



# SECTION OF PSYCHIATRY EUROPEAN BOARD OF PSYCHIATRY

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES



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## ANNUAL REPORT

**2001**

This report is the first of regular annual reports, which will be prepared to outline the annual activities of the UEMS Section for Psychiatry and the European Board of Psychiatry. The report will include: Section and Board meetings held; new members/countries joining and members departing during the year; working groups activities and reports finalised; new initiatives and collaboration with other organisations.

### Section and Board meetings

This year's Spring Section and Board meeting was held in **Ljubljana**, (5-7 April 2001) and very well organised by the Slovenian representative, Dr Slavko Zihrel. Except for a hitch in technology which resulted in the loss of the audio-taped minutes, the meeting went very well. The Autumn meeting was held in **Prague** (4-6 October 2001) and was very successfully organised by Professor Jiri Raboch and Dr Ivan Tuma.

### Members

During 2001 several new members have joined UEMS. These are: Dr Miquel Roca Bennasar, **Spain** (Sociedad Española de Psiquiatria); Dr Pedro Fernando Cabral Varandas, **Portugal** (Ordem dos Médicos); Dr Roland Urban, **Germany** (Berufsverband Deutscher Nervenärzte); Dr Brendan Cassidy, Republic of Ireland (**Permanent Working Group**); Professor Cornelius Katona, **UK** (Royal College of Psychiatrists); Dr László Tringer, **Hungary** (Hungarian Psychiatric Association); Dr Hans Ågren, **Sweden** (Swedish Psychiatric Association); Dr Jim Strachan, **UK** (Royal College of Psychiatrists); Dr Adriana Mihai, Romania (**EFPT**); Dr Victor Buwalda, The Netherlands (**EFPT**) and Dr Torben Lindskov Hansen, **Denmark** (Danish Psychiatric Association).

The following members left during 2001, and their contribution will be missed: Dr Charles Smith, **Republic of Ireland** (Irish Medical Association); Professor Andrzej Piotrowski, **Poland** (Polish Psychiatric Association); Dr Helle Aggernaes, **Denmark** (Danish Psychiatric Association); Professor J Furedi, **Hungary** (Hungarian Psychiatric Association); Professor Anthony Mann, **UK** (Royal College of Psychiatrists) and Dr Kai Treichel, Germany (**EFPT**). Sadly, Professor Andrzej Piotrowski passed away in Warsaw on the 18th November 2001.

### Working Groups and Final Reports Approved

Several working groups have been in operation and in varying stages of progression. The working groups comprise: Psychotherapy; Mental Health Legislation; Old Age Psychiatry; Quality Assurance; Profile of a Psychiatrist;; Mental Health Services and CME. Representatives of the national organisations are individually responsible for keeping their organisations informed of all UEMS matters including the circulation of these

reports. In addition, all finalised reports have been circulated directly to all national associations represented on the Section. Each report has a specified revision date.

1. **Psychotherapy** (Chair: Dr Anne Lindhardt, Denmark)

At the October 2001 Section and Board meetings in Prague, the working group finalised a draft questionnaire for circulation to the delegates for comments by mid-December and replies to this questionnaire are now being collected.

In Prague, Professor Fritz Hohagen (Germany) also reported on the issue of a new psychotherapy association, the European Association for Psychotherapy (EAP), which was recently formed in Europe. This association had been set up as a reference group on psychotherapy issues reporting to the European Commission and is open not only to psychotherapists and psychologists but also to social workers and other non-medical professions. As a result of consequent concerns throughout Europe, the Permanent Conference for Psychotherapy was set up in Barcelona, and a report issued by the Conference stated that the practice of psychotherapy should be restricted to psychiatrists, psychotherapists and clinical psychologists. Professor Hohagen invited delegates to express their opinions as to whether this was a matter for the UEMS, and suggested that the Section should be the main body to advise the European authorities on this issue, and that the Working Group on Psychotherapy should produce recommendations on the practice of psychotherapy. Discussion centred on whether the emphasis should be on which professions could practice psychotherapy or on competencies, training and quality monitoring.

The Working Group will produce a statement on the role of the Section in the psychotherapy issue, and for greater impact, this might be forwarded to the Management Council, for circulation to the Comité Permanent of the Council of Europe, and copied to the national associations in member states.

