



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

## SECTION FOR PSYCHIATRY

APPROVED Minutes of the 28<sup>th</sup> meeting of the UEMS<sup>1</sup> Section of Psychiatry held in Turin, Italy, on 16<sup>th</sup> April 2005.

### 1. Present

Dr Julian Beezhold - United Kingdom - EFPT<sup>2</sup>; Past President  
Dr Pedro Cabral Varandas - Portugal - Portuguese Medical Association  
Dr Brendan Cassidy - Ireland - Irish Medical Organisation  
Prof Pier Maria Furlan - Italy - Italian Psychiatric Association  
Dr Dan Georgescu - Switzerland - Swiss Society of Psychiatry and Psychotherapy  
Prof Manuel Gómez-Beneyto - Spain - Spanish Association of Neuropsychiatry  
Dr Torben L Hansen - Denmark - Danish Psychiatric Association  
Prof Edvard Hauff - Norway - Norwegian Medical Association  
Prof Paul Hodiament - Netherlands - Dutch Psychiatric Association, Vice-President, European Board of Psychiatry  
Prof Fritz Hohagen - Germany - German Association of Psychiatry, Psychotherapy & Nervous Diseases  
Prof Michal Hrdlicka - Czech Republic - Psychiatric Association of Czech Medical Society  
Prof Matti Joukamaa - Finland - Finnish Psychiatric Association  
Dr Roberts Klotins - Latvia - EFPT; President Elect  
Prof Blanka Kores Plesničar - Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia  
Dr Astrid Kubli Bauer - Switzerland - Swiss Society of Psychiatry and Psychotherapy  
Prof Gerhard Lenz - Austria - Austrian Association for Psychiatry & Psychotherapy  
Assoc. Prof Nils Lindefors - Sweden - Swedish Psychiatric Association  
Dr Anne Lindhardt - Denmark - Danish Psychiatric Association; President, Section for Psychiatry  
Dr Bernard Maillet - Belgium - UEMS Management Council, Secretary General  
Dr Brigitte Mauthner - Austria - Austrian Medical Chamber  
Prof Michael Musalek - Austria - AEP<sup>3</sup>  
Dr James O'Boyle - Ireland - Irish Psychiatric Training Committee  
Dr Eva Pálová - Slovakia - Slovak Psychiatric Association  
Prof Yiannis Papakostas - Greece - Hellenic Psychiatric Association  
Prof Andreas Parashos - Greece - Hellenic Psychiatric Association  
Dr Kari Pylkkänen - Finland - Finnish Psychiatric Association; Vice-President, Section for Psychiatry  
Dr Miquel Roca Benasar - Spain - Spanish Society of Psychiatry  
Dr Joseph Saliba - Malta - Maltese Association of Specialists in Psychiatry; Secretary, Section and Board of Psychiatry  
Dr James Strachan - United Kingdom - Royal College of Psychiatrists; President, European Board of Psychiatry, Vice-President of the Section for Psychiatry  
Dr Roelof ten Doesschate - The Netherlands - Dutch Psychiatric Association; Treasurer, Section and Board of Psychiatry  
Dr Roland Urban - Germany - Professional Association of German Psychiatrists  
Prof László Tringer - Hungary - Hungarian Psychiatric Association  
Assoc. Prof Slavko Zihelr - Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; Vice-President, European Board of Psychiatry  
Mrs Joanna Carroll - United Kingdom - Royal College of Psychiatrists; Administrative Secretary, Section and Board of Psychiatry

### 2. Apologies

Prof Dinesh Bhugra - United Kingdom - Royal College of Psychiatrists  
Prof Jacek Bomba - Poland - Polish Psychiatric Association  
Prof Can Cimilli - Turkey - Psychiatric Association of Turkey  
Dr Defne Eraslan - Turkey - EFPT; President  
Dr Tsvi Fischel - Israel - Israeli Psychiatric Association  
Dr Slađana Ivezić - Croatia - Croatian Medical Association, Society for Clinical Psychiatry  
Dr Anne Kleinberg - Estonia - Estonian Psychiatric Association  
Prof Levent Küey - Turkey - Turkish Psychiatric Association

