UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN BOARD OF PSYCHIATRY

APPROVED Minutes of the 19th meeting of the European Board of Psychiatry held in Thessaloniki on 27 April 2002.

1. **Present**:

Dr A Argyriou – **Cyprus** - Cyprus Psychiatric Association
Dr V Buwalda – **The Netherlands**- EFPT
Dr B Cassidy – **Republic of Ireland** – Permanent Working Group
Dr R ten Doesschate – **The Netherlands** – Nederlandse Vereniging voor Psychiatrie
Prof. M Gómez-Beneyto – **Spain** – Asociacion Española de Neuropsiquiatria
Dr E Hagemo – **Norway** – Norwegian Medical Association
Dr T L Hansen – **Denmark** – Danish Psychiatric Association
Prof. C Katona – **United Kingdom** – Royal College of Psychiatrists
Prof. P König – **Austria** - Österreichische Gesellschaft für Psychiatrie und Psychotherapie
Dr A Lindhardt – **Denmark** – Danish Psychiatric Association
Dr V Martin – **Belgium** – Belge Professionelles des Neurologues et Psychiatres
Dr F Matihys – **Belgium** - Belge Professionelles des Neurologues et Psychiatres
Dr A Mihai – **Romania** – EFPT
Dr J H O'Boyle – **Republic of Ireland** – Irish Psychiatric Training Committee
Dr E Pálová – **Slovakia** – Slovak Psychiatric Association
Prof A Parashos – **Greece** - Hellenic Psychiatric Association
Dr K Pylkkänen – **Finland** – Finnish Psychiatric Association
Professor A Rabavilas – **Greece** - Hellenic Psychiatric Association
Dr J Saliba – **Malta** – Medical Association of Malta/Association of Maltese Psychiatrists
Prof. W J Schudel – **The Netherlands** – Nederlandse Vereniging voor Psychiatrie
Dr H Sontag – **France** – Association Francaise de Psychiatres
Dr J Strachan – **United Kingdom** – Royal College of Psychiatrists
Dr K-O Svärd – **Sweden** – Swedish Psychiatric Association
Prof. L Tringer – **Hungary** – Hungarian Psychiatric Association
Dr R Urban – **Germany** – Berufsverband Deutscher Nerven Ärzte (BVDN)
Dr P Varandas – **Portugal** – Portuguese Medical Association
Assoc. Prof. S Ziherl – **Slovenia** - Psychiatric Association of Slovenia, Medical Chamber of Slovenia

In attendance:
Mrs J E Carroll – **United Kingdom** – Royal College Psychiatrists

2. **Apologies:**

Dr S Iveziæ – **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry
Prof. P M Furlan – **Italy** – Italian Psychiatric Association
Prof F Hohagen – **Germany** – Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde
Dr A Kubli Bauer – **Switzerland** – Société Suisse de Psychiatrie et Psychothérapie
Prof. M Musalek – **Austria** – Association of European Psychiatrists
Prof. S Opjordsmoen – **Norway** – Norwegian Medical Association
Dr M Roca Bennasar - **Spain** – Sociedad Española de Psiquiatría
Dr W Rutz – **Denmark** – World Health Organisation
Prof. R K R Salokangas – **Finland** - Finnish Psychiatric Association
Dr G Zarotti – **Switzerland** - Swiss Society of Psychiatry and Psychotherapy

Minutes of the last meeting of the Section

The minutes of the Board meeting held on 6 October 2001 in Prague, Czech Republic, were received and approved as the correct record of the proceedings.

4. Matters arising from the minutes

(a) Glossary to the Charter on Training

Dr Saliba reported that he received replies from Dr R ten Doesschate (the Netherlands – no comments). Dr H Sontag (France), Professor W Schudel (the Netherlands), Dr E Hagemo (Norway), Dr P Varandas (Portugal – no comments) and Professor M Gómez-Beneyto (Spain) and Professor Rabavilas – verbal, no comments (Greece).

Dr Saliba inserted the comments received in the main body of the document in italics and asked the delegates to accept or reject each of the amendments.

Each definition with proposed amendments was discussed at length and the following corrections were approved:

Allied Disciplines: The non-medical, professional disciplines working within the mental health sector. (It was agreed to abandon the detailed description of these disciplines.)

Biological aspects (of psychiatry): Those aspects of psychiatry concerned with the patho-physiological substrate of psychiatric disorder. (It was agreed to remove the second sentence.)

Common Trunk: That compulsory part of the educational input that is fundamental and shared by all trainees. (It was agreed to remove the comment about sub-specialities as not all countries recognised them.)

