



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY  
EUROPEAN BOARD OF PSYCHIATRY



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## ANNUAL REPORT

### 2006

During 2006, the number of EEA member states represented in the UEMS Section of Psychiatry stood at 28 full members. Turkey, as an EU candidate state, remains an associate member. There are also seven observers: Croatia, Israel, EFPT, WHO, WPA, AEP and PWG. The 2006 meetings were held in Vienna, Austria and Deventer, the Netherlands.

#### Organisation of the Section and Board's meetings and working methods

We continue the policy of visiting local psychiatry services on the day before formal committee agendas are discussed. This provides a visible demonstration and exchange of information on both training and clinical practices and settings, and enables constructive feedback from delegates. Trainees are regularly involved. The working method of the Section and Board continues to rely strongly upon working groups which meet in Spring and in Autumn, communicating by email and/or phone between meetings.

#### Section and Board Working Groups and follow up

- **Biological Aspects of Psychiatry**

In view of recent research showing evidence of psychiatry being biologically based, the 2000 report on biological psychiatry has been archived. A new working group has been set up to review the previous report in light of the changing perspective on psychiatry and its implications for practising psychiatrists and for training.

- **CME**

An agreement has been signed between the Section and the EACCME<sup>®</sup> and consequently this working group's function will change from the production of a report to that of a standing committee, acting as a support group to the evaluating committee. One of the first issues this group will focus on is the relationship between the CME events and pharmaceutical sponsorship.

- **Liaison Psychiatry**

A new working group on liaison psychiatry has been set up following a review of the existing 1997 report. The group will focus on producing recommendations and good practice guidelines aiming at a final report for April 2009.

- **Profile of a Psychiatrist**

Feedback from several country delegates on national implementation strategies of this document has shown it to be useful and influential to training policy and practice. It has been translated into various languages and will be placed on the PWG website. It has been sent to the UEMS Council with recommendation for adoption as a UEMS policy statement.

- **Recruitment and Retention**

The results of a brief survey carried out this year indicate that of 20 countries which replied (out of 25 surveyed), 14 reported problems with recruitment and 5 with retention. There is an urgent need to improve the image of psychiatry and further work will be more relevant to the remit of the stigma working group which will henceforth include this aspect.

- **Quality Assurance of Standards in Specialist Psychiatric Care**

All the current reports on quality assurance produced by the Section, Board and UEMS Council have been reviewed and condensed into a draft consolidated paper. A working group will be established to discuss this consolidated paper with a view to updating it and archiving the previous Section and Board quality assurance documents.

- **Mental Health Legislation**

Although the underpinning principles of mental health legislation recommended in the 2001 report are still largely valid, the data that informed the report was collected in 1998 and is now of limited value. The repeat of a Europe-wide survey of mental health legislation is beyond the Section's resources. It has been decided instead to focus on one, most relevant, aspect of such legislation, i.e. the principles underlying compulsory treatment in the community, including recent research in this particular field. A position statement will be produced in due course. The existing report on mental health legislation has now been withdrawn from circulation and archived for reference.

- **Old Age Psychiatry**

This working group started its work in October 2005. Its remit is to update the 2001 Report on Old Age Psychiatry to ensure that it reflects recent changes in the field. The revised report may become a useful leverage tool that the national psychiatric organisations can use to negotiate structural improvements in old age psychiatry practice and training.

The group has started its work by revising the questionnaire used previously. The final report is due to be published in 2008.

- **Stigma**

Stigma has emerged as a widespread problem in Europe. This group will study statements on stigma issued by the WPA and WHO as well as any anti-stigma campaigns organised by national bodies. It will work on a definition of stigma, and plans to issue a resolution for adoption at a national level. Its final report is to be submitted to the Council of Physicians and should also be adopted by Council as a UEMS policy document.