<sup>1</sup> EUROPEAN UNION OF MEDICAL SPECIALISTS

<sup>2</sup> EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES

<sup>3</sup> ASSOCIATION OF EUROPEAN PSYCHIATRISTS

Dr Andres Lehtmets - Estonia - Estonian Psychiatric Association  
 Dr Matt Muijen - Denmark - WHO<sup>4</sup>  
 Prof Stein Opjordsmoen - Norway - Norwegian Psychiatric Association  
 Dr Harald Sontag - France - French Psychiatric Association

Prof Ezio Pellizzetti, Rector of the University of Turin, welcomed the delegates to Turin and to the beautiful building of the University, and wished the delegates a successful meeting.

Dr Lindhardt thanked Prof Pellizzetti for the generous permission for use of the university facilities and Prof Furlan for organising the meeting.

The President extended a special welcome to two new delegates to the Section and Board: Dr Roberts Klotins, appointed in June 2004, a new President Elect of the EFPT who would take up the office of President in June 2005; and Prof Yiannis Papakostas, appointed in October 2004, from the Hellenic Psychiatric Association attending his first meeting. The President reminded the delegates of the election for a post of Vice-President left vacant by Dr Strachan who was elected President of the Board at the previous meeting. The delegates were invited to submit their nominations before the end of the morning coffee break.

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

The minutes were approved as a correct record of the proceedings subject to the following amendments:

- Item 5: Dr Beezhold asked if this could be amended to clearly state that the EFPT was granted a right to vote. Dr Strachan recalled that this had been the committees' intention. As a point of clarification Dr Maillet explained that the MC<sup>5</sup> Rule of Procedure should be regarded as a basic set of rules which each Section could modify as appropriate. He felt it reasonable to grant the right to vote to a trainee association which regularly attended Section meetings.
- Item 7: Austria asked for this entry to be amended with respect to the length of training in psychotherapy.

**ACTION:** JC to amend the previous minutes.

### **4. Matters arising from the minutes not covered by the agenda**

Dr Maillet informed the meeting that France had now decided to pay her dues to the MC. She will rejoin the UEMS MC in October 2005.

### **5. Rules of Procedure for Officers' Elections - an update on MC review**

The President informed the delegates that the MC RoP<sup>6</sup> had not yet been finalised. The document circulated with the agenda papers (S2-04/05) outlining the electoral procedures to be used in elections of Section Vice-President later that day was therefore based on the existing procedures. The delegates approved the electoral procedure. The President informed the delegates that Dr O'Boyle, Prof Joukamaa and Dr Kubli Bauer had agreed to form the election Committee with Dr O'Boyle as chair. Dr Maillet said that the MC had recently introduced a two week deadline for nominations to allow time for preparing ballot papers. It was suggested that this rule might be adopted by the Section and Board once the MC RoP was formally approved.

### **6. Financial matters**

#### **a) Subscriptions update**

The Treasurer circulated a sheet outlining last minute payments received from Germany and Hungary. Out of 30 countries (excluding France) 18 had paid their subscriptions on time and were eligible to vote, as was the EFPT.

#### **b) New sharing out key**

Dr Pylkkänen informed the meeting that the MC approved a new sharing out key at their last meeting. Dr Maillet explained that this key had to be amended following the expansion of the EU. Two components of the old key - language used and distance from Brussels - had been removed from the calculation. The current elements included population, a number of specialists and the GDP<sup>7</sup> per capita. The number of specialists proved to be the main problem as General Practitioners had a specialist status in some countries and were included in statistical data provided by those countries. This was difficult as GPs were not represented in the UEMS. Comparable and reliable sources of data on a European scale were limited.

