



APPROVED minutes of the UEMS¹ Section meeting of Psychiatry held in Izmir, Turkey, on 27th April 2007

1. **Present**

Prof Jacek Bomba – **Poland** – Polish Psychiatric Association
Dr Brendan Cassidy – **Ireland** – Irish Medical Organisation
Dr Homayon Chaudhry – **Switzerland** – PWG²
Prof Can Cimilli – **Turkey** – Psychiatric Association of Turkey
Dr Elisabete Fradique – **Portugal** - Portuguese Medical Association
Prof Manuel Gómez-Beneyto – **Spain** – Spanish Association of Neuropsychiatry
Prof Paul Hodiament – **Netherlands** – Dutch Psychiatric Association; **Vice-President, European Board of Psychiatry**
Dr Slađana Ivezić – **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry
Dr Luboš Janu – **Czech Republic** - Czech Psychiatric Association
Prof Matti Joukamaa – **Finland** - Finnish Psychiatric Association
Dr Anne Kleinberg – **Estonia** - Estonian Psychiatric Association
Dr Astrid Kubli Bauer – **Switzerland** – Swiss Society of Psychiatry and Psychotherapy
Prof Levent Küey – **Turkey** – WPA Zonal Representative for Southern Europe
Prof Nils Lindefors – **Sweden** – Swedish Psychiatric Association
Dr Anne Lindhardt – **Denmark** – Danish Psychiatric Association
Dr Bernard Maillet – **Secretary General; UEMS Council**
Dr Lucien Manuceau – **France** – French Association of Psychiatrists
Dr Kajsa B Norström – **Sweden** - EFPT³; **President-Elect**
Dr Eva Pálová – **Slovakia** – Slovak Psychiatric Association; **Vice-President, Section of Psychiatry**
Dr Kari Pykkänen – **Finland** – Finnish Psychiatric Association; **Vice-President, Section of Psychiatry**
Dr Joseph Saliba – **Malta** - Medical Association of Malta / Maltese Association of Specialists in Psychiatry; **Secretary, Section and Board of Psychiatry**
Dr Harald Sontag – **France** – French Association of Psychiatrists
Dr Ian Soosay – **UK** – EFPT; **Secretary**
Dr James Strachan – **UK** – Royal College of Psychiatrists; **President, European Board of Psychiatry**
Dr Roelof ten Doesschate – **Netherlands** – Dutch Psychiatric Association; **Treasurer, Section and Board of Psychiatry**
Prof László Tringer – **Hungary** - Hungarian Psychiatric Association
Dr Andreas Zachariadis – **Greece** – EFPT; **President**
Prof Slavko Zihelr – **Slovenia** - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; **Vice-President, European Board of Psychiatry**
Mrs Joanna Carroll – **UK** – Royal College Psychiatrists; **Administrative Secretary**

2. **Apologies**

Prof Dinesh Bhugra – **United Kingdom** – Royal College of Psychiatrists
Dr Tsvi Fischel – **Israel** – Israeli Psychiatric Association
Prof Pier-Maria Furlan – **Italy** – Italian Psychiatric Association
Prof George Garyfallos – **Greece** – Hellenic Psychiatric Association
Dr Dan Georgescu – **Switzerland** – Swiss Society of Psychiatry and Psychotherapy
Dr Torben L Hansen – **Denmark** - Danish Psychiatric Association; **President, Section of Psychiatry**
Prof Edvard Hauff – **Norway** - Norwegian Medical Association
Prof Fritz Hohagen – **Germany** - German Society of Psychiatry, Psychotherapy & Neurology
Prof Lars Jacobsson – **Sweden** – Swedish Psychiatric Association
Prof Blanka Kores-Plesnicar – **Slovenia** - Psychiatric Association of Slovenia
Prof Gerhard Lenz – **Austria** – Austrian Association for Psychiatry & Psychotherapy
Dr Françoise Matthys – **Belgium** – Belgian Association of Neurologists and Psychiatrists
Dr Brigitte Mauthner – **Austria** – Austrian Medical Chamber
Dr James O'Boyle – **Ireland** – Irish Psychiatric Training Committee
Dr Roland Urban – **Germany** – Professional Association of German Psychiatrists

¹ European Union of Medical Specialists

² Permanent Working Group for Junior Doctors

³ European Federation of Psychiatric Trainees

In Dr Hansen's absence due to illness, Dr Kari Pykkänen, as Vice-President of the Section, took the chair. He extended a special welcome to new delegates to the Section and Board: **Dr Luboš Janu**, appointed in January 2007 – a new representative of the Czech Psychiatric Association replacing Dr Ivan Tuma; **Prof Ioannis Zervas**, appointed in February 2007, representing the Hellenic Psychiatric Association replacing Prof Parashos; **Dr Elisabete Fradique**, appointed in March 2007 as the representative of the Portuguese Medical Association replacing Dr Pedro Varandas and **Dr Kajsa Norström** from Sweden, President-Elect of the EFPT, appointed in May 2006.

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

The minutes were approved as the correct record of the proceedings at the meeting in Deventer in October 2006.

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

Dr Saliba reported that he received the WHO instruments from Prof Gomez-Beneyto a copy of which was available in paper format and would be passed around the table for information.

