



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

APPROVED Minutes of the 20<sup>th</sup> meeting of the European Board of Psychiatry held in Palma de Mallorca on 5<sup>th</sup> October 2002.

## 1. Present

Dr A Argyriou - Cyprus - Cyprus Psychiatric Association  
Prof P M Furlan - Italy - Italian Psychiatric Association  
Prof M Gómez-Beneyto - Spain - Asociación Española de Neuropsiquiatría  
Dr E Hagemo - Norway - Norwegian Medical Association  
Dr T L Hansen - Denmark - Danish Psychiatric Association  
Prof F Hohagen - Germany - Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde  
Dr S Ivezić - Croatia - Croatian Medical Association, Society for Clinical Psychiatry  
Prof C Katona - United Kingdom - Royal College of Psychiatrists  
Prof P König - Austria - Österreichische Gesellschaft für Psychiatrie und Psychotherapie  
Dr A Kubli Bauer - Switzerland - Société Suisse de Psychiatrie et Psychothérapie  
Assoc. Prof N Lindfors - Sweden - Swedish Psychiatric Association  
Dr A Lindhardt - Denmark - Danish Psychiatric Association  
Dr V Martin - Belgium - Belge Professionelles des Neurologues et Psychiatres  
Dr D Mathis - France - European Federation of Psychiatric Trainees  
Dr A Mihai - Romania - European Federation of Psychiatric Trainees  
Dr M Musalek - Austria - Association of European Psychiatrists  
Dr J O'Boyle - Ireland - Irish Psychiatric Training Committee  
Prof S Opjordsmoen - Norway - Norwegian Medical Association  
Dr E Pálová - Slovakia - Slovak Psychiatric Association  
Prof A Parashos - Greece - Hellenic Psychiatric Association  
Dr K Pykkänen - Finland - Finnish Psychiatric Association  
Prof A Rabavilas - Greece - Hellenic Psychiatric Association  
Dr M Roca Bennasar - Spain - Sociedad Española de Psiquiatría  
Prof R K R Salokangas - Finland - Finnish Psychiatric Association  
Prof W J Schudel - The Netherlands - Nederlandse Vereniging voor Psychiatrie  
Dr H Sontag - France - Association Française de Psychiatres  
Dr J Strachan - United Kingdom - Royal College of Psychiatrists  
Dr K-O Svärd - Sweden - Swedish Psychiatric Association  
Dr R ten Doesschate - The Netherlands - Nederlandse Vereniging voor Psychiatrie  
Dr R Urban - Germany - Berufsverband Deutscher Nerven Ärzte (BVDN)  
Dr I Tuma - Czech Republic - Czech Psychiatric Association  
Dr P Varandas - Portugal - Portuguese Medical Association  
Assoc. Prof S Zihel - Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia

## In attendance:

Mrs J E Carroll - United Kingdom - Royal College Psychiatrists  
Dr L Küey - Turkey - World Psychiatric Association

## 2. Apologies:

Prof J Bomba - Poland - Polish Psychiatric Association  
Dr B Cassidy - Republic of Ireland - Permanent Working Group  
Prof I Namysłowska - Poland - Polish Psychiatric Association  
Dr W Rutz - Denmark - World Health Organisation  
Dr J Saliba - Malta - Maltese Association of Specialists in Psychiatry

Prof Manuel Gómez-Beneyto (Spain), President of the Board, welcomed everyone present to the meeting and outlined the agenda for the day.

3. Minutes of the last meeting of the Board

The minutes of the Board meeting held on 27 April 2002 in Thessaloniki, Greece, were received and approved as the correct record of the proceedings.

4. Matters arising from the minutes

There were none.

5. Chapter 6 of the Charter of Training - a review strategy

Dr Roelof ten Doesschate (the Netherlands) reminded the delegates that the current requirements for training in psychiatry set out in Chapter 6 of the Training Charter were approved by the Board in April 2000. It was agreed at the time that Chapter 6 would be reviewed every two years. The delegates were, therefore, asked to consult relevant committees within their associations to elicit feedback on the current requirements. Any comments should be sent to Dr ten Doesschate who would compile them and prepare a reviewed version of Chapter 6 for discussion at the next meeting in Limassol. It was important that the EFPT, WPA and AEP also contribute to the review. Dr ten Doesschate would circulate a letter to remind everyone to submit their comments by a specified deadline.

