Executive Committee. ESICM should soon give an answer to that request. Furthermore, Prof. Takala promised to announce the UEMS-MJCICM Visiting Programme in the next ESICM newsletter. To improve the mutual information it was decided that copies of the UEMS-MJCICM minutes should be sent to the ESICM Office and to the ESICM Secretary after approval.

Item 3: Correspondence
Letter from Dr. Pablo Mondero, Navarra in which he stated that in Spain anaesthesiologists are excluded from access to intensive care medicine. This is exclusively for physicians with intensive care training as a primary specialty. He calls for a strong action from the UEMS and the ESICM to establish a multidisciplinary approach to intensive care medicine in his country. Letter from Prof. Hartel, Munich, President of the Berufsverband Deutscher Chirurgen, dated September 10, 2002 he asks for information about the activities of the UEMS-MJCICM for
intensive care medicine. Letter (e-mail) from Dr. Jose Ponte, King’s College Hospital, Cambridge. He asks for information about the current status of training in intensive care medicine in Europe. (The President had already replied to the e-mail: he considered that a survey could be made of national compliance of ICM training programmes and he would present this concept at this current meeting).*

*) Dr. Julian Bion urged that one should exercise careful diplomacy when addressing demands to national authorities concerning professional education and training. Dr. Julian Bion offered that he could make the first contacts between the MJCICM-UEMS and UK National authorities.

4. The accreditation visit requested by the Dept. of Cardiac Surgery at the Städtisches Krankenhaus in Dortmund, Germany, had to be cancelled because the department apparently had no national accreditation for education in intensive care medicine.

**Item 4: The influence of Spanish and Swiss ICU “speciality” training and national regulations.**

a) The situation in Spain:
Also the ESICM has had a long correspondence with Dr. Monedero who complained about the recent professional development in his country stating that the Spanish Society of Intensive Care Medicine (SEMICYUC) was obstructive to the multidisciplinary approach of intensive care medicine and that the Spanish ministry of health do not want to open access of intensive care medicine to other disciplines. In several replies it has been stated that ESICM is a society of individual members and has no mandate to interfere with national regulations. As regards the Diploma, the ESICM is going to change their rules: up to now a statement from the national society had been requested as a precondition to participate at the diploma procedure. In future, a confirmation by the hospital administration will be sufficient, stating that the candidate has intensive care medicine sessions that are remunerated. Hereby observance of the diversity of national professional regulations can be simplified. On the other hand, UEMS-MJCICM has the aim of harmonising the professional structures within the EU; thus, this institution should be able to play a role of intermediation between the Spanish national institution and societies. If this indeed is wanted, it was proposed as a first step to invite both national societies (SEMICYUC for Intensive Care Medicine and SEDAR for Anaesthesiology) to meet with the UEMSMJCICM in order to get more information of the special professional conditions in Spain.

In this connection UEMS-MJCICM should clearly plead for the multidisciplinary access to intensive care medicine and a multidisciplinary training concept. But in the first place, more information from both sides seems mandatory.

b) The situation in Switzerland:
In Switzerland there has recently been created a speciality (“Titel”) for Intensive Care Medicine (see http://www.fmh.ch/awf). This speciality is accepted by the Swiss authorities and the FMH and has a similar status as any other medical speciality in Switzerland. Training period is six years:

- 3 years in a basic speciality, such as Anaesthesiology, Internal Medicine, Paediatrics / Neonatology, Surgery, at an officially accredited department.
- 3 years in intensive care (at least two years in an officially accredited ICU). Four of the six years training period must be performed in the same basic speciality, such as internal medicine & internal intensive care or anaesthesiology / surgery & surgical intensive care. This curriculum can be combined with a basic speciality. Mostly, physicians chose the dual-speciality with five years in a basic speciality plus 2 years in Intensive Care Medicine since this maintains more professional opportunities.

The major difference as compared to the Spanish speciality is that it allows multidisciplinary access and that a 3 year training in a primary speciality is mandatory. Its duration is six years. At present, Intensive Care Medicine appears to be recognised as a separate speciality in two European countries, Spain and Switzerland. It remains unclear if this is accepted as precondition for requesting speciality status for Intensive Care Medicine in Europe. In addition more information is needed about full acceptance of Switzerland as a full member of the EU and also its position in the UEMS before that occurs. (The UEMS Management Council has recommended the Advisory Committee on Medical Training—ACMT—that ICM is Multidisciplinary Medicine. This standpoint has also been accepted. That is the official position at EU committee level at present).
c) Project: Survey of the structure for professional education and training in the European countries (European Educational Inventory).

Dr. Julian Bion proposes a research project to collect information about the present situation and structure of professional education and training in the European States. Such project should give fundamental of facts, which would be needed for further activities of the UEMS-MJCICM for the harmonisation process of ICM training and practise in Europe. It could be an activity of the UEMS-MJCICM carried out through the ESICM. If the UEMS Management Council should give a statement of support, such project could have a chance of being funded from EU resources. The MJCICM President will contact the General Secretary about the feasibility of obtaining from the Management Council of the UEMS a “mandate” to define training & educational programmes for Intensive Care Medicine in all EU member states.

Item 5: “Accreditation” visits:

a) Organisation, advertising and archiving

Graham Ramsay and Julian Bion questioned the concept of the “Accreditation” Visits because harmonisation would only be achieved through the national authorities. The ESICM Standing Advisory Committee however considered that they were essential

• to define the future goals by looking at the recommendations already published
• to create an inventory of the national educational regulations [see Item 4, c) Survey]
• to use the “Accreditation” Visits to study the actual educational structures at the national level
• to get in contact with the national authorities responsible for professional training & educational structures in the European countries.

The committee advised that the present “Accreditation” Visits pilot programme should be limited to five well established ICUs but in different European States in order to obtain a wider experience in preparing for the proposed European Educational Inventory.

b) New reports.

The report of the Visitation in Genk was perused and modified in a few details. It will be completed by the Visitation chairman, Simon de Lange.

Item 6: ICU examination policy in the EU. Is a EJCICM / MJCICM examination a possibility?

This item has not been discussed.

Item 7: Next meeting, date and venue

The next meeting could take place in Brussels, March 17, 2003 in connection with the 23rd International Symposium on Intensive Care and Emergency Medicine in Brussels. NO DEFINITE DATE WAS ARRANGED.

Other matters:

Sadly, we have been informed that the second delegate for the Section Surgery, Dr. Alistair MacGregor passed away one day after his 65th birthday. Our condolences. Simon de Lange stated that his term of office as President would be completed during the first half of 2003. Proposals for his office and for any subsequent office proposals should reach the Hon. Secretary before the next plenary meeting.

End of the meeting: 12:50

Signed:

President

(Prof. Dr. S. de Lange) (Prof. Dr. H. Burchardi)