2. **Mental Health Legislation** (Chair: Dr Helle Aggernaes, Denmark)

The working group was closed at the April 2001 Section meeting in Ljubljana and the final report presented for approval in Prague. Following minor amendments regarding the existence of different mental health acts in England, Scotland and Northern Ireland, it was agreed that a short paragraph would be added explaining that the report was designed to provide an outline of differences in mental health legislation across Europe to facilitate free movement of psychiatrists in Europe. The finalised report was approved at the October 2001 meeting in Prague. The review of this report will start in 2004.

3. **Old Age Psychiatry** (Chair: Professor Anthony Mann)

This working group was also closed at the April 2001 Ljubljana Section meeting with a plan for Professor Katona (who succeeded Professor Mann as UK Representative) to prepare the final report for approval at the October 2001 Prague meeting following feedback from delegates regarding how the report was received in their countries. The finalised report was approved at the October 2001 Prague meeting after including a short paragraph summarising Finnish comments received. The review of this report will start in 2003.

4. **Quality Assurance** (Chair: Dr Karl-Otto Svärd, Sweden)

Following extensive work by this working group, the report received final approval at the October 2001 Prague Section meeting. This report outlines the five different phases in the provision of mental health services, and gives examples of the indicators, standards and measures that could be used during the five phases. The review of this report will start in 2003.

Dr Svärd reminded delegates of the recommendations approved at the Budapest meeting in April 1999. The purpose of providing those recommendations was to help national associations to formulate their own QA policies and to stimulate QA activities. It had been agreed that all national associations should have identified areas of priorities before 2000. They should also have started formulating clinical guidelines on QA and setting up local working groups in the public sector to identify local areas for QA projects. The system of documentation recording QA activities and outcome measures should also have been in place before the year 2000.

It had been agreed in Ljubljana, that the Section would follow up the progress of implementing its recommendations. The questionnaire had been sent out prior to that meeting, but only a few replies were received. The initial results showed that some countries had developed QA policies, however, Dr Svård stressed the importance of compiling as comprehensive data as possible and therefore a follow-up letter would be sent out again to all delegates with a deadline for replies by mid-December.

5. **Profile of a Psychiatrist** (Chair: Dr Charles Smith, Ireland)

In the absence of Dr Smith at the April 2001 Ljubljana Section meeting, Dr ten Doesschate (the Netherlands) tabled a draft report which he had prepared, and although there was reluctance to proceed without the chairman, the working group did in fact meet to discuss training curricula instead, which was considered highly relevant to the profile of the psychiatrist. In the light of Dr Smith's departure from the Section and Board it was decided at the October 2001 Prague meeting that the group should select a new chairman.

6. **Mental Health Services** (Chair: Dr Joseph Saliba, Malta)

This working group was established at the October 2000 Section meeting in Krakow. In accordance with earlier suggestions, relevant instruments, i.e. Tansella & Thornicroft's grid model and de Jong's International Classification of Mental Health Care (ICMHC) had been explored, but it was decided that they would be very difficult to apply without a very labour intensive and complex exercise. It was decided to settle initially for a more modest goal of establishing a database of broad parameters. For this purpose, a draft questionnaire (covering areas such as quality legislation and models of financing, but also including broad parameters of service provision such as day stay units, inpatient units, availability of professional staff) was proposed. This questionnaire, consisting of two parts (one that could be answered at a clinical psychiatry level and one with questions on public health) was developed during the April 2001 Ljubljana Section meeting and later circulated to the whole membership for further comments and trial completion prior to utilisation. Following feedback received from several countries and discussion at the October 2001 Prague meeting, it was suggested that the questionnaire should be restricted to objective information and that, due to diversity in many countries at regional levels, it would be easier to have the questionnaire completed at regional level to avoid the difficulties in compiling the complex and often confusing national data. It was agreed that a second draft modified as above would be circulated.

7. **CME** (Chair Dr Peter König, Austria)

At the April 2001 Ljubljana Section meeting, this working group had been modelling its work along similar lines to that of the European Board of Urology which had emerged as having the best CME system.

