



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN BOARD OF PSYCHIATRY

APPROVED Minutes of the 22nd meeting of the European Board of Psychiatry held in Berlin, Germany, on 11th October 2003.

1. Present

Dr A Argyriou - Cyprus - Cyprus Psychiatric Association
Dr J Beezhold - United Kingdom - European Federation of Psychiatric Trainees
Dr B Cassidy - Republic of Ireland - Irish Medical Organisation/Irish Psychiatric Training Committee
Prof P M Furlan - Italy - Italian Psychiatric Association
Prof M Gómez-Beneyto - Spain - Asociación Española de Neuropsiquiatría
Dr T L Hansen - Denmark - Danish Psychiatric Association
Prof E Hauff - Norway - Norwegian Medical Association
Prof P Hodiamont - the Netherlands - Dutch Psychiatric Association
Prof F Hohagen - Germany - Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde
Dr S Ivezić - Croatia - Croatian Medical Association, Society for Clinical Psychiatry
Prof M Joukamaa - Finland - Finnish Psychiatric Association
Prof C Katona - United Kingdom - Royal College of Psychiatrists
Prof P König - Austria - Österreichische Gesellschaft für Psychiatrie und Psychotherapie
Prof B Kores Plesničar - Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia
Dr A Lindhardt - Denmark - Danish Psychiatric Association
Dr D Mathis - France - European Federation of Psychiatric Trainees
Dr F Matthys - Belgium - Belgian Professional Association of Neurologists and Psychiatrists
Dr M Merlo - Switzerland - Swiss Society of Psychiatry and Psychotherapy
Dr M Musalek - Austria - Association of European Psychiatrists
Prof S Opjordsmoen - Norway - Norwegian Psychiatric Association
Dr E Pálová - Slovakia - Slovak Psychiatric Society
Dr B Parsons - Ireland - Permanent Working Group of European Junior Doctors
Dr K Pylkkänen - Finland - Finnish Psychiatric Association
Dr J Saliba - Malta - Maltese Association of Specialists in Psychiatry/Medical Association of Malta
Prof R K R Salokangas - Finland - Finnish Psychiatric Association
Dr K-O Svärd - Sweden - Swedish Psychiatric Association
Dr R ten Doesschate - The Netherlands - Dutch Psychiatric Association
Prof L Tringer - Hungary - Hungarian Psychiatric Association
Dr I Tuma - Czech Republic - Psychiatric Association of the Czech Medical Society
Dr R Urban - Germany - Berufsverband Deutscher Nerven Ärzte (BVDN)
Dr Artūrs Utināns - Latvia - Latvian Association of Psychodynamic Psychiatry, Psychosomatic Medicine and Psychotherapy
Dr P Varandas - Portugal - Portuguese Medical Association
Prof S Zihel - Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia

In attendance:

Mrs J E Carroll - United Kingdom - Royal College Psychiatrists

2. Apologies

Prof J Bomba - Poland - Polish Psychiatric Association
Prof M Hrdlicka - Czech Republic - Psychiatric Association of the Czech Medical Society
Dr A Kubli Bauer - Switzerland - Swiss Society of Psychiatry and Psychotherapy
Prof L Küey - Turkey - Psychiatric Association of Turkey
Prof N Lindefors - Sweden - Swedish Psychiatric Association
Dr J O'Boyle - Ireland - Irish Psychiatric Training Committee
Dr J Strachan - United Kingdom - Royal College of Psychiatrists
Dr G Zarotti - Switzerland - Swiss Society of Psychiatry and Psychotherapy

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

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

The minutes were 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

Prof Gómez-Beneyto reminded the delegates the main points of the discussion at the previous meeting in Limassol. Dr ten Doesschate reported that all the suggestions agreed in Limassol had been inserted into the document which was then circulated for final comments. No comments were received and therefore the document was now ready for final approval. The Psychotherapy Working Group reported that the definition of psychodynamic approach should be revised during the course of the day and if approved by the delegates it should be included in the current revision of the Charter. It was pointed out that the next revision of the Charter should include a recommendation for each training scheme/institution to have a trainees' organisation. Chapter 6 of the Charter was approved subject to the amendments discussed.

ACTION: Mrs Carroll to amend the document and publish it on the Section website.

