

2012



BUSINESS PLAN **THE NEXT 5 YEARS**



25 YEARS

**OF PROGRESS
AND INNOVATION**

ESICM 1982

FROM BIRTH TO MATURITY **THE LAST 25 YEARS**

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**ESICM
PAST PRESIDENTS**



1982-1986 - PETER M SUTER



1986-1988 - MAURICE LAMY



1988-1990 - LUCIANO GATTINONI



1990-1992 - IAIN McA LEDINGHAM



1992-1994 - JEAN-LOUIS VINCENT



1994-1996 - LAMBERT G THIJS †



1996-1998 - JEAN CARLET



1998-2000 - HILMAR BURCHARDI



2000-2002 - JUKKA TAKALA



2002-2004 - GRAHAM RAMSAY



2004-2006 - JULIAN BION

The Past Presidents have been the pioneers and leaders of the European Society of Intensive Care Medicine over the previous 25 years. All were prepared to invest their time and energy to grow and improve the service to the Society's members and develop intensive care medicine for the benefit of patients and patients' families. Like many others in the Executive Committee and other ESICM bodies, all the Past Presidents offered their knowledge, skills and experience to the Society on a voluntary basis.

The Society is extremely grateful to its Past Presidents for their leadership and their willingness to drive the Society forward. The ESICM would not be what it is today without their input. They had difficult times, took substantial risks, were highly innovative, and all have continued to support the Society long after their presidency.

ESICM owes its existence and development to them and thanks them wholeheartedly.

FOREWORD

The European Society of Intensive Care Medicine (ESICM) is 25 years old. I must admit that as President, I had some trouble in deciding what to write about to mark these 25 years, but it became clear when I thought about how I came to love intensive care over the same 25 year period.

In 1982, Italy won the Football World Cup (soccer for our North American members), even though Argentina and Brazil were clearly better teams. The Berlin wall was still in place, and the Beatles had been replaced by Duran Duran (thank goodness the Rolling Stones were still around!).

I was a medical student who still believed the world could be changed, but I was busier playing football than studying medicine or practising revolutionary politics.

That year, I spent a week's rotation in the intensive care unit (ICU) of the Policlinico Hospital in Bari and, for the first time in my life, it was clear to me that medicine was a serious business that could be as exciting as football or as stimulating as a revolution. What got my attention was the passion, the competence, and the multidisciplinary nature of the clinical challenge of intensive care medicine but, more importantly, I was fascinated by the dedication of the intensivists working in the ICU. Time was no object, seniority and age did not matter; what mattered was fighting for the patient, with all available resources. Even when the necessary resources weren't available, the individuals, with their passion and their commitment, generated the means. That experience taught me that it was possible to practise medicine as I had played football (as part of a team and with passion), and that revolutionary concepts (e.g. advanced organ support that saves lives which would be otherwise lost) were real and not just dreams.

As time went by, I entered the residency programme in Anaesthesia and Intensive Care Medicine and encountered the 'European' version of that passion in Baveno, at the first ESICM meeting that I ever attended. There I realized that all European intensivists had the same dedication that I fell in love with during my first rotation in intensive care.

The passion evolved into a clinical and a scientific profession and the evolution of my career paralleled the evolution of the ESICM. European intensive care is now a strong discipline that contributes to the development of medicine with the same rigor and expertise as much older and stronger disciplines such as internal medicine or surgery.

But I would like to conclude by focusing not on the past but on the future. Specifically, I would like to focus on the 25-year-old students who spend their first rotation week in intensive care. My commitment – in fact, our commitment as an organization – is to transmit to them the passion, the excitement and the job satisfaction that Angelo, Antonio, Vito, Peppino, Riccardo, Rocco, Francesco, Tommaso and Prof. Brienza transmitted to me 25 years ago and that Peter, Maurice, Luciano, Iain, Jean-Louis, Bert, Jean, Hilmar, Jukka, Graham, and Julian transmitted to the thousands of intensivists who have joined the ESICM in these 25 years.

Teaching young students the joy of intensive care, demonstrating the team work so critical to the ICU team, and discovering better ways to care for the most critically ill patients in intensive care is the core business of the ESICM – this is our mission.



Happy Birthday ESICM !

A handwritten signature in black ink, which appears to read 'M. Ranieri'.

Marco Ranieri
ESICM president

1982-2007 FROM BIRTH TO MATURITY

FOUNDING OF THE ESICM IN 1982: RAPID START, LONG-LASTING LIFE

The context in 1982

The early 1980s were fascinating years with key events from that era bringing long-lasting changes to Europe and the world. Just think about a few examples:

- ◆ The first cases of AIDS were diagnosed, and the virus identified in 1983
- ◆ The first IBM office computers went on sale
- ◆ The King of Spain upheld democracy when he opposed a military coup led by Colonel Tejero
- ◆ The worker's union, Solidarity, under the leadership of Lech Walesa, brought about democracy in Poland
- ◆ Initiatives to bring the Cold War to an end were progressed in Geneva and Reykjavik by Gorbachev and Reagan
- ◆ Lady Diana Spencer and Prince Charles married in a lavish ceremony watched by an estimated global TV audience of 750 million
- ◆ The singers Bob Marley and Georges Brassens passed away.

Some of these historical events seem only yesterday, others a lifetime away; the same can be said of ICUs 25 years ago and the ESICM.

The start with multidisciplinary intensive care

'Multidisciplinary intensive care medicine' existed in some form before the birth of the Society but there were many organizational and structural differences across different countries. The formation of the ESICM marked the beginning of increasing dialogue and exchange of common activities between European countries. This led within 1–2 years to definitions of objectives, training curricula and a scientific basis of an emerging medical speciality.

The concept of multidisciplinary intensive care medicine was established for 2 main reasons: first, it was accepted that any specialty seriously involved in intensive care medicine should be included within the Society, and second, it was felt that patients had the right to benefit from the specific competencies and expertise offered by all modern medical specialists.

Another essential cornerstone of the ESICM, its life and development, is the strong dedication to the scientific basis of medicine and the role of research in the improvement in patient care. This is a fundamental philosophy of those people directly involved in the foundation of the Society.

At its origins we find a group of clinical scientists from 12 different countries, collaborating in the European Research Group on Respiratory Intensive Care (ERGRIC) founded in 1980 by the late Myron Laver, together with Adrian Versprille. The group was composed of less than 20 members, all active in clinical research in intensive care, and included initially: Keith Sykes, Göran Hedenstierna, Luciano Gattinoni, Maurice Lamy, François Lemaire, Herbert Benzer, Marcel Baum, Daniel Scheidegger, Antonio Artigas, Hilmar Burchardi, Antonio Pesenti, Konrad Falke, Jens Andersen, Michael Sydow and Peter M. Suter. This research group had simple rules: members had to be scientifically active, and had to regularly present at the meetings of the group unpublished research data and scientific hypotheses based on preliminary results or challenging ideas.

In order to develop the scientific, clinical and teaching basis of intensive care medicine, the idea of creating a new transnational forum was briefly discussed in the group and then formed within a few months without the involvement of official bodies such as national societies, political or professional institutions. A few enthusiastic members of ERGRIC formed the first committee, compiled statutes and established a legal basis in Switzerland.

The official foundation meeting of the ESICM was held in the headquarters of the World Health Organization in Geneva on 13 March 1982. Intensive care medicine representatives from 12 European countries participated in this event. They adopted the first statutes and elected the first executive committee. Although the statutes have been adapted and

FROM BIRTH TO MATURITY

modernized several times since then, they still contain the key points that were set out in the beginning, including: the goals, central interests, the general organizational framework, scientific basis of the field, the creation of a European Diploma and its openness to interested intensivists from all continents. However, the early amateur club has rapidly grown into an efficient organization with thousands of members and many regular activities that are well recognized across the globe today.

A multidisciplinary leadership with diverse talents

The interdisciplinary collaboration was and is still well reflected by the professional background of the leadership of the ESICM, the composition of Executive Committee and Council. Of the first 11 presidents, 2 were surgeons, 4 internists and 4 anaesthetists, all speaking the same language despite coming from 8 different countries and having different medical experiences.

The first 3 presidents of the ESICM – a Swiss air force pilot, a Belgian all-round champion in anaesthesia and an Italian gospel star – all originated from the core of the ERGRIC (Peter M. Suter, Maurice Lamy, Luciano Gattinoni). After 8 years of intensive respiratory care, the Society presidency then moved to the hands of a cultivated Scottish surgeon (Iain McA Ledingham), and then returned to continental Europe, to a famous entertainer and clinical scientist in Brussels (Jean-Louis Vincent). Next came a serious internist from Amsterdam (Lambert G. Thijs) followed by a French opera singer (Jean Carlet), a German violinist (Hilmar Burchardi) and a Finnish champion helping to improve Swiss intensive care (Jukka Takala). Then it was the time for 2 gentlemen from the UK, one dedicated to medical education of the Dutch, the other re-educating our beloved ESICM (Graham Ramsay, Julian Bion).

25 years of development

The 25 years following the foundation of the ESICM has seen enormous changes in the activities of the Society. New tasks have been added, and the team of a dozen clinical scientists, engaged in this creation, have gone on to become dinosaurs, but most of them apparently unimpressed and undamaged by the prediction of nearing extinction.

The way to set up the Society were unconventional – without the support of any official professional organisation – and this was interpreted initially as a hostile act by the Intensive Care Medicine establishment of in many European countries. Tensions decreased rapidly during the following months and years, in part due to the success of the ESICM in constructing a new framework for teaching, training and supporting scientific collaboration across national borders. In addition, the strict neutrality observed by the Society in the battle between specialities for the stewardship of Intensive Care Medicine in the 1980s, involving anaesthetists, surgeons, internists, cardiologists, respiratory physicians, etc., as well as its professional approach in a difficult clinical field, led to a high level of credibility and trust in the ESICM within a short time period.

