

## Union Européenne des Médecins Spécialistes

### UEMS Section of Psychiatry

Minutes of the eighteenth meeting of the Union Européenne des Médecins Spécialistes Section of Psychiatry held in Strasbourg on 14 April 2000.

#### 1. Present:

Dr H Aggernaes - **Denmark** - Danish Psychiatric Association  
 Dr A Argyriou - **Cyprus** - Cyprus Psychiatric Association  
 Dame Fiona Caldicott - **United Kingdom** - Royal College of Psychiatrists  
 Dr R ten Doesschate - **Netherlands** - Nederlandse Vereniging voor Psychiatrie  
 Professor P Furlan - **Italy** - Dept. of Psychiatry, San Luigi Gonzaga Hospital  
 Professor M Gomez-Beneyto - **Spain** - Asociacion Espanola de Neuropsiquiatria  
 Dr E Hagemo - **Norway** - Norwegian Medical Association  
 Dr S Iveziæ - **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry  
 Professor P König - **Austria** - Osterr Gesellschaft für Neurologie und Psychiatrie (OGNP)  
 Dr A Kubli Bauer - **Switzerland** - Société Suisse de Psychiatrie et Psychothérapie  
 Dr J Laboutiere - **France** - Association Francais de Psychiatries  
 Professor P Lievens - **Belgium** - Association Professioneel Belge des Neurologues et des Psychiatries  
 Dr A Lindhardt - **Denmark** - Danish Psychiatric Association  
 Professor A Mann - **United Kingdom** - Royal College of Psychiatrists  
 Dr V Martin - **Belgium** - Belge Professionelles des Neurologues et Psychiatries  
 Professor M Musalek - **Vienna** - Association of European Psychiatrists  
 Dr J H O'Boyle - **Republic of Ireland** - Irish Psychiatric Training Committee  
 Professor S Opjordsmoen - **Norway** - Norwegian Medical Association  
 Professor A Parashos - **Greece** - Hellenic Psychiatric Association  
 Professor A Piotrowski - **Poland** - Polish Psychiatric Association  
 Dr K Pylkkänen - **Finland** - Finnish Psychiatric Association  
 Dr J Saliba - **Malta** - Association of Maltese Psychiatrists  
 Professor R K R Salokangas - **Finland** - Finnish Psychiatric Association  
 Professor W J Schudel - **The Netherlands** - Nederlandse Vereniging voor Psychiatrie  
 Dr C Smith - **Ireland** - Irish Medical Association  
 Dr H Sontag - **France** - Association Francaise de Psychiatries  
 Dr K-O Svärd - **Sweden** - Swedish Psychiatric Association  
 Dr K Treichel - **Germany** - EFPT  
 Dr S Treichel - **Germany** - Berufsverband Deutscher Nerven Ärzte  
 Dr I Tuma - **Czech Republic** - Psychiatric Association of the Czech Medical Society  
 Dr G Zarotti - **Switzerland** - Swiss Psychiatric Association  
 Dr S Zihel - **Slovenia** - Slovenia Psychiatric Association

#### In attendance:

Mrs J E Carroll - **United Kingdom** - Royal College Psychiatrists

#### 2. Apologies:

Professor C L Cercós - **Spain** - Sociedad Espanola de Psiquiatria  
 Professor G Christodoulou - **Greece** - Hellenic Psychiatric Association  
 Dr A De Albuquerque - **Portugal** - Ordem dos Medicos  
 Professor J Furedi - **Hungary** - Hungarian Psychiatric Association  
 Professor F Hohagen - **Germany** - Deutsche Gesellschaft Für Psychiatrie, Psychotherapie und Neurologie  
 Dr H Nybäck - **Sweden** - Swedish Psychiatric Association  
 Professor J Raboch - **Czech Republic** - Psychiatric Association of the Czech Medical Society  
 Dr W Rutz - **Denmark** - World Health Organisation

Dr Anne Lindhardt (Denmark), President, opened the meeting by welcoming all Members to Strasbourg and introducing Dr James O'Boyle from the Republic of Ireland who had taken over from Professor N Walsh as the Chairman of the Irish Psychiatric Training Committee. Prof. G. Christodoulou would have to withdraw his membership because of his commitments to the WPA.