6. European survey of specialist training in psychiatry - draft questionnaire

Prof Fritz Hohagen (Germany) reminded delegates that the Board decided to monitor the progress of harmonisation of training in member states. The questionnaire developed by Prof Hohagen for the use in his country had been re-drafted to reflect relevance to other European countries. When circulated to national institutions the questionnaire should be accompanied by a covering letter addressed to the President outlining the reasons for the survey. It was pointed out that the task would only be successful with the full co-operation and personal involvement of all delegates.

Dr Julian Beezhold (EFPT, UK) informed the delegates that the EFPT was currently carrying out a Europe-wide satisfaction survey of all trainees. Their questionnaire included two parts, i.e. one part eliciting details of the current form of training and the other part designed to measure the level of trainees' satisfaction with various aspects of their training. It might, therefore, be advisable to combine the two projects to avoid duplication of labour. The EFPT project was co-ordinated by a working group and all European trainees would be given a chance to participate.

It was noted that the EFPT survey was a very ambitious and worthy project but its structure did not quite apply to the objectives of the Board.

Other comments and suggestions highlighted concerns regarding the clarity of intentions behind the survey and the need for an extensive pilot to ascertain the validity, the precision and the relevance of individual questions. It was also pointed out that the UEMS Charter on Training was not commonly known to training institutions throughout Europe. Before the survey was carried out the Board should publicise the Charter and ensure that training institutions were familiar with it. Other delegates disagreed with this point of view saying that the main objective of the survey was to find out the current status quo in training regardless of the level of awareness of the Charter. It might also be advisable to divide the questionnaire into two distinct parts, i.e. one referring to generic national standards and one relating directly to training institutions and their particular circumstances.

The results of the survey would be of value to individual training schemes which would be able to compare their performance with other institutions in their country. This, however, would only apply if the national analysis for each country was produced, which in turn would allow each country to evaluate their functioning in the European context. It was important, however, to ensure that this objective, i.e. the audit of the training standards identified in the Charter, was clearly specified and if the survey was to achieve its aim the questionnaire should closely follow the Charter.

Prof Hohagen explained that two pilots had already been carried out - in Germany and in the Netherlands - which showed that most questions worked quite well. He agreed, however, that the questionnaire should be further

simplified and further piloted. It was agreed that the questionnaire should be tested on one scheme in each country. The questionnaire should provide a blank page for comments or a description of the training scheme.

The President said that despite the logistic problems such a survey would encounter it was an important venture which the Board should undertake. The amended questionnaire would be circulated to all delegates for piloting and comments. It was also suggested the questionnaire should be put on the website to facilitate the feedback.

ACTION

- Prof Hohagen and Dr ten Doesschate to amend the questionnaire and the covering letter
- Mrs Carroll to circulate the amended questionnaire to all delegates for piloting and comments
- Mrs Carroll to put the questionnaire on the website

7. Implementation strategy for approval of national training schemes

The Board received a working paper produced by Dr James Strachan (UK) outlining a proposed strategy of implementation for the approval of national training schemes. Unfortunately, due to unforeseen circumstances Dr Strachan could not attend the meeting to present his paper. The President gave a brief outline of the background to the paper for the benefits of new members. The Board developed a training scheme assessment questionnaire to be used by national training authorities to audit psychiatric training in their country. The show of hands indicated that 12 countries already had such arrangements in place but only in 7 of those audit arrangements were in fact implemented. It was important to remember that the Board's strategy for implementation of the national approval of training scheme must clearly indicate that what the Board would approve would not be psychiatric training in any country but that country's arrangements for auditing training.

It was agreed that in Dr Strachan's absence the document should be deferred until the next meeting.

ACTION: Mrs Carroll to put the paper on the agenda for the next meeting

8. Reports from the Trainees

(a) The European Federation for Psychiatric Trainees (EFPT)

Dr Dominique Mathis (past President of EFPT, France) reported that last meeting of the EFPT was held in Paris in May 2003 and was attended by 50 trainees from 16 European countries. The main theme of the meeting was the exchanges of trainees between different European countries. As a result, the EFPT issued a new statement regarding the exchange programme in Europe which should be fully funded and accredited towards final qualification to the specialist status in their country of origin. The EFPT was aware of many obstacles including language barriers, practice differences and training criteria. However, exchange programmes would allow trainees to obtain a thorough comprehension of other European cultures thus improving the quality of psychiatric practice in Europe and highlighting the cultural diversity of service provision. The EFPT was working on creating a database to facilitate the exchange programmes.