Community Psychiatry: A form of practice for all aspects of psychiatry that can be organised from such settings as, for example, day-hospitals, day-centres, community mental health clinics, polyclinics, hostels and hospital settings. It consists of a network of services, which offer continuing treatment, accommodation, occupation and social support, which together help those with mental illness keep or achieve an acceptable and suitable social role. Community Psychiatry is informed by Social Psychiatry research, so that factors likely to cause relapse or disability are minimised, rehabilitation encouraged and quality of life improved.

It was agreed that although the resources involved in providing community psychiatry could vary greatly from country to country the definition should not be changed significantly at this point prior to the forthcoming revision of Chapter 6. As a compromise, the phrase 'for example' would be inserted to avoid any complaints from countries where community psychiatry was practised in different settings.

Forensic Psychiatry: That aspect of psychiatry which deals with mentally disordered offenders (and in some countries other aspects relating to criminal law). Such patients may be assessed and/or treated in prison, in general psychiatric wards, in special secure units or special hospitals and in the community, e.g. under the probation services and community offender programmes.

General Adult Psychiatry: Psychiatry concerned with mainstream adult psychiatric disorder and excluding child and adolescent psychiatry, old age psychiatry, mental handicap (learning disability) psychiatry, substance misuse psychiatry and forensic psychiatry. (It was agreed to remove the amendment proposed by France concerning sub-specialities as these are not mentioned in Chapter 6.)

In-patient psychiatry (short, medium and long stay)

The definition was approved subject to removing the specific reference to the length of time for each of the terms as these varied from country to country.

Psychodynamic Approach: A theoretical approach which presumes the existence of unconscious conflict, forces or drives underlying the clinical manifestations of mental disorder.

The proposal for this definition came from Spain and was approved.

Psychotherapy: A range of therapeutic interventions which utilise the interaction between patient/s and trained psychotherapist/s as the main therapeutic agent. They are based on a wide range of psychodynamic, behavioural and other theories, including psychoanalytical, cognitive/behavioural, interpersonal, family, systemic, group and others. Current practice favours the scientifically proven (evidence-based) approaches. (This definition was agreed after a lengthy discussion on whether psychotherapy was a method, intervention, therapy or technique. The term 'intervention' was agreed as the closest description.)

Supervision (Clinical): Advice on routine management issues *with a focus on the care of individual patients (Netherlands)* – e.g. as part of a ward round, community team discussion or out-patient clinic discussion of cases. This amendment (here in italics) was agreed.

Supervisor: The psychiatrist responsible for the tuition, monitoring, reviewing and advising the trainee regarding his training progress. *This includes* the supervision of clinical, educational (individual) and psychotherapy aspects. (The original phrase 'there must be' was replaced with 'this includes'.)

Telemedicine: The use of *communication over the distance* in the training, continuing education and practice of medicine.

Professor Gómez-Beneyto thanked Dr Saliba for his efforts in producing the glossary.

(b) Survey of undergraduate teaching in psychiatry

Professor Katona said that the report he submitted was based on information provided by the delegates. Replies received came from the Czech Republic, Finland, Malta, the Netherlands, Spain and the United Kingdom. It was difficult to assess the usefulness of the material as the majority of delegates did not reply and the level of detail in the reports submitted differed from country to country. Professor Katona invited the Board to discuss whether or not the survey of undergraduate teaching was a valid project for the Board and if so, what would be the best method to achieve the best results. He did not think that a questionnaire would necessarily be the best way to collect the data as most countries had several medical schools without a single body overviewing the psychiatric training.

Professor Gómez-Beneyto reminded the delegates that the primary reason for this survey was to produce a set of recommendations on requirements for entry to specialist training in psychiatry. The subsequent discussion centred around the issues of how to assess what could be regarded as essential teaching in psychiatry as there were many skills and areas of knowledge taught during medical studies which, although indispensable in psychiatry, did not refer solely to that speciality.

Two proposals emerged from the discussion: the first one favoured a survey of general teaching objectives in medical schools which would provide some background on what psychiatric knowledge could be expected from students graduating from medical schools.

The second proposal suggested using and amending the WPA base undergraduate curriculum as a starting point to produce a set of UEMS recommendations. This could be then circulated to delegates for comments and, once approved by the Board, an official report could be sent to national associations. Even though in most countries, national associations did not have the authority to influence medical schools an official statement made by a professional body, such as the UEMS, could be useful in helping some national associations to persuade the decision-making bodies.

The second proposal, put forward by Professor Katona, was agreed upon and a new working group on undergraduate curriculum was set up. It would start its work at the next meeting in Palma. Professor Gómez-Beneyto, Dr Hansen, Professor Ziherl and Professor Tringer and Professor Hohagen joined the group which would be chaired by Professor Katona.

5. Reports from Trainees

(a) Report from the EFPT

Dr Mihai (Romania), President of the EFPT, began her report by thanking the Section and Board for inviting her to join the group and giving her the opportunity to maintain strong links with this important international body.