The creation of the European Diploma in Intensive Care Medicine, with clearly defined training conditions and duration and a common theoretical examination, set a stage for better mutual recognition of physicians and ICUs throughout the continent.

A few signs of maturity

Twenty-five years later: Any signs of maturity? The ESICM has contributed significantly to the high-quality level of clinical care in ICUs throughout Europe. It has achieved this through a classical approach: as in other areas of medicine, teaching and training standards have been set at international levels; minimum requirements for units concerning equipment, resources and security have been defined and applied, and finally good medical practice has been based on the results of clinical research as well as appropriate basic sciences. Many other organizations besides the ESICM have contributed to those improvements in patient care and outcome, including regional or national regulations for training, hospital organization and structure, as well as progress in pharmacologic and technical means to establish more efficient treatment options, better diagnostic tools and improved monitoring.

**FROM BIRTH
TO MATURITY**



Peter Suter,
on behalf of

At 25 years of age, the ESICM shows impressive signs of maturity; the Society has progressed in its early years and does clearly accept the necessity of life-long learning to further improve patient care. It is hoped that the ESICM does not feel so mature that it will take a rest and cease to improve.

Intensive care medicine is a young discipline with the first ICU being less than 60 years old. The European Society of Intensive Care Medicine is a youthful 25 years old: enthusiastic, full of life, and in the midst of a successful productive career. However, there is still a lot of work ahead to ensure that the Society remains dynamic and worthy of the trust patients have in it; that it fulfils societal expectations for efficient and compassionate care, and provides the necessary role models for healthcare systems across the globe.

Good luck !

Maurice Lamy,
Luciano Gattinoni,
Iain McA Ledingham,
Jean-Louis Vincent,
Bert Thijs,
Jean Carlet,
Hilmar Burchardi,
Jukka Takala,
Graham Ramsay,
Julian Bion
ESICM past presidents,
1982-2006

SCIENTIFIC AFFAIRS

CONGRESSES AND CONFERENCES

The first pre-meeting of the fledgling European Society of Intensive Care Medicine took place in Geneva in 1981. This meeting was a relatively small affair with a few hundred participants. Since that time the Annual Congress has grown in parallel with the Society to be one of the leading critical care meetings in the world. Over recent years, the congress has developed to embody the Society's aims of advancing and promoting knowledge in intensive care medicine through the highest standards of education, research and professional development. The 19th annual meeting, held in 2006 in Barcelona, took place with almost 6000 participants. This was possibly the largest critical care meeting ever to take place in Europe. The 2007 Annual Congress, the 20th meeting of the ESICM, took place in Berlin, 7-9 October 2007 with nearly 5000 delegates.



The ESICM congress has always placed a strong emphasis on the presentation of research papers. There is an active encouragement for young researchers to present their new data at our meeting. We feel that this interaction between scientists, academics, clinicians and experts allows presentation skills to be honed, peer review to occur and data to be disseminated. We now regularly have well over 1000 abstracts submitted to our meeting. The combination of these research presentations sandwiched between state-of-the-art thematic sessions and educational presentations has proved to be a successful formula. Utilization of the Society's educational packages – PACT and CoBaTrICE – within these sessions has enabled the meeting to move to a higher level of excellence in terms of educational techniques.

After 2007, we will move to new European cities to which we have not yet taken our congress. 2008 will be in Lisbon, Portugal, and 2009 Vienna, Austria. As well as the Annual Congress, the ESICM also organizes a number of other events. We jointly run an annual Summer Conference with the SCCM and also organize a series of International Consensus Conferences with 4 other Societies (ATS, SCCM, ERS and SRLF). The Summer Conference on acute heart failure is in Athens 6-8 June 2008 and an International Consensus Conference on adrenocortical insufficiency in Florence, 17-18 April 2008.



ANDREW RHODES

ESICM chairman of the Division of Scientific Affairs
chairman of the Congress Committee

SCIENTIFIC AFFAIRS

SECTIONS AND WORKING GROUPS

The year 1995 marked a major turning point for the Society as it took a major step towards becoming a professional scientific society: it decided to take over the organization of its annual meetings, rather than allowing congresses to be organized locally.

The Annual Congresses were foreseen to provide the revenue necessary to establish the infrastructure of the Society, including a central office with full-time staff.

In taking over the organization of the Annual Congresses, the Society needed to provide support for the scientific programme, including providing a review process for abstracts and attracting research papers. In addition, as a professional scientific society, ESICM needed a platform for development of its members' common scientific interests and for promotion of collaboration on research projects.

First the Scientific Committee was introduced, and subsequently the new scientific structure of the Society – the scientific Sections, each represented in the scientific committee – was established in 1996. Over the next 3 years, the Scientific Committee and the Sections gradually took over full responsibility for designing the programme of the Annual Congress. The meeting in Berlin in 1999 was the first where ESICM as a society was in charge of both the organizational and scientific aspects of the congress.



The successful establishment of the ESICM Annual Congress as one of the main scientific and educational venues in intensive care medicine worldwide reflects the continuous combined efforts of the scientific Sections and the support provided by ESICM through its professional infrastructure. The role of the Sections has broadened during their 11-year existence: today, not only do they design the congress programme, but they also provide the scientific backbone for the ESICM strategic agenda.

Ultimately, the success of ESICM's scientific activities depends on the input and involvement of its members. Through the scientific Sections, each individual member can directly influence and contribute to the scientific affairs of the Society.

JUKKA TAKALA Past President 2000-2002

SCIENTIFIC AFFAIRS

Research activities

The ESICM Research Committee started life within the ESICM in 2004. Since then it has blossomed and has provided its members with new projects, numerous awards and a highly valuable network.



The European Critical Care Research Network (ECCRN), under the responsibility of the Research Committee, has supported many projects over its time, and continues to do so. Through such projects, the Research Committee and its groups have proven that it is possible to successfully organize networks of outstanding physicians and scientists who will shape the success of European research initiatives. These projects all play a key role in the evolution of intensive care medicine.

In its first year, no less than 11 projects were granted support or endorsement by the ECCRN, showing the need for a network and the willingness of ESICM members to share their projects with the intensive care community. These projects have included ETHICUS, CORTICUS, SAPS III and CoBaTrICE. Each year new requests continue to be received



Ongoing research projects include GenOSept which is aimed at identifying genetic associations with susceptibility to sepsis. Initiated in 2005 and funded by the European Union, the first phase of the project required the development of electronic case report forms (eCRF); this is now complete. The project has since moved into its recruitment phase with the aim of recruiting 2500 patients. Fourteen partners form the consortium, in addition to national coordinators in over 20 countries, and involving over 200 ICUs all over Europe.

Increasingly, surveys are also now being endorsed via the ECCRN. ESICM members use the ESICM network to circulate their surveys to provide them with crucial information on other intensivists' points of view or methods of work. These have shown to be highly successful, and will continue to play a key role in the ECCRN.

Awards have always been a positive way of promoting excellence in research. An unprecedented success in 2006, with over 90 applications, 2007 followed suit with a similar number of candidates. Applications are submitted from all over Europe with exceptionally high quality proposals. Thanks to the energetic work of the Research Committee and the ESICM Executive Committee, the number of awards continues to increase each year, with 12 being awarded in 2007. These awards are funded either by the ESICM or by our industry partners. Industry plays a key role in our being able to provide these awards, and we thank Edwards Lifesciences, iMDsoft, Eli Lilly, Hamilton Medical and Spacelabs for their generous support.

Many research projects, such as those performed by the ESICM and its members, often require ethical consent. This has always been a challenge, in particular when patients are unconscious. In 2001, the EU proposed a directive making it mandatory to obtain informed consent either directly from the patient or indirectly from a legal representative. This directive was seriously questioned by the ESICM since patients' interests would not be best served by making it illegal to perform clinical research to evaluate and improve the quality of emergency care offered to them. Such obstacles are currently affecting projects such as GenOSept, and continue to be a concern to the research community. The ESICM therefore continues to actively pursue ethical issues, amongst other matters, to promote research and further the improvement in patient care.

Research activities

The Surviving Sepsis Campaign

The Surviving Sepsis Campaign (SSC), an initiative of the European Society of Intensive Care Medicine, the International Sepsis Forum, and the Society of Critical Care Medicine, was developed to improve the treatment of sepsis.

The Campaign was begun in 2002 with a pledge to demonstrate a measurable reduction in severe sepsis mortality by 2008. International guidelines for the management of severe sepsis were developed and published jointly in Critical Care Medicine and Intensive Care Medicine in 2004 sponsored by 11 international organizations with interests in the management of sepsis. The first revision of the guidelines was published in 2008, again in the same 2 journals, this time with 16 sponsoring organizations.



In 2005, the SSC partnered with the Institute for Healthcare Improvement to create the SSC performance improvement programme consisting of 2 sepsis bundles based on key recommendations from the guidelines. Each bundle includes goals of therapy. The first bundle targeting the first 6 hours of severe sepsis management has 3 to 6 goals (quality indicators) depending on whether or not the patient has hypotension and/or shock. The second bundle has 3 to 4 indicators based on presence or absence of mechanical ventilation. Each patient who has severe sepsis according to a standardized screening tool is scored for performance as to compliance with achieving the indicators. A software programme facilitates data entry for each patient with severe sepsis and allows local and central creation of monthly, quarterly and yearly tabular and graphic reports of performance.



JEAN-DANIEL CHICHE

Beginning in late 2005, hospitals around the world began signing on to participate in the performance improvement programme with data collection, education programmes and performance feedback to healthcare practitioners. To date over 16,000 patients have been entered into the database from 120 hospitals in over 20 countries from around the world. The first formal data analysis is scheduled for June 2008. The first subset of SSC data (Spain) to be formally analyzed shows decreased mortality over time and is accepted for publication in the Journal of the American Medical Association. An interim analysis performed in 2007 of the entire database was encouraging for both process change (increased indicator achievement) and reduction in mortality.