- **Private Practice**

This working group was set up in response to concerns that the needs of the private psychiatrist were 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 whom did so part-time. In view of recent and forthcoming changes in private practice in many EU countries the working group decided to re-circulate the questionnaire completed by delegates two years ago. The envisaged report aims to portray private practice in partnership rather than competition with public services, and offering different and complementary settings and treatments for the patient's benefit.

### Training Matters

- **European Survey of Specialist Training in Psychiatry**

The Board has continued to recognise the importance of promoting the harmonisation of training in EU member states. To that effect, we carried out a comprehensive survey of training in psychiatry of all member countries (prior to 2007 accession) in order to evaluate the current state of training in psychiatry in each. Our particular objective was to determine whether the training requirements agreed by the UEMS Section of Psychiatry have had an impact on the actual conditions of training in psychiatry in the member countries. We received 22 questionnaires completed by national representatives (out of 31 sent out) and 424 questionnaires completed by the chief of training and the representative of trainees at the responding training centres in 22 countries. The results give an overview of training in psychiatry across Europe. While there are great differences between the training centres, obvious progress towards developing high standards in training in psychiatry has been made. The report will shortly appear on the Section's website.

- The report on *Rotation in Training for Psychiatry* has been archived and the definition of *rotation in training* with relevant recommendation will be included in Chapter 6 of the Training Charter at its next review. Reports on both *Postgraduate Exchange in Psychiatric Training* and *Part-Time Training in Europe* have been reviewed by the EFPT with a view to creating an on-line database for trainees. There is a need for a clear definition of full-time and part-time training and a recommendation in Chapter 6 of the Training Charter.

- **Implementation Strategy for Approval of National Training Schemes**

The UEMS Board of Psychiatry has been encouraging EU Psychiatric Associations to improve the quality of their training in psychiatry by means of audits. Currently, professional accreditation is determined by national institutions and criteria differ from state to state. As an international representative body, the

UEMS has no legal or professional sanctions to invoke and is therefore not in a position to act other than as a guide to good practice. Some countries already have well established systems, although only the Netherlands and the UK have ensured that theirs are in accord with the recommended good practice. Several have a system of repeat visits by their national associations to their training centres to audit how training is delivered, rotations arranged, trainee safety guaranteed, etc. This is carried out by a team of senior colleagues from outwith the scheme under review, usually accompanied by an informed trainee also from outwith the scheme. Recommendations are made and the process is repeated after a period of 1 to 5 years, with the focus now on the progress being made. This closes one audit cycle.

### **A recent EU example**

German delegates recently sought UEMS help to initiate a similar process of training audit. To assist, members of the UEMS Board, accompanied by a German trainee from Berlin, undertook the internal audit process in Lübeck at the request of the President of the German Psychiatric Association. The visit to Lübeck required that information on current arrangements had to be provided in advance by the tutor there. The UEMS-assisted visit was undertaken over two days. The whole event was subsequently described in a German psychiatric journal. The feedback from the review was shared with both senior and trainee staff in Lübeck, but the details of the audit itself remain confidential within Lübeck. As planned, this visit and the German article acted as catalysts for the German Association, which has now taken the process forward to a second training scheme, at Freiburg, and then on to other centres.

Any country wishing to have their training audit systems evaluated in the manner described above should approach the Board via the relevant national authority. Alternatively, delegates could join audit visits in countries with well established accreditation processes. The Board may be evaluating the *UEMS Charter on Visitation* to determine whether its recommendations needed updating.

### **Collaboration with other organisations**

#### **CME Task Force**

The Task Force set up in 2001 for collaboration between UEMS, AEP, WHO and WPA continues to meet once a year, providing a forum for European leaders in psychiatry, and helping to develop guidelines on CME. This year's meeting took place in Istanbul during the WPA international congress in July 2006.

The Task Force has provided a very useful platform for collaboration and reaching out to address member countries directly. The Forum of European Leaders addresses leadership matters and promotes awareness of public mental health issues. It is also encouraging psychiatrists to participate in public debate about psychiatry and to seek roles as advisors to governments.

