



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

Minutes of the 22nd meeting of the Section for Psychiatry held in Thessaloniki, Greece, on 26 April 2002.

1. **Present:**

Dr A Argyriou – **Cyprus** – Cyprus Psychiatric Association
Dr V Buwalda – **The Netherlands**- EFPT
Dr B Cassidy – **Republic of Ireland** – Permanent Working Group
Dr R ten Doesschate – **The Netherlands** – Nederlandse Vereniging voor Psychiatrie
Prof M Gómez-Beneyto – **Spain** – Asociacion Española de Neuropsiquiatria
Dr E Hagemo – **Norway** – Norwegian Medical Association
Dr T L Hansen – **Denmark** – Danish Psychiatric Association
Prof C Katona – **United Kingdom** – Royal College of Psychiatrists
Prof P König – **Austria** – Österreichische Gesellschaft für Psychiatrie und Psychotherapie
Dr A Lindhardt – **Denmark** – Danish Psychiatric Association
Dr V Martin – **Belgium** – Belge Professionelles des Neurologues et Psychiatres
Dr F Matihys – **Belgium** – Belge Professionelles des Neurologues et Psychiatres
Dr A Mihai – **Romania** – EFPT
Dr J H O'Boyle – **Republic of Ireland** – Irish Psychiatric Training Committee
Dr E Pálová – **Slovakia** – Slovak Psychiatric Association
Prof A Parashos – **Greece** – Hellenic Psychiatric Association
Dr K Pykkänen – **Finland** – Finnish Psychiatric Association
Professor A Rabavilas – **Greece** – Hellenic Psychiatric Association
Dr J Saliba – **Malta** – Association of Maltese Psychiatrists
Prof W J Schudel – **The Netherlands** – Nederlandse Vereniging voor Psychiatrie
Dr H Sontag – **France** – Association Francaise de Psychiatres
Dr J Strachan – **United Kingdom** – Royal College of Psychiatrists
Dr K-O Svärd – **Sweden** – Swedish Psychiatric Association
Prof L Tringer – **Hungary** – Hungarian Psychiatric Association
Dr R Urban – **Germany** – Berufsverband Deutscher Nerven Ärzte (BVDN)
Dr P Varandas – **Portugal** – Portuguese Medical Association
Assoc. Prof. S Zihel – **Slovenia** – Psychiatric Association of Slovenia, Medical Chamber of Slovenia
Mrs J E Carroll – **United Kingdom** – Royal College Psychiatrists (in attendance)

2. **Apologies:**

Dr S Ivezić – **Croatia** – Croatian Medical Association, Society for Clinical Psychiatry
Prof P M Furlan – **Italy** – Italian Psychiatric Association
Prof F Hohagen – **Germany** – Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde
Dr A Kubli Bauer – **Switzerland** – Société Suisse de Psychiatrie et Psychothérapie
Prof M Musalek – **Austria** – Association of European Psychiatrists
Prof S Opjordsmoen – **Norway** – Norwegian Medical Association
Dr M Roca Bennasar – **Spain** – Sociedad Española de Psiquiatria
Dr W Rutz – **Denmark** – World Health Organisation
Prof R K R Salokangas – **Finland** – Finnish Psychiatric Association
Dr G Zarotti – **Switzerland** – Swiss Society of Psychiatry and Psychotherapy

Dr Anne Lindhardt (Denmark), President of the Section, welcomed new members to the Section and Board:

Professor László Tringer (Hungary), replacing Professor Janos Furedi;

Dr Torben Lindskov Hansen (Denmark) replacing Dr Helle Aggernæs;

Dr Eva Pálová (Slovakia), replacing Dr A Rakus;

Dr Brendan Cassidy (Republic of Ireland, Permanent Working Group), replacing Dr A Carney;

Dr Françoise Mathys (Belgium), replacing Professor P Lievens.