ESICM Deputy of the Division of Scientific Affairs
Chairman of the Research Committee

PROFESSIONAL DEVELOPMENT

Education & Training

EUROPEAN DIPLOMA IN INTENSIVE CARE MEDICINE (EDIC)

There is increasing demand for the European Diploma in Intensive Care Medicine (EDIC) exam; the number of applicants now being greater than 300 per year. There is recognition of EDIC by the authorities in the Netherlands, Ireland and the Scandinavian countries as a component of their intensivists accreditation processes and there is de facto recognition in the UK. In Switzerland, their Part 1 adult exam is now the same as the EDIC part 1 exam. Other countries are also keen on the development of closer collaboration. There have been preliminary discussions with the joint faculty of Intensive Care Medicine in Australia and New Zealand with a view to identifying a workable system of mutual recognition of training.

The Part 1 (written) exam is now held twice per year (January–February and in September–October) at 3 different sites: the Society Congress venue, Ede in the Netherlands and in Bern, Switzerland. Quality improvement continues in conjunction with the Institute for Medical Education at the University of Bern but the pass rate remains fairly consistent at circa 78%. A joint agreement with the Swiss Society of Intensive Care Medicine was agreed this year and there will be a yearly review with the Swiss exam authorities of this ongoing exam collaboration. PACT-related questions (Patient-centred Acute Care Training (PACT) is a distance-learning-based curriculum for ICU – see below) are incorporated into EDIC and there is a plan to draw increasingly on the pre-congress refresher course as a source of new questions. New databases and web tools are being developed to facilitate ease and quality of exam generation.

The process of quality enhancement and Europe-wide harmonization for the Part 2 exam continues. The institution of an examiners workshop at the Annual Congress in Barcelona in 2006 was a great success and is regarded as the first of a continuing process likely to take place 2-3 yearly. Concurrent integration with CoBaTrICE (a system of defining critical care medicine in terms of a series of competencies) is likely to become an inherent part of accreditation of training. The progress towards centralized exam sites continues and the increasing demand from outside Europe has facilitated the development of a centralized exam centre at Kuala Lumpur to service candidates from Malaysia, Hong Kong and Singapore, pending development of a local exam system.

PLAN

The way forward is increased professionalism of the Part 1 exam and increased quality improvement and harmonisation of the Part 2 exam. The future is likely to bring closer links with, and possible endorsement of, the exam by the new European Board of Intensive Care Medicine. The integration of PACT and CoBaTrICE as a Society package of educational and support mechanisms for intensive care medicine (ICM) will undoubtedly swell the activity of the Society in general and in particular its relevance to young intensivists in Europe. The development of administrative support for these activities will also be a feature of this evolution.

CONTINUING PROFESSIONAL DEVELOPMENT

The recent restructuring of the Society has facilitated its development as a professional Society with a broad and complementary research and educational remit. Indeed the Society's mission is stated as the 'advancement and promotion of knowledge in intensive care medicine, in particular, the promotion of the highest standards of multidisciplinary care of critically ill patients and their families through education, research and professional development'.

Education & Training



DERMOT PHELAN

By the development of CoBaTrICE and PACT, and EDIC as a postgraduate exam in ICM, the ESICM is strengthening its remit in advancing the specialty area of intensive care medicine. The new refresher pre-congress course in ICM is a Continuing Professional Development (CPD) tool but is also a new concept for the Annual Congress. It is anticipated that this Course will also be a real addition to the repertoire of EDIC exam preparation facilities put together by the Society.

In the healthcare workplace, good CPD is increasingly recognized as key to staff development and organizational modernisation. The Society has recognized this by sponsoring congress sessions exploring CPD, quality ICU management and related improved process and outcome. The Quality Indicator project (see Editorial and Publishing Committee section) will undoubtedly complement this development and the institution of an education/CPD section to the Congress abstracts will facilitate the presentation and debate of research advances and new concepts in this area at the Society's Annual Congress.

ESICM Chairman of the Division of Professional Development
Chairman of the Education and Training Committee

Education & Training

PATIENT-CENTRED ACUTE CARE TRAINING (PACT)

Patient-Centred Acute Care Training (PACT) is the ESICM's distance-learning programme which has been produced to improve and harmonize the quality of intensive care medicine. PACT reflects a modern flexible way of learning where subscribers utilize the programme in a variety of ways to meet their particular needs. Trainers use the programme in conjunction with training for EDIC or for local or national courses or exams. Surveys of subscribers in 2003 and 2007 showed that PACT is a valuable tool both for trainees and trainers.

The first edition of PACT contains 44 modules (in electronic and paper formats) which cover the intensive care curriculum. Modules are based on real life in the ICU and reflect daily work through a task-based approach and clinical scenarios.

Origins of PACT

The PACT concept was developed in conjunction with the Centre for Medical Education at the University of Dundee, Scotland. Initial proposals were presented at the ESICM's congress in Stockholm in 1998 and the programme was launched in Berlin a year later. PACT has been guided by a Steering Committee, under the leadership of Graham Ramsay, and supported by the Executive Committee of the Society.



Progression of PACT

The ESICM entered a partnership with the Society of Critical Care Medicine (SCCM) in 2000 whereby SCCM endorses the programme for US CME accreditation and their members benefit from the same subscription price as ESICM members. An SCCM representative joined the PACT Steering Committee.

Production schedules at the outset were over optimistic and it quickly became evident that producing innovative educational materials was a challenge for overworked intensivists. Strategies such as the organization of workshops for authors and author/editing team meetings were implemented to assist authors.

Subscriptions have almost reached the original target of 1000 and site licences for hospitals are proving successful. There is increasing interest in the use of PACT as a basis for training courses. In Portugal, PACT is used as teaching tool during national pre-congress courses.

Since 2003, PACT sessions have been included in the ESICM's congresses. In Berlin 2004, a physiologically-driven human patient simulator, programmed using clinical scenarios from PACT, was used in a simulation workshop. As well as demonstrating the value of patient simulation, the sessions highlighted another way in which the PACT programme is being successfully used. Annual simulation workshops have been jointly organized by ESICM and SAInT.

In 2005, ESICM and Springer-Verlag, the publisher of the ESICM/ESPIC Journal Intensive Care Medicine, jointly agreed to make available to PACT electronic users the full text (pdf) of ICM articles cited in the modules.

PACT is an ambitious project, has involved hundreds of people, and has taken several years and significant investment to produce. Completion of all 44 modules was achieved by Spring 2008. The electronic versions of 7 of the early modules have been updated. We eagerly await the next phase.



GRAHAM RAMSAY

PACT Editor-in-Chief
 Chairman of the PACT Steering Committee
 Past President 2002-2004

PROFESSIONAL DEVELOPMENT Education & Training



COMPETENCY-BASED TRAINING IN INTENSIVE CARE IN EUROPE (COBATRICE) AND THE EUROPEAN BOARD OF INTENSIVE CARE MEDICINE

The CoBaTrICE project was concluded successfully in October 2006, and received the highest possible rating from the European Commission, which has identified the project as a model of best practice for Europe.

CoBaTrICE emerged from a desire to harmonize training in intensive care medicine (ICM) in Europe and countries worldwide ^[1], to ensure more consistent outcomes of training to improve patient care, and to link specialist training with life-long learning. We recognized that this would take a professional lifetime to achieve, and that it would not be possible, and indeed might not be desirable, to standardize all aspects of national structures and processes of training. What we wanted to do first was to agree the outcomes of training – that an intensivist trained in one country should have the same competencies – core skills, knowledge, attitudes and professional behaviours - as one trained in another. Using consensus techniques and a large number of collaborators, CoBaTrICE has laid the foundations for this task. The competencies and the supporting materials (syllabus, assessment techniques, educational resources and portfolio) have been published ^[2] and are now available on the web (www.cobatrance.org), and several countries have already adopted them as the basis for their national programmes.

The challenge for us all now is to turn this project into an enduring international programme of training in intensive care medicine. This requires us to keep the content of CoBaTrICE under regular review to reflect scientific, clinical and educational developments. It also means that individual countries, and trainers and trainees, must be able to participate in and have ownership over its continued development. We need to make the programme accessible and useful ‘in the workplace’ – with the trainee at the patient’s bedside, integrated with clinical learning opportunities, and linked to personal portfolios as evidence of life-long learning. Finally, we must ensure that CoBaTrICE is consistent with training in other acute medical disciplines and professions allied to medicine.

We will achieve this through a new project (CoBaTrICE-IT) funded by the European Union Leonardo Programme. This project has 5 main aims. We will conduct a survey of current vocational training and skills needs in ICM in different countries to identify best practice, to understand the pedagogic challenges faced by trainers and trainees, and to determine opportunities for improvement. We will harmonize quality assurance procedures (monitoring and accreditation) for programmes of training in ICM, and harmonize quality indicators for processes and outcomes of training for individuals, including workplace-based methods of assessment of competence, simulation, multi-source feedback, and formal examination. This will allow us to develop international quality standards for Europe. We will develop a website and web-based tools translated into national languages, to include workplace-based life-long learning for trainers and trainees in ICM, acute care specialties and professions allied to medicine, with additional information for patients and relatives. Finally, we will establish a European Forum of national ICM training organizations working with the ESICM’s Division of Professional Development to ensure that CoBaTrICE remains relevant to future generations of trainees and trainers across Europe. This ambitious programme will improve the consistency and quality of training for everyone involved in intensive care medicine, with the ultimate aim of improving the quality of care we offer to our patients and their families.

1. Barrett H, Bion JF on behalf of the CoBaTrICE collaboration. An international Survey of Training in Intensive Care Medicine. *Intensive Care Medicine* 2005; 31: 553-61.

2. The CoBaTrICE Collaboration. Consensus Development of an International Competency-Based Training Programme in Intensive Care Medicine. *Intensive Care Medicine* 2006; 32: 1371-83

Education & Training

As part of this development, we have now established **THE EUROPEAN BOARD OF INTENSIVE CARE MEDICINE (EBICM)** which provides a link between the ESICM as a professional society and the European Commission, via the Union Européenne des Médecins Spécialistes (UEMS).



