UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY
EUROPEAN BOARD OF PSYCHIATRY

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ANNUAL REPORT
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During 2004, the number of EU/EFTA member states increased from 18 to 28 full members by virtue of ten new countries joining the EU in May 2004. The full members of the UEMS Section and Board of Psychiatry now consist of Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Hungary, Latvia, Lithuania, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom. Turkey, as an EU candidate state, remains an associate member state. There are also seven observers, Croatia, EFPT, WHO, WPA, AEP, PWG and Israel. The 2004 meetings were held in Edinburgh, UK and Zagreb, Croatia.

At the Autumn meeting in Zagreb, Dr Strachan (UK) and Prof Hodiamont (the Netherlands) were respectively elected to the offices of President and Vice-President of the Board.

Enlargement of EU

With its expansion the Section and Board focused efforts on establishing efficient working methods. To facilitate this, the Section and Board agreed to increase the number of Vice-Presidents to four: two for the Section and two for the Board.

The existing sharing out key, currently being discussed by the Management Council, is likely to change. A probable effect will be a change to new member subscriptions to proportional level with current members.

Reorganisation of the Section and Board's meetings and working patterns

The current working pattern of the Section and Board includes working groups, meetings in Spring and Autumn and communication by email and/or phone between meetings. The role and function of WGs[1] was discussed in April 2004. It was generally agreed that WGs remained the most efficient way of working. To improve efficacy, WGs have been asked to appoint a deputy chairman to continue work in absence of the chairman and to set a deadline for producing reports. The total number of WGs functioning at any one time will also be limited. The delegates can only join one WG of the Section and one of the Board. All reports produced by the WGs and approved by Section or the Board will be submitted to the MC. It is hoped that if adopted as UEMS policy their impact will be enhanced.

At our biannual meetings, one day is devoted to visiting local mental health services which most national delegates find useful. This allows opportunity to compare mental health care provision and a chance to review training arrangements. It was agreed that the efficacy of the visits could be improved by developing a protocol to provide feedback to the visit hosts. A WG has been set up to develop this initiative. Visits may include a private practice facility in future.

CME Task Force and collaboration with other organisations

UEMS, AEP, WHO and WPA set up a Task Force in 2001 to further collaboration between the four major stakeholders in the field of psychiatry. The Task Force meets once a year. One of the main activities so far has been to create a forum for European leaders in psychiatry and to promote awareness of, and skills in, leadership. Another activity has been to develop guidelines on CME. The Section and Board met leaders of other organisations several times to discuss means of becoming more efficient in co-ordinating activities. The April meeting in Geneva focussed on community services and training options within them.

The Task Force has considered several options on the future of CME accreditation. The main challenge is to involve national authorities responsible for accreditation of CME activities.

[1] WORKING GROUP

At the Spring 2004 meeting, Dr Maillet indicated that although the activities of the EACCME had no legal status, they, nevertheless, had a significant influence. He argued that EACCME should be seen as a clearing house for specialist Sections with expertise to assess relevant events, and national accreditation authorities, although national authorities remained ultimately responsible for CME in their territory. Since the UEMS represented all medical specialities, its accreditation council was in a better position to establish a cross-speciality body than individual specialist organisations such as WPA or AEP. In order to address differences between national systems a simple and consistent credit system still needed to be developed. Delegates strongly supported a collaboration in which the EACCME would consult the Task Force on CME events in psychiatry. Mutual responsibility for CME with other organisations such as AEP and WPA would provide uniformity at international level. It was also felt to be important to limit the proliferation of profit making groups in the field of CME. A small group consisting of the members of this Board would be set up to assess documentary evidence of both content and quality of delivery at events.

At a meeting in Brussels in August 2004 between members of the Task Force and Dr Maillet, an agreement was made to ask the Task Force to set up a system of accreditation acting as consultant for EACCME.

Section and Board Website

The website (http://www.uemspsychiatry.org/) is established. It has two parts, Section and Board. Each includes a page for reports and for the names and addresses of officers. There are also four sub-pages that include: annual reports; membership; meetings and links to national associations. Delegates are now encouraged to ask their organisations to install a link from their websites to the Section website. Minutes of Section and Board meetings are available on the website once approved.

