

## EISCM 2014: ICU Workforce - The Challenges



Increasing demand for intensive care will put immense strains on the intensive care workforce, said Andrew Rhodes, UK, speaking at the European Society of Intensive Care Medicine (ESICM) congress in Barcelona this week. Following the roundtable conference at the ESICM 2013 congress in Paris the Society set up an advisory group to look at intensive care workforce and infrastructure issues. The group aimed to explore challenges in working patterns for doctors working in the ICU, and identify key factors affecting working conditions.

There is increasing demand on intensive care medicine, particularly in terms of meeting the demands of an ageing population. Some data exists that forecasts the problem, for example [Laake et al.'s](#) study forecasting future intensive care needs in Norway. There will be a 20-30% increase in demand for intensive care, it is estimated. To meet this demand, there is already huge variability of critical care beds in Europe and between Western Europe and North America.

The second challenge is avoiding putting patients at risk. ICU services need to ensure optimal working conditions. Increased working hours can lead to fatigue, sleep deprivation, attention failure, reduction in psycho-motor performance. On the other hand reduced working hours can lead to decreased continuity of care, reduced numbers of decisions and decrease in quality of end of life care. At least one study, by [Ali et al.](#) has shown that reduced hours and continuity of care did not affect outcomes. The third challenge is the impact of working conditions, and the high level of burnout amongst intensivists.

Recommendations include ensuring the adequacy of education and training in intensive care medicine. The Common Training Framework was agreed by the European Board of Intensive Care Medicine in September 2014. Common training principles should take the form of common training frameworks based on a common set of knowledge, skills and competences or common training tests. This will ensure that the best quality of care is delivered, using harmonised educational standards that meet the challenges of multiple European countries where major differences exist in critical care delivery, including training, infrastructures and certification standards.

Another recommendation is to reduce working hours and apply workforce planning. Increasing demand will need to be managed by a combination of increased bed numbers, trained staff and a change to current staffing patterns. To ensure patient safety and outcome over 24 hours Rhodes suggested that for low volume ICUs with few unscheduled admissions at night, staffing of a trainee at night with a senior intensivist immediately accessible by telephone might be sufficient. However, he concluded, further study is needed before we can recommend intensivist coverage 24/7. Probably the most acute challenge is understanding how to staff ICUs in the future, said Rhodes, warning that changes to staffing can significantly affect staff health and patient safety. Asked about advanced care practitioners or physician assistants, Rhodes said that all options should be considered, but solutions would be different according to the country and type of hospital.

*Claire Pillar*  
*Managing Editor, ICU Management*

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