### 3. Minutes of the last meeting of the Section

The minutes of the Section meeting held on 8 October 1999 in Malta were received and approved subject to one amendment. Professor P Furlan (Italy) pointed out that he was a representative of the Italian Psychiatric Association (Società Italiana Di Psichiatria) which should be given instead of his hospital address under point 1 in the minutes.

An urgent matter had arisen during the Officers meeting on Thursday, 13 April. Dr Kari Pylkkänen (Finland), member of the Comité Permanent of the Council of Europe, presented the "*White Paper on the protection of the human rights and dignity of people suffering from mental disorder, especially those placed as involuntary patients in a psychiatric establishment*". The document was the result of the efforts of a group of experts on behalf of the Working Party on Psychiatry and Human Rights (CDBI-PH). The Working Party CDBI-PH was set up by the Committee of Ministers and reported to the Steering Committee on Bioethics (CDBI). The main objective of the Working Party CDBI-PH was to draw up guidelines to be included in a new legal instrument of the Council of Europe. The paper should not be regarded as a final position of the CDBI. The paper was published for public consultation and distributed to representative organisations at European level and the national authorities were asked to organise consultations at national levels. The comments were expected to reach the Secretariat of the Council of Europe by the end of October 2000.

The Comité Permanent appointed Dr Pylkkänen its official representative and charged him with the task of writing comments on this report which would be accepted as the official response of the Comité Permanent. Dr Pylkkänen would do this in collaboration with the UEMS Section for Psychiatry. He asked the members of the Section to discuss the document as a matter of urgency.

The members appreciated the significance of the document and the importance of the fact that the Section of Psychiatry was asked for comments which would go directly to the Council of Europe. It was agreed that Dr Helle Aggernaes (Denmark) should be closely involved in drafting up the comments as the chair of the Working Group on Legislation.

Dr Pylkkänen circulated a quick summary of the "White Paper" which he had hastily prepared for the meeting. His document proposed that a new chapter be added to the "White Paper" which should:

1. Describe the link between the risk of placement in involuntary care and the quality of outpatient involuntary care
2. Give a strong recommendation for governments emphasising that in order to improve the human rights and dignity of people suffering from mental disorders, governments should pay special attention to new improvements in psychiatric outpatient care in order to overcome the negative outcomes of de-institutionalisation of psychiatric care in Europe.
3. Should urge governments to consider means of targeting new financial incentives for improvements in psychiatric outpatient care so as to achieve the above aim.
4. Emphasise the need for new systems of quality improvement and follow-up of service delivery of mental health care to be developed.

After a short discussion it was agreed that the document was too important to be discussed in bulk by the whole meeting. Dr Lindhardt suggested that it should be first read and considered by the Working Groups and then the preliminary discussion would take place after the agenda items have been dealt with.

#### 4. Matters arising

Matters arising from the minutes were placed under other agenda items and would be discussed accordingly.

#### 5. Reports from the Working Groups

##### (a) Proposal to form a new working group

Dr Harald Sontag (France) asked the members of the Section to discuss the possibility of creating a new working group which would look into all aspects of links between the pharmaceutical industry and psychiatry. Dr Sontag said that in many European countries this was a grey area which should be investigated to agree clear guidelines for good practice in the field. It was common knowledge that the psychiatric profession relied heavily on funding from the pharmaceutical industry for the provision of continuing medical education and professional development. Both the industry and the profession could not survive without each other which called for urgent action in developing clear legislation and harmonising existing laws in all European Council member states.

After a short discussion it was agreed that the initiative to develop universal legislation regulating the collaboration between psychiatry and pharmaceutical companies should come from the UEMS Management Council as the matter was relevant to all medical specialities. Many delegates pointed out that their countries already had comprehensive regulations in place. It was agreed that delegates would write to Dr Sontag individually with a brief outline of the law in their countries and Dr Sontag would prepare a report for the next meeting of the Section which would then be put on the agenda.

