



The NASC Network project

Version of July 1<sup>st</sup> 2014

Project initiated by the NASC and approved by the ESA Board of Directors, the ESA Council and the EBA

Task Force designated by the NASC for the implementation of the PARH-AICE Project

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The NASC network has two major projects that share common implementation tools.

These projects are:

1. Creation of the Peer-to-Peer Network whose main goal is to facilitate regional/global collaborations projects in the field of Anaesthesia and Intensive Care from the countries that are members of the ESA. The Peer-to-Peer Network project will allow Departments of Anaesthesia and Intensive Care (DAIC) to collaborate in all imaginable domains (professional, scientific, organizational, sharing of experience, etc.) based on domains of expertise of each DAIC. The main role of NASC/ESA/EBA in this project is to create/enhance the visibility of the Network and follow-up the different projects that will be implemented.
2. The Practice Abroad and Return Home Programme in Anaesthesia and Intensive Care in Europe (PARH-AICE)

Context and problems

Recent years, since many Eastern European countries have integrated the European Union, have seen a large number of trained physicians (including anesthesiologists/intensivists) leave their native country and seek jobs in wealthier ones. The incentives for leaving their native countries are multiple but are mainly economic. Wealthier countries have taken advantage of this situation and because of their own demographic problems with anaesthesiologists, many positions were offered and filled. This flux of anaesthesiologists raises several problems but the countries and populations that have seen so many anaesthesiologists leave are facing serious problems in health care and public health. From the start, the PARH-AICE concerns only anaesthesiologists that are recognized specialists in their country of origin and in the European community. This project does not concern trainees in anaesthesiology.

The possibility exists that the transfer of anaesthesiologists be partial instead of complete, (i.e, instead of leaving for ever their native country, one can imagine a system where those who leave do it part time, for example twice 2 or 3 months a year and return home in between). This could allow part time transfer of work force to wealthier countries and transfer of knowledge back to the country of origin of the anesthesiologist/intensivist. If a department of anaesthesia and intensive care (DAIC) sends several anaesthesiologists (that take turns), the possibility exists that by returning

home these anaesthesiologists bring back new professional skills. This system could be called « sustainable » win-win transfer of work force, skills and knowledge.

The NASC will provide overview, create the network, keep track of the fluxes and monitor de main outcome, i.e. the return home part of the project.

#### Practical aspects of the implementation of the Network project

The NASC representatives will ask the President of their respective National Societies for a list of centers of excellence in their countries (in addition and beyond the Trainee Exchange programme). These centers may seek for the HVTAP accreditation but this is not mandatory for the implementation of the Network project. The model letter is attached to this document.

Information from each country would be centralized by the NASC representative and sent to the NASC Chair. The information required from each center concerns: (1) the name, email and telephone address of the anaesthesiologist in each DAIC that is to be contacted; (2) a maximum of three domains of expertise in that specific DAIC; (3) whether the DAIC wants to participate to the Peer-to-Peer Network and/or to the PARH-AICE project. Information from all countries will be centralized on the ESA website under the NASC Network Project. A provisional list of keywords (domains of expertise) will be proposed by the NASC Taskforce on the Network project

Publicity for the NASC Network will be done through the ESA Website, the ESA Newsletter, participation of the ESA representatives to the National Congresses and through each National Society. Following the creation of the Network, the main role of NASC will be to follow-up on the successes/difficulties.

The NASC Task force will pay special attention to the “Return Home” part of the project and to the fact that the DAIC that sends anaesthesiologists to wealthier countries “receives in return” the expertise acquired by different individuals during their practice abroad.

It is anticipated that a diversity of situations will occur and that the attractiveness of the DAIC that receives will depend on both professional and extraprofessional (e.g. the possibility to offer housing, facilitate installation and insertion within the group, facilitation of administrative hurdles, etc.). Financial problems (work contract, salary) would be solved directly by the interested parties. In case of problems NASC Task Force

would be informed. Sharing of experience among the DAICs will be encouraged through the NASC Network.

The NASC Task force encourages the implementation of the PARH-AICE programme by pilot countries. They will be designated following the first contacts that the NASC representatives will establish with their President of National Society.

What is required for the project to start ?

1. European and country-level information campaign with the clearly stated goals of accompanying the « brain drain » of anaesthesiologists
2. Establishment of the NASC Network website
3. Definition of keywords by the members of the NASC « network » group
4. Creation of the first collaborations (pilot countries)
5. If successful, extension of the programme to all countries represented at the NASC.
6. Evaluation of the problems at the NASC and ESA Board of Directors meeting

Schedule of the NASC Network projects

1. Exchanges on this project through email before the meeting of the Board on April 2014 (done)
2. Decisions concerning practical issues at the ESA Board, ESA Council, EBA meetings in June 2014 during Euroanaesthesia (done)
3. July 2014 version of the project sent to NASC Task force members for input (will be finalised at the end of July 2014).
4. August 2014 version of the NASC Network project sent to the NASC representatives to be sent to their President of National Societies (beginning of September)
5. Publicity on the NASC Network project on the ESA Website (September 2014)
6. First proposals for participation to the NASC Network from NASC representatives by the end of 2014.