



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN BOARD OF PSYCHIATRY

SPRING MEETING

Friday, 15 April 2011 – Tartu, Estonia

APPROVED MINUTES

1. Present

1. Prof Jose Luis Ayuso-Mateos – Spain - Spanish Society of Psychiatry
2. Dr Nikolaus Bausch-Becker – European Federation of Psychiatric Trainees, Treasurer
3. Dr Andrew Brittlebank – United Kingdom – Royal College of Psychiatrists
4. Ms Joanna Carroll – UK – Royal College Psychiatrists; **Administrative Secretary**
5. Prof Dr Can Cimilli – Turkey - Psychiatric Association of Turkey
6. Dr Rachel Cullivan-Elliott - Ireland - College of Psychiatrists of Ireland
7. Dr Dan Georgescu – Switzerland – Swiss Society of Psychiatry and Psychotherapy
8. Prof Manuel Gómez-Beneyto – Spain – Spanish Association of Neuropsychiatry
9. Dr Thea Heeren - Netherlands – Dutch Psychiatric Association
10. Dr Marc Hermans – Belgium - Belgian Association of Neurologists and Psychiatrists
11. Prof Paul Hodiament – Netherlands – Dutch Psychiatric Association; **Board Vice-President**
12. Dr Torsten Jacobsen – Denmark – Danish Psychiatric Association
13. Dr Anne Kleinberg – Estonia - Estonian Psychiatric Association
14. Dr Simon Kyriakides - Cyprus - Cyprus Psychiatric Association
15. Dr Brigitte Mauthner – Austria – Austrian Medical Chamber, **Section Vice-President**
16. Dr Alexander Nawka – Czech Republic – EFPT, President
17. Dr Kajsa B Norström – Sweden – Swedish Medical Association
18. Dr Jørgen Nystrup – Denmark – Danish Psychiatric Association
19. Prof Kari Pykkänen – Finland – Finnish Psychiatric Association; **Section President**
20. Dr Vincent Ryckmans - Belgium - Belgian Professional Assoc. of Neurologists and Psychiatrists
21. Dr Joseph Saliba – Malta - Medical Association of Malta / Maltese Association of Specialists in Psychiatry; **Honorary Secretary**
22. Dr Henning Sass - European Psychiatric Association
23. Dr Tanja Svirskis - Finland - Finnish Psychiatric Association
24. Dr James Strachan – UK – Royal College of Psychiatrists; **Board President**
25. Dr Halis Ulaş – Turkey - Psychiatric Association of Turkey
26. Prof Veiko Vasar – Estonia - Estonian Psychiatric Association
27. Dr Andreas Zachariadis – Greece - Hellenic Psychiatric Association

2. Apologies

1. Dr Argyris Argyriou – Cyprus – Cyprus Psychiatric Association
2. Prof Jacek Bomba – Poland – Polish Psychiatric Association
3. Dr Brendan Cassidy – Ireland - Irish Medical Organisation; **Treasurer**
4. Dr Roelof ten Doeschate – Netherlands – Dutch Psychiatric Association
5. Dr Sandor Fekete - Hungary - Hungarian Psychiatric Association
6. Dr Elisabete Fradique – Portugal - Portuguese Medical Association
7. Prof George Garyfallos – Greece - Hellenic Psychiatric Association
8. Prof Edvard Hauff – Norway - Norwegian Medical Association
9. Prof Fritz Hohagen – Germany - German Society of Psychiatry, Psychotherapy & Neurology
10. Dr Slađana Ivezić – Croatia - Croatian Medical Association / Society for Clinical Psychiatry
11. Prof Jyrki Korkeila - Finland - Finnish Psychiatric Association
12. Dr Andreas Landsnes – Norway - Norwegian Psychiatric Association
13. Dr Klára Látalová - Czech Republic - Czech Psychiatric Association
14. Prof Nils Lindefors – Sweden – Swedish Psychiatric Association
15. Prof Michael Musalek – Austria - Austrian Society for Psychiatry and Psychotherapy
16. Dr Michal Raszka - Czech Republic - Czech Psychiatric Association
17. Dr Eva Pálová – Slovakia – Slovak Psychiatric Association; **Section Vice-President**
18. Dr Roland Urban – Germany – Professional Association of German Psychiatrists
19. Prof Slavko Zihelr – Slovenia - Psychiatric Association of Slovenia; **Board Vice-President**

3. To approve the minutes of the previous meeting

Dr Strachan, President of the Board, welcomed delegates to the Board meeting. He asked the delegates to review the minutes page by page. No amendments were required. The minutes of the autumn meeting held in Athens, Greece, on 16 October 2010, were approved.

ACTION: Publish on online ✓

4. Matters arising from the minutes not covered elsewhere on the agenda

All matters arising from the previous minutes were covered by the current agenda.

5. Training issues

a. Visitation of training schemes

Dr Strachan (JS) reported that after a prolonged negotiation the Board Training Scheme Visitation to Spain took place on 16 and 17 February at the joint invitation of the Spanish Society of Psychiatry and the Spanish Association of Neuropsychiatry. Dr Strachan, Prof Hodiamont (PH) and Dr Rosa Molina, a 4th year trainee from Spain, visited the Hospital Príncipe de Asturias in Alcalá de Henares. Each Association sent 3 observers of the process with the intention of taking training scheme visitation forward on a Spanish nation wide basis.

The purpose of the visitation was to focus on training. It was not to review the services or the facilities. The panel's visit was well received. Dr Molina's contribution in particular was very helpful. The auditors commented favourably on the enthusiasm and positive attitude of both trainees and trainers at Alcalá de Henares. They formulated a number of recommendations to improve the local scheme commenting on issues such as supervision, safety of trainees, night duty accommodation and opportunities for training in ECT and the Psychotherapies. If Spanish national arrangements fall into place as planned, a repeat visitation should be carried out by them in 4-5 years' time.