R ten  
Doesschate

To avoid re-convening working groups which prepared specific components of Chapter 6, e.g. biological psychiatry, community and social psychiatry, psychotherapy, etc., chairs of each of those working groups were asked to review their report and submit their comments to Dr ten Doesschate. They were asked to be particularly mindful of the issue of cultural diversity and ethnicity discussed at the Section meeting the previous day. It was important to emphasise that professional competencies should include cultural awareness and sensitivity to ethnic issues.

Dr Anne Lindhardt (Denmark) asked if the Board would support her suggestion to contact Dr Marianne Kastrup of WPA, who had a special interest in transcultural psychiatry, and ask her to write a short paragraph which could be incorporated into Chapter 6. This was agreed.

A  
Lindhardt

Prof Levent Küey (Turkey), WPA representative for Southern European Zone, informed the meeting that the WPA at its recent world congress in Yokohama approved the cultural curriculum for psychiatry - a short document based on comments from training centres around the world. It was meant as a guide and only covered the core competencies in cultural diversity which should be included in psychiatric training. Prof Küey felt it could be useful as a background document in reviewing the UEMS document on training.

It was agreed that the document would be circulated as a reference material to be used in the review. J Carroll

Prof Cornelius Katona (UK) noted that the issue of cultural diversity did not relate to training or practice alone, but had a great impact on assessment methods. It was important that examining bodies ensured that their examining practices were culturally fair. He suggested that the scope of the review should be widened to include drawing up guidelines for national associations to encourage cultural awareness across the whole of their work.

Prof Gómez-Beneyto agreed with this comment and reminded those chairing working groups to ensure that a question of cultural diversity be introduced into the MHS Profile questionnaire, the profile of a psychiatrist, the glossary and the Charter.

J Saliba  
K-O Svård  
R ten  
Doesschate

Prof Fritz Hohagen (Germany) said that the review of the training requirements gave the Board an excellent opportunity to find out whether its work had any meaningful impact in the countries represented in the UEMS. It would be useful to carry out a survey throughout Europe to ascertain whether the training requirements were being implemented in national training centres. He suggested that the Presidents of national associations be informed the Board was planning to carry out such a survey and the national representative, in co-operation with his or her association provide a list of training centres which could be approached. Trainees opinions should also be sought to get a full picture of training.

Dr James O'Boyle (Ireland) emphasised that the national representatives should be personally involved in this exercise to ensure that the survey was not ignored. They should make sure the matter was placed on

the agenda for a relevant committee meeting within their association and present the case in person advocating the importance of the survey to the association's contribution to European training.

National representatives were expected to take a lead in this survey but a direct contact with the Presidents would help to strengthen the communication with national associations and to improve their awareness of the UEMS.

Summarising the discussion, Prof Gómez-Beneyto said that it was important for the Board to find out if its work towards harmonisation of training in Europe had any effect despite doubts about the feasibility of conducting a Europe-wide survey. The proposed procedure would involve both the national representative and his or her association with the view to obtaining information from the associations and from trainees in a random sample of training centres in each country. The questionnaire developed by Prof Hohagen and used in Germany would be adapted for use by the Board. A draft produced by Prof Hohagen would be circulated for comments and discussed further at the next meeting in Limassol.

F Hohagen

#### 6. Skill-Based objectives for specialist training in old age psychiatry

Prof Katona submitted the WPA document for information and to obtain the Board's support for it in principle. Unlike UK, most countries did not recognise old age psychiatry as a speciality or sub-speciality. The document was a result of co-operation between the WPA and WHO in developing a curriculum for old age psychiatry as a sub-speciality. It was widely circulated for consultation and most feedback received was positive. The WPA would like to obtain the UEMS support for the curriculum as a framework which could be used by individual countries to develop their own training in old age psychiatry. Prof Katona thought it would be very helpful to find ways to deliver this curriculum to individual countries through co-operation between the University of London, where he worked, which was trying to develop distance learning courses in old psychiatry and partner universities elsewhere in Europe. Such a collaboration project would then be able to obtain funding from the Erasmus Programme. He urged those interested in developing such a partnership to contact him personally.