Before proceeding with the agenda Dr Lindhardt informed the meeting that, sadly, Professor Andrzej Piotrowski, representative of the Polish Psychiatric Association, had died on 18th November 2001. To honour Professor Piotrowski's contribution to the work of the Section and Board the meeting held a one-minute silence in his memory.

3. Minutes of the last meeting of the Section

The minutes of the Section meeting held on 5 October 2001 in Prague, Czech Republic, were received and approved as the correct record of the proceedings.

4. Matters arising from the minutes

(a) Section and Board representation on the Management Council

The item was deferred for discussion under item 10(a).

(b) Section and Board Annual Report

For the benefit of the new members Dr Lindhardt explained that the annual report was a new initiative intended to improve the exchange of information about the Section's and Board's activities within the Management Council and among national psychiatric associations represented on the UEMS. It was hoped that national associations would be able to publish the report in their professional journals or bulletins.

Dr Joseph Saliba (Malta), Secretary to the Section and Board, who produced the annual report said that his aim was to produce a document which would reflect the Section and Board's activities over the last twelve months. He would welcome comments regarding the format of the document, e.g. its size, for future reference.

The report received a warm welcome from the delegates who suggested that the report should be published in the *Psychiatric Bulletin*, a journal widely circulated in Europe as well as in the AEP journal.

It was agreed that the *Annual Report 2001* would be sent directly to the Presidents of the national psychiatric associations represented on the Section and Board with the proposal for wider circulation within their associations and for publication in their journals.

5. European Training in Old Age Psychiatry

Professor Katona (UK) reported that he was asked by Professor Gómez-Beneyto (Spain), President of the Board, to produce a short paragraph to be included in the *Charter on Specialist Training in the EU*. The draft he produced was based on a document produced by the WPA Section for old age psychiatry containing a consensus on training in old age psychiatry including curriculum. Professor Katona adapted that curriculum for the purposes of the *Charter*. He stressed that his document did not address the problem of the lack of opportunities in most European countries for specialist training in old age psychiatry.

It was agreed that the topic should be taken up at the time of revision of the *Charter*. The issue of subspeciality training in old age psychiatry would also be discussed at that time. This had been mentioned at the last meeting in Prague as a result of the Management Council's proposal to establish new subspecialities and the European Commission's changes in the recognition of subspecialities.

6. Reports from the Working Groups

(a) Psychotherapy

Dr Lindhardt reported that she received replies from Denmark, Portugal, Sweden, UK, Malta, the Netherlands, France and Spain. Dr Lindhardt urged the remaining delegates to submit their replies within the next few days as she was going to give a presentation at the AEP meeting in Stockholm the following week and it was important that she had reliable data to present. She asked the delegates to complete their questionnaires, if possible, before the end of the meeting on Saturday, 27th April.

Dr Lindhardt would analyse all the replies and then produce a draft report on psychotherapy ready for discussion at the next meeting.

(b) Profile of a Psychiatrist

Dr Roelof ten Doesschate (the Netherlands) said that since Dr Smith had left the Section and Board a new chair for this working group would have to be nominated. The Officers had asked him to take on that role and the meeting approved his nomination.

Dr ten Doesschate reported that the group had been working on a document for some time with an extensive help from Dr James Strachan (UK) who put the report into good English. The working group would continue its work until the report was ready for wider circulation.

(f) Mental Health Services

Dr Joseph Saliba (Malta) reported that he received replies from Belgium, Czech Republic, Malta, Norway, Finland, Slovenia, and UK. Dr Saliba felt the information provided was not sufficient to start analysing the questionnaire. The difficulty lay in the complexity of the questionnaire which consisted of three parts: part one collected general information on regions providing health care and should be completed by the delegates, part two collected public health information, statistics, etc. at a regional level and should be completed by a health authority representative and part three dealt with clinical aspects of mental health provision at a regional level. Some delegates argued that it was often impossible to obtain reliable data, which was the reason why they did not return the questionnaires. However, when fully completed the questionnaire would be a very useful source of information and with perseverance the data could be collected.