Another important project was a satisfaction survey of European trainees. The questionnaire would attempt to elicit information regarding theoretical and practical training, working conditions and general satisfaction of trainees with the training they received. It was hoped that the survey would be carried out in 2003.

The formal statements currently issued by the EFPT included training in psychotherapy, old age psychiatry, the position of child and adolescent psychiatry in Europe, legal, ethical and human rights issues in psychiatry and the profile of a psychiatrist.

Another important development was the setting up of the Association of New European Psychiatrists (ANEP), a new organisation established by EFPT members which would include newly qualified specialists within the first seven years of completing postgraduate specialist training in psychiatry. This group of doctors had specific problems and concerns that the new association was hoping to address.

The EFPT was also involved in creating the World Association of Young Psychiatrists and Trainees (WAYPT) which was launched in San Francisco in May 2003 incorporating members in seventy different countries around the world.

Prof Gómez-Beneyto thanked Dr Mathis for her exhaustive and informative report.

(b) The Permanent Working Group for all European Junior Doctors

Dr Brian Parson (Ireland) clarified his position regarding the Permanent Working Group. He said he was not a member of the PWG but was associated to it through his own training association and therefore received reports on their work. The communication channels had recently been improved and Dr Parson hoped information would now be easily available.

9. News from the delegates' countriesNorway

Prof Edvard Hauff reported that his association had just started the implementation of training recommendations based on the UEMS training charter. Prof Hauff would keep the Board informed of further developments.

United Kingdom

Prof Katona reported that his association had just completed the first draft of the competency based curriculum for higher training. The document included details of generic psychiatric competencies, supplemented by competencies for speciality and sub-speciality areas, such as addiction, psychotherapy, old age, child and adolescent, learning disability, liaison and adult psychiatry. Competencies for forensic, rehabilitation and social psychiatry and neuropsychiatry were still in preparation. The curriculum was available on the Royal College of Psychiatrists website for use and consultation.

Prof Katona also informed the Board that a new government body, the Postgraduate Medical Education and Training Board (PMETB), had been established to replace the existing Specialist Training Authority (STA) responsible for awarding certificates of completion of specialist training and assessing overseas specialists for specialist registration. The transfer of power would take place some time next year. PMETB would have the responsibility for all postgraduate medical education in the UK. It would supervise postgraduate medical education and also assess doctors completing final postgraduate training leading to the award of a Certificate of Completion of Training. The Board would also be responsible for establishing, maintaining and monitoring standards relating to medical training in the NHS and elsewhere. The PMETB would consist of 25 members both lay and medical.

The main cause for concern was that although during the appointment period three prominent psychiatrists were shortlisted for the Board not one of them had been nominated as member. This meant that the national body supervising all postgraduate medical education and training in the UK did not have a psychiatrist as a member. Prof Katona asked if the Board of Psychiatry would support the UK delegation in their proposal to reverse the government decision.

The delegates agreed that both Presidents of the Section and Board should write to the chairman of PMETB asking them to reconsider the membership. Prof Katona thanked the Board for its support.

ACTION: The Presidents to write to PMETB

Finland

Dr K Pylkkänen reported that the Ministry of Education Task Force for Psychotherapy Training, led by a psychologist, had recently published a report which stated that all psychotherapy training would be state funded and overseen by universities. The training would be conducted in two parts, i.e. after two years of psychotherapy training one would become a trainee psychotherapist, and would sit an exam for a formal qualification in psychotherapy after three years' training. All training at universities would take place in multi-professional groups. The report also estimated that twenty thousand psychotherapists were needed in Finland. It also stated that Finland currently had eighteen thousand medical doctors. The Finnish Medical Association (FMA) had written to the Ministry of Health and to the Ministry of Education to remind them that the law in Finland required all health care treatment to be managed by medically qualified doctors. The FMA emphasised the fundamental role of psychiatrists in psychotherapy practice and recommended that psychotherapy should become a recognised sub-speciality of psychiatry. The Task Force had set a deadline for 2007 for the implementation of their recommendations.