Prof Gómez-Beneyto replied that the Board could discuss the document in terms of its usefulness to training but the matter of sub-speciality encroached on policy and as such belonged to the Section.

Dr Lindhardt said that, in her view, the discussion whether or not the UEMS should support the development of old age psychiatry as a separate sub-speciality would be a debate on the principles of sub-speciality development, a question which was by no means settled - and as such it was not appropriate to take it up during the Board's meeting. Nonetheless, she thought that the Section could support this particular document as a framework for those countries that wished to develop old age psychiatry but not as a policy statement in favour of sub-speciality development. This was agreed.

#### 7. Reports from trainees

##### (a) EFPT

Dr Adriana Mihai (Romania), President of EFPT, prepared a comprehensive report on all statements produced by the EFPT to date. The EFPT had issued 17 policy statements, for instance on quality of training, training in child and adolescent psychiatry, psychotherapy training, exchange of trainees between different countries, part-time training, mental health promotion and many others. The last EFPT congress took place in Sinai, Romania, in June, where discussions concentrated around a recent survey carried out by the EFPT which was designed to compare European approaches to psychiatric training. Its objective was to compare selection criteria to become a psychiatric trainee or a child and adolescent psychiatrist, the length and structure of training, psychotherapy as a part of training and evaluation of knowledge and the final exam.

Selection criteria differed significantly and included entry exams at national or local level (Romania, Spain, France), university selection (Belgium) and waiting lists (Greece). Some countries (Denmark, Finland) did not have any selection procedures at all. The average length of psychiatric training in Europe was five years with Hungary, Italy, Portugal, Slovenia and Spain offering four years and Austria, Belgium, Finland, France, Switzerland and the UK six years. Psychotherapy was compulsory in Denmark, France, Finland and Germany,

whereas in the UK psychotherapy was free of charge so, consequently, it was widely included in training programmes.

The structure of training varied substantially between countries with 13 out of 19 countries including neurology, and 7 out of 19 child psychiatry, as an integral part of psychiatric training. The survey also showed that psychotherapy was mandatory only in Denmark, Finland, Germany and the Netherlands, with Denmark offering 60 hours of psychotherapy and Germany 520 hours. The main obstacles to including psychotherapy as part of formal training were high costs, location (usually outside the main training centre), the lack of skilled supervisors and the lack of recognition.

Based on the survey the EFPT produced the following recommendations for psychotherapy:

- Psychotherapy should be seen as indispensable part of being a psychiatrist;
- Basic training in psychotherapy must include supervision by qualified therapists of clinical practice as well as theoretical training in a broad range of psychotherapy
- Trainees should acquire basic psychotherapy knowledge during psychiatric training in at least two main forms of psychotherapy (psychodynamic, cognitive behaviour, systemic psychotherapy);
- Psychotherapy training should be financed by the training institution and it should take place during working hours;

Summarising the results of the survey, Dr Mihai said it was important to remember that the study reflected the trainees' views and it was significant that they differed from those of trainers. The discrepancy could partly be explained by the variations between training programmes and individual training centres. However, it must be noted that the trainees' views seemed to reflect reality rather more closely than the idealistic picture presented by trainers.

The Sinai meeting produced statements on supervision and evaluation, training in community based psychiatry, psychotherapy, exchange of trainees and training in child and adolescent psychiatry.

Following elections, the new President of the EFPT was Dr Dominique Mathis from France, President Elect was Dr Julian Beezhold from the UK, Secretary General - Corrado De Rosa from Italy and the Treasurer - Martin Finger from Germany.

Prof Gómez-Beneyto and the delegates thanked Dr Mihai for her exhaustive report.

The delegates agreed in their comments on Dr Mihai's report that it was of utmost importance to convince powers that be that psychotherapy must form part of the psychiatric training and trainees should not be expected to fund it themselves.

Prof Gómez-Beneyto said that to avoid the discrepancy between the opinions of trainees and trainers the Board must be very careful in formulating questionnaires to ensure that questions were as precise as possible. Questionnaires should include a glossary and be translated to avoid misinterpretation of questions.