It was reported that the WHO had recently published a similar report by Dr Jyrki Korkeila, Secretary of the Finnish Psychiatric Association, looking at health indicators rather than service provision. The questionnaire used by Dr Korkeila was not as specific as Dr Saliba's was and the data collected was not always accurate.

Prof. Gómez-Beneyto said that it would be difficult to follow the usual pattern, i.e. collect data, prepare a report and produce recommendations. The complexity of the field, a great national diversity and a unique historical background in each country made it impossible to produce a uniform set of recommendations that could be taken up by all the countries. Nevertheless, a reliable description of services provided in each country would make a very useful comparative study that could help some countries in improving their services.

Dr Strachan said that it would be worthwhile looking at the possibility of simplifying some of the questions in order to extract as reliable data as possible. He thought the questionnaire should perhaps concentrate more on ascertaining the type of services available in each country, not necessarily in quantitative terms that might be difficult to assess.

Prof. Katona suggested that the working group could work on the questionnaire again with the view to reducing the number of questions to 10 or 12. The simplified questionnaire could then be put to the whole group to assess the feasibility of obtaining the data. This form of exercise would help the delegates to determine the level of difficulty and practicality of the questionnaire. This course of action was agreed.

(g) CME

This item was deferred for discussion under agenda item 9.

7) Implementing QA recommendations in member states

Dr Karl-Otto Svärd (Sweden), Vice-President of the Section, began his report by giving an overall background for the benefit of the new members. The existing QA recommendations were approved at the meeting in Budapest in April 1998. They were based partly on the UEMS draft charter on QA and partly on the survey conducted by the Working Group on QA. The recommendations suggested that all NPAs should draw up QA policies, develop QA activities, identify areas of priorities, draft QA guidelines, establish QA

working groups at a local/clinical level, and ensure that documentation recording activities and outcome measures was in place. The deadline specified was 2000.

The QA Working Group drafted a follow-up questionnaire to assess the process of implementing the recommendations in each country. Seventeen replies were received and the following results emerged:

Recommendation I – NPAs to establish working groups on QA and draft QA policy – implemented in 6 countries, policy drafted in 7;

Recommendation II – to identify areas of priority – implemented in 11 countries;

Recommendation III – to formulate clinical guidelines – implemented in 11 countries;

Recommendation IV – to set up local QA working groups – implemented in 10 countries;

Recommendation V – to draft QA recording documentation – implemented in 8 countries.

8) How to enhance the implementation of QA recommendations in all members states

Dr Svärd put for discussion the two following questions:

Are the recommendations still valid?

How to proceed with further implementation?

It was noted that although the majority of national associations supported the recommendations they had little influence in their countries on quality control, which in most countries was a government responsibility. The main obstacles were often financial, sometimes political when recommendations from national associations, although welcome by national authorities, had very little impact on the state of affairs.

Suggestions were made to clarify quality standards. It was noted that unless quality was clearly defined it would be difficult to assess whether or not the targets recommended by the Section were being reached. One way to resolve this issue would be to draw up guidelines on quality standards that could be regarded as a statement from a professional viewpoint. This could form a useful tool in countries where national quality control did not agree with professional recommendations.

It was agreed that the current recommendations were simply a framework for national associations to work on and produce their own guidelines. In today's societies where professionals seemed increasingly isolated from decisions made by politicians it was important for the profession to be able to make an evidence-based statement.

After further discussion it was agreed that the current QA recommendations with a new deadline for implementation in 2004 would be approved and circulated again to the national associations to take appropriate action. The document would be revised again in 2005.

9) Establishing the Task Force on the CME

Dr Lindhardt reported that the Officers had been discussing the issue of CME during their meeting in an attempt to clarify the links between the Section and the EACCME (European Accreditation Council on CME). Dr Lindhardt and Prof. Gómez-Beneyto attended a meeting last November called by the UEMS Secretariat to discuss the development of CME in different countries, the issue of medical specialities in Europe and the role of EACCME and the Specialist Section and Boards. The main concern was the composition of the EACCME and the lines of communication between the Council and the Sections since these were only consulted on request and did not have any influence on who approved specialist professional events.