<sup>4</sup> WORLD HEALTH ORGANISATION

<sup>5</sup> MANAGEMENT COUNCIL

<sup>6</sup> RULES OF PROCEDURE

<sup>7</sup> GROSS DOMESTIC PRODUCT

UEMS RoP referred exclusively to specialists in active practice, data would be collected every three years and minor amendments would occur regularly. Statistics used by the MC were subject to change and their reliability depended on the validity of information provided by each national organisation. Clear criteria on what constituted a European specialist would avoid ongoing confusion .

The Treasurer reminded delegates that subscriptions for the current year were based on the old key and that this issue would be further debated at the next meeting where the delegates would decide which sharing out key, old or new, to use. He clarified that all Sections were allowed to determine their own subscription levels and the criteria used to calculate these.

A WHO list of European countries and a number of psychiatrists per 100 000 population was circulated for information which demonstrated the difficulty in collecting reliable data.

**ACTION:** JC to put sharing out key on the next agenda.

c) WPA/WHO/AEP/EFPT/PWG status in reference to subscription fees

The Treasurer proposed that the WPA, AEP and WHO should be regarded as guests to Section and Board meetings and therefore should not pay a subscription. This was approved.

## 7. Profile of a Psychiatrist - final draft for discussion

A final draft of the report from the working group on the Profile of a Psychiatrist had been circulated for comments. Delegates congratulated Dr Hansen (Chair) and his working group on this paper. The following comments were made:

- Under pharmacotherapy competencies, a change in the rank order was suggested to follow the logical sequence established.
- Under general competencies of psychiatrist, prevention of mental illness or promotion of mental health should be added.
- The ICD10 definition of mental disorder was adopted for the purposes of this report. It would be advisable to add an explanation why this definition might be seen as controversial or inadequate.
- Main heading, page 1: Specialist Competencies should be changed to Psychiatric Competencies, to avoid confusion.
- A clear requirement for all psychiatrists to be able to apply psychotherapy, as per recommendations in the Psychotherapy report, should be added. This paper should also link with the requirements for training specified in the Training Charter.
- Social interventions should be added to competencies.
- Shared decision making with other professions should be explicitly stated in place of simply close cooperation alone. Collaboration with family members and patients should be emphasised.
- Specific reference to human rights should be included. A wording suggested was: "At all times the rights and dignity of patients should be a priority."
- Under 'Scholar' the role as a teacher should be emphasised.
- Anti-stigma campaign skills should be one of the competencies.

Dr Hansen thanked fellow delegates for their constructive comments which his working group would consider at their meeting that afternoon.

The President thanked the working group for excellent work and suggested the report, when finalised, be submitted to the MC for adoption as policy paper.

Dr Cabral Varandas reported that the AEP had established a task force on the identity of a European psychiatrist of which he was a member. He asked if Dr Hansen's paper could be presented to the AEP task force in its current form as work in progress. This was agreed.

## 8. Election of Section Vice-President

Dr O'Boyle took over the proceedings as the chair of election committee. He reminded delegates that only full member countries which paid their subscriptions in full were eligible to vote. Based on the sheet provided by the Treasurer, delegates from 15 countries eligible to vote were present at the meeting: Austria, Czech Republic, Germany, Hungary, Ireland, Malta, the Netherlands, Norway, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and the UK. EFPT were also eligible.

Dr Maillet suggested that countries in arrears for the current year only should be allowed to vote. However, the procedure agreed by the delegates at the previous meeting of the Section and Board in

Zagreb clearly stated that payment of subscriptions must be up to date and include the current year and all the delegates were aware of this requirement.

Three nominations were received: Dr Lindefors nominated by Dr Hansen, Dr Georgescu nominated by Dr Kubli Bauer and Dr Pálová nominated by Dr Kores Plesničar. Each nominee gave a brief address to the delegates. Dr Lindefors' main interest was in CME, Dr Pálová would like to promote changes in psychiatry in countries where it was less advanced, and Dr Georgescu expressed his intention to improve cooperation with French-speaking countries, to better delineate the functions of the Section and those of the Board, and to promote the interests of the private practice sector in a more sustained manner. The nominees then left the room.