The next EFPT meeting would be held in Romania on 6-9 June 2002 and Dr Mihai thanked the Royal College of Psychiatrists in the UK for providing funds to help organise the meeting.

The main focus of EFPT work was on updating their statements and the document listing all the statements issued by the EFPT was tabled at the meeting. Over the last 10 years the EFPT made official statements on general medicine and neurology in psychiatric training (1994), part-time training (1994), national trainees organisations (1995), quality of training (1996, 2001), training in child psychiatry (1996), psychotherapy training (1996, 1999, 2001), requirements for teachers (1996), log books (1997), exchange of trainees (1995, 2001), and many others.

As the document included reports on many subjects previously taken up by the Board it was agreed that it would be placed on the agenda for the autumn meeting of the Board. It would be very useful to examine it in detail to assess whether or not there was a consensus between the EFPT and UEMS statements.

(b) Report from the PWG

Dr Cassidy (Republic of Ireland) reported that the PWG celebrated its 25th anniversary in 2001 and currently had 23 members. Their recent meetings took place in Stockholm in spring 2001 and in Paris in autumn 2001.

The main concern of the PWG at present was the European working time directive which introduced a 48-hour week for all employees except junior doctors who would have their working week gradually reduced over the next few years to reach 48 hours. By August 2004 junior doctors' working week should not exceed 58 hours. It was estimated that the process could take as long as 10 to 15 years. The effect this directive would have on individual countries would vary greatly due to significant differences in working hours between countries.

The implementation of this directive would also be greatly affected by the recent decision of the European Court of Justice in a case of a Spanish doctor ruling that all time doctors spent on call on the hospital premises should be counted as working time even if the doctor was not called.

At its meeting in Paris the PWG approved the results of a survey of working time in member states. The report was published and was now available from the PWG. Its findings showed that the main difficulties in implementing the directive were likely to occur in the UK, Ireland, France and Germany. In Ireland, for instance, the recent survey showed the average working week of a junior doctor was 77 hours. The PWG was studying the new working patterns in the Netherlands, Norway and Denmark where junior doctors' working week had already been reduced to 37 hours. The PWG was also trying to assess the impact of the directive on continuation of training, patient care, etc.

The next PWG meeting was being held in May 2002 in London in conjunction with the British Medical Association conference on junior doctors working hours where this issue would be examined further.

The PWG prepared a statement in collaboration with the Comité Permanent on postgraduate medical training opposing re-accreditation while supporting CME and CPD.

The PWG was very supportive of its position on each of the European Boards. There would be a working party to address the issue of representation.

A recent survey of refugee doctors in Europe published by PWG showed substantial differences in the way refugee doctors were treated in each country.

Dr Cassidy informed the delegates that the PWG was normally funded by the national organisation whose member was president of the PWG. The presidency now moved form Portugal to Finland. The PWG was looking into the possibility of arranging independent funding and a lot of progress had been made to date.

The PWG was concerned with the new EU directive reducing the number of specialities recognised throughout Europe to seventeen as it was likely to restrict free movement of specialists within Europe. The PWG was also keen to collaborate with other European organisations in an attempt to resolve the concerns caused by the abolition of specialist Advisory Committees which were replaced by one new accreditation committee comprising representatives from all professions. It was hoped that an effective collaboration between organisations could lead to successful lobbying at the central level within the EU.

6. Feedback from delegates

Belgium
Dr Martin reported that his country introduced a new requirement for psychiatric trainees whereby 12 months training in child and adolescent psychiatry was mandatory.

Slovenia
Professor Ziherl reported that his country followed the UEMS recommendation to extend psychiatric training from 3 to 5 years.

Portugal
Dr Varandas reported the same development in his country where psychiatric training was extended from 4 to 5 years.

Greece
Professor Parashos reported that a 5-year period of psychiatric training was a legal requirement in his country introduced last year.

France
Dr Sontag said the delegates should consider how to exert pressure on politicians who, as a routine, seemed to accept recommendations from professional experts but seldom act on them.

Denmark
Dr Hansen reported that the UEMS recommendations were taken into account during the current revision of postgraduate training programmes in his country, which led to establishing a number of new Associate Professor positions in all specialities.

United Kingdom
Professor Katona reported on current changes in the way specialist training was organised in his country. Although still at a consultative stage, it was almost certain that a new body, Medical Educational Standards Board, would replace the existing Specialist Training Authority (STA). This would significantly shift the power from the specialist associations, which heavily influenced STA decisions towards the government which would control the new Standards Board. In practical terms, this would mean the government would dictate the training curricula and training standards. This seemed to follow a general trend in Europe where control was being taken away form specialists and taken over by politicians.

Hungary
Professor Tringer reported that specialist training in his country was by law the responsibility of university faculties. Selected hospitals were accredited for training by universities. Following UEMS guidelines the length of training had been recently extended from four to five years.