As a result the Officers proposed that a Task Force on CME be established in order to promote closer links between the EACCME and the Section and to take a leading role in CME.

Prof. Gómez-Beneyto reminded the meeting that the issue of CME became prominent last year when several international organisations expressed their interest in providing CME accreditation. This was demonstrated during the Section and Board's meeting in Ljubljana where Prof. Goran Sedvall, President of the AEP, gave a presentation on CME from the point of view of the AEP. As a result, a joint working group with members from the AEP and the Section for Psychiatry had been set up to accredit CME courses run during the AEP congress in Stockholm this year. The group met in Frankfurt a few months ago and it included Prof. Sedvall, Prof. Tyrano from Israel, Prof. Salokangas, Prof. Musalek and Prof. Lindfords. Prof. Sass and Prof. Katona

sent their apologies. Prof. Gómez-Beneyto presented the Section and Board's point of view on CME stating that as a professional European body comprising senior psychiatrists representing their countries the Section and Board should be the main player in providing CME accreditation. This was generally accepted.

The group developed an evaluation form for assessing the quality of courses offered and would also be present in Stockholm to make their own observations on the spot.

In addition, a joint meeting between the AEP, WHO, WPA and the UEMS Section of Psychiatry would take place on 3rd May in Stockholm and a proposal for a close collaboration between these organisations would be discussed.

In relation to the Section's Task Force on CME, Prof. Gómez-Beneyto said that its main role, in his view, should be to promote, supervise and control the quality of the European CME. This would help to alleviate the danger of CME being influenced by the pharmaceutical industry, which would inevitably lead a disproportionate progress of biological psychiatry. Another important aspect of CME was the multidisciplinary approach in mental health that necessitated the type of CME that was inclusive of other disciplines. It was also important to consider accessibility to CME in some countries, both from the linguistic and geographical point of view.

Prof. Gómez-Beneyto proposed that the current working group on CME should be maintained and report directly to the Task Force on CME. The role of the working group would be to carry out specific tasks outlined in the broad policies drawn by the Task Force.

Prof. Peter König (Austria), Chairman of the CME Working Group, agreed with the general strategy on CME. He also reiterated the support the Section had from Prof. Michael Musalek (Austria), the representative from AEP to UEMS, in taking the lead on CME.

Prof. Katona agreed that the Section had an important role to play in the European CME but should carefully consider its approach and path to take in CME. He suggested that the Task Force should concentrate on providing guidelines to national associations on the best ways to support their individual members' CME. It might involve redefining some educational principles of CME, which was about maintaining and improving professional standards, lifelong learning, stimulating interest in the profession. CME had to have assessable objectives and be relevant to the individual's job. Taken as a broad outline of CME objectives this would enable the Section to produce guidelines for national associations on how to organise CME for their own members. Prof. Katona argued that the Section should have a much more important role to take in defining guiding principles than simply assessing individual courses and allocating points.

In summary, the meeting agreed to set up the Task Force on CME to collaborate with AEP and other relevant parties. The Working Group on CME would be maintained with the task to produce guidelines for national associations on CME provision. Prof. Gómez-Beneyto agreed to chair the Task Force which would have three delegates from the Section and three from the AEP. Prof. König and Dr Svärd would join Prof. Gómez-Beneyto as members of the Task Force. The Working Group would still be chaired by Prof. König but its membership would be enlarged. Dr ten Doesschate (the Netherlands), Treasurer of the Section, reminded the meeting that any financial implication of setting up the Task Force would have to be specified for the next year's budget.