##### (b) Biological Psychiatry

The aim of the Working Group on Biological Psychiatry was to establish the role in mental health care, the importance for diagnosis and treatment and the basic requirements for training in biological psychiatry throughout Europe. A questionnaire was developed and distributed to all delegates and fourteen responses were received. Several points of inaccuracy in the report were raised:

- ❖ Professor A Mann (UK) pointed out that the United Kingdom also sent its response although it was not listed in the report.
- ❖ Dr Aggernaes said that laboratory tests were not routinely done in Denmark, which was omitted in the report.
- ❖ In Denmark, antidepressants and mood stabilising drugs could also be prescribed by General Practitioners who, in fact, prescribed more of them than psychiatrists did..
- ❖ In Germany, as in Belgium, psychologists were allowed to prescribe psychoactive drugs.
- ❖ Norway should be named as one of the countries whose health insurance companies did not reimburse psychopharmacological treatment.

It was agreed that the above amendments would be made to the report, which would then be distributed to all members of the Section. It will be included in the "Charter on Training of Medical Specialists in the EU" and the work of the Working Group on Biological Psychiatry would thus be concluded. Dr Lindhardt thanked Dr Hohagen (in his absence) and his group for their dedication and excellent work they put in.

##### (c) Psychotherapy

Dr Lindhardt reported that a revised questionnaire were to be sent out shortly and the Group would have more to report at the next meeting of the Section.

##### (d) Mental Health Legislation

The Group had nothing to report at this stage in view of the aforementioned developments.

(e) Old Age Psychiatry

Professor A Mann stated that there were currently more old people than children in Europe yet there was very little specialisation in Old Age Psychiatry and provisions for the elderly with mental illness were often inadequate. Professor Mann appealed for more delegates to join him and Dr Schudel (The Netherlands) in the Working Group on Old Age Psychiatry. Dr P König (Austria) and Dr J O'Boyle (Ireland) agreed to join.

(f) Quality Assurance

Dr Karl-Otto Svärd (Sweden) stated that the report of his Working Group had been distributed at the last meeting in Malta and it was hoped that the work could be completed in Strasbourg. This was now highly unlikely due to the urgency of the "White Paper" mentioned above. The Group would probably meet again before the meeting in Kraków in October this year to prepare the final report.

6. CME

Professor Peter König (Austria) informed the Section members of a meeting "Consensus on CME" which will be held on 12 May 2000 in Brussels. He would not be able to attend and would appreciate it if one or two members of the Section could be there. Dr Lindhardt said she would be in Brussels at the time and would be happy to attend the meeting. Dr Harald Sontag (France) would attend the meeting in his capacity as member of the UEMS Section for Child and Adolescent Psychiatry.

Dr Sontag, member of the UEMS Section for Child and Adolescent Psychiatry and Psychotherapy, briefly reported on the pilot project run by that Section for financing CME events with the European Union funds. The objective of the project was to collect data on CME events in the different member countries and compile a synopsis, to constitute a board of experts to develop guidelines for evaluation and accreditation of the different events, thus creating a European information-clearing house for psychiatric CME. For the Section of Child and Adolescent Psychiatry such a model had been devised and together with a calculation of costs was ready for submission to the appropriate EU bodies. In principle the EU covered 75% of the costs, the rest to be funded by other sources, i.e. pharmaceutical industry.

Dr Sontag proposed that, as Child and Adolescent Psychiatry has an overlap of topics with General Psychiatry, the UEMS Section for Psychiatry join in the proposed scheme. If agreed, all the necessary preparations should be completed by the June deadline this year.

It was agreed that the role of this Section is advisory and it was not very clear whether it was appropriate to join in the proposed project. The problem was certainly complicated and more information and study into this area was needed. Dr P König and Dr H Sontag agreed to prepare a synopsis for circulation to all members.

7. UEMS Website

Dr Vincent Martin (Belgium) informed the Section that the website was under construction and that all approved reports and members' addresses would be published as soon as the site is operational. Mrs J Carroll would regularly forward the reports to Dr Martin.

8. Profile of a Psychiatrist

Dr Roelof ten Doesschate (The Netherlands) proposed to set up a new working group to look at the differences and similarities between psychiatrists in European countries with the view to establishing a unanimous profile of a European psychiatrist. The meeting agreed that it would be beneficial for the practice and training in psychiatry to have a basic general model to aspire to. Such a profile would necessarily only include core tasks and competencies, and general knowledge required of a psychiatrist which would be applicable all EU member states. A paper published in August 1996 by the Board of the Dutch Psychiatric Association - "The Profile of a Psychiatrist" would be an excellent starting point for discussion. It would be distributed to the members of the Working Group in due course.

