



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN BOARD OF PSYCHIATRY

## SPRING MEETING

Saturday, 25 April 2009 – Budapest, Hungary

### APPROVED MINUTES

#### 1. Present

1. Dr Andrew Brittlebank – United Kingdom – Royal College of Psychiatrists
2. Dr Brendan Cassidy – Ireland – Irish Medical Organisation; Treasurer
3. Prof Can Cimilli – Turkey – Psychiatric Association of Turkey
4. Dr Tsvi Fischel – Israel – Israeli Psychiatric Association
5. Dr Elisabete Fradique – Portugal - Portuguese Medical Association
6. Prof George Garyfallos – Greece – Hellenic Psychiatric Association
7. Prof Manuel Gómez-Beneyto – Spain – Spanish Association of Neuropsychiatry
8. Prof Paul Hodiament – Netherlands – Dutch Psychiatric Association; Vice-President, European Board of Psychiatry
9. Dr Slađana Ivezić – Croatia - Croatian Medical Association, Society for Clinical Psychiatry
10. Dr Torsten Jacobsen – Denmark – Danish Psychiatric Association
11. Dr Luboš Janu – Czech Republic - Czech Psychiatric Association
12. Dr Anne Kleinberg – Estonia – Estonian Psychiatric Association
13. Dr Astrid Kubli Bauer – Switzerland – Swiss Society of Psychiatry and Psychotherapy
14. Dr Andreas Landsnes – Norway - Norwegian Psychiatric Association
15. Prof Nils Lindefors – Sweden – Swedish Psychiatric Association
16. Dr Amit Malik – UK – EFPT, President
17. Dr Lucien Manuceau – France – French Association of Psychiatrists
18. Dr Françoise Matthys – Belgium – Belgian Association of Neurologists and Psychiatrists
19. Dr Brigitte Mauthner – Austria – Austrian Medical Chamber
20. Dr Jørgen Nystrup – Denmark – Danish Psychiatric Association
21. Dr Izu Nwachukwu – Ireland – EFPT (invited guest)
22. Dr Eva Pálová – Slovakia – Slovak Psychiatric Association; Section Vice-President
23. Dr Joseph Saliba – Malta - Medical Association of Malta / Maltese Association of Specialists in Psychiatry; Honorary Secretary
24. Prof Henning Sass – Germany – EPA<sup>1</sup>
25. Dr James Strachan – UK – Royal College of Psychiatrists; President, European Board of Psychiatry
26. Dr Roelof ten Doesschate – Netherlands – Dutch Psychiatric Association
27. Dr Halis Ulas – Turkey - Psychiatric Association of Turkey
28. Dr Roland Urban – Germany – Professional Association of German Psychiatrists
29. Dr Andreas Zachariadis – Greece - Hellenic Psychiatric Association
30. Ms Joanna Carroll – UK – Royal College of Psychiatrists; Administrative Secretary

#### 2. Apologies

1. Prof Jacek Bomba – Poland – Polish Psychiatric Association
2. Dr Christina Schaff – Germany – UEMS Section of Child and Adolescent Psychiatry
3. Dr Dan Georgescu – Switzerland – Swiss Society of Psychiatry and Psychotherapy
4. Prof Edvard Hauff – Norway - Norwegian Medical Association
5. Prof Fritz Hohagen – Germany - German Society of Psychiatry, Psychotherapy & Neurology
6. Prof Blanka Kores-Plesničar – Slovenia – Medical Chamber of Slovenia
7. Prof Jyrki Korkeila – Finland – Finnish Psychiatric Association
8. Prof Gerhard Lenz – Austria – Austrian Association for Psychiatry & Psychotherapy
9. Dr Lucie Motlova – Czech Republic – Czech Psychiatric Association
10. Dr James O'Boyle – Ireland – Irish Psychiatric Training Committee
11. Dr Kari Pylkkänen – Finland – Finnish Psychiatric Association; Section President
12. Prof László Tringer – Hungary - Hungarian Psychiatric Association
13. Prof Slavko Zihel – Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; Vice-President, European Board of Psychiatry

#### 3. To approve the minutes of the previous meeting

The minutes of the meeting held on 18 October 2008 in Ghent, Belgium, were approved as the correct record of the proceedings.

