Brussels, 15 January 2021

Intensive Care Medicine as recognised under Annex V

Summary

This note is a revised version of ESICM's consultation paper on the inclusion of Intensive Care Medicine (ICM) in Annex V of the Directive of the recognition of professional qualifications (2005/36/EC), taking into account the needs and opinions of the broad variety of national and European medical societies who have have been consulted. The note begins by outlining the context of ESICM's arguments for inclusion into Annex V, followed by a policy proposal outlining a path to Annex V inclusion which will facilitate, and not dictate, national training and qualifications in its current state.

It is important to highlight that this proposal puts forward a novel approach, suggesting that where similarities already exist between certain systems of ICM qualification, mutual recognition can be given to intensivists by EU Member States without changing how ICM accreditation is earned nationally. This approach both safeguards the multidisciplinary nature of the field, and brings freedom of movement to intensivists where possible in Europe for the benefit of the profession the standard of patient care

Context

The pathway to becoming an intensivist in the European Union and qualifying in Intensive Care Medicine differs greatly across Member States, multidisciplinarity being a feature and asset of the field. However, this regulatory divergence in the EU, lacking mutual recognition, represents an obstacle for Intensive Care doctors wishing to exercise freedom of movement.

The European Society of Intensive Care Medicine (ESICM)'s principal goal has been to work towards and advocate for the mutual recognition of Intensive Care Medicine qualifications in the EU. ESICM believes that if this is achieved, the free movement of intensivists which would take effect would represent an important step towards improving the standard of care on offer to ICU patients.

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Europe's ICUs need access to a capable workforce trained to the highest European standard of Intensive Care Medicine. It is essential that the EU leads in preparing for health crises, investing in healthcare
resilience with new initiatives such as the European Health Union concept, but also by taking advantage of existing tools provided under EU law such as the directive addressed in this proposal.

The inclusion of the Intensive Care Specialty in Annex V of the Directive of the recognition of professional qualifications (2005/36/EC) has the potential to facilitate the rapid recognition of crucial healthcare workers while opening the door to improved European best practices and regular knowledge sharing between professionals in Intensive Care Medicine.

In the majority of countries, Intensive Care Training occurs subsequent to/within the existing base medical specialties as a subsidiary specialty. In some countries Intensive Care Training occurs as a base specialty. For Annex V inclusion of Intensive Care Medicine as a specialty obtained subsequent to or next to a base specialty, a minimum training period of two years (whether subsequent to or within the base specialty) is given as the necessary common element. Intensivists from primary specialty training should have a minimum of 5 years of training. As long as either of these conditions are fulfilled at national level, Member States can participate in the mutual recognition of these 'intensivist' qualifications. The resulting free movement of intensivists would allow these professionals from across the continent to 'speak the same language', facilitating the swift transition of intensivists into foreign ICUs where and when there is demand, and facilitating the sharing of best practices, thus helping to attain higher standards of care throughout Europe.

In its endeavours, ESICM aims to be as inclusive as possible, and as such has taken into account the suggestions received from different countries in developing this document. ESICM has worked over the years to define the competencies necessary to work in an ICU. This resulted in the establishment of the Competency-Based Training in Intensive Care Medicine in Europe (CoBaTrICE) as a common curriculum for Intensive Care Medicine in Europe[1] which benefited from a grant from the European Union's Leonardo Programme. CoBaTrICE already serves as the basis for the curriculum in Intensive Care Medicine training in many EU Member States. Where necessary, this and other tools can be used by

[1] Competency Based Training programme in Intensive Care Medicine for Europe <http://www.cobatrice.org/en/index.asp>

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policymakers as a guideline in defining their training procedure and curriculum, effectively setting out the skills to be obtained for a doctor to be called an intensivist.

Projects such as CoBaTrICE have a goal of establishing European best practices and reflect a trend of sharing knowledge, expertise and experience on the European level. Importantly, ESICM believes qualifications and competences gained following adequate training, through different programmes in Europe but equivalent to those in CoBaTrICE, are considered equal in terms of value and competency.

It is with this common goal in mind that ESICM advocates for the novel approach to Annex V inclusion proposed in this paper. Through recognition of the common competences held by intensivist, Europe can unleash untapped potential in terms of those medical professionals who already have undergone the necessary training to work in ICUs as part of the training included within their base specialty, but are at risk of not being recognised as intensivists when moving to other Member States.

Recognition of existing Intensive Care Medicine qualifications through Annex V would increase availability of intensivists and enhance their movement in Europe. It would also contribute towards improving the quality of care of critically ill and vulnerable patients and revolutionise the efficacy of a medical discipline which represents 10% of total healthcare budgets.

