
Union Européenne des Médecins Spécialistes

UEMS Section of Psychiatry

Minutes of the 20th meeting of the Section for Psychiatry held in Ljubljana, Slovenia, on 6 April 2001.

1. Present:

Dr R ten Doesschate - **Netherlands** - Nederlandse Vereniging voor Psychiatrie
Professor J Furedi - **Hungary** - Hungarian Psychiatric Association
Professor M Gomez-Beneyto - **Spain** - Asociacion Espanola de Neuropsiquiatria
Dr S Iveziæ - **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry
Professor C Katona - **United Kingdom** - Royal College of Psychiatrists
Professor P König - **Austria** - Osterr Gesellschaft fur Neurologie und Psychiatrie (OGNP)
Dr A Lindhardt - **Denmark** - Danish Psychiatric Association
Professor A Mann - **United Kingdom** - Royal College of Psychiatrists
Professor M Musalek - **Vienna** - Association of European Psychiatrists
Professor A Piotrowski - **Poland** - Polish Psychiatric Association
Dr K Pylkkänen - **Finland** - Finnish Psychiatric Association
Dr M Roca Bennasar - **Spain** - Sociedad Espanola de Psiquiatria
Dr J Saliba - **Malta** - Association of Maltese Psychiatrists
Professor W J Schudel - **The Netherlands** - Nederlandse Vereniging voor Psychiatrie
Dr H Sontag - **France** - Association Francaise de Psychiatres
Dr K-O Svård - **Sweden** - Swedish Psychiatric Association
Dr I Tuma - **Czech Republic** - Czech Psychiatric Association
Dr R Urban - **Germany** - Berufsverband Deutscher Nerven Ärzte (BVDN)
Dr A Utinans - **Latvia** - Psihodinamiskas Psihaiatrijas, Psihosomatiskas Medicinas un Psihoterapijas Asociacija
Dr P F C Varandas - **Portugal** - Ordem Dos Medicos
Dr G Zarotti - **Switzerland** - Swiss Psychiatric Association
Dr S Zihnerl - **Slovenia** - Slovenia Psychiatric Association

Invited Guest:

Dr Goran Sedvall - **Sweden** - President of the AEP

In attendance:

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

2. Apologies:

Professor H Ågren - **Sweden** - Swedish Psychiatric Association
Dr B Cassidy - **Republic of Ireland** - Permanent Working Group
Professor P Furlan - **Italy** - Societh Italiana Di Psichiatria
Dr E Hagemo - **Norway** - Norwegian Medical Association
Professor Fritz Hohagen - **Germany** - Berufsverband Deutscher Nerven Ärzte
Dr A Kubli Bauer - **Switzerland** - Société Suisse de Psychiatrie et Psychothérapie
Dr J Laboutiere - **France** - Association Francais de Psychiatres
Professor P Lievens - **Belgium** - Association Professioneel Belge des Neurologues et des Psychiatries
Dr V Martin - **Belgium** - Belge Professionelles des Neurologues et Psychiatres
Dr J H O'Boyle - **Republic of Ireland** - Irish Psychiatric Training Committee
Professor A Rabavilas - **Greece** - Hellenic Psychiatric Association
Professor R K R Salokangas - **Finland** - Finnish Psychiatric Association
Dr C Smith - **Ireland** - Irish Medical Association
Dr K Treichel - **Germany** - EFPT

3. Minutes of the last meeting of the Section

The minutes of the Section meeting held on 6 October 2000 in Kraków, Poland, were received and approved subject to one minor amendment.

4. Matters arising

There were none.

10. Collaboration with other organisations

(a) Association of European Psychiatrists

Due to the presence of Dr **Goran Sedvall**, President of the AEP, item 10(a) was taken first. Dr Sedvall visited Dr Anne Lindhardt in February to discuss possibilities of links between AEP and UEMS. As a result of that meeting Dr Sedvall was invited to address the April 2001 Ljubljana meeting.

Dr Sedvall started by giving a presentation outlining the activities and aspirations of the AEP. AEP was exploring the possibility of joining forces with the UEMS Section and Board as providers of accredited CME. There followed a discussion regarding the accrediting function of EACCME and the role of the Section and Board of psychiatry in this regard, acting as either advisors or actual accreditors of CME activities. It was emphasised from the outset that AEP, as providers of CME, could not be actively involved in accreditation since this would involve a potential conflict of interests. Furthermore, it was by no means clear whether AEP would be quite as effective in directly providing CME as it would be in offering training for national associations on how best to provide CME within their own countries. Another issue was whether the Section and Board of psychiatry should themselves accredit CME directly or whether they should simply establish criteria for European harmonisation of accreditation which would be awarded at a national level. It was concluded that accreditation should take place at national level, however, if CME providers wished for formal European accreditation, they should apply to the EACCME and the Section and Board of Psychiatry would act in an advisory capacity to the latter. This would have to be proposed to the secretariat of the UEMS.

It was also suggested that the AEP could, if desired, submit a specific written proposal detailing their objectives regarding their proposed role in CME.

