



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN BOARD OF PSYCHIATRY

APPROVED Minutes of the 26th meeting of the European Board of Psychiatry held in Turin, Italy on 16th April 2005.

1. Present

Dr Julian Beezhöld - UK - EFPT¹; Past President
Dr Pedro Cabral Varandas - Portugal - Portuguese Medical Association
Dr Brendan Cassidy - Ireland - Irish Medical Organisation
Prof Pier Maria Furlan - Italy - Italian Psychiatric Association
Dr Dan Georgescu - Switzerland - Swiss Society of Psychiatry and Psychotherapy
Prof Manuel Gómez-Beneyto - Spain - Spanish Association of Neuropsychiatry
Dr Torben L Hansen - Denmark - Danish Psychiatric Association
Prof Edvard Hauff - Norway - Norwegian Medical Association
Prof Paul Hodiament - Netherlands - Dutch Psychiatric Association, Vice-President, European Board of Psychiatry
Prof Fritz Hohagen - Germany - German Association of Psychiatry, Psychotherapy & Nervous Diseases
Prof Michal Hrdlicka - Czech Republic - Psychiatric Association of Czech Medical Society
Prof Matti Joukamaa - Finland - Finnish Psychiatric Association
Dr Roberts Klotins - Latvia - EFPT; President Elect
Prof Blanka Kores Plesničar - Slovenia - Psychiatric Assoc. of Slovenia, Medical Chamber of Slovenia
Dr Astrid Kubli Bauer - Switzerland - Swiss Society of Psychiatry and Psychotherapy
Prof Gerhard Lenz - Austria - Austrian Association for Psychiatry & Psychotherapy
Assoc. Prof Nils Lindefors - Sweden - Swedish Psychiatric Association
Dr Anne Lindhardt - Denmark - Danish Psychiatric Association; President, Section for Psychiatry
Dr Bernard Maillet - Belgium - UEMS Management Council, Secretary General
Dr Brigitte Mauthner - Austria - Austrian Medical Chamber
Prof Michael Musalek - Austria - AEP²
Dr James O'Boyle - Ireland - Irish Psychiatric Training Committee
Dr Eva Pálová - Slovakia - Slovak Psychiatric Association
Prof Yiannis Papakostas - Greece - Hellenic Psychiatric Association
Prof Andreas Parashos - Greece - Hellenic Psychiatric Association
Dr Kari Pylkkänen - Finland - Finnish Psychiatric Association; Vice-President, Section for Psychiatry
Dr Miquel Roca Benasar - Spain - Spanish Society of Psychiatry
Dr Joseph Saliba - Malta - Maltese Association of Specialists in Psychiatry; Secretary, Section and Board of Psychiatry
Dr James Strachan - UK - Royal College of Psychiatrists; President, European Board of Psychiatry
Dr Roelof ten Doesschate - The Netherlands - Dutch Psychiatric Association; Treasurer, Section and Board of Psychiatry
Dr Roland Urban - Germany - Professional Association of German Psychiatrists
Prof László Tringer - Hungary - Hungarian Psychiatric Association
Assoc. Prof Slavko Zihel - Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; Vice-President, European Board of Psychiatry
Mrs Joanna Carroll - UK - Royal College Psychiatrists; Administrative Secretary, Section and Board of Psychiatry

2. Apologies

Prof Dinesh Bhugra - UK - Royal College of Psychiatrists
Prof Jacek Bomba - Poland - Polish Psychiatric Association
Prof Can Cimilli - Turkey - Psychiatric Association of Turkey
Dr Defne Eraslan - Turkey - EFPT; President
Dr Tsvi Fischel - Israel - Israeli Psychiatric Association
Dr Slađana Ivezić - Croatia - Croatian Medical Association, Society for Clinical Psychiatry
Dr Anne Kleinberg - Estonia - Estonian Psychiatric Association
Prof Levent Küey - Turkey - Turkish Psychiatric Association
Dr Andres Lehtmets - Estonia - Estonian Psychiatric Association

¹ EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES

² ASSOCIATION OF EUROPEAN PSYCHIATRISTS

Dr Matt Muijen - Denmark - WHO³
 Prof Stein Opjordsmoen - Norway - Norwegian Psychiatric Association
 Dr Harald Sontag - France - French Psychiatric Association

Dr Strachan welcomed the delegates to the meeting. He reminded them about the elections of the President of the section to be held in Košice in October 2005.

3. To receive and approve the minutes of the last meeting

The minutes were approved as the correct record of the proceedings at the meeting in Zagreb on 9 October 2004.