<sup>1</sup> European Psychiatric Association (formerly Association of European Psychiatrists)

#### **4. Matters arising from the minutes not covered by this agenda**

There were none.

#### **5. Training issues – audit of training schemes**

The 2008 paper on training schemes audit prepared by Dr Strachan was now on the Board website and had also been circulated prior to the meeting. It outlined the process of audit followed by the Board of Psychiatry when responding to requests for a visit.

Several countries already had well established audit systems, e.g. UK, Norway, Denmark and the Netherlands. Dr Strachan briefly described a Board audit in Germany. The visit helpfully served as a procedural demonstration. The DGPPN had now audited seventeen schemes and hoped to extend to other training centres. The German audit cycle had yet to be closed with a return visit to review progress and initiate a further cycle of training quality control. The process would normally repeat every 2 to 5 years.

The Board had been encouraging delegates to discuss audit with their national associations again to encourage adoption of this process as an essential component of national accreditation of training. Despite past efforts EU wide audit of training in psychiatry was not progressing and this contrasts poorly with the situation in other medical specialities. One possible explanation might be the problems of formal recognition of accreditation of training as this responsibility lay with national governments. It was an issue of concern that the task might be taken over by private companies such as the American Joint Commission International (JCI) currently accrediting hospitals (for substantial audit fees) as JCI might expand into the field of training accreditation if professional bodies did not assert ownership first.

Portugal, Belgium and Slovakia expressed interest in inviting the Board for a demonstration visit. Several national delegates reported that issues of training were dealt with by government ministries with limited formal reference to professional associations. It was argued, however, that initiating the process at a training institution level might prove a useful negotiation tool for trainers and provide evidence in quality control in training by the profession. The emphasis of audit was to identify strengths which could be developed, training resources currently under utilised and recommendations for change aimed at improvement. It gave trainees an opportunity to voice their views on their training and trainers an opportunity to engage colleagues and resource providers in the process of supporting their efforts.

The use of terminology was raised. It was pointed out that the word 'audit' might have potentially disconcerting connotations. It was agreed that in future the term 'visitation' would replace 'audit'.

#### **6. Report from the European Federation for Psychiatric Trainees**

Dr Malik reported that Dr Martina Rojnic, the new EFPT president-elect, would take office at the next EFPT forum which would be held in Cambridge in July 2009. Their current membership stood at 28 but they were hoping to expand to 35 by the end of this year. The EFPT was grateful to the Royal College of Psychiatrists which agreed to offer 10 bursaries to trainees from low income countries to attend the Cambridge forum. It was hoped this would help to expand the EFPT to countries which would otherwise not be able to afford participation. EFPT would finally register as an organisation in Belgium in the next few weeks concluding a four-year process.

Dr Malik commended the Board for its effort to promote visitation of training in Europe and hoped that trainees would continue to encourage training schemes to undertake visitations. He undertook to raise the recommendation formally with EFPT membership at their next meeting.

#### **7. Report from the Permanent Working Group for Junior Doctors**

Dr Chaudhry was not present to report.

#### **8. Report from the Competence-Based Training Working Group**

Dr Strachan informed the delegates that the CBT Working Group would present the final

results of its work in three presentations: Prof Gómez-Beneyto would give a brief introduction, Dr Saliba would talk about the details of the final report and Dr Brittlebank would focus on assessments.