Eligible delegates were asked to confer and each country to write the name of one candidate on the blank piece of paper provided for submission to the Chair.

Seventeen votes were received: 9 for Dr Pálová, 4 for Dr Georgescu, and 3 for Dr Lindefors.

Dr Pálová was duly elected Vice-President of the Section. She thanked the delegates and hoped she could call on their support when needed. The President congratulated Dr Pálová on her election and thanked Dr Strachan, on his retirement, for his valued commitment to the role.

### **9. Section and Board reports as MC policy papers - an action plan**

Following the successful adoption by the MC of the Psychotherapy report, it was agreed at the Spring meeting that relevant papers and reports should be submitted to the MC for adoption as policy papers. The UEMS policy papers had a much greater impact both at the EU level and in individual member states and could be potentially useful in the fight against stigma of mental illness as well as the stigma attached to the specialty itself. It was agreed that proposals for working groups should include a recommendation regarding the status of the report in terms of UEMS policy. UEMS policy papers were adopted by national medical associations and submitted to national governments for implementation.

### **10. Working Groups Rules of Engagement - a proposal**

The delegates received a draft proposal outlining the rules of engagement for working groups. The following amendments were suggested:

- Item 4: "methods employed and results" should be added.
- Item 4b: Add "a recommendation regarding the status of the report in terms of UEMS policy".
- Item 5e: Rephrase to read: "... are expected..." instead of "must".
- Item 5d: Rephrase to read: "... membership cannot generally be changed..."

The proposal was agreed subject to the above amendments.

Dr Saliba informed the delegates that the Mental Health Profile working group had closed due to the complex nature of the work which could not be taken any further. He suggested that the questionnaire could be adopted as proforma which might be used by countries as a template for data collecting.

### **11. Section and Board Annual Report 2004**

Dr Saliba reported that the annual report was an attempt to strike a balance between a repetition of the minutes and a meaningful report on the work of the Section and Board. He asked delegates to send in comments which will be incorporated into the final version of the report before publication on the website.

**ACTION:** Delegates to send comments to Dr Saliba.

### **12. UEMS Matters**

#### **a) UEMS Management Council**

The MC had met twice since the meeting in Zagreb in October 2004.

The meeting in Lisbon was held in October 2004. One of the main points of interest reported was the effect of the EU enlargement. The UEMS now had 27 full members and the only EU member not yet represented in the UEMS was Lithuania.

The Section of Medical Biopathology requested a change of their name to "Medical Biopathology, Microbiology, Haematology, Clinical Chemistry and Immunology" to reflect issues important to them. The Section of Ophthalmology requested the definition of "the Medical Act" officially recognised by the European Commission and/or European Parliament. Attempts by paramedical professions to become the first point of patient contact and to offer treatment were increasing the risk of inappropriate treatment

and jeopardizing the integrity of medical profession. It was argued that paramedical professions should not be entitled to make a medical diagnosis. These issues would be further discussed at the next meeting. This is particularly relevant to psychiatry where non-medical professionals were an integral part of the treatment process.

There seemed to be growing tendency among surgical specialties to separate as was demonstrated by the Division of Vascular Surgery being "upgraded" to a Section of Vascular Surgery. The solution would be to create a federation of surgical specialties to maintain the unity of the profession.

The MC discussed the mutual recognition of specialties directive and agreed that the UEMS policy, i.e. if two or more countries recognised the speciality it should have a European recognition, should be maintained.

The MC met again in March 2005 in Brussels. The main point of note was that the EU Parliament would make an exploratory decision in regards to the Directive on mutual recognition on 9-13 May and the final decision would be made in June this year. In May 2004 the Council of Ministers agreed that medical specialties recognised in two fifths of Member States would be also recognised at a European level.

