
Dear Excellences,

The Helsinki Declaration on Patient Safety in Anaesthesiology, jointly launched 2010 by the European Board of Anaesthesiology (EBA) and the European Society of Anaesthesiology (ESA), has so far gathered more than 300 signatures in almost 50 countries worldwide, and it 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 Directive is "Anaesthesia", but the above description better reflects today’s training requirements. Consequently the UEMS has made every effort to point out the need for increasing the minimum duration of training in modern Anaesthesiology to five years, with several EU member states even adding a sixth year of training to ensure sufficient coverage of intensive care and perioperative medicine. The EBA Training Curriculum and Syllabus have recently been updated accordingly, and fulfilment of these requirements is a pre-requisite for full accreditation by the joint UEMS-EBA and ESA Committee.

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

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• 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 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 contemplated reduction in duration of Anaesthesiology training in Spain encompasses many risks. Future specialists would not be able to work independently in all areas of their specialty, with clinical and organizational repercussions that could potentially have negative impact on the Spanish 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 Spanish specialist may experience difficulties in participating in the European working market.

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. In the interest of European Anaesthesiology and in support of our Spanish colleagues we ask you to re-consider any possible plans on decreasing the duration of training in Spain.

Respectfully yours,

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