Dr Sedvall (AEP) addressed the Ljubljana Section meeting, outlining the activities and aspirations of the AEP. The AEP is exploring the possibility of joining forces with the UEMS Section and Board as providers of accredited CME. It was emphasised from the outset that the AEP, as providers of CME, could not be actively involved in accreditation since this would involve a potential conflict of interests. Another issue in question was whether the Section and Board of psychiatry should themselves accredit CME directly, or whether they should simply establish criteria for European harmonisation of accreditation to be awarded at a national level. It was concluded that accreditation should take place at a national level; however, if CME providers wished for formal European accreditation, they should apply to the EACCME and the Section and Board of Psychiatry would act in an advisory capacity to the latter. AEP could, if desired, submit a specific written proposal detailing their objectives regarding their proposed role in CME.

As a follow up to this, in Prague (October 2001), the President outlined e-mail discussions of the Officers with Dr Leibbrandt regarding the EACCME (European Accreditation Council on Continuing Medical Education) and presented a flowchart of CME accreditation under UEMS auspices produced by the Management Council.

Coincidentally, Mr Len Harvey of EACCME, following a chance meeting with Dr Kari Pylkännén, was invited to give a presentation on the workings of the Council at the Board meeting in Prague. It was particularly worrying to delegates that the EACCME has no clear mechanism to call on the Sections' expert specialist knowledge and it was considered vital that psychiatry is represented on the EACCME. The following points of action were agreed:

- a. request a complete list of EACCME members (including their specialisation);
- b. write to Dr Leibbrandt detailing specific questions and concerns of the Section
- c. revive a working group on CME to produce recommendations on co-operation with EACCME.

#### 8. **Glossary to the Charter of Training** (Dr Joseph Saliba)

The Glossary to the Charter on Training initially written by Professor Anthony Mann has been passed on to Dr Saliba who agreed to finalise this document. A completed draft was circulated to delegates for their comments. The final version of the Glossary should be ready for approval at the Thessaloniki Board meeting in April 2002.

#### 9. **Survey of Undergraduate Teaching in Psychiatry** (Professor Cornelius Katona, UK)

This matter was first discussed at the April 2001 Board meeting in Ljubljana. Professor Gómez-Beneyto (Spain) had stated that the main problem with this issue was that, in most countries, undergraduate training was not dealt with by a professional psychiatric body. A show of hands confirmed that this was the case in all member states. Professor Katona stated that although the Royal College of Psychiatrists was not directly concerned with undergraduate training, psychiatrists who taught in medical school were, by a large proportion, members of the College. The College did therefore have a role in influencing the content and size of undergraduate teaching. He concluded that although national associations did not have a direct responsibility for undergraduate teaching, they played an important advisory role.

This matter was again discussed at the October 2001 Board meeting in Prague. Although undergraduate teaching is not within the remit of the Board which represents the interest of professional medical specialists, it was agreed, however, that the Board might consider setting up a working group which would deal with criteria for knowledge required at the point of entry into higher specialist training. It was agreed that delegates would send a summary of undergraduate teaching of psychiatry at their own university for collation.

#### 10. **Supervision** (Chair: Professor Cornelius Katona)

This issue was first brought up by Professor Katona at the April 2001 Section and Board meetings in Ljubljana. Professor Gómez-Beneyto also indicated that, although the role of a tutor was central to the whole process of training, the Board did not have any reliable information on the characteristics of tutors in different countries. A set of recommendations outlining the minimum requirements was urgently needed. It was suggested that a working group should be set up to work on the subject.

Professor Katona clarified that his original idea concerned the role of supervision in training rather than the role of a tutor. The emphasis on protecting the tutor might distort the meaning of the educational function of supervision, which was a dual relationship between a tutor and a trainee. He suggested that, rather than carrying out a survey of national requirements, it might be more productive to work on what the Board regarded as good practice in supervision. This was supported by the meeting. Professor Katona agreed to chair the working group on supervision.

At the October 2001 Prague Board meeting, Professor Katona presented his working group's introductory paper on supervision, drawing a marked distinction between clinical supervision and educational supervision. Clinical supervision was defined here as the day to day regulation of patient care under the supervision of a senior, advice and guidance given during a ward round or in a discussion in a clinic. Educational supervision was understood to be a unique time belonging specifically to the trainee where the trainee would set the agenda for the protected hour with their educational supervisor. What was discussed during this period might not be directly related to patient care, but might relate to any theoretical aspects not raised by clinical experience. Delegates were asked

to review the paper to see if the ideas outlined were feasible and practicable in their own countries. The term “supervisor” will need to be clearly defined as its understanding varies from country to country. A slightly revised version of the paper was to be distributed for comments and a new draft would be ready for the April 2002 Thessaloniki Board meeting.