Prof Raimo Salokangas reported that the Finnish Psychiatric Association was conducting a review among its members regarding working conditions in psychiatry and migration of specialists. The results would be published shortly and it was hoped that it would improve the spread of workload within mental health teams and the general working conditions of all mental health workers. One of the main concerns in Finland was the acute shortage of psychiatrists with only two thirds of all posts of the psychiatric workforce being occupied. Prof Salokangas added

that this was his last meeting as a representative of his association. He introduced Prof Joukamaa who would be replace him on the Section and Board. Prof Salokangas thanked the Officers and the delegates for their continued support and co-operation over many years.

The Netherlands

Prof Paul Hodiament reported that the Ministry of Health in his country had taken an unprecedented step to reject the recommendation for a five-year period of psychiatric training. For the past ninety years recommendations for medical training had always been made by doctors. Prof Hodiament suspected that this would be a test case to see if the same action could be followed in other medical specialists. He asked the Board to write a letter supporting the requirement for five-year specialist training. This was agreed.

Dr ten Doesschate added that up till now psychotherapy in his country had been delivered by psychiatrists, clinical psychologists and psychotherapists. However, the Ministry of Health decided that psychotherapy should become an integrated part of psychiatry and/or clinical psychology thus effectively disposing of psychotherapy as a separate entity in the public service.

Germany

Prof Fritz Hohagen reported that efforts had been made in his country to reduce the stigma of psychiatric illness and the stigma attached to the profession. Some of the proposals put forward were to change the name of psychiatric illness as well as the name of the psychiatrist. Other countries reported similar tendencies but there was no evidence that this approach had any real impact on the level of stigma. It was believed that the perception of mental illness as well as psychiatric profession itself could only be alleviated by providing high standards of care and high quality training. Stigmatisation of psychiatrists among other medical doctors, although largely influenced by the stigma attached to mental illness, was also an important issue that needed to be addressed.

Denmark

Dr Lindhardt reported that in her country the stigma was being combated by introducing the system of common values to psychiatry. This brought psychiatry and mental illness very much to the fore of public awareness and prompted widespread debate on issues such as stigma.

Italy

Prof Pier Maria Furlan reported that some Italian universities had introduced a new three-year training course leading to the award of new qualification - technician in psychiatric rehabilitation. Universities in Italy were independent and could introduce academic courses according to their own specifications. This, however, often created difficulties with the official recognition of such new qualifications, which led to problems with finding employment.

Prof Furlan added that the attitude towards psychiatry among trainees as well as other doctors was quite positive. This was partly owed to a strong opposition among psychiatrists which caused the government to abandon its plans to introduce compulsory treatment for long-term psychiatric patients and to significantly enlarge psychiatric hospitals, which would have effectively led to the return of the 'lunatic asylum' era.

The President thanked the delegates for their comments, however he pointed out that this point was specifically for informing the Board of any developments relevant to psychiatric training that might have been influenced by the work and recommendations of the Board.

10. Reports from the Working Groups

(a) Undergraduate Teaching

Prof Katona reported that the group thought it would be useful to conduct a survey of undergraduate students to assess their attitude to psychiatry throughout the course of medical studies. It was noted that the survey could not take place until students returned after the summer break. It was now important to identify a sample of medical schools to conduct a pilot survey to assess the accuracy of the questionnaire. It was suggested that this working group should be merged with the working group on recruitment and retention as their areas of work were inter-linked. Prof Slavko Zihelr (Slovenia) agreed to chair both working groups for the time being.

(b) Psychotherapy

Dr Anne Lindhardt reminded delegates that draft recommendations for psychotherapy training to be included in Chapter 6 of the Training Charter had been circulated to all delegates for comments after the last meeting in Limassol. It was hoped that the final draft would be approved at the next meeting in Edinburgh.

Following discussion the following amendments were agreed:

The second sentence in the second paragraph should read: "It must be based on established theory and empirically supported."