The EBICM has a statutory responsibility for standards of training in ICM, best expressed by harmonizing national systems of training and accreditation and providing educational credits for professional development activities. The Board and ESICM will develop a partnership with national training organizations through the Forum, using CoBaTrICE as the curriculum, PACT as the pedagogic tool, and the European Diploma of Intensive Care as our benchmark for educational outcomes.

JULIAN BION Past President 2004-2006

**PROFESSIONAL
 DEVELOPMENT**
**Editorial &
 Publishing**

The main goal of the Editorial and Publishing Committee is to ensure all publications from the Society are produced to the highest standards, thus ensuring the highest level of educational and scientific materials for our membership.

INTENSIVE CARE MEDICINE JOURNAL

The main scientific publication of the Society is our journal ‘Intensive Care Medicine’ published by Springer. The journal is managed by the editor-in-chief who heads the editorial board. All scientific and editorial decisions are the responsibility of, and are made independently by, the editor-in-chief and the board. The editor-in-chief of the journal is a key position within the Society and this report gives an opportunity to once again express our gratitude to Laurent Brochard who was the editor-in-chief for 6 years until April 2007. Laurent and his team were enormously successful in developing Intensive Care Medicine into one of the leading journals in the field of intensive care medicine. Massimo Antonelli from Rome was elected editor-in-chief in April 2007.



The ongoing success and attractiveness of the journal is illustrated by the following figures: circa 1200 manuscripts per year are submitted of which approximately 30% reach the necessary standard for publication. The peer review process is based on quality, priority and relevance of the articles to our specialty. The impact factor has continued to increase and by 2006 had reached 4.406 – a visible indicator of its success. The short time of around 4 weeks to reach the initial decision about a submitted manuscript is very important for authors. For the readers, most important is that many educational and interactive materials such as the review series, the case discussions and the correspondence section are well accepted. Interestingly, the journal’s webpage is one of the most frequently accessed medical downloads within Springer.

PUBLICATION POLICY

The ESICM has a publication policy concerning different types of scientific or educational publications which are handled by the Editorial and Publishing Committee. Broadly, there are 3 different types of publications. First, the Consensus Conference Statements resulting from consensus conferences organized by the ESICM in collaboration with other societies – these papers are prepared by the conference committee and are declared an official society statement or standard after the Editorial and Publishing and the Executive Committees have approved the text. Then, the papers are submitted to the journal where they undergo scientific review under the responsibility of the editor-in-chief. Second are papers resulting from activities which have been endorsed by the ESICM such as position statements of working groups. These manuscripts are handled in the same way as manuscripts prepared by individuals or expert groups. For these types of manuscripts the Society is asked for its endorsement. These papers are reviewed by the members of the Editorial and Publishing Committee and they propose to the Executive Committee a decision to endorse a paper. However, the paper must be submitted to the journal at the same time and formal endorsement by ESICM will not be declared before the paper has been officially accepted for publication by the journal. This rule helps to ensure the journal’s scientific decisions are as independent as possible. Authors who wish to have their papers endorsed by the Society are advised to contact the Editorial and Publishing Committee early during the preparation period of their manuscript to ensure a straightforward process.



25TH YEARBOOK

2007 was the 25th anniversary of the Society and the 20th anniversary of the Annual Congress. This was a perfect occasion for a small present to the membership of our Society. We, therefore, published the 25th anniversary book under the title: 25 years of Progress and Innovation in Intensive Care Medicine. Many of the most recognized experts in their field contributed to this state of the art collection of topics relevant to our specialty over the last 25 years. The book was edited by the President, the President-Elect, the Chair of the Congress

Editorial & Publishing

Committee and the Chair of the Editorial and Publishing Committee. On behalf of the editors I again want thank all our authors for enabling us to compile this collection of papers of the highest standard within record time. With the help and support of our Publisher, Thomas Hopfe from MWV, Berlin, Germany, we were able to present the book at our annual conference in Berlin to all congress delegates as well as to all members.

OTHER DEVELOPMENTS

The Editorial and Publishing Committee developed a session for congress entitled 'Do not reinvent the wheel: clinical standards at the bedside' which was aimed at summarizing clinical standard procedures which were not only evidence based but have also proven their practicability in major institutions. The organizers as well as the delegates found this format most helpful and it was a success in Barcelona 2006 and in Berlin 2007. The sessions were filled to capacity even though they took place very early in the morning. We will retain this idea and are looking forward to circulating more clinically applicable standards which are both evidence based and feasible at the bedside.



Another of the Editorial and Publishing Committee's tasks is the development of Quality Indicators important to intensive care medicine across Europe. This work came about after the Spanish Society of Critical Care Medicine developed a set of 120 quality indicators in Intensive Care Medicine – these can be assessed through our website (www.esicm.org). Together with Spanish colleagues and the Section on Health Service Research and Outcomes we aim to define a set of up to 20 quality indicators which can be recommended for all intensive care units in Europe as part of a quality management programme. We hope to be able to present the result of this challenging activity at our next annual congress in Lisbon 2008.

RALF KUHLN Chairman of the Editorial and Publishing Committee

ADMINISTRATIVE AFFAIRS

FOREWORD

In the early days of the ESICM, the Officers responsible for the daily management of the Society were residing in different countries. Membership and other files moved from one Secretary to another, and accounts from one Treasurer to another. The personal secretaries of the Officers took on the administration and finances on a 'voluntary' basis. The work was not onerous as the number of members was limited and finances were limited too!

Administration and finances grew proportionally with the development of ESICM activities; especially when the organization and profit from the congress started to finance further activities. In 1989, when Jean-Louis Vincent became Secretary and thereafter President-elect and President, both secretariat and accounting became based in Brussels. At that time, Suzanne Smitz-De Smet took over the secretariat and came back from her meeting with Antonio Artigas in Barcelona with a set of approximately 20 files representing 7 years of activities!

Shortly after that, Dominique De Boom joined the secretariat. Year on year, membership grew, along with the congress and general scientific activities. During the congress in Athens, in 1995, Lambert Thijs, Jean Carlet, and Suzanne Smitz-De Smet felt that the administration of ESICM warranted independence and needed an expanded office. The main objective was to organize the ESICM Annual Congress from start to finish in order to generate sufficient income to allow research and other activities to be developed. On 1st January 1996, the Brussels Office came into being and has now been located in the same building on the periphery of Brussels for more than 10 years.

From 2 staff in 1991, the Brussels Office now has 10 members of staff. The ESICM restructuring carried out in 2003 is still reflected in staff job descriptions. The Congress Team has been expanded to meet the challenges of the Annual Congress, the Consensus Conference and the Summer Conference. There is now a Research Team in place to deal with various research issues. Staff actively support their corresponding committee.

Registration for VAT (in Belgium and abroad) increased the complexities of the bookkeeping/accountancy as did the management of the European funds.

The philosophy of the Brussels Office is member-oriented, striving for efficiency, professionalism, in a positive and enthusiastic manner. Our future will follow the same principles: competent people at the right place at the right time.



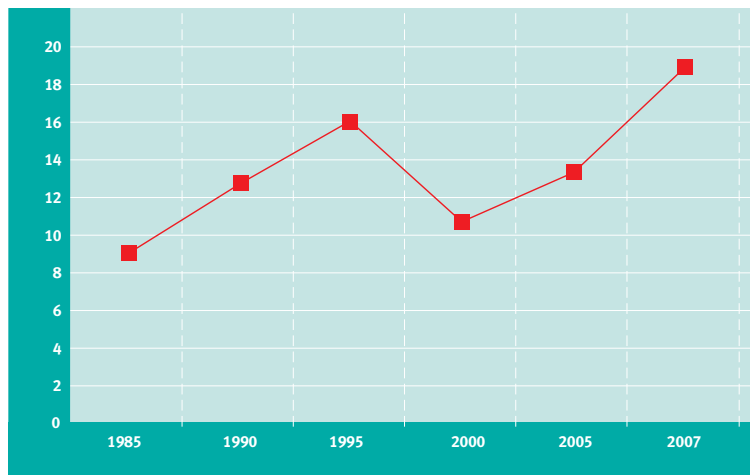
SUZANNE SMITZ-DE SMET ESICM Executive Officer

**ADMINISTRATIVE
 AFFAIRS**
Communication

Membership

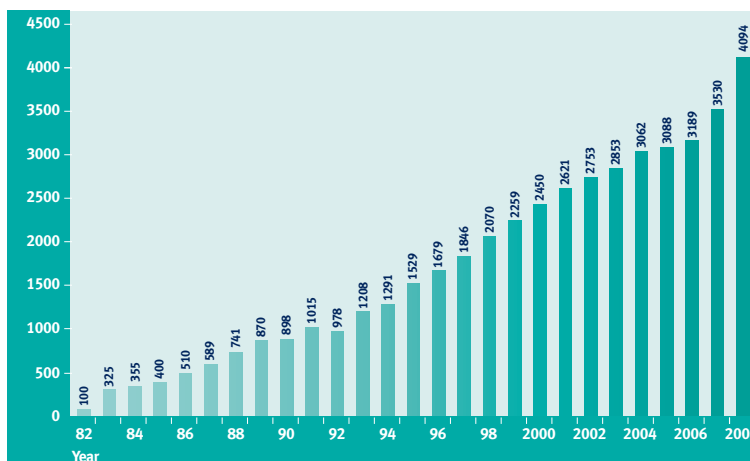
The membership of the ESICM indeed reflects ‘Progress and Innovation’. When the ESICM was founded in 1982, exactly 100 members were registered. Since then, there has been a continuous growth in membership. In 2007, membership had reached 3,530, and 4,094 in 2008.

International membership in %



Over 25 years, the ESICM has increasingly become an ‘international’ society; almost 20% of our members are non Europeans.

Membership growth



Elections

Over the past 25 years there have been regular elections to the different positions within the ESICM (e.g. Council, Executive Committee, Subcommittees). The President is elected by all members, and the country representatives within the Council are elected by the members of the respective countries (if a minimum of members are registered).