5. Reports from the Working Groups

(a) Psychotherapy

Dr Lindhardt reported that, unfortunately, due to widespread commitments this project had not advanced much further. She promised to submit the report at the October 2001 meeting in Prague.

(b) Mental Health Legislation

Dr Aggernaes reported that the working group had now completed its task and the second draft of her report was tabled at the meeting. It had also been submitted to the Council of Europe. All that remained now was for her to receive updating information from delegates regarding any interim or proposed changes in legislation in their countries and also the precise name and chapter of their national law. Unfortunately response to date had been less than adequate and she would be chasing up delegates during the meeting for their response. Her intention was to receive the above information by mid-August with the view to submitting the finalised report at the October Prague meeting. The working group is now closed and no further amendments would be accepted after August 2001.

(c) Old Age Psychiatry

Prof Mann tabled his report summarising the responses to his questionnaire on old age psychiatry. The responses indicated that generally speaking a significant number of the objectives were considered achievable. In practice, however, there were several countries in which old age psychiatry had not been developed as a speciality at all, not even as a special interest. It was suggested that the way forward might be to encourage the adoption of old age psychiatry as a special interest as opposed to a full time sub-specialisation. This working group is now also closed. The final feedback from delegates regarding how the report was received in their countries would be compiled by Prof Katona who agreed to prepare the final

report for approval at the October Prague meeting. The report would be submitted to the national psychiatric associations for comments before the meeting.

(d) Quality Assurance

Dr Svård tabled his report outlining the five different phases in the provision of mental health services, i.e.: referral phase, assessment phase, treatment and stabilisation phase, transfer to other services and termination of treatment phase and finally, rehabilitation phase. The referral phase also describes assessment at primary, secondary and tertiary levels and the report gives examples of the indicators, standards and measures that could be used during the five phases. A feedback from the national psychiatric associations was planned.

(e) Profile of a Psychiatrist

In the absence of Dr Smith, who was unable to attend, Dr ten Doesschate tabled a draft report which he had prepared, but since this had not yet been discussed with Dr Smith or within the working group, it could not be discussed. Since Dr ten Doesschate also had a major involvement, the possibility was discussed for the working group to proceed anyway in the absence of Dr Smith. Dr ten Doesschate expressed reluctance, pointing out that the work he carried out needed to be discussed with the group including the Chairman. Although, for this reason, it was originally decided not to convene the working group at this meeting, this decision was later changed following the proposal to discuss subspecialisation which was considered highly relevant to the profile of the psychiatrist.

(f) Mental Health Services

Dr Saliba reported that, although this working group was still at an early stage, progress had been registered. In accordance with earlier suggestions, relevant instruments, i.e. Tansella & Thornicroft's grid model and de Jong's International Classification of Mental Health Care (ICMHC) had been explored. Although these are extremely good instruments they would be very difficult to apply unless the group was prepared to embark upon a very labour intensive and complex exercise. Instead, it had been decided to settle initially for a more modest goal of establishing a database of broad parameters. For this purpose a set of criteria used in Finland and submitted by Dr Pylkkänen had been adopted. A draft questionnaire had been sent to the working group and would be further developed during this meeting. In accordance with earlier decisions the final draft of the questionnaire would be circulated to the whole membership for further comments and refinement prior to utilisation.

(g) CME

Dr König reported that from their research, the European Board of Urology had emerged as having the best CME system. The working group would therefore be modelling its work along similar lines.

6. UEMS Matters

(a) UEMS Management Council

Dr Pylkkänen tabled a report regarding the Brussels March 2001 meeting of the Management Council of the UEMS. The report described the developments under the headings: working groups, change of emphasis in the UEMS, PWG, ACMT, draft for new directive 93/16, proposal for 6 EU psychiatric specialities, new membership applications, new UEMS compendium and matters arising. Discussions centred mostly around the proposal for the new sub-specialities in psychiatry. The draft by the UEMS President Dr. C. Towmey lists all specialities which are recognised in at least two countries as specialities that should be recognised in the Doctors Directive. It is not known whether the EU is going to amend the Directive according to those guidelines. It is also uncertain at the moment what will be the future of the Doctors directives in EU. The EU Commission has suggested that the Advisory Committees should be "slimmed". It is possible that one alternative future could be with no regulated professions at EU level, which would mean return to "general system" where each country controls the qualifications of foreign doctors. In this case the role of UEMS should be reconsidered, because the harmonisation process would be quite different from its present forms.

It emerged from the ensuing discussion that there was a problem because, on the one hand, it is important to regulate the rapid expansion in the number of specialities in Europe, (it was considered inappropriate

that a speciality could, at present, be recognised merely on the basis of it being practised in just two countries) but on the other hand, in order to ensure that psychiatrists were trained to recommended standards in the field they professed to practise it was necessary to distinguish in which psychiatric speciality they had actually received training. Dr Lindhardt thanked Dr Pykkänen for his report.

(b) Child and Adolescent Psychiatric Section

Dr Sontag informed the meeting that since they had not met in the interval, there was nothing new to report. Their last minutes have not yet been circulated and this is to be taken care of. The Kraków minutes approved at this meeting would be forwarded to the Child & Adolescent Section.