Bullet points 1, 2, 3 and 4 under the essential content for training in psychotherapy should read:

- A mandatory part of the training curriculum that takes place within working hours.
- Theoretical and practical application of psychotherapy should be conducted in a defined number of cases. The theory of psychotherapy should be delivered over at least 120 hours in workshops, study groups, etc.
- Supervision, delivered in an individual or, preferably, group setting, must be provided on a regular basis at the rate of 100 hours in total of which at least 50 hours should be conducted on an individual basis.
- Experience should be gained with a broad range of diagnostic categories including psychosis.

ACTION: Mrs Carroll to circulate the amended report and publish it on line

11. Collaboration with other organisations

Prof Gómez-Beneyto reported on the work of the Task Force and on the UEMS Management Council meeting in Brussels.

The Task Force was set up in 2001 in order to improve the co-operation and co-ordination of activities between the WPA, WHO, AEP and UEMS at a European level. It was agreed that the first task to undertake should be the continuing medical education. The recent meeting of the Task Force took place on 19 June 2003 in Vienna during the WPA International Thematic Conference. The meeting had two main themes - the identity crisis in psychiatry and recruitment was one, and the development of Europe-wide standards of CPD for psychiatrists was another. As a result of discussions in small working groups several ideas were put forward and a full report would be available in due course.

The major development during the meeting was the proposal to draft a mutual agreement on CME which should be signed by as many countries as possible whereby all CME activities approved by European national authorities and satisfying specific quality standards should be recognised by the signatory states regardless of the geographical location of that activity. To that effect the Task Force needed to first develop European quality standards and then persuade national associations to sign the agreement.

Prof Gómez-Beneyto had been asked to prepare a draft proposal of European quality standards which he closely modelled on standards published by the EACCME (European Accreditation Council for Continuing Medical Education). The document was circulated to delegates during the meeting for information. Prof Gómez-Beneyto then informed the delegates that Prof Mario Maj, member of the AEP Board, put forward a proposal to establish a CME accreditation committee for AEP activities. This would be a interim committee acting until all national associations signed up to the mutual agreement on CME in Europe. The main impediment to the framework proposed by the Task Force were the national variations in the way CME was monitored and organised in each country. In most European countries this was not within the remit of national psychiatric associations but government authorities. The Task Force did not think it feasible to convince national governments to sign up to the agreement. It was therefore agreed that in the first instance national psychiatric associations would be approached regarding the mutual agreement.

Another point considered was the position of the EACCME. The UEMS accreditation council might consider this proposal as an encroachment on their remit, although similar arrangements made by other specialities had been accepted. A positive development regarding EACCME was that they consulted the Section and Board on two occasions when applications for CME accreditation for a psychiatric event had been made. Unfortunately, both events were deemed unsuitable for CME approval.

Prof Gómez-Beneyto went on to summarise the Management Council meeting in Brussels in May this year. It was attended by Section representatives. There were several important topics discussed during that meeting. The representation of Sections and Boards in the Management Council was one of them. All Sections and Boards were put together into three groups that elected two representatives each to attend the Management Council meetings. They did not have voting rights but could put forward proposals, participate in discussions, etc. It was emphasised that voting was not the main modus operandi of UEMS where decisions were usually reached by general consensus.

The power of UEMS was another topic discussed at that meeting. Although the Officers of the Management Council felt that they had a satisfactory impact on political decisions regarding health care in Europe, their opinion was not shared by other delegates at the meeting who felt that the UEMS power was of little significance.

EACCME was also discussed. Since its establishment in May 2002 the EACCME had accredited 400 CME events across all specialities. It had been noted that the EACCME was recognised by only six countries to date.

And finally, qualifications issued by UEMS European Board were discussed. There were 13 European Boards offering exams and specialist qualifications, mostly in surgical specialities. There was no agreement whether this practice should be extended to all European Boards.

12. Any other business

Prof Gómez-Beneyto thanked all the delegates for attending the meeting and for their excellent work. He thanked Prof Salokangas and Prof Katona for their contribution to the work of the Section and Board throughout their time as delegates which had not come to an end. He also thanked Dr Urban and Prof Hohagen for an excellent organisation of the meeting.

13. Date of next meeting

1-3 April 2004 - Edinburgh, Scotland

7-9 October 2004 - Zagreb, Croatia

April 2005 - Turin, Italy (provisional proposal)