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Brussels, February 28th 2022.

Position on the duration of specialist training for anaesthesiologists in Europe
Joint Statement of the
European Board of Anaesthesiology of the European Union of Medical Specialists (EBA-UEMS)
European Society of Anaesthesiology and Intensive Care (ESAIC)

To whom it might concern

The practice of modern Anaesthesiology in Europe encompasses nowadays a spectrum of perioperative patient care including intensive care medicine, critical emergency medicine and pain medicine as integral and indivisible parts of the clinical specialty. This enables Anaesthesiologists to provide a continuum of high-quality patient care and safety throughout the perioperative period.

Importantly, unlike other physicians, Anaesthesiologists manage patients of all gender and age groups, from neonates to very elderly, in advanced perioperative procedures, ranging from maternal, in-utero and neonatal management in the delivery room, to organ transplantation and cardiac or brain surgery.

Finally, SARS-CoV-2 pandemic has again highlighted the anaesthesiologists' central role as leaders in organization, decision-making and responsibility in the care of the critically ill patient.

To ensure sufficient knowledge and competences are acquired in all of these areas, it is the uniform consensus of Anaesthesiologists in Europe that specialist training in Anaesthesiology should be competence based and of a **minimum duration of five years**.

In most European countries, the current minimum duration of training in Anaesthesiology is five years, but several EU member states have even added a sixth year of training.

This position is reflected and emphasized by the European Training Requirements (ETR) in Anaesthesiology prepared by the EBA and approved by the UEMS Council in April 2018 (and updated in 2022) as the formal Standard for harmonization and mutual recognition of training in Anaesthesiology throughout Europe.

EBA and ESAIC acknowledge **and support that specialist training in Anaesthesiology is minimum of five years**, and strongly oppose any attempt to reduce its duration and requirements.

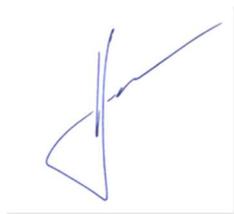
The shortage of Anaesthesiologists many countries experience cannot be addressed by attempts at lowering the training period and, consequently, the standards of perioperative care compromising patient safety.

Complementary to the present statement, and attached in its integral form, is the EBA/ESA statement released in 2018, successfully used in Italy to continue to have recognized a 5 years training programme in Anaesthesiology, Intensive Care and Pain.

Yours respectfully,

Prof. Dr. Olegs Sabelnikovs

EBA-UEMS President

A handwritten signature in blue ink, consisting of a stylized 'O' and 'S' followed by a horizontal line.

Prof. Dr. Edoardo De Robertis

ESAIC President

A handwritten signature in blue ink, featuring a cursive 'E' and 'D' followed by 'De Robertis' and a long horizontal flourish.

Brussel, 23.11.2018

To whom it may concern

The Helsinki Declaration on Patient Safety in Anaesthesiology, jointly launched 2010 by the European Board of Anaesthesiology (EBA) of the Union Européenne des Médecins Spécialistes (UEMS) and the European Society of Anaesthesiology (ESA), states that *Anaesthesiology shares responsibility for quality and safety in Anaesthesia, Intensive Care, Emergency Medicine and Pain Medicine, including the whole perioperative process and also in many other situations inside and outside the hospital where patients are at their most vulnerable.*

The designation used in the EU since the directive 2005/36/EC is "Anaesthesia", but the above description better reflects today's training requirements in the speciality of anaesthesiology.

The Directive 2005/36/EC, and its update of 2013, established the mechanism of automatic mutual recognition of qualifications for medical doctors according to training requirements within all Member States; this is based on the length of training in the Specialty and the title of qualification.

On the 9 October 2013 the EU Parliament voted in favour of modernising the Professional Qualifications Directive of 2005. The main elements of the modernised Directive in this context are:

- Training shall be competency based but with minimum duration defined
- The introduction of a European professional card
- An alert mechanism is set up for all professions with patient safety implications
- The possibility of setting up "common training frameworks" and "common training tests", aimed at offering a new avenue for automatic recognition, is introduced
- Rules on language skills: In the case of professions with implications for patient safety, competent authorities may carry out systematic language controls
- Continuous professional development: Member States have to ensure that certain professions (e.g. doctors and nurses) can update their knowledge, skills and competences

In most European countries, the current minimum duration of training in Anaesthesiology is **five years**, and the above-mentioned scope of training is only one of many reasons for this. Another contributing factor is the implementation of the European Working Time Directive which also reduces the work exposure and clinical caseload for residents.

The Union Européenne des Médecins Spécialistes (UEMS) has always strongly supported the concept that the quality of medical care and expertise is directly linked to the quality of training provided to the medical professionals. Accordingly, great emphasis has been given to the improvement of medical training at the European level through the development of European Standards in the different medical disciplines.

Consequently, the European Board of Anaesthesiology (EBA) of the UEMS has made every effort to point out the need for increasing the minimum duration of training in modern Anaesthesiology to **five years**, but several EU member states have even added a sixth year of training to ensure sufficient coverage of intensive care and perioperative medicine.

The European Training Requirements in Anaesthesiology (ETR) has been recently licensed by the European Board of Anaesthesiology (EBA) and approved in April 2018 by the UEMS Council: https://www.uems.eu/_data/assets/pdf_file/0003/64398/UEMS-2018.17-European-Training-Requirements-in-Anaesthesiology.pdf

In this official European document, it is clearly stated that the practice of Anaesthesiology has significantly changed towards more holistic competencies in the perioperative period, in intensive care medicine, emergency medicine and pain medicine which in many countries are integrated parts of the clinical specialty. Thus, training requires new generic competencies and common principles to be defined for the European specialist.

The process of training, attaining defined competencies and applying them safely and efficiently in clinical practice require time so that trainees can mature and develop. **Minimum training duration is 5 years, of which at least 1 year is to be spent at an intensive care unit.**

A reduction in duration of Anaesthesiology training in Italy encompasses many risks.

Future specialists would not be able to work independently in Intensive Care, with clinical and organizational repercussions that could potentially have negative impact on the Italian health services. Likewise, would the free movement of doctors in Europe be threatened, since the directive states that *member states should retain the right to lay down the minimum level of qualification required to ensure the quality of the services provided on their territory.*

With a shortened speciality training Italian specialist may experience difficulties in participating in the European working market.

The ETR in Anaesthesiology states also that high quality training can only be provided in high quality training centres by high quality trainers and has to be assessed in a meaningful and robust way. In order to really train in a competency-based way, a functional system of a workplace-based assessment is mandatory; structures and processes are the basis for quality management in education and training. E.g., faculty, teachers, trainers, consultant, and tutors must be available for efficient training at a minimum number and trainee-trainer-ratio.

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Leaving the trainees not supervised during the last year/s of training, and/or in peripheral hospitals with lower work load of complex cases implicates the *de facto* loss of one year of high quality training with all the future implications on the quality of the care.

Many countries experience a shortage of anaesthesiologists combined with insufficient funding. The long term solution is not to lower requirements and thereby possibly putting patients at risk by exposing them to doctors with insufficient qualifications. The uniform consensus among anaesthesiologists in Europe is that training should be competency based but with the duration of training set to a **minimum of five years** to acquire the necessary competences.

Yours respectfully,

Prof.
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EBA President

Prof. Dr.
Goetz Geldner
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Stefan De Hert
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