#### 11. **Visitation of training schemes** (Chair: Professor Willem Schudel, the Netherlands)

Professor W Schudel reported at the April 2001 Ljubljana meeting that after discussions the purpose of a visitation remained the same, however they proposed a number of changes to the format of a visit:

- Mutual visits between training centres are strongly recommended.
- UEMS Charter on Visitation of Training Centres should be published in all countries.
- All countries should provide an overview of their mental health and training systems.
- UEMS questionnaire on visitation should be simplified to allow for national variations.

The group would now concentrate on the fourth recommendation to produce a questionnaire which would be easy to use in any country. The group supported Dr R ten Doesschate’s earlier proposal to accredit national visiting schemes instead of individual training centres. It was emphasised, however, that individual inspections would be maintained and carried out on request, even between the Section and Board meetings, but the institution applying for a visitation would have to finance the visit. It was agreed that the President of the Board would write to all the Presidents of national associations informing them of this new development.

At the October 2001 Board meeting in Prague, Professor Gómez-Beneyto reported that as the working group on visitation had not yet finished its work, he had deferred writing to the Presidents of national associations for their comments on visitation programmes until the working group progressed further in simplifying the visitation procedures.

Professor Schudel also gave a summary of his group’s activities, in particular Dr Strachan, Professor Katona and Professor Schudel’s work on a simple questionnaire to be used in those countries where training scheme visitations were not well established, with the aim of enabling such countries to conduct their own visitations using a UEMS approved instrument. The first draft of the questionnaire would be circulated to all delegates for comments and the same core group would continue to work on producing simple guidelines for use with the questionnaire.

It had been agreed some time ago to abandon visitations of individual training centres as unattainable due to the scale and number of training centres in Europe. Visitations would only continue if specifically requested by a training centre in a country where the Section and Board meeting was taking place. Instead, national visiting schemes could be assessed, where possible.

#### 12. **Quality Assurance of Training** (Chair Dr Karl-Otto Svärd)

At the April 2001 Ljubljana meeting Dr Svärd reported that the group’s discussion centred on the following issues:

- the profile of a psychiatrist as the main goal of training;
- the training programme should be based on the profile of a psychiatrist;
- the logbook as a useful tool for trainees;
- trainees to take an active role in planning their own training;
- the final evaluation of trainees.

The group planned to have a draft ready for circulation by the end of September 2001. At the October 2001 Prague meeting Dr Svärd reported that the second draft would be circulated shortly for comments which would be incorporated into the third draft, to be discussed and possibly approved at the April 2002 Thessaloniki Board meeting.

### **Other Matters**

#### 1. **UEMS Compendium**

An article describing the activities of the Section and Board of Psychiatry has been published in the 2001 issue of the Compendium.

## 2. **Website**

The most recent approved reports of the various charters and reports had been forwarded to the Management Council for publication on the Psychiatry Section's web-page of the UEMS website. Consideration is being given to the financial and logistical feasibility of the Section having its own website which as advised by the Management Council which has difficulty maintaining the individual Sections' webpages. The current webpage address is <http://www.uems.be/psychiat.htm>

## 3. **Collaboration with other organisations**

### (a) **AEP**

As aforementioned, the AEP has been exploring the possibility of joining forces with the UEMS Section and Board as providers of accredited CME. AEP, as providers of CME, should not be actively involved in accreditation since this would involve a potential conflict of interests and it is by no means clear whether AEP would be as effective in directly providing CME as it could be in offering training for national associations on how best to provide CME within their own countries.

The AEP has continued to pursue its proposal to get involved in European CME accreditation. Professor Gómez-Beneyto along with Professor Raimo Salokangas (Finland), Professor Katona, and Professor Musalek (AEP) were in fact invited to help set up a new CME Accreditation Committee of the Association of European Psychiatrists (AEP) and scheduled to meet on 9<sup>th</sup> October 2001 in Frankfurt to discuss accreditation criteria.

### (b) **WPA**

Dr Lindhardt reported in Prague (October 2001) on the London July 2001 meeting organised by the WPA Zone Representatives of five WPA European zones to which UEMS delegates were also invited. The meeting focused on ways to exchange information and form links between psychiatric associations in Europe. A follow-up meeting in Madrid was attended by Professor Gómez-Beneyto and Dr ten Doesschate but their impression was that there was poor understanding of what the UEMS was and what it did.