In addition, Prof Gómez-Beneyto suggested that the new Section and Board's website should include a notice board for information on available exchange places where institutions could post details of placements available to trainees interested in spending part of their training in another country.

J Carroll

In reply to a query from Dr Kari Pylkkänen (Finland), Dr Mihai said that the EFPT did not have any formal connections with the PWG but would be interested in developing some form of collaboration.

(b) PWG

In Dr Cassidy's absence there was no report from the Permanent Working Group.

## 8. Feedback from delegates

### Belgium

Dr Martin reported on a recent development in Belgium whereby psychiatrists were asked to submit reports on their workload which were to be used to decide how many trainees should be allocated to each psychiatrist. Belgian Professional Union of Neurologists and Psychiatrists opposed this exercise but was ignored by the government.

### Germany

Prof Hohagen reported that the German Society for Psychiatry, Psychotherapy and Neuromedicine was reviewing the training requirements and there were plans to introduce a forensic psychiatry sub-speciality. It would be very helpful, therefore, if the UEMS discussion on sub-speciality was taken up at the earliest opportunity.

### Norway

Dr Helen Hagemo reported that her national association had recently made a recommendation to extend compulsory psychotherapy training to three years with the final year devoted to psychodynamic or cognitive behaviour approach. Furthermore, the Norwegian Psychiatric Association had recently sent a letter to the Norwegian Medical Association urging them to oppose any plans for introducing sub-speciality or re-certification.

### France

Dr Harald Sontag said that the Ministry of Health asked universities in France to make psychotherapy a mandatory part of psychiatric training.

### Austria

Prof König informed the meeting that the sub-speciality of child and adolescent psychiatry had recently obtained the status of speciality in its own right. This development was in line with the Austrian Medical Chamber's policy against the development of sub-specialities.

### Italy

Prof Pier Maria Furlan reported that all university curricula were being reviewed in Italy and a new three-year course had been introduced for a technician in rehabilitation in psychiatry and neurology run by Medical Faculties. Furthermore, clinical psychology had been recognised as a medical speciality in addition to clinical psychology as a psychology speciality which created a two-tier speciality depending on the route it had been obtained.

### Croatia

Dr Slađana Ivezić informed the meeting that a survey of psychiatric training was being carried out to determine the extent of the implementation of the Board's recommendations for training.

### Ireland

Dr James O'Boyle said the Irish Psychiatric Training Committee had been demanding that employers allowed tutors two teaching sessions in addition to their organisational and supervision duties. This had not yet been successful except in one case. The IPTC were also trying to obtain the approval of psychotherapy as a speciality by the Irish Medical Council but without success.

### United Kingdom

Dr James Strachan reported that the Royal College of Psychiatrists was currently heavily involved in a dispute with the government over the reform of the Mental Health Act. The new proposal was to use the legislation as a preventative measure for psychiatrists to detain mental patients with severe personality disorders indefinitely in secure psychiatric units even before they committed an offence. The main point of contention in this debate was that psychiatrists were against being used as a social control tool.

It was vital to take note of such instances as there was evidence throughout Europe of governments trying to use psychiatry as a means of social control by demanding psychiatrists reported instances of child abuse

by their patients, possession of weapons, and other illegal or antisocial activities. In Austria and Ireland the profession had successfully opposed such attempts but the political dimension in relation to psychiatry should not be ignored by the Section and Board.

Prof Gómez-Beneyto suggested that a new standing item be introduced on the agenda - 'News from the Delegates' Countries' - which could act as a forum for exchanging information relevant to the work of the Board as well as other delegates. This was approved.

J Carroll

#### 9. Collaboration with other organisations

This item was extensively discussed at the Section meeting the previous day.

#### 10. Reports from the Working Groups

##### (a) Visitation of Training Schemes

Prof Willem Schudel (the Netherlands) informed the delegates that his working group had finalised its work on the training scheme assessment questionnaire. The questionnaire had been circulated to delegates for comments which were implemented and the final version was now submitted for approval. The questionnaire was approved and would be reviewed in two years' time. It was agreed that it should be circulated to all delegates and directly to the Presidents of national associations. Prof Gómez-Beneyto would prepare a covering letter to accompany the questionnaire.

