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Education and Training in Intensive Care European Perspective

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Education and training have increased its importance the last decades. Twelve years ago European Society of Intensive Care (ESICM) published a paper concerning training in intensive care (Int Care Med 1996) and the society efforts to improve training within intensive care have expanded considerably since that time.

Intensive care is an established medical field in all European countries with units found in most hospitals. A large part of the hospital budget is used on intensive care. Yet, intensive care is not recognised as a primary, or even a secondary speciality in many European countries. Not surprisingly, there is a vide variation throughout Europe with regards to how training and education devoted to intensive care are organised (Barrett 2005). The time documented doing specific intensive care training varies from 3 to 36 months. In many countries there is no official examination required for physicians to become intensivists.

In many countries intensive care still is firmly established within the speciality of Anaesthesiology, and this is also the case in Scandinavian countries. Here, a period of between 6 and 9 months (during an average 5 year training) is dedicated to intensive care training. In 1997 we decided to establish a two-year voluntary supra-speciality training, which would be standard for all five countries (Flaatten 2006) and would result in the awarding of the Scandinavian Diploma of Intensive Care.

There have been efforts to have intensive care recognised as a speciality within the UEMS, since the European Directive on recognition of professional qualifications (Directive 2005/36/EC of the European Parliament) does not identify intensive care medicine as a medical speciality. A new initiative was recently begun that aims to have intensive care recognised as an area of “particular competence” and to have this recognised by the

European Parliament. This would mean that at least on this level, intensive care would be visible within UEMS. A new board was established within UEMS (EBICM) consisting of intensive care physicians from the ESICM and physicians from relevant established UEMS specialities.

The board is led by Professor Julian Bion, a former president of the ESICM. On April 18th of this year they agreed to propose to the European council that *"Intensive Care Medicine be included in Directive 2005/36/EC of the European Parliament & Council on the recognition of professional qualifications, as a Particular Medical Competence"*

If accepted, this would mean a breakthrough of having intensive care recognised as somewhat more than an integrated part of another speciality. An interesting part of the proposal is to use the competencies defined by the CoBaTrice project (Bion 2006). In this comprehensive work, supported by a grant from the Leonardo da Vinci programme (European Union) and from ESICM, a total of 102 competencies vital to the practice of intensive care have been defined. The competencies have been divided into 12 main groups, all with a number of subgroups (see Table 1). In many ways this is a completely new way of defining a medical field, or a medical speciality, and has garnered a great deal of interest. A follow up project on how to implement competencies into the national training programmes in Europe is at present under development (CoBaIT). Further information can be found at www.cobatrice.org.

ESICM will start to use the competencies in different ways. From the congress in Vienna 2009 and onward, the Clinical Competency Sessions will use the CoBaTrice competencies as a part of the educational component of the programme. The second version of the ESICM distant learning programme (PACT), that will be launched later this year, will also in a larger degree have these competencies as a natural element of their content. The continuing work with the European Diploma of intensive care also will find the competencies useful, not at least in the conduction of the oral part (Part II) of the examination. This examination has increased in its popularity in recent years, and for 2008 we expect 350-400 candidates to sit for Part I of the examination. The EDIC is now an established part of the training for several national programmes in intensive care in Switzerland, the Netherlands and the Scandinavian countries, and even outside Europe as well. In the future, all of these fore-mentioned activities (CoBaTrice, PACT and EDIC) will constitute a major component of the Education and Training committee within ESICM, thus indicating the increased effort by ESICM to devote time and resources to education and training within european intensive care.

With recent developments, intensive care in Europe may face a more harmonised training, not with regards to time spent on training, but certainly with regards to the aims of the training (competencies). There will also be an updated distance learning programme available from the ESICM (price not yet decided) and methods to document sufficient knowledge will be offered through the EDIC.

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