The President thanked Dr Pylkkänen for his report.

b) UEMS Child and Adolescent Psychiatry Section

Dr Sontag was not present to speak to his report. France was not at present part of the UEMS and, consequently, Dr Sontag did not attend the meeting. It was felt by delegates that it was important to find a way of maintaining reliable links with the Section of Child Psychiatry. The minutes of this Section and Board were routinely sent to the Section of Child Psychiatry. This gesture had not yet been reciprocated.

c) Any other UEMS matters

Dr Maillet clarified the issue of the number of specialists in Europe. There had been attempts to assess professional specialists in all fields according to the same generic rules. This tendency disregarded intrinsic differences between professions such as doctors, architects and engineers. Currently existing bodies such as UEMS, UEMO<sup>8</sup> and CPME<sup>9</sup> might soon be joined into one, a move to which the UEMS was opposed.

Dr Maillet explained that the rules of procedures drafted by the MC were designed as a basic template. Each Section had a right to adapt the rules to their own circumstances. Although the general rule regarding the terms of office for both the officers and delegates would be amended to a maximum of 8 years, the MC position favoured the approach which allowed active delegates committed to the UEMS work to stay on in the position rather than to rigorously observe the length of the tenure.

The MC had introduced a fortnightly newsletter available by email or through the website. The President thanked Dr Maillet for his continued interest and support for the work of this Section.

**13. Task Force - UEMS/AEP/WHO/WPA - Progress and Finances**

The President reported on the recent activities of the task force. Since the autumn meeting of the Section the Task Force had met twice - in Florence on 10 November 2004 and in Munich on 2 April 2005. Dr Lindhardt was the current Chair of the Task Force and would continue in this role until spring 2006. The membership of the Task Force comprised all delegates of the UEMS Section of Psychiatry, members of the Executive Committee of the AEP and the Presidents of national psychiatric associations of all the WPA European zones. The main objective of the Task Force was to promote co-operation amongst psychiatric organisations in wider Europe including collaboration with the WHO.

At the meeting in Munich, Dr Matt Muijen, acting Regional Adviser, WHO Mental Health Regional Office, Europe, gave a brief presentation on plans to take forward the decisions from the Helsinki Mental Health Conference in January 2005. A discussion group was set up to work on the implementation of the WHO mental health action plan for Europe.

The Task Force had been appointed an advisory body to the EACCME to provide support in accrediting CME activities.

The President reported that the issue of funding for meetings of European leaders was now becoming important. To continue effective participation in the work of the Task Force the Section will have to allocate specific funds for this activity in the budget for 2006. The delegates agreed that the Task Force offered a unique opportunity for psychiatric organisations to collaborate and promote harmonisation, particularly in the enlarged Europe and in the non-EU European countries. There was not universal agreement among delegates that funds of the Section should be allocated as requested. However if the

<sup>8</sup> EUROPEAN UNION OF GENERAL PRACTITIONERS

<sup>9</sup> PERMANENT COMMITTEE OF EUROPEAN DOCTORS

Task Force is to become an effective platform for the promotion of psychiatry it was vital to improve communication and establish efficient methods of publicising its work. It was eventually agreed that next year's budget should include funds for officers to attend meetings of the Task Force.

#### **14. WHO Ministerial Conference in Helsinki and the UEMS implementation of the Action Plan**

WHO mental health declaration was endorsed by the Ministers of Health of Member States in the European Region of the WHO, who recognised the promotion of mental health and the prevention, treatment, care and rehabilitation of mental health problems as a priority for WHO and its Member States, the European Union and the Council of Europe. It urged the WHO Member States to: "*establish mental health policies, programmes and legislation based on current knowledge and considerations regarding human rights, in consultation with all stakeholders in mental health.*"

It was hoped, therefore, that the implementation of the action plan would be taken forward by national associations, particularly specific tasks such as anti stigma campaigns. It was felt to be ominously significant that the word 'psychiatry' was not mentioned in the declaration. Nevertheless, professional psychiatric organisations should not be discouraged by this obvious lack of awareness amongst the politicians. The attitude of professionals should be positive to capitalise on this historic document and to ensure its implementation.