Dr Petr Smolik (Central European Zone Representative in WPA) pointed out that WPA was very important to poorer European countries which were not members of UEMS. They could greatly benefit from projects run by the WPA. The European delegates of WPA had in fact agreed to create a European web-page on the WPA site to facilitate a European network for the exchange of information. Dr Pylkkänen (Northern European Zone Representative in WPA) also indicated that the lack of a regional European structure was a main problem from the WPA point of view and the London meeting was a direct result of this European concern. According to Professor Katona, the main structural problem within WPA was the way national associations were represented, namely by their Presidents who could determine according to their personal interests and priorities the importance, or otherwise, of WPA within their national associations. The advantage of having elected representatives, the way UEMS functioned, lay in the fact that it obliged UEMS delegates to make that role their priority. Professor Gómez-Beneyto pointed out that the lack of co-operation between psychiatric associations resulted in lack of a unified position on a number of issues, duplicating each other's work, and ultimately being ignored by European and national authorities.

It was agreed in Prague that WPA Zone Representatives would be routinely invited to UEMS meetings held within their zones. There would also be a link installed between the WPA website and the Section's page on the UEMS site.

Professor Gómez-Beneyto also reported on the document received from Dr Brian Martindale (WPA Zone Representative for Western Europe) outlining the WPA project on mental health in Europe - a new six-year (2001-2006) Community Action Programme (CAP) on Public Health which was a Council Resolution 2000/c 86/01. According to this, the Commission would "ensure

close co-operation with member States and will implement the programme with high level committees of scientists and experts of international standing". This project seemed very appropriate for national organisations to be closely involved in.

(c) WHO

Dr Hagemo was invited to speak at the conference entitled "Coping with Stress and Depression Related Problems in Europe" held in October 2001 in Brussels. The conference was jointly organised by the Belgian government, the European Commission and the WHO as part of the campaign "2001, Mental Health Year". Ministers of Health and experts on mental health from all European countries had been invited to participate.

(d) Royal College of Psychiatrists

Professor Katona reported that the Royal College of Psychiatrists was very interested in the Section's activities. In response to this, he had written, in collaboration with Dr Saliba, an article on UEMS activities which had been accepted for publication in the Psychiatric Bulletin published by the College and will be published in 2002.

4. **Reports from trainees**

(a) European Federation of Psychiatric Trainees

Dr Adriana Mihai attended the October 2001 Prague meeting as the new President of the European Federation of Psychiatric Trainees. In her report she emphasised a main goal of the EFPT to achieve a uniform statement in psychiatric training throughout Europe, indicating that EFPT's links with the European Board of Psychiatry were fundamental in achieving this goal. She went on to summarise the EFPT's main areas of interest and briefly outlined the EFPT's concept of supervision in psychiatric training to include individual supervision, clinical supervision, psychotherapy supervision and research supervision. EFPT is also working on a European psychiatric exchange programme, the main ideas of which included at least six months placement in a specific field of expertise and this could be one way or two way. This exchange proposal fitted in with the cultural set-up of the European Union and should be supported by the European Union. In the light of her report, Dr Mihai was invited to join the working groups on supervision and on psychotherapy.

(b) Permanent Working Group

Due to Dr Cassidy's absence at both the April 2001 Ljubljana meeting and the October 2001 Prague meeting, there was no report from the PWG this year.

5. **Feedback from delegates**

Spain

Professor Gómez-Beneyto reported at the April 2001 Ljubljana Board meeting on the introduction of logbooks in Spain. The Ministry of Health and the Ministry of Education commissioned a logbook to be introduced for Spanish trainees and Professor Gómez-Beneyto was invited to chair a working group to develop the logbook with an end result much in line with the European Board's recommendations. The format of the logbook was piloted in twenty-five training centres and, whereas tutors reported overall satisfaction with the format and role of the logbook, trainees did not accept it with the same enthusiasm. The prevailing feeling among the trainees was that the logbook was just another bureaucratic exercise to be used for their evaluation. However, the overall attitude towards the new proposal to introduce logbooks was positive.

**Next meetings**

25-27 April 2002 – Thessaloniki, Greece

3-5 October 2002 – Palma de Mallorca, Spain

1-3 May 2003 – Limassol, Cyprus

9-11 October 2003 – Berlin, Germany

**JOSEPH R. SALIBA, SECRETARY**