All officers of the Executive Committee are elected by the Council; currently every 2 or 3 years according to the Statutes –details of which can be found via the website www.esicm.org

Websites

The main objectives of a good website are ease of use and easy management of the content. The first ESICM website went online in 1998, administered by a Belgian webmaster. At that time, it was comparable to driving a 2CV! Our second attempt was in 2004, administered by a Swiss webmaster. It was the equivalent of driving a Mercedes! Work on the third version started early 2007 and we are now driving a Rolls Royce! Web visitors have more than doubled every 2 years. Driving an electronic-based car is more complex and sophisticated and needs extensive training. (Un)fortunately, progress and innovation are not only our past, but also our future...



HERWIG GERLACH

ESICM Secretary

ADMINISTRATIVE AFFAIRS Communication

ESPNIC: THE CLUB, THE LITTLE SISTER AND THE SCIENTIFIC SOCIETY

On 12 September 1980, a small group of paediatric intensivists from Belgium, France, West Germany, Italy, the Netherlands and Spain, decided to create the European Club on Paediatric Intensive Care (ECPIC). The aim of the Club was to organize annual meetings where intensivists involved in the care of infants and children with life-threatening conditions could share their experiences.

In 1987, in Paris, the Club took the name of the 'European Society of Paediatric Intensive Care': ESPIC. Edwin Van der Voort from the Netherlands was its first president. Nurses worked alongside doctors within a 'Working Group'. Besides the organization of congresses in Paediatric Intensive Care, another major objective of the founders was to develop a strong relationship with the new adult society founded in 1982, the European Society of Intensive Care Medicine (ESICM). Together, the 2 societies decided to combine their efforts to promote Intensive Care throughout Europe. For example, paediatric sessions during the official ESICM congresses were organized by ESPIC. The 2 societies agreed to have the same administrative secretariat in Brussels and to share the same official journal, *Intensive Care Medicine*.



In 1998, the ESPIC changed its name to ESPNIC, the European Society of Paediatric and Neonatal Intensive Care, stressing that the Society was not only involved in Paediatric, but also in Neonatal Intensive Care. Year after year, the exchanges with the ESICM were reinforced. Often regarded as the 'little sister', the ESPNIC was growing rapidly in contact with its oldest relative. Sharing the same spirit, fruitful collaboration was established between both Societies, at the administrative, scientific and educational levels. In 2004, the ESPNIC reached its maturity. It became the official Paediatric Society representing Europe within the World Federation of Paediatric and Critical Care Societies (WFPICCS). It was officially registered in the Netherlands as a scientific Society. Its major objective, its motto was: 'Intensive Care without borders'. At that time, ESPNIC's members decided to bring some changes in the structure of the Society, in order to create closer collaboration between doctors and nurses. Consequently, the structure of the Society changed with the creation of two equal sections: the nursing section and the medical one, each section having its own scientific committee, its own council, their own working groups.

2006 has represented a turning point in ESPNIC's life. New collaborations have been established, especially with the official European structures such the European Academy of Paediatrics (EAP) and the Confederation of European Specialists in Paediatric. A particular attention has been paid to the cooperation with the European Society in Paediatric Research (ESPR). With more than 800 members from 35 different countries, the Society is looking forward with confidence.



DENIS DEVICTOR President of ESPNIC – Medical Section

**ADMINISTRATIVE
AFFAIRS
N&AHP
Committee**

NURSES & ALLIED HEALTHCARE PROFESSIONALS

Nurses have been involved in the ESICM from the outset. From the first congress, nurses' sessions have been incorporated in the programme, giving us the opportunity to share our experience and points of view with nurses from different parts of Europe.

Other healthcare professionals later became involved, with physiotherapists, for example, being invited to present their studies in oral or poster form during nurses' or physicians' sessions.

In 1996, 2 studies were conducted, with the help of Professor Jean-Louis Vincent and the ESICM, concerning the role of nurses and physiotherapists in European ICUs. Results were presented in Glasgow during the 9th ESICM congress in 1996.

Following these presentations, the Society agreed to have a specific session for physiotherapists with the first one at the congress in Paris in 1997.

After an enthusiastic start, the attendance of physiotherapists and their membership numbers remained very low, due most probably to the small number of physiotherapists working exclusively in ICUs.

In 2003, the Society created the Nurses and Allied Healthcare Professionals (N&AHP) Committee. At the same time, the Council proposed that nurses and allied healthcare professionals could become Ordinary or International members with full voting rights, as opposed to being an associate member. N&AHP members have the opportunity, by payment of the relevant annual fees, to have the same voting rights as physicians. Today, members of N&AHP are represented in all ESICM committees.

During the congress, some sessions are targeted for N&AHP, whereas other sessions are open to all N&AHP and physicians with the aim of promoting teamwork – essential at the bedside!



SHEILA ADAM Chair of the N&AHP Committee

**ADMINISTRATIVE
AFFAIRS**
Finance

ESICM is in a strong financial position which means it is financially independent. ESICM always aims to have a good relationship with its industrial partners. Having a solid financial position ensures that such relationships remain professional and the interests of the ESICM members are to the fore.

A strong financial position enables ESICM to promote research and professional development within intensive care medicine. PACT, CoBaTrICE and EDIC are instruments for professional development while ECCRN and the research awards are instruments for stimulating research. Presently even greater undertakings such as GenOsept, and other Society projects will be supported. ESICM also owns one of the major journals in the field, Intensive Care Medicine, published by Springer.

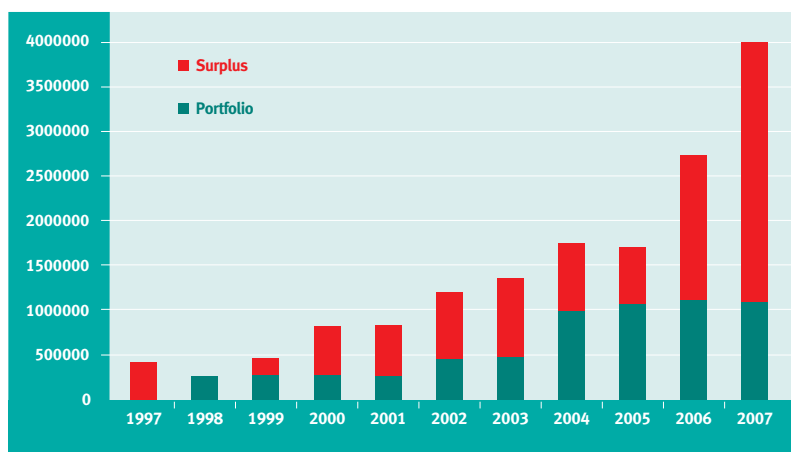
Cost containment and surpluses from congresses form the backbone of the Society's finances. The ESICM office in Brussels is instrumental in ensuring the financial position remains strong. The office represents an annual investment of EUR 750k. The return to membership from that investment is multi-fold; e.g. containing costs at congresses, securing remarkably good sponsorship from industry, educational and professional development activities, and external funding from the EU.

The membership fee has been unaltered for the last 5 years and it will most probably not increase further. Benefits of membership include the paper version of Intensive Care Medicine, reductions for congresses and other meetings, PACT and EDIC.

The surplus from congresses represents many hours of voluntary work by speakers, ESICM members in committees and Sections, and the ESICM Officers. Costs are contained through negotiations with the local congress venues and the professional congress organizer (PCO). Many tasks associated with the congress are undertaken at the Brussels office.

Two important elements to cost containment are maintaining the office at its present size and the approach of the ESICM officers who always utilize members' money as if it were their own.

Cumulated profits
1997-2007






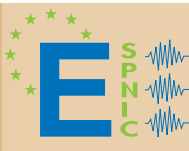


During the past 10 years the financial goal has been to create a fund of EUR 1 Million as a safety net for the ESICM. This sum guarantees that the office could continue functioning for 1 year without any income or cope with a major financial shortfall from an Annual Congress. The fund is invested through Fortis Bank in a no-risk policy for non-profit organizations, which excludes investments in the war/tobacco/alcohol industries. To date, the accumulated surplus is well above this sum (Figure), thus enabling surpluses to be utilized for the present expansion of research awards and projects.











JAN WERNERMAN

For the future, it is important to continue the key strategies of cost containment and sound financial planning. Financial reserves can be released for worthwhile projects which demonstrate sound budgets. The major asset of ESICM is its members; in particular their collective professional knowledge. This is the major investment in any professional development or research project. ESICM finances may help to make it happen, but sound professional and financial foundations will always be necessary.





