The President suggested that a formal letter should be sent to the Presidents of national associations urging them to discuss the declaration and the action plan with their national governments. The declaration would offer great leverage in negotiations with their departments of health. Spain had already made the first step by setting up a government commission for implementation comprising psychiatrists, nurses, psychologists and other mental health professionals. The declaration would be of particular help to those countries that did not yet have a national mental health plan.

ACTION: President to draft a letter regarding WHO declaration and action plan.
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#### **15. Collaboration with psychiatric organisations in Europe**

##### **(a) Leaders in European Psychiatry**

Discussed under item 13 above.

##### **(b) AEP**

Prof Hohagen reported on a recent meeting with delegates of the European Association of Psychotherapy (EAP) - a new European organisation comprising professionals practising psychotherapy, including nurses and social workers. The EAP were interested in collaboration with the UEMS and the AEP. Prof Hohagen did not support the proposal for a formal collaboration as this would lend support to the growing tendency in Europe for psychotherapy being delivered by professionals other than psychiatrists and psychologists. It was noted that the Section's recently approved report on psychotherapy clearly stated that appropriately trained professionals other than psychiatrists could practise effective psychotherapy.

##### **(c) WHO**

Reported under item 15 above.

#### **16. Website update**

Mrs Carroll informed the delegates that 13 associations had already installed on their websites links to the UEMS main website or the Section's new website. The delegates were asked to ensure their organisations were linked up to the Section's site.

#### **17. Feedback**

Deferred to the Board meeting on the following day due to shortage of time.

#### **18. Any other business**

Dr Georgescu proposed that the office of "Past president" be introduced as a way to retain the expertise within the Bureau. It was agreed the proposal would be put on the agenda for the next meeting.

ACTION: Proposal for office of past President on the agenda for next meeting.
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The President thanked Prof Furlan for inviting the Section and Board to Turin and for an excellent organisation of the meeting.

#### **19. Dates of next meetings**

6-8 October 2005 - Košice, Slovakia; 6-8 April 2006 - Vienna, Austria; October 2006 - Lübeck, Germany (provisional invitation, last German meeting - Berlin 2004 )

## 20. Reports from the Working Groups

### (a) Mental Health Services

Dr Saliba reported that since this working group had now closed, its work could be merged with that of the Feedback WG as their remits overlapped.

### (b) Profile of a Psychiatrist

Dr Hansen reported that the working group discussed the suggestions made by the delegates during the plenary. The document would be revised via email over the next month and the final version would be circulated to the delegates before the autumn meeting. It was hoped that the final version of the document would be approved at the next meeting.

### (c) Recruitment and Retention

In Prof Bhugra's absence Dr Pálová chaired the meeting of the working group. The group agreed on the following points:

- The numbers of applicants for psychiatric training in some countries were falling;
- Retention problems in psychiatry seemed to be due to the low image of psychiatry, limited financial rewards and, possibly, inadequate numbers of training places in some countries;
- A survey of medical students' attitudes to psychiatry would be conducted to elicit how and why their attitudes changed over the course of undergraduate training.

### (d) Stigma

The WG chaired by Prof Hohagen agreed that stigma was a European problem which related as much to mental illness as to psychiatry as a profession. The main objective of the WG was to produce a report which would define stigma as discrimination against people with mental health problems and prejudice against institutions and professionals working in this field. The long term goal would be to develop a plan of action for implementation of national anti-stigma campaigns in each European country. This should probably be co-ordinated by a task force which would prepare an anti-stigma week in Europe to initiate national campaigns in individual countries. For this course of action to be effective some form of sponsorship, possibly from WHO would be required. National associations were asked to provide the working group with information on local anti-stigma campaigns.

<b>ACTION:</b> Delegates to send details of national anti-stigma campaigns to Prof Hohagen.
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### (e) Private practice

The WG was now chaired by Dr Urban. The WG would concentrate on analysing the results of the survey it conducted over the last few months to identify main problems common to private practice in most countries. A position paper would be developed for discussion in Košice.