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### Intensive Care Training in Portugal

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Since the inception of the first Portuguese intensive care unit (ICU) in the late fifties, significant (but still insufficient) progress has been made, with the installation of many ICUs and the training of staff, doctors and nurses for critical patients' care.

The rapid evolution of technical and scientific knowledge in the area of critical care brought about the need for a new specialisation for those working in intensive care, regardless of their previous studies. This need was first recognised in 1989 by our National Medical Board (*Ordem dos Médicos*, or OM), which is in charge of medical training. That year, the OM implemented the *Ciclo de Estudos Especiais em Medicina Intensiva*, or "Special Studies Cycle in Intensive Care Medicine", a two-year period of training for those desiring to work in critical care. In 2005, the OM recognised intensive care as a sub-specialty and established new requirements for qualification.

In Portugal, intensive care medicine is taught only at Coimbra University, one of Portugal's six medical schools. It is a four-month course with theoretical and practical training, included in the last year of the usual medical studies.

Intensive care training is now part of the residency curricula of medical and surgical specialties, its duration ranging from three to nine months and, if desired by the trainee, extended to the maximum of twelve months. This residency must be completed in a B-Level ICU. During this training period, the trainee must recognise, prioritise, and implement a procedure plan for every type of critical medical, surgical or trauma patient. After the training period, all candidates are evaluated in a theoretical and practical exam, qualifying with at least 10 out of 20 possible points.

The *Ciclo de Estudos Especiais em Medicina Intensiva*, initiated in 1989, is a two-year period of training for those wanting to specialise in intensive care. All candidates must have previous specialisation in internal medicine, general surgery, anaesthesiology or other medical or surgical specialties. Candidates are accepted to a programme in a B- or C-Level ICU after curricular evaluation. During this two-year training period, candidates work on a full-time schedule (42h/week) in the ICU, but candidates may also stay for short periods of time in other ICUs, focusing in more specific areas, like trauma, neurological, coronary or burn care ICUs. Candidates should acquire skills in the management of respiratory, cardiovascular, neurological, renal, haematological, gastrointestinal, obstetrics, burn, toxic syndrome and infectious disease cases. They must also be proficient in all the current ICU techniques. After the training period, candidates undergo a three-part exam, performed by members of the ICU staff, including curricular, theoretical and practical issues. After qualification, the OM certifies candidates as sub-specialists in intensive care medicine.

The intensive care sub-specialty will replace the *Ciclo de Estudos Especiais em Medicina Intensiva* in the future. Candidates are subject to the same specialty requirements and are admitted to the training programme after curricular evaluation and an interview. The two-year training is done in a C-Level ICU, on a full-time (42h/week) schedule. The ICU continually evaluates candidates on their proficiency in the areas of critical care described above. After the training period, if the candidate qualifies with at least 10 out of 20 possible points in the continuous evaluation, he or she will undergo a three-part exam (curricular, theoretical and practical). This exam is administered by a board of five intensive care sub-specialists, three from other ICUs.

In Portugal, there are now about 170 intensive care sub-specialists. The majority of them are long-term intensive care practitioners, from internal medicine, pneumology and anaesthesiology. We expect that the coming years will bring many more subspecialists and greater recognition of the importance of the specific training for those taking care of critically ill patients.