ESICM Treasurer

	1981 1982	1983	1984- 1985	1986	1987	1988	1989
CONGRESSES / EVENTS	<p>1981 Foundation meeting in Geneva, Switzerland</p> <p>1982 ESICM foundation 13 March at the WHO in Geneva, Switzerland</p>	<p>2nd European meeting in Geneva, Switzerland</p>		<p>3rd European Congress in Hamburg, Germany</p>		<p>4th European Congress in Stresa, Italy</p>	
PRESIDENTS	<p>PETER M SUTER</p> 		<p>MAURICE LAMY</p> 		<p>LUCIANO GATTINONI</p> 		
MAJOR ACTIVITIES			 <p><i>Intensive Care Medicine</i> becomes the official journal of ESICM</p>		 <p>Cooperation with ESPNIC</p>	 <p>Secretariat and Finance are set in Brussels</p> <p>ICM Editor-in-Chief François Lemaire and Deputy, Christian Brun-Buisson</p>  <p>EDIC first written exam at Stresa congress</p>	
Membership	100	325	355 / 400	510	589	741	870



	1990	1991	1992	1993	1994	1995	1996	1997
CONGRESSES / EVENTS	5-8 June 5 th European Congress in Amsterdam, Netherlands		27-31 October 6 th European Congress in Barcelona, Spain		14-17 June 7 th European Congress in Innsbruck, Austria	18-22 October 8 th European Congress in Athens, Greece	24-28 September 9 th European Congress in Glasgow, United Kingdom	7-10 September 10 th ESICM Annual Congress in Paris, France 2170 participants
PRESIDENTS	IAIN MCA LEDINGHAM 		JEAN-LOUIS VINCENT 		LAMBERT G THIJS † 		JEAN CARLET 	
MAJOR ACTIVITIES	Membership fees include subscription to ICM journal		 ICM journal of both ESICM and ESPNIC	 First Yearly Award for Young ICU Investigators First Nursing session organised in Brussels	New ICM Editor-in-Chief Konrad Falke, Berlin, Deputy Herwig Gerlach, Berlin New European Consortium for Intensive Care Data (ECICD)	Creation of the Sections Independent Brussels Office  Joint membership ESICM/ESPNIC 		
Membership	898	1015	978	1208	1291	1529	1679	1846



	1998	1999	2000	2001	2002	2003	2004	2005
CONGRESSES / EVENTS	 6-9 September 11 th ESICM annual Congress in Stockholm, Sweden 2323 participants	 3-6 October 12 th ESICM annual Congress in Berlin, Germany 2646 participants	 1-4 October 13 th ESICM Annual Congress in Rome, Italy 3529 participants	 30 September - 3 October 14 th ESICM Annual Congress in Geneva, Switzerland 3019 participants	 29 September - 2 October 15 th ESICM Annual Congress in Barcelona, Spain 4187 participants	 5-8 October 16 th ESICM Annual Congress in Amsterdam, Netherlands 4000 participants 24-25 April ESICM Consensus Conference in Brussels, Belgium 20-22 June 2 nd ESICM Summer Conference in Nice, France	 10-13 October 17 th ESICM Annual Congress in Berlin, Germany 4315 participants	 25-28 September 18 th ESICM Annual Congress in Amsterdam, Netherlands 4145 participants First EACCME accreditation
PRESIDENTS	 HILMAR BURCHARDI	 JUKKA TAKALA	 GRAHAM RAMSAY	 JULIAN BION				
MAJOR ACTIVITIES	First ESICM website  Launch of the PACT programme	UEMS: MJCIM including ESICM representatives in advisory board  New ESICM logo design	 New ICM Editor-in-Chief Laurent Brochard, Paris	 20 th ESICM Anniversary Launch of the ECCRN projects  Launch of the Surviving Sepsis Campaign	ESICM restructuring Revised Statutes Launch of ERIC Registry  Start of GenOSept	 Start of CoBaTrICE  Renewed ESICM website New N&AHP Committee	First EACCME accreditation	
Membership	2070	2259	2450	2621	2753	2853	3062	3088

	2006	2007	2008	2009	2010	2011	2012
CONGRESSES / EVENTS	<p>24-27 September</p> <p>19th ESICM Annual Congress in Barcelona, Spain 5933 participants</p> <p>9-11 June ESICM 5th Summer Conference in Prague, Czech Republic</p>	<p>7-10 October</p> <p>20th ESICM Annual Congress in Berlin, Germany 4891 participants</p>	<p>21-24 September</p> <p>21st ESICM Annual Congress in Lisbon, Portugal</p> <p>17-18 April 10th Consensus Conference in Florence, Italy</p> <p>6-8 June 7th ESICM Summer Conference in Athens, Greece</p>	<p>11-14 October</p> <p>22nd ESICM Annual Congress in Vienna, Austria</p>	<p>10-13 October</p> <p>23th ESICM Annual Congress in Barcelona, Spain</p>	<p>24th ESICM Annual Congress in Berlin, Germany</p>	<p>25th ESICM Annual Congress in Lisbon, Portugal</p>
PRESIDENTS	<p>MARCO RANIERI</p> 	<p>RUI MORENO</p> 	<p>ANDREW RHODES</p> 				
MAJOR ACTIVITIES	<p>ECCRN</p> <p>Launch of the ECCRN ESICM and Industry Awards</p>	<p>25th ESICM Anniversary</p>   <p>New ICM Editor-in-Chief Massimo Antonelli, Rome</p> <p>New user-friendly website design</p> 					
Membership	3189	4094					

THE NEXT 5 YEARS Introduction

Celebrating the 25th Anniversary of the association meant both looking backward and listing the past issues with evident satisfaction, but mainly looking forward to schedule the future.

The restructuring of the Society performed in 2003 has proven efficient and is still the basis of our development. The chart of the ESICM structure illustrates the flow of information and the divisions in which all our activities are inserted, permitting further developments and cooperation between committees.

In this part of this Report readers will find our Business Plan for the next 5 years. Needless to say that there are many new and exciting activities in the pipeline, many events to come, and a lot of projects going on or starting.

We all wish ESICM Officers, committee and staff members another 25 years of enthusiasm and development.

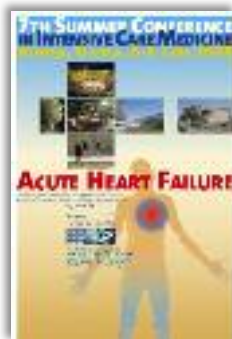


SCIENTIFIC AFFAIRS
Congresses & Conferences



The ESICM Annual Congress has changed dramatically over the last 5 years. It is highly likely that we will have to change more in the future. Our meetings have been heavily supported in the past by industry. In the current political climate this is becoming less easy to either achieve or justify. At present we have no wish or desire to separate ourselves from our industry partners, as we feel that they play a major part in our success. It is prudent, however, to plan for the future and we need to develop strategies to cope with all eventualities. The main focus for us at present is to ensure our meetings are both a financial and scientific success. We strive to achieve this by developing an excellent scientific programme that we hope will be desirable to our delegates. This needs to be maintained in future years in order to ensure sufficient numbers of participants at our congresses. If our participant numbers are high, then overall costs for the meeting can be reduced allowing us some leeway if the political climate was to change.

In recent years our Annual Congress has rotated around 3 cities; Berlin, Barcelona and Amsterdam. These were chosen in order to develop some stability in the organization process and also to recognize geographical and industrial concerns. Amsterdam represented the north of Europe, Barcelona the south and Berlin the biggest single market (Germany). For a number of reasons this rotation is going to have to change. Major congress centres now become booked up well in advance and we are struggling to obtain reservations now for up to 2015. New cities are therefore going to be introduced into our calendar. We will be visiting Lisbon in 2008 and Vienna in 2009. To a certain extent this is a gamble, but I am sure it is one that has been taken with due prudence and will be a success. It is clear that all European countries would like to have our congress in their home town; however this is neither practical nor possible. We will review the success of the new cities before extending our coverage any further for the time being.



ESICM also organizes a number of other meetings. We jointly organize a summer school with the SCCM that alternates each year in Europe and the USA. 2008 was our turn to organize this meeting. The theme is acute heart failure and it was hosted in Athens. These meetings do give us a degree of flexibility with regard to visiting newer cities and we are developing strategies to evaluate proposals from different centres and national societies. We feel that this meeting also allows us to try out new and innovative ways of teaching that could improve the educational process – we would value suggestions and ideas as to how to develop this series in the future.



ESICM also jointly runs the International Consensus Conference series in intensive care medicine with 4 of our sister societies – the SCCM, the ATS, SRLF and the ERS. These meetings allow us to develop a consensus statement with regard to topics pertaining to our specialty where the evidence base is not so great that a consensus statement is not necessary. These meetings are relatively cheap to run and we feel they provide an important part of our focus with regard to helping our members understand the available literature and current thinking, hopefully with the added advantage of improving clinical practice. In 2008 we are responsible for organizing this meeting in Florence on the subject of adrenocortical dysfunction in the critically ill.

As our society gets bigger and our specialty continues to expand and grow, we need to develop with these changes. Traditionally we have effectively just run one big congress per year. It may be in the future that this should change. As we streamline and make more efficient our administrative workload we should be able to consider new proposals. There is no reason why we cannot develop a series of smaller meetings to dovetail with our traditional approach. I would like to think we could begin to co-host meetings with national societies especially in some of the less developed parts of Europe. Our sections have in the past mainly contributed to our Annual Congress. As they get stronger, there is no reason why they could not begin to develop strategies of their own. I would like to see single topic or specialty-focused meetings being organized and run through the ESICM framework that could further our educational and research aspirations. We are beginning to see this with some of our postgraduate pre-congress courses. Some of these may well be better suited to a separate meeting rather than cramming their content into an already overcrowded pre-congress weekend.



At the end of the day, the development of our agenda for meetings should follow the wishes and desires of our membership. We run the meetings for and on behalf of our members. Without participants to these meetings they would not succeed and will then not occur. We value the views of all of our members and will consider seriously all proposals. Please feel free to let us know what you want and how you think we should change and we will strive to feed this into our strategy not just for the next 5 years but for the longer term.

ANDREW RHODES

ESICM chairman of the Division of Scientific Affairs
chairman of the Congress Committee

SCIENTIFIC AFFAIRS

Research activities

Continuing on the past success of the Research Committee and its network, the next 5 years are expected to show the research world that intensive care does great work!



Projects and surveys will continue to be supported by the ECCRN, increasing its network and level of excellence further. The GenOSept project will enter its final year in 2008, with the aim of reaching its recruitment target of 2500 patients. A subpopulation of these partners will be genotyped to provide insights into the impact of genetics on susceptibility to sepsis and outcome. Extensive work has already taken place and will continue to be invested in the quality control of the case report forms for each patient thus allowing for a complete data set per patient and genotyping profile.

In 2007 a survey was circulated among ESICM members to determine their research interests and key questions. As a result, 2 new ESICM studies are in preparation: CABOT, which aims to answer whether or not bundles of care in the ICU decrease mortality, and CRITERION, a project which will try to investigate if intracranial pressure monitoring and management improves the outcome after traumatic brain injury. These 2 projects each have their own steering committees working to refine the protocols and budgets. Teams will then work to source funding and allow for the onset of the projects in a structured and efficient manner. We wish all those involved great success.