4. Matters arising from the minutes

There were none.

5. The Task force - CME

Prof Gómez-Beneyto reported that he was unable to attend the last meeting of the CME Task Force due to insufficient funding. Dr Lindhardt attended the meeting instead. Prof Küey and Prof Sass were also present. They met to discuss CME applications forwarded from the EACCME with the focus on the basis for accreditation, the procedure, and the funding.

Prof Musalek informed the meeting that the AEP Director of Education was now a member of the Executive Board and was responsible for all CME matters.

6. Reports from the Working Groups

(a) CME

Prof Hodiamont reported the WG focused its deliberations around three main points, i.e. setting up a committee to evaluate the contents of CME events, establishing criteria and procedures to be followed during the assessment and identifying any funding issues. The group agreed that it was not necessary to conduct a survey on how CME was organised in individual member states. The group would concentrate instead on accreditation.

(b) Undergraduate Teaching

Prof Zihl reported the WG discussed a document compiled as a result of the decision taken during the Autumn Meeting of the Board held in Prague in October 2001. It had been agreed that the Board would look into undergraduate teaching in each country to see which elements of psychiatry were being taught. Although undergraduate teaching was not part of the UEMS remit, it was important for medical graduates to demonstrate relevant core skills/knowledge at the point of entry into specialist training. The WG also discussed the WPA Core Curriculum in Psychiatry for Medical Students. The group agreed the following action points:

- All delegates should send a short summary of their own training in medical school, with a particular emphasis on what influenced their decision to specialise in psychiatry;
- Delegates involved in undergraduate teaching should send relevant material about the content, curriculum, teaching methodology, length of course, etc. to the Chair of the WG;
- The WG would look at the WPA document and submissions from the delegates with a view to producing a draft set of recommendations for further discussion in Košice.

(c) UEMS Visit Feedback

Dr Lindhardt informed the meeting she was now chairing this WG. She reminded the delegates that its objective was to develop the way in which the host country could obtain structured feedback on the visit to their services. The working group agreed that the way forward should probably be a post-visit letter to the organiser outlining feedback received from delegates. The format for collecting the feedback had not yet been agreed.

7. European survey of specialist training in psychiatry - preliminary results

Prof Hohagen assisted by Dr ten Doesschate gave a PowerPoint presentation on the survey of specialist training in psychiatry in Europe conducted in 2004. He thanked the delegates for their assistance in collecting the data. Responses were received from 23 countries. The following countries did not reply: Austria, Cyprus, Czech republic, France, Iceland, Israel, Italy, Lithuania and Luxembourg. The questionnaire had two parts - part one, completed by the delegates, included general aspects of training in psychiatry, requirements for trainers, subspecialisation, practical training, trainees' logbooks and theoretical training. Part two was completed by a relevant regional or national authority and included requirements for training centres, requirements for trainers, training in psychotherapy,

³ WORLD HEALTH ORGANISATION

community psychiatry, old age psychiatry, leadership and management, supervision in psychiatric training and theoretical training. Part one of the questionnaire found the following:

- Rotational system was not mandatory in all training centres;
- Learning difficulties/mental handicap was often not included in the training programme;
- Re-registration of psychiatrists was not a rule;
- The most common subspecialties were child and adolescent psychiatry, forensic and addiction;
- Psychotherapy, social psychiatry and old age psychiatry were included in practical training in most, but not all European countries;
- Most logbooks included elements of the UEMS Charter on Training;
- Mental handicap, leadership, administration, economics and medical informatics and telemedicine were widely neglected in theoretical training.

Part two of the questionnaire found that:

- Satisfaction with national training programmes was generally high;
- Although external audit visits focussed on training arrangements were regarded as useful, most of the European countries did not introduce them yet;
- National training programmes often did not comply with UEMS training recommendations;
- Training in psychotherapy was mandatory in most European countries (mainly psychodynamic psychotherapy) but this was expensive and trainees usually had to pay for this part of training ;
- Training in community psychiatry was not homogeneous;
- Training in old age psychiatry, leadership and management was often neglected;
- Day-to-day clinical supervision was part of training in most countries;
- The number of hours of educational supervision per year was on average 79 hours.

The results of the survey, once published, could be used to encourage national training institutions to introduce the UEMS Training Charter.

It was pointed out, however, that data should be verified before publication. It was agreed that although it was not possible to amend the data at this stage, delegates should have an opportunity to comment.

The President congratulated Prof Hohagen and Dr ten Doesschate for their work.