Slovenia

Professor Ziherl, in reply to Dr Sontag's question (see above) said that personal acquaintance with politicians often helped to achieve the results, which would otherwise be squandered by bureaucracy. A personal involvement of a politician who was genuinely interested in the work of the professional association such as UEMS could often prove invaluable. Professor Ziherl adopted this approach during the UEMS meeting organised in Ljubljana where the Minister for Health was invited to meet the members of the Section and Board. As a result of his personal interest some of the UEMS guidelines had since been implemented.

7. Collaboration with other organisations

Professor Gómez-Beneyto reported extensively on this item at the Section meeting on the previous day.

Professor Katona asked about the reciprocity between the Section and Board and the EFPT in terms of a UEMS delegate attending EFPT meetings. He also enquired about the issue of exchange visits for trainees and suggested that some work towards resolving the issue could be done between the meetings.

A survey conducted by Professor König a few years ago showed that any exchange programme in Europe would first have to resolve financial, linguistic, political and administrative problems before any form of successful exchange could be considered.

After a brief discussion it was agreed that Professor König's report would be circulated to all delegates for information. This item should also be discussed in connection with the website which could act as an excellent medium for finding and sharing information about training opportunities abroad.

8. Reports from the Working Groups

(a) Visitation of Training Schemes

Professor Schudel reported that the working group worked on the second draft of the training scheme visitation questionnaire to be used by national associations to assess their own training schemes. The revised version would be distributed to the working group members only with the view to putting it to a practical test where possible. Comments would be sent to Professor Schudel by the end of July and he would prepare the final version for the meeting in Palma.

(b) Psychotherapy

This working group reported extensively during the Section meeting on the previous day.

(c) Quality Assurance of Training

Dr Svärd reminded delegates that this working group was set up in Ljubljana in April 2001. The first draft was discussed in Prague in the autumn and resulted in the second draft of the document. It was circulated for comments and revised, with extensive help from Dr Strachan, on the basis of received comments. The final draft was tabled today for approval. The document was in the form of a checklist for the quality assurance in psychiatric training.

After a brief discussion it was agreed that the second bullet point should be removed as the WG on a Psychiatrist's Profile had not made their recommendations yet, and the phrase *"…based on …"* under the fifth bullet point should be replaced with *"…compatible with…"*. The report would be reviewed in 2004.

(d) Supervision

Professor Katona informed the delegates that the January draft of the *Supervision in Psychiatry* paper included comments received from the working group members. Further work was done today and the working group was now satisfied with the final result. Professor Katona would circulate the document to all delegates who should distribute it within their national associations for comments with the deadline at the end of July. Professor Katona would then prepare the final report for discussion and approval at the autumn meeting in Palma.

(e) Mental Health Services Profile

Following the main group discussions and further work in the Working Group it was agreed that the questionnaire needed to be simplified, especially Part II. Dr Saliba would incorporate the suggestions made by his Working Group and circulate the revised version to his Working Group members for final approval and then distributed to all members for completion. The questionnaire would have a more detailed explanatory note giving more discretion to the delegates. Dr Saliba urged the delegates to return Part I (list of regions) of the questionnaire even if Part II with the information from the regions was delayed. This could be forwarded as and when it became available. Every delegate should attempt to provide information for their own region so that at least one sample was available from each country. It was hoped that the results of this survey could provide the Section and Board with enough leverage to approach the WHO with official UEMS recommendations to national governments based on professional expertise.

(f) Profile of a Psychiatrist

Dr ten Doesschate reported that the work in this area was progressing slowly. Dr Strachan, Dr O'Boyle and Professor Katona agreed to do some further work in between the meetings.

9. Any other business

Professor Gómez-Beneyto reported that in his country there was a noticeable breakdown in communication between general medical associations and specialist associations which was mirrored by the relations between the UEMS Management Council (composed of representatives from medical associations) and the specialist Sections. He urged the delegates to advise their national psychiatric associations to maintain and improve links with medical associations in their countries. It would be advisable to follow the Finnish example where Finnish Medical Association delegates to UEMS Management Council held regular meetings with delegates to UEMS specialist Sections.

It was agreed that this issue would be put on the agenda for the autumn meeting in Palma.

10. Dates of next meetings

3–5 October 2002 – **Palma de Mallorca, Spain** (the venue had been changed as Palma had better psychiatric facilities for the visiting date. In addition, accommodation would be extremely difficult to obtain in Ibiza at that time of the year.)

1– 3 May 2003 – **Limassol, Cyprus** (Dr ten Doesschate informed the meeting that it might not be possible to have a visiting day on 1st May although every attempt would be made. However, the structure of the whole meeting might have to be rearranged to have the Section meeting on 1st May, a visitation on 2nd May and the Board meeting on the 3rd.)

9 – 11 October 2003 – **Berlin, Germany**