(c) UEMS Compendium

Dr Lindhardt informed the meeting that an article describing the activities of the Section and Board of Psychiatry had been accepted for publication in the forthcoming issue of the Compendium. Copies of this article were distributed within the meeting, however, due to copyright restrictions wider circulation is to be restricted to officers of National Associations, pending publication of the Compendium.

(d) Any other UEMS matters

There was debate regarding how the Section and Board could best document and circulate their annual activities for National Associations and other bodies to be kept informed of developments. It was agreed that Dr Saliba would take responsibility for preparing an annual report of activities for circulation as necessary.

7. Website update

There was no report due to Dr Martin's absence from the meeting. It was agreed that in future absent delegates who were scheduled to report at Section meetings should submit a brief synopsis. Ms Carroll pointed out that, at present, only the Charter on Training featured in the Psychiatric Section's allocated space on the UEMS Website page. It was agreed that Ms Carroll, in consultation with the officers, would identify the most recent approved reports of the various charters and reports for inclusion on the website.

8. CME - Section & Board Members as experts

This was already addressed under item 10 (a) taken earlier. The issue was whether the Section and Board of psychiatry should accredit CME directly or whether they should simply establish criteria for European harmonisation of accreditation. Professor Gómez-Beneyto said that according to the Charter on CME the Section and Board's role was that of expert advisers to the EACCME. The EACCME is the body to grant European accreditation. Any European organisation (national or otherwise) willing to obtain European accreditation for their CME activities should apply to the EACCME. It was concluded that where CME providers wished for formal European accreditation, the Section and Board of Psychiatry would act in an advisory capacity if requested by the EACCME.

9. Feedback from delegates

Dr Sontag reported that his National Association was beginning to question the purpose of attending Section and Board meetings, which could have resulted from an ineffective communication system between the Section and its member organisations. He pointed out, however, that the availability of the Compendium article on Section & Board activities would go some way to rectify this problem. The planned annual report would also address this need more generally for national associations. It was agreed amongst the delegates that it was the individual responsibility of delegates to inform their NPAs of the activities of the UEMS Section and Board.

10. Collaboration with other organisations

(a) AEP

This item was taken earlier in the meeting as Dr Sedval had to leave the meeting. It is referred to after item 4 in the minutes.

(b) Italian Conference of Young Psychiatrists & Trainees (CFP) October 2000

Dr Saliba reported that, on behalf of Dr Lindhardt, he had read a paper at the above meeting in Turin on the UEMS Section & Board of Psychiatry's role in specialist training & Continuing Medical Education (CME). Also presenting papers at the meeting were Professor Katona on behalf of the Royal College of Psychiatrists and Dr Treichel on behalf of the EFPT.

11. Updated copy of UEMS membership list

Members were reminded that the Membership Update Forms are to be completed and returned to Mrs J Carroll only when their contact details had changed.

12. Any other business

(a) Preparation for the meeting of representatives of European Psychiatric Organisations in all 5 zones of the WPA together with the UEMS Board and Section members

This item was presented by Dr Lindhardt. The purpose of the meeting would be to focus on developmental issues of European psychiatry and the links between NPAs and mental health policy. Ms Carroll reported that response to date had been poor. Dr Lindhardt asked all national representatives to urge their respective Presidents to try and attend and to respond as soon as possible.

(b) Neurological and Psychiatric Services in Germany

Dr Urban presented this item. Both private psychiatrists and neurologists have been experiencing major problems in remuneration because a number of Federal States were not funding health insurance sufficiently to meet the true costs of private health care delivery. Dr Urban clarified that although he and Dr Jungmann (neurologist) had written directly to Prof. Leibbrandt not using National Association letterheads, they were nevertheless acting in an authorised capacity as the officially nominated UEMS Sectional representatives of their respective National Associations. Furthermore, although they had bypassed their respective Sections and written directly to the UEMS Management Council only copying to the respective Sections, nevertheless they were hoping for support from the Sections of Neurology and Psychiatry.

It was felt that since this matter had already now been sent to the UEMS Management Council it would be more appropriate to allow it to be addressed at that level and await the outcome.

(c) Number of Psychiatrists in Europe – Repetition of 1992 survey

Dr ten Doesschate addressed this topic, which had been prompted by recent requests for such information highlighting the need to update the 1992 survey. It was, however, pointed out by both Dr ten Doesschate and Professor Gomez Beneyto that it had proved very difficult in the past to obtain reliable information. It was agreed that since the Mental Health Services Profile workshop was compiling similar data it would be most expedient to include a set of questions on numbers of psychiatrists in the Mental Health Services Profile questionnaire. Professor Gomez Beneyto furnished Dr Saliba with a copy of the survey results and questionnaire used for adaptation and inclusion.

13. Date and venue of forthcoming meetings

4-6 October 2001	Prague, Czech Republic
25-27 April 2002	Thessaloniki, Greece
October 2002	Turin, Italy
April 2003	Ibiza, Spain
October 2003	Berlin, Germany