It was agreed that the Working Group on the Profile of a Psychiatrist would be put on the agenda for the next meeting of the Section in Kraków in October 2000. Its membership would be as follows: Dr Vincent Martin, Dr James O'Boyle, Dr Joseph Saliba, Dr Charles Smith and Dr Ivan Tuma.

9. Charter on Training of Medical Specialists in the EU

This item was deferred to the meeting of the European Board of Psychiatry on the following day.

10. UEMS Matters

(a) UEMS Management Council

Dr K Pykkänen reported that the UEMS Management Council had met on 25 March 2000 in Brussels. The results of the elections conducted at the October '99 meeting in Vienna were announced:

<b>President</b>	Dr Cillian Twomey (Ireland)
<b>Vice Presidents</b>	Dr René Salzberg (Switzerland) Dr Hans Asbjorn Holm (Norway) Dr Gerd Hofmann (Germany) Dr Ciro Costa (Portugal)
<b>Secretary General</b>	Dr Cees Leibbrandt (The Netherlands)
<b>CP Liaison Officer</b>	Mr Len Harvey (United Kingdom)
<b>Treasurer</b>	Dr Jean-Claude Schaack (Luxembourg)
<b>Honorary UEMS Member</b>	Dr Robert Peiffer, the outgoing Secretary General after nine years in office

Dr Pykkänen further reported that:

- ❖ Two new UEMS Sections were established: the Thoracic and Cardiovascular Surgery and the Host-Section for Clinical Neurophysiology;
- ❖ The Harmonisation Committee was abolished;
- ❖ The publication of the "UEMS Compendium of Medical Specialities 2000/01" by Kensington Publications Ltd was approved;
- ❖ The impending enlargement of the European Union led to negotiations with Hungary, Poland, Estonia, Czech Republic, Slovenia and Cyprus in the first instance;
- ❖ The European Accreditation Council for CME and its structure was discussed and it was agreed that the EACCME would be governed by the Management Council and the UEMS Sections and Boards will join in through the UEMS Advisory Council on CME;
- ❖ The next meeting of the Management Council would be held on 28 September 2000 in Helsinki.

(b) Preparations for the next UEMS Section Representatives Meeting

Dr A Lindhardt confirmed that she would be attending the next meeting on 13 May 2000 in Brussels and would report on the discussions and recent decisions reached by the Section. She would mention the Charter on Training of Medical Specialists in the EU, the Working Groups, the "White Paper" from the Comité Permanent and the collaboration with EFPT and AEP.

(c) Child and Adolescent Psychiatry Section

Dr Harald Sontag reported that the next meeting of this Section would be held in October 2000 in Cyprus where CME and Psychotherapy would be widely discussed.

(d) Any other matters

There were no other matters to report.

11. Feedback from the Delegates

Spain

Following the UEMS Section for Psychiatry's recommendations on logbooks for trainees the collaboration with the government had begun. For the next eight months a pilot study would be conducted. Logbooks would be made compulsory but would not be used for evaluation of the trainee's progress.

## Belgium

- a) Logbooks have always been used for evaluation of trainees' progress.
- b) Child & Adolescent Psychiatry and General Psychiatry would shortly be separated.

## Finland

The government conducted an extensive study into psychiatry and, as a result, recommended additional budget for psychiatric services of 3.5 bln marks. Psychiatry had been made a new priority which would undoubtedly lead to radical improvements in the field.

## Denmark

A government commission had been at work for several years to review the education of all medical specialities. There would be more to report at the next meeting in October.

## 12. Collaboration with Other Organisations

### Association of European Psychiatrists (AEP)

Professor Michael Musalek (Austria) reported on the following issues:

- ★ The AEP Board for Education was established consisting of the chairperson and eight members. Its main objectives are scientific work, the definition of the role of psychotherapy and CME accreditation.
- ★ Database on education and publications in Europe was created.