J Carroll  
M Gómez-Beneyto

Prof Schudel reminded the delegates that it was agreed some time ago not to conduct routine assessment visits to individual training centres but to encourage national associations to organise their own training scheme assessment programmes using this questionnaire. Only in exceptional circumstances and on an express request would the Board organise an assessment visit to a training centre.

Prof Schudel further informed the meeting that arrangements had been made for him to attend a visit in the UK and for Dr Strachan to attend a visit in the Netherlands and they would both use this questionnaire for assessment. They would report on this exercise in Limassol.

##### (b) Psychotherapy

The discussion was opened by Dr Mihai who reiterated the EFPT's views outlined during her report earlier.

Dr Lindhardt summarised the preliminary statement of the working group which agreed that psychotherapy was a psychological understanding of mental disorder and should form a mandatory part of psychiatric training. It was also important that trainees were exposed to a variety of cases and not restricted to psychotic patients only, which was often a case in some countries. The methodology of teaching psychotherapy should include psychodynamic, cognitive behavioural and systemic approaches. There should also be a consensus on referral for psychotherapy treatment.

Prof König suggested that the language of the report should be more direct to carry the point clearly and succinctly. It was far better to avoid words like 'should' where 'must' was meant and training in psychotherapy should not be 'basic'.

The general view seemed to be that every psychiatrist should be a fully trained psychotherapist therefore 'basic' training in psychotherapy was not accurate. It could be argued that psychotherapy was practised at three different levels, i.e., basic communication skills (which should be common to all doctors), the ability to apply psychological approach within a specific diagnosis and treatment (which should apply to all psychiatrists) and the ability to use formal psychotherapeutic interventions (trained psychotherapists).

Dr Lindhardt asked the delegates to forward their comments directly to her as it was not possible to exhaust this debate during this meeting.

##### (c) Quality Assurance of Training

Dr Karl Otto Svärd (Sweden) reminded the delegates that the recommendations for quality assurance in psychiatric training were approved at the meeting in Thessaloniki last April and the document was

circulated by email to all delegates. He now informed the delegates that the recommendations, together with the questionnaire on training schemes, would be circulated by post to all delegates AND their national associations on the Board headed paper with a request to implement them. J Carroll

(d) Supervision

Prof Katona reported that his working group had completed its work on the supervision report and its final version was now submitted for approval. The report was approved and would be distributed to all delegates with a request to circulate it within their associations. J Carroll

(e) Undergraduate Teaching

Prof Katona reported that this working group wished to make three recommendations to the Board. The first one stipulated that the Board support the WPA document on undergraduate teaching.

Secondly, a short summary of principles for undergraduate teaching in regard to teaching psychiatry would be produced by Prof Gómez-Beneyto for the working group to consider at the next meeting. M Gómez-Beneyto

Finally, the working group agreed that it would be very helpful to undertake some research into the attitudes of medical students towards psychiatry at the beginning and at the end of their medical training. Prof Katona would devise a brief questionnaire, circulate it to his working group and then ask each delegate to identify one participating university in their country - in most cases the academic representative to the Section and Board.

It was agreed that the WPA document would be circulated to the delegates for consultation within their own associations. The proposal for a survey of attitudes to psychiatry was supported. J Carroll  
C Katona

11. Any other business

Prof Katona tabled a written proposal to form a working group on recruitment and retention in psychiatry. This was supported, especially in the light of closing three of the working groups.

Dr Hagemo suggested that there should be more time allocated to working groups. The Officers agreed to discuss the issue during their own meeting.

12. Dates of next meetings

1 - 3 May 2003 - Limassol, Cyprus

9 - 11 October 2003 - Berlin, Germany

April 2004 - UK/Scotland (*tentative invitation*)

Prof Furlan renewed his invitation to host a meeting in Turin but October 2004 was not appropriate due to the WPA congress being held in Turin at that time. However, if the Royal College of Psychiatrists could not host the meeting in April 2004 he would be happy to organise it in Turin.

Prof Gómez-Beneyto thanked all those present for their contribution to the work of the Board and Dr Roca Bennasar in particular for an excellent organisation of the meeting.