

pean Society of Cardiology has prepared a document outlining the competency framework for acute cardiology care which includes significant overlap with intensive care medicine. The EBICM board has reviewed it and will not take this proposal up formally with the European Board of Cardiology as the document has no formal status at present. EBICM will go forward with its current road map, and if its component specialities, such as Cardiology, wish to add further competencies relevant to their own area of practice they can do so, preferably in discussion with the Board.

5. CoBaTrICE-IT: The CoBa-IT project was launched in March in Brussels and is now working on the various work packages aimed supporting the implementation of the competencies in national training programmes.
6. PACT: Request to the EBICM board to have PACT accredited. Letter from Hans Flaaten, Head Prof. Development given to Julian Bion – proposal to be circulated to remainder of board for approval by email.
7. Next meeting: Will be held in Brussels; dates to be proposed for Sept/October 2008.

UEMS Council supports proposal from the European Board of Intensive Care Medicine to identify Intensive Care Medicine as a Particular Medical Competence in Directive 2005/36/EC of the European Parliament & Council on the recognition of professional qualifications

Dear colleagues

As many of you will know, the EU Directive on recognition of professional qualifications (including medicine) does not recognise the existence of intensive care medicine as a distinct area of medical expertise. The rules on recognition of medical disciplines as Specialities do not permit us to make the case for ICM being included as a speciality. We are therefore obliged to find an alternative form of words. The UEMS has advised the European Board of Intensive Care Medicine to develop a proposal that ICM be recognised at European level as a 'Particular Competence'. This term is consistent with all forms and structures of training in ICM in Europe. It does however imply that ICM can be described in terms of competencies, and through the work of the CoBaTrICE collaboration we are able to do exactly that.

This proposal was formally endorsed by the EBICM representing all the specialities which contribute to ICM training. It was then presented to the Council of the UEMS on April 19th in Brussels by Julian Bion and Hugo van Aken. We are pleased to inform you that this proposal received unanimous support. Our presentation included both the proposal (the 'road map') and the CoBaTrICE training programme, and it was clear from the reaction of the delegates that CoBaTrICE is now regarded as a benchmark for other disciplines. In this sense therefore, intensive care medicine can be seen to be leading the way in the development of competency-based training. This has only been possible

through the support and contributions of base specialities, our colleagues in the UEMS sections, national training organisations, and frontline clinicians worldwide over the past five years.

The UEMS as you know is an advisory body to the European Commission. It can recommend, but it cannot mandate. Endorsement by the UEMS Council must therefore be regarded as the first step in our 'road map'. We now need your help obtaining the support of your national representatives to the European Commission and European Parliament. The best way to do this will be by direct personal contact via your national training organisations, accompanied by supporting material. This will include the letter from the UEMS Council (which we will forward to you as soon as we receive it), the link to the CoBaTrICE programme (www.cobatrice.org), and associated materials which you can download from the CoBa website. Please help us in this important development for the future of ICM.

With best wishes
Prof Julian Bion FRCP FRCA MD
Chair, EBICM

Prof Marco Ranieri
President, ESICM

Dr Rui Moreno
Presiden-elect ESICM