Working Groups currently in progress

- **Profile of a Psychiatrist**

This profile was originally intended to provide a definition of a psychiatrist's role for other medical professionals, politicians, decision makers and the wider public. The initial draft was divided into three sections: the psychiatrist as a medical practitioner; competencies and specific European challenges. The chairman reported that the working group has decided to focus the profile for trainers and trainees and this will be reflected in its content. Much discussion within the WG focused on the role of psychiatrist as psychotherapist. Its final draft should be ready in time for the Spring 2005 meeting.

- **European survey of specialist training in psychiatry**

The Board has continued to recognise the importance of monitoring harmonisation of training in EU member states. A questionnaire has been circulated, via delegates, to all national training institutions. It is also published on the website. At least 300 replies had been received by the end of 2004. It is hoped that the final results of the survey will be available by the end of 2005.

- **Implementation strategy for approval of national training schemes**

The Board's original plan to send a team of Board members to visit national training centres had to be considerably scaled down due to time, cost and human resources constraints. Such visits will only be carried out on request from an individual training centre.

The focus of the Board's strategy for implementation of national approval of training schemes will now entail approving the country's arrangements for audit of training. The Board developed a training scheme assessment form (available on the website) as a tool that can be used for guidance by national authorities for audit purposes. This form elicits information on supervision, training rotation, areas of particular experience (such as the psychotherapies), safety of work environment, practicalities of study and access to academic facilities.

This training scheme assessment form was tested in a double pilot in the UK and Holland this year. Both countries have established and well rehearsed approval systems. The Board's assessment form for accreditation of training schemes could be successfully utilised without notable modification. In a report published in *Psychiatric Bulletin*[2] it is recommended that national systems should take into account administrative structures to support the running of the scheme, time and financial implications of visits, the constitution of the accreditation body and remedial procedures when problems were still identified on reappraisal.

[2] Strachan, J. & Schudel, W. (2004) Accreditation of European training schemes in psychiatry, *Psychiatric Bulletin*, 28, 19-20

Despite the Board's efforts to promote the Charter on Training this does not have legal standing. Many countries only have accreditation schemes in principle, relatively few carry out independent audit of training in practice. Those countries which do have working systems (Sweden, Norway, Ireland, Denmark, UK and Holland) could invite observers to join their visits to assist developments in other states.

- **Recruitment and Retention**

This WG surveyed the situation across Europe, so as to identify adverse influences to recruitment and retention in psychiatry and to devise a strategy to improve the situation which affects most European countries. The initial survey confirmed that at least nine countries experienced recruitment problems. It is hoped that a set of strategic recommendations will be available in early 2006.

- **Undergraduate Teaching**

The WG recognises that standards for undergraduate teaching are a matter for medical schools. It agreed, however, that it was important to promote the teaching of psychiatry in medical schools and thereby to raise the profile of the profession. The working group is planning to draft its questionnaire for presentation in April 2005.

- **CME**

The harmonisation of CME standards in Europe is a difficult task as national governance controls local policy. The WG thus abandoned the idea of establishing a European CME accreditation. It recommended instead that a body be established to advise the EACCME on CME in respect of psychiatry at a European level. The WG is planning to carry out a survey to identify CME variations across Europe.

- **Psychotherapy**

A report with recommendations on both training and practice of psychotherapy was approved in April 2004. It was adopted by the Management Council as a policy paper and has been published on both the UEMS and Section websites.

- **Mental Health Services Profile**

Despite its attempt at comprehensive data collection, response to completion of a questionnaire on this topic has been disappointing. The questionnaire is currently being modified to reduce the quantity of data and to allow more scope for qualitative description. The group is exploring alternatives, including short descriptive reports of national services and focus on smaller population.

- **Stigma**

This recently established WG reported that stigma emerged as a widespread problem in Europe. The group will work on a definition of stigma, study statements on stigma issued by the WPA and WHO and produce its own report which will address this issue among the wider profession. The group plans to issue a resolution for adoption at a national level. The final report should be submitted to the Council of Physicians and should also be adopted by Management Council as a UEMS policy document.