ESICM has pursued the goal of the free movement of intensivists in Europe for several years, and recognises that it is important to seize moments such as the present, where all European stakeholders including colleagues across the European Intensive Care Medicine community and the European institutions favour advancing towards these common objectives.

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Policy Proposal

The current state of play around recognition of the specialty

At present, the degrees of recognition accorded to Intensive Care Medicine as a medical specialty can be categorised in three ways.

First of all there are countries recognising Intensive Care Medicine as a form of subsidiary specialty, where Intensive Care Medicine only exists as an optional/secondary specialty obtained subsequent to an existing base specialty.

Second there are countries which recognise Intensive Care Medicine as a base medical specialty.

Lastly, there are countries with no recognition of Intensive Care Medicine as a medical specialty.

ESICM seeks to find common ground as to the training provided to intensivists in a select group of Member States falling into the former two categories to then justify the specialty being included in Annex V. Using a novel approach to Annex V, the existing typology of systems could be accommodated by establishing suitable relationships of mutual recognition between different countries according to the degree of mutual similarity.

Entering Intensive Care Medicine into Annex V

To be eligible for the entry of Intensive Care Medicine into Annex V, a minimum of 11 EU Member States must simply agree on a minimum duration of training of two years for the specialty obtained subsequent to, or within a suitable base specialty. Countries with a base specialty will still find their title recognised as long as the total length of the qualification for that base specialty is at least 5 years.

ESICM advocates using CoBaTrICE as the common framework, as it provides a common curriculum and requires two years of training for doctors acquiring Intensive Care competencies together or subsequent to another base specialty.

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The novel approach: bridging the gaps in a patchwork of existing intensivist qualifications in the EU

There exists wide variation among Europe's healthcare systems, and the system of qualification for intensivists is no exception in this regard. Considering this current state of affairs and without significant reform in multiple Member States, full automatic recognition between all Member States under Annex V is not possible as there is no majority of Member States subscribing to either the base or dual specialty systems of intensivist qualifications reaching the 11 Member State threshold. Nonetheless, with a novel approach to the Annex, these challenges need not impede progress towards recognition of intensivists under Annex V.

A degree of flexibility is accorded to Member States in the Annex V framework. As stated above, procedurally a minimum of 11 Member States are required to agree to move forward to enhanced co-operation and ultimately mutual recognition of qualifications with operational application. Member States can agree to give automatic recognition to intensivists originating in Member States with a system comparable with their own, whilst according 'partial access' to intensivists originating from Member States with a different qualification system. Ongoing review and revision is procedural and inbuilt.

This would facilitate both the Member States that have a 2 year intensivist training[2] as a part of a dual-specialty (called hereafter Member States *S*), and the Member States that have 5 year training for intensivists as a base specialty (called hereafter Member States *P*). Therefore the mechanism for automatic recognition that is in place in Annex V would exist without friction between *P-P*, and *S-S*, meanwhile a caveat would be added in the Annex stating that the *P-S* and *S-P* relationships entail limited access to the profession in the host state.

[2] Where the base specialty is recognised as a base specialty allowed to go to Intensive Care Medicine in the other country.

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In the latter scenarios, two relationships between Member States can be envisaged, e.g.:

1) Host Member State *S* receives an intensivist from Member State of origin *P*: Recognition of the intensivists ability to practise limited to the ICU responsibilities of existing base specialties.

2) Host Member State *P* receives an intensivist from Member State of origin *S*: Recognition of intensivists' base specialty, and recognition of that individual's capacity to practise as an intensivist but only in as far as their base specialty allows in the local healthcare system.

Such an arrangement on recognising intensivists under Annex V would be a first, and has not been envisaged under the Annex so far. However, given the unprecedented need for intensivists to move freely around the EU, now is the time to guarantee the rights of Europe's Intensive Care Medicine experts and help them to help Europe in times of crisis.

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ESICM's proposed system of recognition illustrated

Host Member State

Member State of Origin	 ***2+ years of training (S)***	 ***5 years of training (P)***
2+ years of training (S) 	Mutual recognition of intensivists qualifying with a dual-specialty	Recognition of the intensivist's base specialty, and recognition of that individual's capacity to practise as an intensivist but only in as far as their base specialty allows in the local healthcare system.
5 years of training (P) 	Recognition of the intensivist's competences, but only insofar as they are applicable to the ICU responsibilities which are accorded to the specialty nationally.	Mutual recognition of intensivists as a base specialty.

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