8. European training scheme audit - Lübeck

Dr Strachan and Prof Hodiamont were invited by Prof Hohagen to complete the first national audit of psychiatric training in Germany. They visited Lübeck on 1-2 November 2004. Their report, which included comments from the host institution, was tabled at the meeting. The visitors were accompanied, on their request, by Dr R Prinz, a representative of German Psychiatric Trainees for EFPT. The scheme organiser completed the UEMS Scheme Assessment Questionnaire and provided details on the expectations and organisation of training both locally and nationally. Over the ensuing days of the visit, the team interviewed all local trainers and all trainees as well as holding in depth discussions with the training scheme organisers.

The assessors also visited units where trainees worked to check on standards there. This included a review of the quality of clinical records maintained by trainees. They paid particular attention to matters of trainee safety including interview facilities in polyclinics, wards and Accident & Emergency Dept. The arrangements for both clinical and educational supervision were explored. The content of the academic course and arrangements for feedback to trainees on progress and assessment of training completion were also addressed.

At the end of the visit the UEMS team gave verbal feedback on their findings to both trainers and trainees which was followed by a written account of their conclusions and they asked that all Lübeck trainees should receive a copy.

Prof Hohagen reported that the audit visit had proved both helpful and stimulating. He confirmed that the report of the UEMS team was discussed both with the trainees of the department of psychiatry and psychotherapy in Lübeck and the board members of his association.

Delegates congratulated Prof Hohagen for this initiative and were interested to learn what feedback had been received from trainees. Prof Hohagen reported that their main concern were differences in

standards of training between training institutions. The next visit would be carried out to the department of psychiatry and psychotherapy at the University of Freiburg in the summer of 2005. Prof Hohagen hoped that the visiting committee would be accompanied by one or two UEMS representatives. This was agreed.

The President said that this might be a good moment to consider the report "*Rotation in Training for Psychiatry within the EU countries*" approved by the Board in 1996. It would be helpful to define "rotation" as it was not always apparent whether the term referred to a rotation within one training programme, between training institutions, or cross-border exchange. The EFPT encouraged a system of exchange between European countries which would allow trainees to have time spent in training in another EU country accredited towards their training at home. It was agreed that the topic needed review. It was also agreed that the current report on rotation in training should be withdrawn from public domain.

9. European Association of Consultation Liaison Psychiatry and Psychosomatics (EACLPP) - guidelines for training in consultation-liaison psychiatry

The Board received a paper from EACLPP requesting approval of guidelines on training in liaison psychiatry submitted by Prof Francis Creed, Secretary of EACLPP. The paper included a recommendation that all trainees should have 6 months full time training in liaison psychiatry as part of their clinical experience and included a list of skills and competences trainees should acquire. The EACLPP also offered to help with updating the UEMS report on liaison psychiatry approved in 1997 and published on the Board's webpage. They also wanted to obtain EACCME accreditation for their annual conference.

During discussion concerns were expressed that this might lead to psychosomatics and psychotherapy becoming separate specialities when both were intrinsic parts of psychiatry. EACLPP consisted of individual membership and was not an elected representation. In particular it did not represent national associations or have responsibility for national training programmes other than offer advice.

It was agreed that the Section's report on liaison psychiatry needed to be reviewed. A working group would be set up in due course to undertake this task and prepare the final report prior to the Training Charter review scheduled for 2006.

The President would write to Prof Creed to inform him that the Board felt that it could not commit its approval to his proposals without considerable further discussion.

10. Report from The European Federation for Psychiatric Trainees (EFPT)

Dr Beezhold reported that the EFPT now had 19 member organisations representing twelve and a half thousand trainees in Europe. The two new members were Portugal and Slovenia.

The EFPT had its representatives in the UEMS Sections of General Psychiatry and Child and Adolescent Psychiatry, the European Leaders in Psychiatry task force and the AEP Identity of Psychiatry task force. They also collaborated with the WPA and the AEP on their programmes for young psychiatrists, and with national associations in supporting their training initiatives. They provided speakers for numerous international conferences and attended the ministerial conference in Helsinki as observers.

The EFPT main focus at the moment was the satisfaction survey of trainees across Europe. The results would be presented to the Board in due course. Dr Beezhold also asked the delegates to encourage trainees in their countries to set up a trainees' organisation if one had not yet been established. Dr Klotins, President Elect of the EFPT, would adopt his new role at the next annual forum in May 2005.

The EFPT website was currently being updated which would hopefully make it more user friendly.