Prof Gómez-Beneyto, chair of the working group, gave a brief introduction to the paper. He outlined the process the group followed and the results of the work completed. He reminded delegates that the initial objective was to develop a competencies-based training programme in psychiatry acceptable to all European member states based on the Profile of a Psychiatrist (UEMS Section for Psychiatry, 2005) and the UEMS Charter on Training of Medical Specialists in the EU (October 1993). The working group met on several occasions between 2007 and 2009. The main documents used included the CanMEDS 2005 physician competency framework (Frank, 2005), the American Board of Psychiatry and Neurology's Core Competencies for Psychiatric Practice (Scheiber et al, 2003), the Royal College of Physicians and Surgeons of Canada's Objectives of training in psychiatry (RCPS, 2007) and the UK Royal College of Psychiatrists' Curriculum for Psychiatry Specialty Training (Royal College of Psychiatrists, 2006).

Prof Gómez-Beneyto described in detail the methods adopted by the group to draw up the initial list of competences, consult with relevant expert individuals and organisations, revise the original aims and objectives and finally reach the conclusion not to develop a detailed European curriculum but instead deliver a framework of competencies and suggested assessment methods. The final document presented at this meeting was called the UEMS Competencies Framework for Psychiatry and following the final round of consultations would hopefully be approved at the Autumn meeting.

Dr Saliba's presentation focused on the details of the Competencies Framework for Psychiatry. The learning outcomes in the Competency Framework were arranged under the seven physician roles or metacompetencies, derived from the CanMEDS 2005 physician competency framework (Frank, 2005) as adapted for the UEMS Profile of a Psychiatrist (UEMS, 2005): Psychiatric Expert/Clinical Decision-Maker, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Each physician role was divided into key competencies underpinned by supporting competencies. The supporting competencies were formulated in an operational way to facilitate the delivery of learning and assessment. The group attempted to find a balance between the need to provide meaningful guidance and the risk of being over prescriptive.

Dr Brittlebank said that in developing the competencies and assessments framework the working group adopted the following definition of curriculum: "A statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme... The curriculum should set out what knowledge, skills, attitudes and behaviours the trainee will achieve."

The group was very clear that a competencies framework aimed at the European community could only provide training outcomes, not detailed content, experiences and processes. The rationale for this work was to deliver a much needed framework of acceptable standards of education that would provide safe, equitable and transparent training but also serve as an essential tool for continual improvement and reflective life long learning.

Contemporary assessment systems differed from traditional examinations in that they emphasised performance, i.e. *what a doctor did in their day-to-day practice*. Using the Miller's pyramid Dr Brittlebank explained the educational impact of assessment which guided learning. He concluded his presentation with a brief example of a possible use of assessment methods described in the glossary which formed part of the framework.

Ms Carroll then outlined the next steps leading up to the projected approval at the October meeting in Slovenia. The paper would be circulated to all delegates for a final consultation with their national associations. Feedback would also be sought from the EFPT, EPA, WPA (Section on Education), UEMS CAP Section and the user and carer organisations (GAMIAN and EUFAMI). All comments would need to be returned by 30 June to allow time for the working group to address them as appropriate in time for agenda circulation in mid September.

Dr Strachan congratulated the working group for this impressive achievement and asked delegates to keep to the agreed timeframe.

**ACTION: Ms Carroll to circulate the Competencies Framework for comments as outlined ✓**

## 9. Any other business

Prof Gómez-Beneyto raised an issue of relationships between the pharmaceutical industry and all aspects of psychiatry. It was agreed that this was an important matter but as a policy issue it was within the remit of the Section. Prof Gómez-Beneyto, Dr ten Doesschate and Dr Malik agreed to prepare a proposal for a new working group of the Section for the next meeting.

**ACTION: Prof Gómez-Beneyto, Dr ten Doesschate and Dr Malik to prepare a WG proposal ✓**

## 10. Dates of future meetings

15-17 October 2009 – Ljubljana, Slovenia

April 2010 – Stockholm, Sweden

October 2010 – Athens, Greece

April 2011 – Tallinn, Estonia

It was agreed that despite the absence of both organisers the meeting in Slovenia would go ahead as planning was already advanced.

The Board President thanked the Hungarian Psychiatric Association for hosting and support of the meeting, Prof Tringer for overseeing its organisation, CongressLine staff for their professional and technical assistance, and Ms Carroll for her hard work and consistent commitment to the smooth running of both the Section and Board.