#### **EACCME**

The relationship between various CME bodies needs emphasising, particularly the interface between the EACCME<sup>®</sup>, the UEMS/AEP/WPA CME Task Force and the Board of Psychiatry CME Working Group. The EACCME<sup>®</sup>, established by the UEMS Council in 2000 (in collaboration with the national accreditation authorities in EU member states and the American Medical Association responsible for CME accreditation in the USA) is the only pan-European body competent to grant CME accreditation for international events.

The EACCME<sup>®</sup> has now formalised its CME collaboration with the UEMS Sections through signed agreements. The Sections make their own internal arrangements for the administration of the assessment procedures. The Board of Psychiatry CME Working Group thus acts as an advisory body on evaluation criteria. It has been agreed, in the spirit of international collaboration, to maintain the freshly established links with other European organisations. The Section is delegating its mandate, given by the EACCME<sup>®</sup>, to the joint Task Force. Other agencies on the European CME arena, such as the EACIC which are granting CME credits, do not carry formal recognition as an accrediting body, as does the EACCME<sup>®</sup>.

#### **Section and Board Website**

The website (<http://www.uemspsy psychiatry.org/>) is now well established and national organisations are encouraged to establish weblinks. Names and addresses of officers and delegates, annual reports, minutes of Section and Board meetings, and recently the UEMS Council newsletter, are all available on the website.

#### **UEMS Council matters**

The sections' and boards' representation at Council 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. The UEMS statutes and rules of procedure have recently been revised so that the term of office for

individual delegates is no longer limited to 12 years. The term of office is four years and can be renewed indefinitely as long as the delegate's national association wishes to endorse the delegate's mandate. The Council has adopted motions on the Recognition Directive and on the forthcoming Directive on Health Services.

- **The European Working Time Directive (EWTD)**

The UEMS Council has asked specialist sections to comment on the proposal for the 48 hours working time plus 12 hours training time model favoured by the surgical Sections. The Section of Psychiatry has considered that different approaches to EWTD are adopted by individual member states. The key principle underpinning the EWTD is high quality patient care provided by highly skilled and well trained practitioners. Quality standards cannot be met when both trainees and trainers work unacceptably long hours. Member states should be urged to adjust their training frameworks to accommodate the EWTD. It was thus agreed that the Section does not support this proposal.

- **EU green paper: towards improving the mental health of the population**

In May, the Section took part in a widespread consultation process by the EU Commission, commenting on three questions posed in its green paper, prepared with the aim to develop an EU strategy and action plan on mental health. The EU Commission has summarised the extensive feedback received and is preparing a white paper.

#### Feedback from delegates

Feedback issues from National delegates included postgraduate training (Austria, Czech Republic, Slovakia, Sweden, Switzerland and Turkey), specialist registration (UK and Malta) mental health legislation (Ireland, Germany, Malta, Turkey and Spain), recruitment (Norway), psychotherapy (Austria, Finland, Germany and Hungary), deinstitutionalisation (Malta and Turkey), ECT (Turkey) and old age psychiatry (Switzerland).

#### Collaboration with trainee organisations in Europe

- **PWG**

The PWG reported that it was currently concentrating on access to free specialist training in all EU countries, the EWTD directive, part-time training and developing a new website which would contain a page dedicated to UEMS matters.

- **EFPT**

The EFPT has grown to 19 full members and 2 observers. Its current focus is on registering as an NGO in one of the European countries and on competency based training and assessment. The EFPT feels that the UEMS should lead the implementation of the competence based training in collaboration with EFPT. EFPT is also considering the possibility of compiling a database to facilitate an exchange programme and developing closer cooperation with international organisations such as the PWG, AEP, WPA and the UEMS.

#### Dates and venues of future meetings

Spring 2007	Izmir, Turkey (26-28 April)
Autumn 2007	Geneva, Switzerland (11-13 October)
Spring 2008	Copenhagen, Denmark