10) UEMS matters

(a) Management Council – Section and Board representation

Dr Lindhardt reminded the meeting that the matter was first mentioned at the last meeting in Prague and it concerned the proposal from the Management Council to allocate five seats on the Council to representatives of Section and Board constituencies (groups of related specialities). Psychiatry was placed in the same group as neurology and anaesthesiology. Dr Lindhardt wrote to Mr Hide, Chair of the Council's working party dealing with the issue, and Prof. Peter Hill, President of the UEMS Section of Child and Adolescent Psychiatry and Psychotherapy. She suggested that psychiatry and child and adolescent psychiatry should form a single constituency due to a complex and extensive interface with other related professionals, which constituted the major difference to other medical specialities.

Dr Kari Pylkkänen (Finland) attended the Management Council meeting in Basel in October 2001 where the matter was discussed. Originally, there were five groupings and psychiatry was put in a group of independent specialities together with dermatovenerology, occupational medicine, ophthalmology, physical medicine, public health, stomatology and facial surgery. Dr Pylkkänen also approached Mr Hide to express his concern about the group's specialist make up. The groupings were subsequently changed at the meeting in March and now psychiatry was put together with neurology and anaesthesiology. Although arguably this was an improvement on the previous group it was still difficult to understand how an anaesthetist could represent interests of psychiatry and vice versa.

The Section and Board's representatives on the Council would be elected annually on a rotating basis at the May meeting, with appointments being renewable up to a maximum of four consecutive terms of one year.

Dr Pylkkänen said that this proposal should be regarded as an important development for the Sections and Boards as it was the first instance where they were given an opportunity to have a direct influence on decisions made by the Council. Both the Management Council and the Comité Permanent were represented by medical associations and specialist representation was very limited. Dr Pylkkänen added that child psychiatry was offered a choice of which specialities they wanted to be associated with and decided to join paediatrics and gynaecology. The decision on which specialities would represent their constituencies at the Management Council meeting in October 2002 would be made at the meeting in May.

Dr Strachan said he attended a meeting of all UK representatives to UEMS Sections in London chaired by Mr Hide in January 2002. He expressed his concern at the new arrangement which, although an improvement on the previous one, was still far from satisfactory and should be reconsidered.

It was agreed that it was perhaps too late to change anything and the Section should accept the arrangement to see if it was workable. It should however be reviewed after the initial two years. In the meantime, the Section should try to negotiate with the other two Sections to be the first representation on the Council. It would give the Section time to come up with a more favourable solution for psychiatry with evidence to back it.

On another issue coming out of the Management Council, Dr Pylkkänen reported that a Basel Declaration was approved. It was a UEMS statement on CPD (continuing professional development). During preceding discussions concerns were raised about re-certification which the UEMS was against. However, as CPD was seen as a broader concept than CME re-certification was not related to the matter.

Dr Pylkkänen further reported that three new associate members were accepted to UEMS – Czech Republic, Azerbaijan and Slovakia. Currently the UEMS had 37 Sections, 18 full members and 11 associate members.

The UEMS structure was also discussed in the light of Dr Leibbrandt's, Secretary General, retirement next year. As the term of office for the President was three years and could be renewed once. Dr Twomey (Ireland), current President, could therefore be re-elected.

Another important issue discussed by the Management Council was the EU Commission proposal for a new Doctors Directive that would replace all existing sectoral directives and abolish the Advisory Committees for each of the medical specialities. It also dealt with the issue of recognition of professional qualifications. Currently, there were seven professional Advisory Committees, one of which dealt with medicine. The new proposal would place all seven Advisory Committees into one.

Article 20 of the new proposal suggested that 17 specialities (psychiatry being one of them) recognised in each of the EU member states would continue to have the automatic recognition of qualifications. For all other specialities, the host country would have to evaluate training and qualifications on a case by case basis. The member states would be required to set up an administrative body called 'Co-ordinator' to collect information relevant to the application of the migrating doctor. The UEMS was against the new proposal but it did not have enough impact to influence the change. The only agents who might successfully oppose

the proposed directive were the national governments who would have to bear the costs. Dr Pylkkänen suggested that national psychiatric associations should try to lobby their own governments.

