



Harmonising IC Medical Training in Europe



A commission in the European Union is working on a joint curriculum for intensive care medical training across Europe. The Multiple Joint Committee of Intensive Care Medicine (MJC ICM) has come up with general guidelines for harmonisation of ICM training in Europe, which the member states are now expected to ratify.

"United in diversity" is the motto of the European Union. At the level of professional training, however, this diversity can be obstructive as it restricts the freedom there actually is in this diversity. Especially in the field of medicine, diversity can also become a disadvantage to the patient. The regulations in intensive care medicine are particularly inconsistent. For example, in Germany medical practitioners initially finish their specialist medical training before they can be further trained as a practitioner in intensive care medicine, while in Spain, intensive care medicine is a specialist medical training directly connected to study.

"Young doctors do not want to commit themselves for their whole professional life to the field of intensive care medicine," says Prof. Kai Zacharowski, Director of the Clinic for Anaesthesiology, Intensive Care Medicine and Pain Therapy at the Goethe University Frankfurt, and head of the MJC ICM.

Shift work and the considerable psychological strain suggest that doctors should not commit themselves to intensive care medicine at too early a stage, according to Prof. Zacharowski, who also represents Germany in the Union Européenne des Médecins Spécialistes (UEMS). He considers a training period of a total of seven years to be essential: "After three years we cannot allow a young colleague to work independently."

In the end, however, the length of training remains a matter for the individual states, the professor says, although emphasising that there should be uniform standards in the contents. Guidelines for the medical profession are drawn up nationally, by health ministries or by professional associations in each member state. There are already obligatory general requirements for subjects such as heart surgery, neurosurgery or anaesthesia. Now there is also this new European framework for intensive care medicine, which was worked out in agreement with the national professional associations.

"Intensive care medicine has changed a lot in the last few years", Prof. Zacharowski notes. "We can now revive people, who would certainly have died 10 years ago". This gives rise to new challenges for intensive care medicine and nursing treatment. A medical practitioner on the intensive care ward must competently manage the whole spectrum required in working with critically ill patients: replacement of organ functions, artificial ventilation, dialysis, correct use of antibiotics, diagnosis and treatment of different types of blood poisoning, management of blood transfusions and, not the least, dealing with relatives.

On the basis of the EU-sponsored programme, CoBaTriCE, a paper was drawn up, which Prof. Zacharowski presented to the European Commission at the end of 2014. Before parliament decides on the guidelines, the various national authorities must have ruled on them.

Prof. Zacharowski expects a conclusion by the end of the year. Before then, however, he will have to have many discussions. Compromises will have to be reached, as in the end a more extensive training programme also means higher costs. One thing is clear, however: if Europe is to draw closer, uniform training is essential.

Source: [Goethe University Frankfurt](#)

Image Credit: European Society of Intensive Care Medicine (ESICM)

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