### European Federation of Psychiatric Trainees (EFPT)

Dr Kai Treichel (Germany), President of EFPT, first asked for clarification on some financial matters concerning travel expenses for the EFPT representative at Section meetings. It was agreed that the travel expenses for the Strasbourg conference would be covered by the Section and for the next two years there would be a fixed sum of €450 for each meeting included in the budget for this specific purpose.

Dr Treichel then informed the meeting of the next EFPT forum to be held on 31 Aug-2 Sept 2000 in Berlin. It would be the 8<sup>th</sup> European Forum for all psychiatric trainees on "Strategies in the Treatment of Psychiatric Disorders" and would provide an excellent opportunity for trainees to exchange ideas and discuss training standards.

Dr Treichel further stated that the EFPT represented the professional interests of trainees psychiatrists in Europe and as such, wished to reinforce its links with the European Board of Psychiatry and the Section for Child and Adolescent Psychiatry as both these organisations had an advisory role on training in Europe. The EFPT hoped to establish closer collaboration with other influential psychiatric bodies, such as WPA, AEP and the IACAPAP (International Associations for Child and Adolescent Psychiatry and Allied Professions).

### The meeting reconvened after the break to discuss the Working Groups' comment on the Comité Permanent's "White Paper."

#### Quality Assurance Working Group

The Group commented on definitions used in the paper, especially the differences between 'mental disorder', 'mental illness' and 'mental incapacity', all of which had a different range and connotation. The Group preferred the term 'mental illness' as the most accurate.

The Group agreed that every patient had the right to be treated as and when needed and involuntary placement should only be used for therapeutic purposes. The involuntary placement and the involuntary treatment should be separated and only relevant authorities should be involved in each.

#### Biological Psychiatry

The Group came up with the following conclusions:

- \* In principle, the preamble of the paper is correct, subject to one amendment, i.e. not only involuntary placement but also nursing homes for the elderly should be covered by the new legislation.
- \* Involuntary placement would always be insufficient if alternative arrangements were inadequate.
- \* Forensic and medical psychiatric patients should be clearly distinguished to recognise different procedures for both groups.
- \* The term 'incapacity' should be clearly defined, i.e. – as patient's inability to cope with life, posing a threat to self or others, difficulties in adapting to social and cultural values.
- \* The decision on individual placement to be made by either psychiatrists or medical doctors is wrong – only initial decision on whether or not the patient should be transported to a secure unit could be made by a non-psychiatrist. The active admission to a psychiatric unit can only be made by a psychiatrist.

#### Mental Health Legislation

The Group had a brief discussion on the "White Paper" and decided that such an important paper could not be evaluated in haste and without a thorough examination of all the details. The Group agreed to put forward the following suggestions:

- \* More resources were needed for out-patient care;
- \* The definitions used in the "White Paper" were quite accurate;
- \* Criteria for admission to involuntary placement should be based on a) the need of a patient for care and treatment, and b) the likelihood of the treatment being successful.

#### Old Age Psychiatry

The Group concentrated its discussion on the Old Age Psychiatry and decided to draft a document detailing the requirements for training and the needs identified in the practice of the speciality. The Group agreed to meet again in Copenhagen in the summer.

It was finally agreed that Dr Pykkänen in collaboration with Dr Aggernaes would be in charge of producing the comments on behalf of the Section. The comments would be circulated to any member who would like to contribute.

#### 13. Any Other Business

Dr Lindhardt reported that she had been asked by the Kensington Publications Ltd to write a lead article for the Psychiatry section of the "UEMS Compendium of Medical Specialities 2000/01".

Dr Doesschate (Treasurer) reported that the following membership countries were still in arrears with their annual subscriptions:

Germany - 2000	Portugal – 1999-2000
Ireland – 1998-2000	Slovakia – 1998-2000
Italy - 2000	Spain - 2000
Latvia – 1998-2000	Sweden - 2000
Luxembourg – 1998 and 2000	Switzerland - 2000
Norway - 2000	

The arrears must be cleared as quickly as possible.

#### 14. Dates for the next meetings

5-7 October 2000 – Kraków, Poland; 5-7 April 2001 – Lubljana, Slovenia; 4-6 October 2001 – Prague, Czech Republic; April 2002 – Thessaloniki, Greece; October 2002 – Turin, Italy