(b) Child and Adolescent Psychiatry

Dr Harald Sontag (France) reported that his Section had short, one-day meetings. The last meeting was held in Budapest in October 2001. The main concerns were about CME and trainees logbooks.

When asked, Dr Sontag reported that the issue of representation on the Management Council was not discussed at the meeting. It was agreed that it was important to find out how the decision to join paediatrics and gynaecology was reached. Dr Sontag said that there may have been an informal contact with the new president, Prof. Hill.

It was agreed that another letter would be sent to Prof. Hill to discuss the issue and to urge maintaining close links between the two sections. Ideally such linkage should identify a specific task to focus on. Thus, the letter would also emphasise the importance of training in child and adolescent psychiatry training in psychiatric training which strengthened the common core of psychiatry as a whole. It was also suggested that delegates should contact their counterparts on the child psychiatry section for comments on the issue.

Prof. Katona mentioned guidelines drawn up by his association dealing with boundaries between the child and adolescent and adult psychiatry and suggested that UEMS could produce a similar document. Such an exercise might bring the two groups together.

(c) Any other UEMS matters

Dr Lindhardt briefly summarised the agenda for the next meeting of Sections and Boards to take place on 11th May in Brussels. Prof. Gómez-Beneyto would be representing the Section of Psychiatry. One of the issues on the agenda was the status of the qualifications issued by some European Boards which did not seem to have any real standing. Other issues to be discussed included Section representation on the Management Council, the new proposal for the Doctors' Directive, and again CME.

11) Website update

Mrs Joanna Carroll (UK), Administrative Secretary to the Section and Board, reported that recent attempts to have the Section and Board's approved reports published on the relevant page of the UEMS website on the relevant page were unsuccessful. Dr C Leibbrandt, Secretary General of the UEMS, informed the Section's office that due to time constraints and heavy workload it was impossible for him to avoid long delays in publishing Section's reports. He strongly advocated for the Sections and Boards to set up their own separate websites run directly by the Sections.

The detailed financial outlay had yet to be assessed but main cost would be the initial setting up which might require professional input. The group considered employing the Royal College of Psychiatrists' web designer, which might cut the costs. Everyone agreed that it was important for the site to look professional, functional and user-friendly. The exact layout and functions would be discussed at the next meeting when the breakdown of costs would be available but the initial discussion showed that there was consensus on providing links to national associations, UEMS site and any other useful relevant sites. Discussion fora were also mentioned as a useful feature for the site.

The Treasurer suggested that the final decision regarding increased subscriptions might have to be reached at the next meeting.

It was agreed Mrs Carroll would prepare a proposal for the next meeting detailing 2-3 different options available.

12) Feedback from delegates

Denmark

Dr Hansen reported that he was involved in the work on revising the syllabus for the training programme. The revision was based on the report from the National Board of Health but the working group involved with this project was also consulting the UEMS recommendations which would be applied where appropriate.

Austria

Professor König reported that he was approached by two of his colleagues seeking advice on specialist examinations in other European countries. Any written guidelines on quality assurance regarding these examinations would also be very useful as well as guidelines on training in psychotherapy.

UK

Professor Katona replied that there were two initiatives currently in progress, which might be of interest to Professor König once the work was completed. One was a set of guidelines being drafted by the College on aptitude assessment of trainees before they were awarded their Certificate of Completion of Specialist Training (CCST). The document was based on assessment records, learning outcomes and capability indicators. It was still in early stages of work. The second initiative came from the UK Academy of Royal Colleges and Faculties that was calling for harmonisation of specialist examinations across medical specialities in the UK. Professor Katona was involved in the project and said that the specialist examinations in psychiatry would have a considerable influence on the final document. He would be happy to provide these documents as and when they were ready.