The President thanked Dr Beezhold for his report.

11. Brief feedback from delegates on professional, training or service matters

Austria: New training regulations would be approved shortly and psychotherapy would be a compulsory part of training. Child and adolescent psychiatry would become a separate speciality. Part time or flexible training had been introduced.

Czech Republic: The new postgraduate programme approved by the ministry would introduce accreditation of training centres/programmes.

Denmark: Recruitment problems were still prevalent. There were plans to fundamentally restructure the regions, which might affect service delivery. Training reformed in January 2004 seemed to be improving slowly. There were also plans to introduce new procedures for evaluating competence of specialists.

Hungary: Two years of all medical training were funded by the state. The country was also experiencing recruitment problems as large numbers of specialists were leaving to practise in Scandinavian countries. The problem in some areas was so severe that wards had to close down due to lack of staff.

Finland: A new law introduced recently changed access to treatment for non-acute cases. It guaranteed assessment for non acute cases in every speciality within 3 weeks and treatment within 3 months. Patients would have to meet medical criteria for access to medical treatment before they could be referred to a specialist. A waiting list for each speciality would be published twice a year.

Germany: New strict CME rules were now in force. The anti-stigma campaign was led by the minister of health. A new system for evaluating the healthcare provision was being discussed.

Greece: Nothing new to report since the previous meeting.

Ireland: The recent changes in the structure of training and specialist recognition currently underway in the UK had prompted a similar review in Ireland. The European Working Time Directive forced the authorities to draft new contracts to for junior doctors to reduce their current 77 hours working week. Consultants had also been offered new contracts.

Italy: The current visit to services in Turin would help the national association appreciate the UEMS role in Europe which might lead to the review of training in accordance with UEMS requirements.

Malta: The register of specialists was being introduced. The expansion of the EU accelerated the trend among trainees to leave the country.

Netherlands: The profile of a psychiatrist document had been updated.

Norway: Government spending on mental health had increased. The numbers of psychologists and trained psychiatric nurses had been increased but this did not extend to doctors. A large number of community centres in remote areas were being set up, but experienced staffing problems. Recent high profile cases involving patients with mental health problems resulted in tensions between the government and the profession. The psychiatric association was attempting to rectify the situation.

Portugal: The trainees had established their own association (150 members) which joined the EFPT.

Slovakia: Minimum standards for psychiatric services were being developed. Insurance would be provided by private companies. The accreditation of training programmes would be provided by a new body but the content would remain largely unchanged.

Slovenia: Nothing new to report since the previous meeting.

Spain: A national commission had been established to oversee the implementation of the recommendations agreed at the WHO ministerial conference in Helsinki in January 2005. The Spanish Association of Neuropsychiatry would provide funding for training outside Spain.

Sweden: The new specialist training programme would be introduced next year. It had been developed in collaboration with national authorities and a number of recommendations in the UEMS Training Charter had been adopted, e.g. regular approval visits. There were plans to develop a national CME programme and it was hoped that the UEMS recommendations would be taken into account.

Switzerland: Following the evaluation report published by the national society the training curriculum would be reviewed to incorporate UEMS recommendations. Trainees were invited to join the national board on training. An article outlining the work of the UEMS had been published in the local journal.

UK: The College had elected a new President, Prof Sheila Hollins, a specialist in learning disability. She will take up post in June 2005.

12. Any other business

(a) Allied Professions EU Visit

Prof Pálová thanked Dr Strachan for his help in organising a visit of local authorities and government personnel involved in the commissioning of services in Slovakia to Edinburgh to view a developed community care service. The aim of this was to improve psychiatric services in Slovakia and to enhance co-operation with local health care authorities. The need for such local services in Slovakia became apparent following the visit. As a result, the approval for a day-unit and sheltered living project in Košice had been granted. There was also a more supportive approach towards new trends in psychiatry and in particular a recognition of the need for joint working between psychiatric and local authorities.

The visit proved very helpful in its education of local authorities and administrative staff. It appeared an efficient and effective exercise for both the administrators and psychiatrists involved. Similar visits were highly recommended and should be encouraged.

(b) New Working Groups

Prof Hohagen would submit a written proposal for a WG on liaison psychiatry and Dr Georgescu on WG on old age psychiatry.

The President thanked Prof. Furlan for inviting the Board delegates to Turin, excellent organisation and outstanding hospitality.

13. Dates of next meetings

6-8 October 2005 - Košice, Slovakia

6-8 April 2006 - Vienna, Austria