Two final reports were produced – the first relating to local training in Alcalá de Henares, the second, a series of recommendations concerning national training issues, directed to the Presidents of the two psychiatric associations of Spain. The report on the local scheme was discussed at the end of the visitation with the trainers and trainees at Alcalá de Henares, and that to the Presidents with their observer teams. Dr Molina was currently writing a paper for publication in the Spanish scientific journal on the experiences gained from the visitation.

A formal response from the Presidents of the two associations was still awaited but Prof Ayuso Mateos and Prof Gómez-Beneyto thanked Dr Strachan and Prof Hodiamont on behalf of their respective associations. They confirmed that both associations were now developing a memorandum of understanding to underpin their collaboration in establishing a national system of evaluation of training schemes. They were keen to maintain the momentum and agreed to lobby the government to recognise the need for a national system of evaluation of training centres. It was hoped that the formal proposal for implementation of this system would include some form of formal involvement of the UEMS Board. The official body responsible for the audit of training institutions in Spain was the government run National Board of Psychiatry. Their evaluating visits were meant to occur periodically but in practice only took place when problems arose and there had only been one such visit in 20 years. It was therefore essential to establish a national system undertaken by the psychiatric profession itself. Although not currently legally empowered this would be complementary to government reviews. A recent survey of trainees in Spain showed that supervision, especially in psychotherapy, was inadequate. Attention to trainees' safety and ECT training was also problematic. It was noted that unfortunately there was currently no trainee association in Spain although trainees had representation on the Boards of psychiatric associations.

Delegates asked what standards were used during the visitation. Dr Strachan clarified that these included those outlined in the UEMS standards on supervision, psychotherapy and rotation experience. The items addressed on a visit were outlined in the questionnaire published on the Board website. It was suggested that a list of specific standards which institutions would be expected to meet should be developed as this would serve as a useful reference.

Dr Strachan repeated the UEMS invitation to delegates to consider initiating the process of visitations. However, he did confirm that both he and Prof. Hodiamont (PH), who have extensive experience undertaking visitations, would be leaving office in October 2012 and that the Board might wish to consider how such audit processes should be taken forward thereafter.

ACTION:1 All delegates to confer with NPAs on arranging a UEMS Training Scheme Visitation demonstration

2.JS & PH to draft a set of audit standards ✓

6. Report from the European Federation for Psychiatric Trainees

Dr Alex Nawka reported that the EFPT had been busy since registration as an NGO in Belgium in February 2010. A new logo had been designed and would be used on all publicity materials.

Their current focus was on publicising the organisation and its activities by presentations at national and international events. There had been continuing preparation in advance of the next General Assembly and Forum of EFPT in Prague, May 2011 on the theme *"The Future of Psychiatry/Psychiatric Training"*.

The EFPT were involved in the preparation of the *"Practical Guide for European Young Psychiatrists"* edited by Prof. Henning Sass, Dr. Andrea Fiorillo and Dr. Iris Callies, which should be published by the end of 2011.

The EFPT had also introduced the EFPT Award for Excellence. This is to be awarded to a trainee association for a specific activity or programme directly contributing to improvement in patient care.

Dr Nawka offered to invite Dr R Molina, who had been the Spanish trainee panel member on the recent UEMS Training scheme audit visit, to the EFPT meeting in Prague to speak about her experiences with this. EFPT would be keen to help their Spanish trainee colleagues to establish a trainees association. Prof. Gómez-Beneyto reported that previous attempts of the Spanish associations to set up a trainee association had failed.

ACTION: EFPT to invite Dr Molina to their 2011 Forum ✓

7. Quality Assurance of Training – new proposal

Dr Strachan explained that this proposal arose from the Board strategy discussion in Oct 2010.

Dr Brittlebank stated that the aim of the working group was to develop a framework to assist development of high quality psychiatric training and its assessment based on internationally recognised markers of best practice. It was hoped that this would support member associations in further developing their postgraduate training arrangements. It would build on the Competence Based Training (CBT) Framework which provided a background for the content of training. The quality assurance of training framework should provide a practical guide. It would respect national diversity but he hoped it would prove useful for local or national training providers in addressing training standards, organisation of training, assessment processes and arrangements for continuous quality improvement.

It was envisaged that the working group would produce the first draft in 12 months.

The working group was approved and delegates were asked to indicate their interest in joining.

ACTION: Delegates to consider joining this WG ✓

8. Implementation of the CBT Framework

Prof. Gómez-Beneyto presented the results of the recent survey to assess the state of implementation of the CBT Framework in member countries. The questionnaire was sent to all 31 countries represented in the Section however only 22 countries responded. Cyprus, Czech Republic, France, Italy, Israel, Latvia, Lithuania, Portugal, Slovakia had not responded. Of those who responded, 45% reported that the Framework had an influence on the training and been incorporated into the national training programmes but only one or two had actually incorporated it. Several countries reported that the Framework had arrived after their training programmes had only recently been revised and incorporation of it would have to await next revision.

It appeared that in several cases the questionnaire did not reach the national body responsible for training. Therefore Prof Gómez-Beneyto suggested that it would be helpful to keep a register of such agencies to whom documents such as that on Competency Based training should be sent directly from the Secretariat. Some of the problems with the response level might be attributed to limited understanding of the issues and/or to national variations in approach to training.

ACTION: Request contacts of bodies responsible for training from delegates ✓

9. Any other business

There was none.