Hungary

Professor Tringer from Hungary said that the specialist examination in his country consisted of three parts – written test (which a candidate had to pass to go on to the second stage), oral test and the last element consisted of a written analysis of a patient case history. The topics for the examinations were published beforehand so candidates were familiar with the level of knowledge expected of them. Guidelines for psychiatry and psychotherapy examinations were also published. During discussion it became apparent that some sort of consensus statement on assessment of trainees would be extremely useful.

EFPT

Dr Mihai (Romania), President, said that the EFPT supported meaningful and fair assessment throughout the period of training with reliable quality assurance in place. The EFPT recognised that total uniformity throughout Europe would be extremely difficult to achieve and not necessarily desirable. The trainees' viewpoint was that proper support through assessment throughout training was more valuable than a final examination.

It was agreed that a working group on trainee assessment would be set up. Professor Katona agreed to chair it once the current working group on supervision finished its work.

13) Collaboration with other organisations

(a) AEP

Dr Lindhardt reported that both Presidents of the Section and Board were invited to attend a joint meeting organised by the AEP, WHO and WPA in Stockholm on 3rd May to discuss closer collaboration between psychiatric associations and government agencies in Europe. One of the issues to be discussed was the proposal to set up a developmental and research network in Europe. Dr Pylkkänen said he would also be attending the meeting as the WPA Zonal representative for Northern Europe.

(b) WHO

Dr Hagemo suggested that the Section and Board should attempt to improve communication with WHO in the light of their recent initiatives on mental health. Unfortunately, the Section did not seem to be formally informed of them.

Professor Tringer reported he attended a meeting in Bucharest in Romania earlier in April 2002 where most European countries were represented. He admitted however he had no information of further such meetings planned in the future. Professor Tringer was the official national counterpart for Hungary which, was seen as a welcome addition to the Section and Board. Professor Tringer agreed to keep the Section informed of WHO initiatives.

(c) WPA

Professor Katona reported he was a member of the WPA steering group working on the postgraduate curriculum in psychiatry, which would be a flexible framework easily adaptable to national circumstances.

The outline of the curriculum would be published at the WPA congress in Yokohama which would then be followed by a more detailed publication. The WPA was also considering the possibility of accreditation of national curricula if support and funding could be found. At the moment it was still in early planning stages.

14) Data protection Act – Implications for the membership list

Mrs Carroll briefly outlined the Data Protection Act and its implications for handling personal data of UEMS delegates. The Act came into force on 1st March 2000. It set rules for processing personal information and applied to certain paper records as well as those held on computer. The second phase of its implementation concerning access to personal data came into force in October 2001.

The Act applied to personal data, i.e. data about identifiable living individuals. Data Controllers decided how and why personal data were processed. The College and its employees must comply with the rules of good information handling, known as the Data Protection Principles, and the other requirements of the Act. The Royal College of Psychiatrists as the Data Processor on behalf of the Section and Board set out the policy on data protection. The Section and Board delegates had to comply with the policy.

As a result all delegates were asked to sign a Data Protection Form which formulated their statement on whether or not they wished their personal data to be circulated and disclosed to other delegates and third parties approved by the Officers. This was agreed. Delegates who did not return the form to the administrative office of the Section and Board and those who wished to keep their details confidential would be removed from the UEMS Section and Board Membership List.

15) Any other business

Dr Saliba briefly outlined, for information, an article published by Deborah Josefson from Nebraska, USA, in the *British Medical Journal* earlier this year (BMJ 23 March 2002 324:698). The article described the new law introduced in New Mexico allowing psychologists to prescribe drugs to patients suffering from a mental disorder. Psychologists with a doctoral degree would be required to undergo an additional 450 hours training in neuroanatomy, physiology, pharmacology, and psychopharmacology and a 400 hour practical test. They would also have to look after 100 patients under medical supervision before passing a national exam. After successfully passing the exam they would be issued a limited licence allowing them to prescribe drugs for two years under a doctor's supervision. Only then could they apply for an independent licence. The main arguments for the decision were a limited number of psychiatrists in New Mexico and a higher than average suicide rate among young people. Psychiatrists arguing against the new law claimed the additional training requirements imposed on psychologists were not sufficient to ensure the safety for patients and could lead to people with psychiatric disorders being given a "second class citizen" status, rendering them the only group of patients who could be treated by practitioners with no training in the physiology, pathophysiology, and pharmacology of the body as a whole.