- **Private Practice**

This WG was set up in response to French concerns, echoed by other countries, that the needs of the private psychiatrist are, currently not adequately addressed by the Section. The results of a preliminary survey regarding access to private practice, payment systems, insurance provisions, training standards, etc, showed that some 15-20,000 doctors across Europe were working in private practice, 50% of them on a full time basis. The WG will focus on recommendations regarding issues needing clarification, inc. accreditation and training, child and adolescent psychiatry, stigma, restrictions in funding through insurance systems, and patient rights. It is hoped that the first draft of the report will be ready for the April 2005 meeting.

- **Visit Feedback questionnaire**

The objective of this new WG is to develop a mechanism whereby the host country can obtain structured feedback following the visit to their services. Although the visit day is very useful to delegates, it was felt that the host institutions did not benefit sufficiently from the opinion of experts inspecting their services. It may be helpful to find a means by which the delegates' impressions from the visit day could be conveyed to the host in a valued and constructive manner. There was a common perception that a visit report might prove of assistance in negotiations with local politicians. The process of feedback should be informal. It is recognised that, as time for the visit is short and practicalities of arrangements for a group also limit what is reviewed, any report forthcoming is inevitably limited in scope and detail.

The WG agreed that feedback should be simple in format and only provided on express request of the host. It should only refer to the particular institute visited and should not be regarded as a reflection of arrangements elsewhere in the host country. The format of the feedback has yet to be agreed and further discussed in April 2005.

Feedback from delegates

Feedback from country delegates included a number of reports regarding improved training content and duration (Austria, Croatia, Czech Republic, Switzerland, UK), revision of psychotherapy training (Austria), development of community psychiatric services (Croatia, Slovenia) recruitment problems (Denmark, Finland, Ireland), restricted resources (Greece, Slovakia, Slovenia), bed numbers (Germany), psychotherapy provision (Denmark, Finland, Holland), community services (Germany, Malta) and re-institutionalisation (Denmark, Holland and Spain).

UEMS Management Council – Role and Function

The Sections and Boards' representation in the MC aims at promoting closer collaboration. The diverse range of medical Sections are divided into three groups each being represented by one Section for two years. At present, the Adult Psychiatry is represented by the Child and Adolescent Psychiatry This representation system does not work well as communication amongst the Sections comprising each group is poor. It was suggested that the term of office for each group representative should be extended to 4 years to allow familiarity with the structures and workings of UEMS and of other European institutions.

Collaboration with psychiatric organisations in Europe

AEP: This organisation is currently undergoing substantial changes of its structure. Its biennial congress will be replaced by an annual conference which will have scientific sessions, educational symposia and courses. National associations are being encouraged to invite the AEP to organise courses at their meetings. The AEP will cover the organisational costs whilst accommodation will have to be provided by the host association. Prof Henning Sass (Germany) will be AEP President from January 2005.

WHO: The last regional meeting was held in Copenhagen in October. The WHO will hold a ministerial conference in Helsinki in January 12th to 15th 2005 when a declaration and action plan on Mental Health for Europe in the coming decade will be endorsed. WHO (Europe) comprises 52 countries and reaches as far south as the Caucasus and east to the Urals. Invitations were issued to ministries of health in each member country.

Trainees Issues

European Federation for Psychiatric Trainees (EFPT): Dr Eraslan (Turkey) took up EFPT presidency in July 2004. EFPT continues to gain in recognition among trainees across Europe and provides speakers to various congresses. It has extensive links with other international organisations such as UEMS, WPA Young Psychiatrists Task Force, AEP, ESCAP, IACAPAP, etc. Its main aim at present is to promote the formation of national organisations for trainees in each European country. The European Union Working Time Directive, which came into force in August 2004, has had a significant impact on medical training. EFPT's annual meeting held in Cambridge in June 2004 was attended by delegates from fifteen European countries representing some 12.5 thousand trainees. Several policy statements on a number of educational issues were adopted. Further progress was made in collating the data in a survey of psychiatric trainees' satisfaction.

PWG: Main issues currently considered by PWG include the Working Time Directive and its impact on trainees, the co-operation with the Global Alliance of Residents and Junior Doctors, and the World Medical Association's reports on euthanasia and patients' safety.

The RoP of UEMS, grant PWG voting rights within Section and Board meetings. However, the Section for Psychiatry found that it was of equal importance to grant similar voting rights to EFPT.

2005 meetings

14-16 April – Turin, Italy

6-8 October – Kosice, Slovakia