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Intensive Care in Poland

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The development of intensive care (IC) in Poland has been closely connected to the advances in anaesthesiology. The beginnings of these two fields in Poland go back to the 1950s and 1960s. The precursors of Polish anaesthesiology were Prof. Stanislaw Pokrzywnicki, who specialised in anaesthesiology under Sir Robert Macintosh at Oxford, and Assistant Prof. Mieczyslaw Justyna. The first Intensive Care Departments were established at the Medical Universities in Poznan (by Prof. Witold Jurczyk) and Wroclaw (by Prof. Antoni Aronski), in 1967 and the first Paediatric Intensive Care Department was set up in 1970 in the Paediatric Institute in Warsaw (by Prof. Tadeusz Szreter).

Standards in Intensive Care

An important step towards the development of IC in Poland was achieved in 1998. It was the elaboration, thanks to the efforts of the entire anaesthesiology community, of detailed guidelines and medical procedures regulating the provision of healthcare services in anaesthesiology and intensive care, issued as the Regulation of the Minister of Health of 27 February 1998. Among other issues, these standards defined area and equipment requirements applicable to IC departments, including detailed specification of equipment to be installed in bed units, as well as personnel standards (i.e. the required number of medical practitioners and nurses per a defined number of IC beds). Also according to the Regulation, IC departments may only be run by specialists in anaesthesiology and intensive care. In order to ensure that the relevant requirements are satisfied, the Regulation provided a period of five years for gradual purchase of the requisite equipment in all intensive care departments.

Training and Education System

The Polish system of postgraduate specialisation courses for physicians incorporates one joint specialisation in anaesthesiology and intensive care. The specialisation training begins upon completion of one year's post-graduate internship and the state medical licensing exam. It takes six years to complete the specialisation training, which is conducted at selected and certified ICUs. Physicians, during specialisation, have two possibilities of employment: hospital jobs or medical residencies, both financed directly by the Ministry of Health. The programme of specialist training is designed to enable future specialists in anaesthesiology and IC to gain necessary knowledge of physiology, pathophysiology, pharmacology, preoperative treatment and postoperative care, clinical anaesthesia, intensive therapy, diagnostics and treatment of acute and chronic pain, emergency medicine and resuscitation. The programme involves both obligatory courses and specific internships. The title of specialist in anaesthesiology and IC is granted upon completion of the training and the state medical licensing exam. As part of continuing professional development, Foundation for European Education in Anaesthesiology (FEEA) courses have been held on a regular basis since 1995. The first course was in Poznan but currently, the courses are provided at four academic centres in Cracow, Poznan, Warsaw and Wroclaw.

Current Situation

The latest statistics provided by the Ministry of Health (2005) show that out of a total number of 749 public-sector hospitals, 425 establishments had IC departments. The number of departments in different regions varied between 8 and 60. The total number of IC bed units in Poland was 2,417, accounting in different hospitals for between 1.5% and 2% of the total number of available hospital beds. In 2005, anaesthesiology and intensive care departments employed around 3,500 specialists in these disciplines corresponding to an average of 0.9 anaesthesiologists per 10.000 inhabitants.

Major Challenges

Currently, the most important challenges that the sector is faced with and requiring urgent attention are to increase the number of IC bed units and to stop the 'brain drain' of specialists in anaesthesiology and intensive care to countries abroad. As the Ministry of Health estimates, during © For personal and private use only. Reproduction must be permitted by the copyright holder. Email to copyright@mindbyte.eu.

the past two years, around 20% of the anaesthesiology and intensive care specialists in Poland left the country being offered much higher pay for a lower workload. This also resulted in an increase in the average age of Polish specialists in anaesthesiology and intensive care, which is now 48 years for women and 52 years for men. The current situation may cause difficulties in maintaining minimum employment levels necessary to meet staffing requirements at IC departments. Another important challenge in the nearest future will be the introduction and, possibly, extension of the existing specialisation syllabus with elements elaborated within the Competency-Based Training in Intensive Care in Europe (CoBaTrICE), a programme launched by the European Society of Intensive Care Medicine (ESICM) with the objective of unifying the scope of knowledge, competence and skills required of intensive care specialists in the EU Member States. Poland's representatives in ESICM also made an active contribution to the development of CoBaTrICE.

Polish Society of Anaesthesiology and Intensive Therapy

The Polish Society of Anaesthesiology and Intensive Therapy was established in 1959 under the name Society of Polish Anaesthesiologists. It is a scientific society gathering and representing the community of anaesthesiology and intensive care specialists. The mission of the Society is to conduct and support research in topics related to anaesthesiology and intensive care, to cooperate in improving professional qualifications of Society members and work towards their high professional ethics, to spread the knowledge of anaesthesiology, intensive care, resuscitation and pain therapy, as well as to collaborate in the planning and organisation of the healthcare system in the represented medical specialisation. At present, the Society has thirteen regional divisions and six specialty sections (Historical; Cardiothoracic anaesthesia; Hyperbaric Medicine; Neuroanaesthetic and IT in Neurological Diseases; Paediatric, and Ambulatory Anaesthesia). The activities of the Society are coordinated by its highest authority body, the Board of Directors, which implements decisions and resolutions taken by the General Meeting of Members.

The Society pursues its goals by organising congresses, conferences and scientific meetings, as well as by educating in anaesthesiology, intensive care, resuscitation and pain therapy on both pre- and post-graduate levels. The Board of Directors is engaged in the development of postgraduate training programmes in anaesthesiology and intensive care. Since 1959, the Board has held national scientific congresses every three years. The latest, the 15th International Congress of the Polish Society of Anaesthesiology and Intensive Therapy, took place in Poznan in 2005. In 1990, the Polish Society of Anaesthesiology and Intensive Therapy also organised a Congress of the European Section of the World Federation of Societies of Anaesthesiologists (WFSA) in Warsaw. Since 1969, the Society has been publishing Anaesthesiology and Intensive Therapy – a specialist quarterly journal.

At the moment, the Society has 1660 members, both specialists in anaesthesiology and intensive care, as well as physicians in their specialist training in this field. In Poland, there are also the Polish Society of Emergency and Disaster Medicine (since 1988), the Polish Society of Emergency Medicine (since 2000) and the Polish Resuscitation Council (since 2001), all of which work in cooperation with the Polish Society of Anaesthesiology and Intensive Therapy.

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