Professor Gómez-Beneyto gave a further example of tensions between psychiatrists and psychologists in his country where a psychiatrist had been suspended from practice for a year for allowing psychologists to take patient's history during their first visit. In Spain, a patient referred by a GP for specialist psychiatric treatment should always be seen by a psychiatrist in the first instance. Only after the initial contact with a psychiatrist could a patient be referred to a psychologist for a psychotherapy treatment.

Professor Gómez-Beneyto said that articles like this further contributed to the growing tensions between the two professions and the Section and Board should consider whether or not to take action in the matter. It was agreed that further discussions should be deferred to the Working Group on the Profile of the Psychiatrist.

Dr ten Doeschate, the Treasurer, circulated a statement on current subscription accounts showing countries in arrears with their subscription payments dating back, in some cases, to 2000. The Treasurer urged the delegates to liaise with their associations to settle the outstanding payments before the autumn meeting.

In addition, it was agreed that working groups in psychotherapy and CME as well as the task force on CME would meet today and provide their feedback in the afternoon.

16) Date of the next meeting

3-5 October 2002 – **Palma de Mallorca, Spain** (the venue had been changed as Palma had better psychiatric facilities for visiting. In addition, accommodation would be extremely difficult to obtain in Ibiza at that time of the year.)

1 – 3 May 2003 – **Limassol, Cyprus**

9 – 11 October 2003 – **Berlin, Germany**

Feedback from the Working Groups

Working Group on Psychotherapy

Delegates who had not yet returned the psychotherapy questionnaire were urged to do so as soon as possible. The returns would be analysed in early May and the final report prepared in time for the autumn meeting in Palma.

The second task the working group focused on during their meeting was to prepare a statement on psychotherapy in healthcare systems. The statement would comment on the role of a psychiatrist in psychotherapy, quality systems in patient care and paths for identifying proper treatment for individual patients. The difficulties stemmed from the fact that in most countries patients who mostly benefited from long-term psychotherapeutic treatments were not seen by psychiatrists.

Working Group on CME

The group agreed that its main task was to provide senior psychiatrists with a set of directions on improvement of their professional knowledge and skills. The group also considered CPD (continuing professional development) versus CME (continuing medical education). The group members would base their work on CME/CPD documents provided by their national associations, e.g. CPD Policy of the Royal College of Psychiatrists. A draft report would be submitted for possible approval at the next meeting.

Task Force on CME

Discussions were centred around the aims and functions of the Task Force on CME. In many countries CME was still the only option so the Task Force would be mainly concerned with CME. It would act as a PR body, seeking co-operation with other relevant associations, lobbying, promoting, supervising contents of CME, and so on. It would not deal with accreditation or provision of CME.

The second point discussed was how to facilitate CME providers in obtaining European accreditation. The issue proved confusing as to who should provide accreditation. The CME providers could not accredit their own events. The Task Force seemed to agree that at the European level the UEMS Sections, representing their national associations and possessing the level of expertise necessary to assess the contents of CME, should be the bodies responsible for accreditation. The Section should identify a small group of experts who would assess whether or not events submitted for CME accreditation complied with the international criteria for CME developed by the EACCME. This would inevitably create a vast amount of work, therefore applications should be limited to events supported by more than one country with speakers and participants from several countries. Further discussions on the subject would continue at the next meeting.

Dr Lindhardt thanked Prof Andreas Parashos and Professor A Rabavilas for an excellent organisation of the meeting in the wonderful surroundings of the Makedonia Palace Hotel.