

ZPRÁVY ČSARIM

Seznam doporučení ČSARIM

Doporučené postupy a stanoviska ČSARIM

Doporučený postup „Invazivní meningokové onemocnění“ (2005)
 Doporučený postup „Předanestetické vyšetření“ (2006)
 Doporučený postup „Předanestetické vyšetření dětský pacient“ (2006)
 Stanovisko výboru ČSARIM k podávání aktivovaného proteinu C (2005)
 Doporučený postup „Život ohrožující krvácení“ (2007)
 Doporučený postup „Perioperační srdeční selhání“ (2008)
 Doporučený postup „Léčba akutní pooperační bolesti“ (2008)
 Šablona protokolu pooperační bolesti (2008)
 Doporučený postup „Diagnostika a terapie peripartálního život ohrožujícího krvácení“ (2008)
 Indikátory kvality anesteziologické péče (2008)
 Stanovisko ČSARIM k inhalačnímu úvodu u dětí (2008)

Situation of intensive care medicine in Europe and its relationship to anaesthesiology

Intensive care medicine is an independent speciality in only one of the European member states. In most European countries, intensive care medicine can be obtained as a '**particular competence**' with a common training programme for specialists with Board certification in a variety of base disciplines: Anaesthesiology, cardiac surgery, cardiology, internal medicine, neurology, neurosurgery, paediatrics, pneumology, surgery. A particular competence is an area of expertise in addition to a primary speciality, where extra expertise outside the domain of the specific speciality is required to provide high quality patient care by multidisciplinary input from doctors from various medical specialities.

The European Directive on recognition of professional qualifications (Directive 2005/36/EC of the European Parliament) does not identify intensive care medicine as a primary medical speciality. The European Union requires that, to become a specialty, it must be recognized in at least 2/5th of the Member States and at the same time, by a particular majority (a weighted vote that is determined by the population of each country and other factors and giving what is called a "qualified majority") in a committee on Qualification of the European Commission (not only for medical professions but generally for all protected professions).

Furthermore, to create a Specialist Section for Intensive Care Medicine within the UEMS, ICM has to be recognized as an independent speciality by more than one third of the E.U. Member States and must be registered in the Official Journal of the European Commission (Medical Directives).

These requirements for a primary speciality are not

fulfilled for Intensive Care Medicine and therefore the aim should be the incorporation of Intensive Care Medicine as a **PARTICULAR COMPETENCE** in the European Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications. This terminology is consistent with all forms of training based on acquisition of competencies.

Intensive Care Medicine was the first discipline in Europe to develop a multidisciplinary training programme based on the acquisition of competencies – clearly defined sets of knowledge, skills, attitudes and behaviours which together define the basic abilities of an intensivist. The CoBaTrICE project [1] (Competency-Based Training in Intensive Care in Europe) and training programme (www.cobatrice.org), supported by a grant from the European Community's Leonardo Programme, undertook an international survey of training in adult intensive care medicine (2) and using consensus techniques defined the core (minimum) competencies required of a specialist in adult intensive care medicine (3). In the survey of ICM training programmes in different EU Member States the median duration of training is 24 months [Ref 2, Table 2]. The 102 competencies defined by CoBaTrICE provide a sound basis for identifying intensive care medicine within the Directive as a particular competence.

An important additional factor to consider is how changes to the status of intensive care medicine might affect the quality of patient care. Current evidence indicates that patient outcomes are better when patients are cared for by trained intensivists. In Europe this can

be achieved by facilitating the acquisition of harmonised common competencies in intensive care medicine by trainees from a wide variety of primary speciality training programmes. This may also have the added benefit of optimising the staffing of intensive care units.

This request has been approved by the European Board of Intensive Care Medicine and further ratified at a meeting of the presidents (or secretaries) of the sections of anaesthesiology, cardiac surgery, cardiology, internal medicine, neurology, neurosurgery, paediatrics, pneumology, surgery and Board Members of the European Board of Intensive Care Medicine on April 16, 2008. Following presentation to the UEMS speciality Sections and Boards on April 17, it was then presented to the UEMS Council on April 18, where it received unanimous approval.