The ECCRN research awards will continue to play a key role in the Research Division, with new industry partners and new awards being introduced to complement those currently available. In 2007, the ESICM funded 7 awards. These awards will continue to be available to our members. Our industry partners continue to be active partners in the ECCRN awards programme, with 5 major players providing grants in the past. In 2008, 6 industry partners are working with the ESICM to provide funding for research: Edwards Lifesciences, Eli Lilly, Dräger, Hamilton Medical, iMDsoft and Spacelabs. We thank them for their continued support.

And last but not least, the ERIC registry will be resurrected. The Research Committee is working with various ESICM committees, including the Executive Committee, to define the role the registry can play and the information which would be of use to the members of ESICM.

The Research Committee is, of course, an ever evolving team with the desire to continue bringing innovation into the field of intensive care research. All ideas are welcome to make research a key component of the ESICM.

continued ►►►

**SCIENTIFIC
AFFAIRS**
Research
activities



THE SURVIVING SEPSIS CAMPAIGN

The Surviving Sepsis Campaign (SSC), an initiative of the European Society of Intensive Care Medicine, the International Sepsis Forum, and the Society of Critical Care Medicine, was developed to improve the treatment of sepsis.

The agreement between the 3 partners will end in December 2008. The hope is to have the 2 scientific administering organizations, ESICM and SCCM, manage the programme. The funding estimated to maintain the current level of services is approximately \$150,000–\$200,000 a year for maintenance of the database, preparation of reports, maintenance of list serve which functions as a forum for handling of problems and questions from participating hospitals, a programme coordinator/administrator, newsletters, journal publications of on-going data collection to include statistics input, and Executive Committee teleconferences and face to face meetings (1–2 per year). The Executive Committee membership includes representatives from the administering organizations and is comprised of non-reimbursed volunteers.



In view of this industry independency, the SSC Executive Committee is currently seeking funding, either from a single source for the international programme or if necessary separate sources from North America/ U.S. and Europe (or international).

DANIEL DE BACKER

ESICM Deputy of the Division of Scientific Affairs
Chairman of the Research Committee

PROFESSIONAL DEVELOPMENT

Education & Training

Permanent subcommittees will be created within the framework of Education and Training Committee (ETC) to progress the work generated by the completion of several large educational projects in the last 5 years. Much of the success of these projects has come about through very enthusiastic, competent and hard working members.

The ETC will have 3 permanent subcommittees

- ▶ Examination subcommittee (formerly known as 'EDIC'-committee)
- ▶ PACT subcommittee (formerly PACT steering group)
- ▶ Clinical training subcommittee (including CoBaTrICE and SAIiT initiatives)

Each subcommittee will have a chair to co-ordinate the work. The ETC committee may change accordingly to include the 3 chairs of the subcommittees, the ETC chair and representatives from other ESICM sections.

In addition to the tasks outlined above, the ETC also contributes to congress preparation by suggesting topics for congress and pre-congress courses. This role has become more evident in recent years.

EUROPEAN DIPLOMA IN INTENSIVE CARE MEDICINE (EDIC)

EDIC 1



Co-operation with the Swiss Society of Intensive Care Medicine regarding the production of questions and preparation of the written examination will continue. We will also continue to work with the IML (Institute for Medical Education, University of Bern) regarding the production and correction of the EDIC 1 exam. The aim is to increase the quality and number of questions in the database. Within the next 5 years we hope to have more than 750 MCQ in our database. From 2008, candidates registering for EDIC 1 will have access to sample questions within a database in order to see the nature of the exam. During the next 5 years we also hope to have more MCQs available for candidates, either through the web or as a separate booklet.

The number of physicians taking EDIC 1 is increasing each year, and is expected to reach more than 500 by the end of 2012. The number of venues where EDIC 1 is offered has been increased to cope with demand. EDIC 1 is at present held twice a year (February and September-October); the autumn exam is held during the annual ESICM congress and (at the same time) at a venue in Switzerland. We will not increase the frequency, but have an option to increase the number of places available. At present we also run EDIC 1 in Ede in the Netherlands and Kuala-Lumpur in Malaysia in February. An evaluation of running EDIC 1 in these venues will be undertaken before deciding whether or not to further increase the number of venues.

EDIC 2

The bi-annual meeting of the EDIC 2 examiners will continue, and is next scheduled after the Lisbon congress 2008. We still have some way to go in order to harmonize the oral examination across centres. Hence, we should aim to minimize the number of national centres, increase the use of external observers/examiners and perform site-visits. The entry requirements to sit EDIC-2 will most likely change, with candidates being required to have a specified minimum clinical training within a European ICU.

PRE-CONGRESS COURSES / POSTGRADUATE COURSES

The ETC is represented in the Congress Committee and therefore has the opportunity to make suggestions for the congress programme from the division. In Berlin, in 2007, we had for the first time a Critical Care Refresher Course with the Health Services Research and Outcome (HSRO) section. The course was a great success, and will be repeated for 2008 in Lisbon. We will most probably offer this course annually in the future, as preparation for the EDIC.

PROFESSIONAL DEVELOPMENT
Education & Training

UEMS/EBICM



Through the creation of the European Board of Intensive Care Medicine where the ESICM at present has several members, the process of having intensive care acknowledged has started. In April 2008, the UEMS Council endorsed the proposal that Intensive Care Medicine should be recognized in the European Directive on recognition of professional qualifications as a 'Particular Medical Competence'. Hopefully the European Parliament will endorse this later in 2008. The work already performed by the CoBaTrICE project will be of great importance, since training in Intensive Care will be defined using these competencies, and hence the qualifications to be expected of physicians working with intensive care.

THE FUTURE FOR **PACT**

With the completion of the first edition of PACT in Spring 2008, increasing attention is being channelled to marketing the programme. Alongside existing strategies to further interdigitate PACT with the European Diploma in Intensive Care Medicine and the CoBaTrICE project, there are plans to explore and advance new market opportunities such as the recent developments with METI, the manufacturer of a human patient simulator. Survey work has been undertaken to inform a marketing strategy.



As the first edition has been completed, work now turns to updating the modules; a 'new' PACT group will continue this work. It is hoped that several of the enthusiastic and competent members from the first phase will continue to work with PACT, but there will be room to recruit new members. The search for a new PACT editor-in-chief/Chair to replace Graham Ramsay has started; and she/he together with the Division of Professional Development will be responsible for the further development of PACT.

ESICM and METI have signed a Memorandum of Understanding aimed at establishing a formal relationship to collaborate on developing and marketing PACT content for simulation. The project will include 18 Simulated Clinical Experiences based on PACT. It is intended to launch the PACT Human Patient Simulation Learning Module at the 2008 Lisbon congress.

In the future, PACT will be electronic only with regular updates. The electronic version will be upgraded by using a new web-based platform, which at present is under construction. This will give more user-friendly access, and also allow for the PACT editorial board, the module editors and reviewers to more easily update the materials. Discussions are underway as to the pricing policy for new 'e-subscribers' and ideas under consideration include PACT as an add-on benefit to ESICM membership. Current subscribers could have a life-long subscription with no additional charges. Views on pricing are being sought as part of the on-going marketing work.

The long-awaited completion of the PACT programme will bring new opportunities for the ESICM to expand the traditional PACT customer-base and develop new markets for this innovative educational resource.



HANS FLAATTEN

ESICM Chairman of the Division of Professional Development
Chairman of the Education and Training Committee

PROFESSIONAL DEVELOPMENT Education & Training

CoBaTrICE IT

Following the success of CoBaTrICE, the European Commission has endorsed and further funded CoBaTrICE-IT, a project aimed at developing and standardizing training programmes in Intensive Care Medicine around Europe and the rest of the world.



With a consortium made up of 6 partners, who have extensive experience in evidence-based education, competency, e-learning, assessment, simulations and clinical intensive care, a European Forum will be set up. This forum will include up to 30 national coordinators from around Europe. The forum has the aim to develop, improve, monitor and evaluate vocational education and training (VET) systems in ICM. It will also harmonize quality assurance procedures for ICM training programmes, as well as harmonize quality indicators for processes and outcomes of training for individuals. Website and web-based tools for VET support translated into French and Spanish, along with a number of other languages, will open the door for the integration of CoBaTrICE as a part of each country's national training programme.

JULIAN BION Past President 2004-2006

PROFESSIONAL DEVELOPMENT
Editorial & Publishing

The all-embracing presence of the internet with its enormous opportunities and the technical ‘new media’ revolution in the field of publishing are obviously the most challenging tasks for the Editorial and Publishing Committee in the next 5 years. The amount of relevant information and the rate at which it turns over will increase. This is not necessarily all positive, as information will be more complex, and more sophisticated approaches to summarize what is relevant will be required. Within the intensive care community it will be essential to translate scientific knowledge into practice as rapidly as possible to ensure the most up to date care for acutely ill patients. Therefore, our efforts will be directed to accomplish these 2 aims: keeping up to date with the latest technology to present the information and helping to translate the information into useful, practical applications.

INTENSIVE CARE MEDICINE JOURNAL



The journal is in a very good shape in its existing form. However, new technology will allow us to further develop its user-friendliness for authors and readers. The editor-in-chief, Massimo Antonelli, and his team, in collaboration with Springer, the Publishing house, will be able to further reduce the time needed to take a decision on a manuscript by using new editorial software options. For the reader and especially those who are searching for information, the most important challenge will be to provide a dedicated website for the journal containing all relevant information. The cornerstone of this will be a search engine; original content will be downloadable by all members of the ESCIM. The website will include other features such as additional scientific and educational materials, download statistics and slide presentations of journal content. A significant amount of work has already been invested on this website and this will definitely remain a challenge over the forthcoming years. Massimo and his team will take the lead in this effort together with the ESCIM through the Editorial and Publishing committee and Springer. The website will be ‘online’ soon and we will be happy to see it growing as successfully as the journal did.