The next step is to obtain explicit support from national representatives of the involved European Commission and Parliament through national training organisations in ICM, that the European Parliament and Council should include Intensive Care Medicine as a Particular Competence in the Directives 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications.

In December 2008 we had the opportunity of mee-

ting the responsible persons in the EU headquarters in Brussels and to discuss our request. We were told that in general it was not mandatory to go this way, because for those disciplines that are not mentioned in annex 5, article 10 "general system for recognition of evidence of training" is valid. During the discussions it was outlined that it is important for the committee to get to know the cases where doctors recognized in Intensive Care Medicine in one particular country have problems to get recognized in other EU countries. In the meantime we already received information from a doctor in the Netherlands who has problems with his recognition in intensive care medicine and also from a colleague in the United Kingdom with the same problems. If you should know somebody with similar problems please inform me as soon as possible. It would help us reaching our goal.

Hugo Van Aken, MD, PhD, FRCA, FANZCA

1. www.cobatrice.org

2. **Barrett, H., Bion J. F.** An international survey of training in adult intensive care medicine. *Intensive Care Med* (2005) 31:553–561.

3. The CoBaTrICE Collaboration. Development of core competencies for an international training programme in intensive care medicine. *Intensive Care Med* (2006) 32:1371–1383.

Výborová schůze ČSARIM 7. 4. 2009

Přítomni: Cvachovec, Ševčík, Černý, Herold, Novák, Nalos, Kozlík, Chytra

Hosté: Kuta a jeho kolegové z Českých Budějovic, Králová (Guarant)

Omluveni: Málek, Cheníček – host

1. **Kontrola zápisu** – v pořádku.

2. **XVI. kongres ČSARIM, České Budějovice 1. až 3. 10. 2009**

- Černý informoval výbor o vědecké části kongresu.
- Kuta obeznámil výbor s dalšími organizačními postupy.
- Za odbornou část dětské anestezie byl navržen Mixa, ostatní zůstávají stejní, tzn. Černý – intenzivní medicína, Ševčík – bolest a porodnická anestezie a analgezie, Šturma – anesteziologická část, Vyhlídalová – zdravotní sestry.

3. **Doporučené postupy k Zajištění dýchacích cest**

- Černý předložil návrh ke schválení:
 1. Základní východiska
 2. Plánované zajištění dýchacích cest
 3. Neplánované zajištění dýchacích cest

4. **Doporučené postupy předložené k definitivnímu připomínkování** – předkládá Černý

- Konsenzuální stanovisko k použití terapeutické hypotermie (Dostál)
- Zásady bezpečné anesteziologické péče (Cvachovec)
- Doporučený postup vyšetření před diagnostickými nebo léčebnými výkony operační a neoperační povahy s požadavkem anesteziologické péče (Černý)

Připomínky k těmto dokumentům poslat do konce dubna Cvachovcovi.

5. **Ceny**

- **Opitzova cena**
Na návrh Komise pro historii oboru byli navrženy dvě osobnosti, kterým bude předána na kongresu ČSARIM Opitzova cena – prim. Miloschewsky a doc. Drábková.
- **Počtová cena**
Byla určena výše odměny.
- Cena za nejlepší publikaci v oboru za r. 2008 – byla určena komise: Herold, Černý, Cvachovec, Ševčík.

6. **Pozvánka na konferenci Standardy zdravotní péče**, kterou pořádá o. s. Lékaři pro reformu 25. 4. 2009 v Brně

Výbor pověřuje účastí na této konferenci Ševčíka.

7. **Výbor ČSARIM se připojuje k materiálu**, který předkládá MUDr. Gumulec.

8. **Webové stránky**

- Králová předvedla výboru image nových stránek – výbor souhlasil z aktualizací. Stránky budou v nejbližších dnech aktualizovány.

Zapsala Dita Králová.