ESICM members will still be able to access the journal through the ESICM website without any additional effort. Members will simply be redirected under the same login information. The Society will continue to highlight a special paper within the journal every month through the article of the month column on the ESICM website. This will be available in full text to all members and visitors of the ESICM website.

**PROFESSIONAL
DEVELOPMENT**
Editorial &
Publishing



THE ESICM BOOK

After the big success of our 25th anniversary book we are planning to develop the publication of a yearly book by the ESICM further. We are already preparing a book to accompany the next annual conference in Lisbon under the title ‘Controversies in Intensive Care Medicine’. All authors will be the most recognized experts in their field fulfilling a quiet tricky task: they will describe a controversial issue within intensive care medicine from both sides: the pro as well as the con arguments will be developed and a balanced conclusion with a clear take home message will be the summary of each chapter. More than 40 controversies will be issued and we can already say that the book will be available to all our members and the conference attendants at this year's Lisbon annual conference. As long as the feedback is so positive about this book, we will keep on going and try to have a book (or its digital equivalent) regularly ready for the annual conference.

OTHER DEVELOPMENTS

Transforming scientific knowledge into practice is one of the most important challenges facing our specialty. We will hopefully develop helpful approaches for this work with the committee and in collaboration with others. One approach will be to summarize the information from our conference sessions on clinical standards into a web-based format where members might be able to download specific standard procedures and use them within their institutions. There is significant work involved since copyright and reliability issues have to be clarified in detail before this can be made available to our members. We will, however, develop a format in which guidelines will be presented in a practical way to our members. All input is welcome to make this a successful tool and therefore we invite you to send your ideas to the Editorial and Publishing Committee.



RALF KUHLN

Chairman of the Editorial and Publishing Committee

ADMINISTRATIVE AFFAIRS Communication

MEMBERSHIP

Membership growth is currently good, however further improvements can be made over the next 5 years. Within the last 12 months, strategies have been considered and new options evaluated. For existing members, there will be improved methods for payment of fees, combined with some reductions. Additional privileges for recruitment of new members are under consideration.

Furthermore, there will be attractive offers for new members to join the ESICM. Only a minority of the participants at Annual Congresses are members of the society; it is important to find new ways of encouraging people to join. We need to stress the many advantages of membership. This will be a challenging but important task for the next 5 years.

ELECTIONS

Elections over the forthcoming years will be held in accordance with the current Statutes. New procedures will be established to move away from the traditional paper ballots in favour of email- and/or web-based processes. The existing model with the 2-year cycle of President-Elect, President, and Past-President has proven advantageous, since it brings innovation along with continuity.

WEBSITE

Nowadays, communication is unthinkable without use of the Internet. The Society has already developed an appropriate website in the last few years, but further innovations are underway to make the web presence more user-friendly and efficient. The possibility of more interactive use of this important tool is being considered. Finally, the new website will improve service capabilities for the members such as the administration of personal data, payment of membership fees, submission of abstracts, congress registrations as well as downloading important information and publications. Many of these improvements are already underway but these tasks will remain a continuous component of our work for the forthcoming years.

OFFICE

None of the many developments within the ESICM over the last 25 years would have been possible without an established and organized office. Continuously changing structures and increasing numbers of tasks have been incorporated through the flexibility of personnel following structural prerequisites. We can look back with some pride at what has been achieved over the previous years. The restructuring of the ESICM some years ago led to a considerable change in workflow. Further changes will be necessary; they are currently planned and will be realized in the forthcoming years. For the future, our prime objective remains to offer to all members of the society optimal service in every regard. In this context, constructive contributions and feedback from members are extremely important. We know that nothing is so good, that it cannot be improved.



HERWIG GERLACH

ESICM Secretary

ADMINISTRATIVE AFFAIRS Communication

ESPNIC FOREMOST GOALS FOR THE 5 FOLLOWING YEARS

ESPNIC has ambitious goals and has the means to achieve them. Among these are to

- ▶ Promote paediatric and neonatal intensive care in Europe.
- ▶ Encourage the development of new treatments and new technologies.
- ▶ Promote multidisciplinary collaboration among paediatric, neonatal and adult intensivists, as well as nurses.
- ▶ Encourage research and education into all aspects of paediatric and neonatal intensive care.



This last goal is crucial for the Society. ESPNIC will invest in academic activities including clinical research and an educational programme at a European level. Recently, the structure and organization of ESPNIC was modified. Two subcommittees have been created: the Scientific subcommittee and the Educational subcommittee. Each committee has its own commitments for the next 5 years. For instance, the Educational subcommittee is organizing the first European School in Paediatric and Neonatal Intensive Care. This is the prelude to a European diploma in Paediatric Intensive Care with a clear definition of standards and level of competency. This subcommittee is also responsible for the organization of congresses which have attracted more than 2500 delegates. The scientific subcommittee deals with Pan-European scientific studies and surveys.

All these goals are feasible thanks to close relationships with ESPNIC-allied societies such as ESICM, ESPR and EAP.



DENIS DEVICTOR President of ESPNIC – Medical Section

ADMINISTRATIVE AFFAIRS Communication

NURSES AND ALLIED HEALTHCARE PROFESSIONALS

The Society has welcomed involvement from professions other than medicine since the first congress. The committed input from Nurses and Allied Healthcare Professionals (N&AHP) over the years led to the creation, in 2003, of the Nurses and Allied Healthcare Professionals (N&AHP) committee. We meet twice a year, at the Brussels conference in March and the Annual Congress (2008 in Lisbon and 2009 in Vienna). Our meetings are open to all N&AHP and we welcome input from everyone.

Our business plan for the next 5 years has 4 main objectives, with a number of areas of work beneath these objectives:

- ▶ Increase the influence of Nurses and Allied Healthcare Professionals within and outside of ESICM
- ▶ Increase Congress activity
- ▶ Increase research activity
- ▶ Develop a publication profile

These objectives build on work undertaken in previous years but also rely on input from the N&AHP members of the Society. Our priority for this year (related to Objective 1) is therefore to improve communication with our members, particularly through the website. This will allow us to progress our work outside of the twice yearly committee meetings.



RUTH ENDACOTT Chair of the N&AHP committee

ADMINISTRATIVE AFFAIRS Finance

The past 25 years have shown a tremendous growth for ESICM in all respects. This has been especially true for its financial health. The great growth in membership and the successes of Annual Congresses have led to a large reserve of assets. The challenge for the future and especially for the next 5 years is to continue previous financial policies emphasizing cost containment and responsible financial planning but also to wisely invest our present assets.

ESICM has embarked on a new financial strategy. A professional financial consultant will be utilized to evaluate our present financial operations and investment strategies. We have started a more aggressive approach to maximize revenues from present assets.

ESICM presently has sufficient financial reserves available for many deserving projects. The Executive Committee has made a strong commitment to wisely invest present available monies into research and education projects. The best investment ESICM can make is in its members. ESICM will continue to keep a safety net of EUR 1 Million to guarantee that the office can continue for 1 year without any further income and for other potential major disasters. Besides these emergency funds, most of the other funds should be used for innovative research and education projects proposed by members and sections.

Research projects will be funded through ECCRN and include competitive projects but also projects that members identified as being important through an ESICM research survey.

In addition, PACT, CoBaTrICE and EDIC and other instruments for professional development will continue. New innovative programmes for research, education and professional development are welcome.



CHARLES SPRUNG ESICM Treasurer

CONCLUSION

The European Society of Intensive Care Medicine (ESICM) is an association of individuals that was founded in March 1982 in Geneva, Switzerland. It is a non-profit making international association, with the objectives of advancing and promoting knowledge in Intensive Care Medicine. It aims to achieve these objectives through the development of the highest standards of multidisciplinary care through education, research, and professional development. Today the Society has close to 4000 members (including more than 20% who are international members), and is continuously growing. Each year, the ESICM successfully organizes its Annual Congress with around 6000 participants. The congress puts a strong emphasis on the presentation of free communications and on the interaction between senior established scientists, clinicians, young practitioners and researchers. The ESICM also organizes and collaborates in other initiatives, such as the Summer Conference and the International Consensus Conferences. It publishes a very successful journal (Intensive Care Medicine) and since 1989 has organized the European Diploma in Intensive Care Medicine (EDIC), with the objective of promoting quality standards in education in ICM in Europe and elsewhere.

In the field of research, the ESICM has recently developed collaborations, as a major partner, in initiatives supported by the European Union such as the GenOSept and CoBaTrICE. It also endorsed and supported several other initiatives such as the SAPS 3 project, the SEE and SEE 2 projects and the EPIC II project. At this moment, the ESICM is finalizing the establishment of research networks that could answer some of the clinical dilemmas or questions regarding the provision of ‘best’ care for critically ill patients. More news in Autumn 2008.

This history of more than 25 years of success together with all the ongoing activities make us very proud, but simultaneously represent a challenge for the future. We are at this moment at a turning point. The ESICM must change to better achieve its aims. Change is necessary in order to

- ▶ Increase the number of members, by thousands rather by hundreds, allowing the Society to become THE PARTNER whenever and wherever intensive care is discussed. This partnership should foster improved collaborations with colleagues who share with us personal, cultural, and scientific links in all parts of the world, from North and South America, to Australasia and to Africa.
- ▶ Increase the platforms for research in intensive care all over the globe, through the development of new mechanisms for attracting and securing funding, allowing good ideas to appear and develop. Global challenges, global solutions.
- ▶ Increase the public visibility of ESICM, to develop and sustain collaboration with our colleagues from other specialities to achieve better patient outcomes; developing and practicing better standards of care in every respect for patients and their families in order to decrease mortality from critical illness, this is the objective.



In other words, ESICM must change to become a more client-oriented Society, with a more cooperative organizational culture, in which more than members we have partners, sharing common goals with our patients and families and working for the same objectives. This objective will require a more flexible and dynamic Society structure, with a clear vision of the strategic goals and mission of the organization, an issue where we have some work to do.

This is what our members and our patients expect from us. These are the challenges for the years to come.

RUI MORENO ESICM President Elect