5. **Subscriptions update**

According to the update on annual subscriptions presented by the Treasurer the following countries were in arrears: Croatia, Cyprus, Czech Republic, Germany (BVDN), Greece, Hungary, Iceland, Israel, Italy, Latvia, Lithuania, Luxemburg, Malta, Norway, Slovakia, and Slovenia.

Delegates were reminded of the decision agreed in Vienna in April 2005 whereby those in arrears for two consecutive years would not be invited to attend meetings until their subscriptions were paid. They would not, however, be excluded from the Section and Board mailing list. Countries in arrears would also lose their right to vote until the debt was settled.

6. **Annual Report 2006**

Dr Saliba submitted a draft version of the Section and Board 2006 annual report for discussion and approval. Dr Lindhardt suggested the following rephrasing to the paragraph about the UEMS/AEP/WPA/WHO taskforce: *"The Task Force has provided a very useful platform for collaboration and reaching out to address member countries directly. The Forum of European Leaders addresses leadership matters and promotes awareness of public mental health issues. It is also encouraging psychiatrists to participate in public debate about psychiatry and to seek roles as advisors to governments"*.

Dr ten Doeschate reported that the article on the European survey of psychiatric training had now been accepted for publication in the *European Psychiatry* journal. This information would be included in the report.

Dr Zachariadis suggested the following amendment to the section about collaboration with the EFPT: *"The EFPT has grown to 19 full members and 2 observers. Its current focus is on registering as an NGO in one of the European countries and on competency based training and assessment. It felt that the UEMS should lead the implementation of the competence based training in collaboration with EFPT. EFPT is also considering the possibility of compiling a database to facilitate an exchange programme and developing closer cooperation with international organisations such as the PWG, AEP, WPA and the UEMS."*

The report was approved subject to the amendments outlined above.

ACTION: J Carroll to amend the annual report and circulate to delegates, presidents and UEMS secretariat.

7. **New EU member states – representation in the Section of Psychiatry**

Dr Kleinberg, representative of the Estonian Psychiatric Association attending for the first time, was asked to briefly introduce her association. Dr Kleinberg thanked the UEMS for giving her association an opportunity to collaborate with European colleagues. The electronic communications with the Section and Board had been very useful but an active participation would now allow the Estonian association to contribute to the UEMS work.

Dr Pylkkänen reported that the Officers had been considering inviting the two new EU member states – Romania and Bulgaria – to join the Section and Board as full members. Dr Maillet confirmed that both were now members of the UEMS Council. It was suggested that the members of the Council from Romania and Bulgaria would be asked to nominate the most representative psychiatric organisation in their countries. The Secretary of the Section and Board would then formally write to Presidents of those associations to invite them to nominate suitable delegates.

It was noted that Latvia and Lithuania should be encouraged to attend meetings. Presidents of their respective associations would be contacted with regards to suitable delegates.

Dr Kubli-Bauer asked the delegates to consider the feasibility of inviting delegates from Morocco, Tunisia and Algeria to join as observers. Dr Maillet confirmed that the UEMS statutes allowed observers from outside Europe. Whilst recognising the logistical problems posed by allowing unlimited number of non-European observers, and consequently the need for a policy, the delegates agreed that expertise from beyond Europe might bring a new perspective to European psychiatry. It would also be an opportunity for the UEMS to promote the European perception of good practice. It was agreed that delegates from Morocco, Tunisia and Algeria could be invited to the meeting in Geneva as guests provided Dr Kubli-Bauer's association was happy to cover the cost of meals. They would need to fund their own travel and accommodation.

ACTION:

1. J Carroll to contact UEMS Council representatives of the Romania and Bulgaria medical associations. ✓
2. J Saliba to write to Romanian and Bulgarian psychiatric associations.

8. UEMS Council Matters

a. Report from recent Council meetings

Dr Pylkkänen and Dr Maillet gave a brief feedback from the Council meetings held in Budapest in November 2006 and in Brussels in March 2007. The main issues discussed included the health service directive and the EWTD. Following the issue of the surgeons' position on the 48-hour week debated at the Section meeting in Deventer, it was reported that the Federation of Surgeons had now reconsidered their position.

Another important issue on the Council agenda was European exams organised by some UEMS Boards. It was clarified that such exams were offered in addition to national specialist exams run by EU member states and were not a legal requirement for free movement of specialists in Europe. Dr Maillet reported that 11 specialist Sections were now organising exams and working towards establishing a standardized examination system.

The Council also debated the European definition of a medical act, first raised by the Section of Ophthalmology. The proposed definition read: *The medical act encompasses all the professional action, e.g. scientific, teaching, training and educational, clinical and medico-technical steps, performed to promote health and functioning, prevent diseases, provide diagnostic or therapeutic and rehabilitative care to patient, individuals, groups or communities in the framework of the respect of ethical and deontological value. It is the responsibility of, and must always be performed by, a registered medical doctor/physician or under his or her direct supervision and/or prescription.* The delegates agreed that it was an important issue and that this Section should have an opportunity to discuss it at length.

ACTION: medical act issue to be put on the agenda for next meeting ✓

b. Multi-Disciplinary Joint Committees (MJC)

The Section had been invited by the UEMS Council to consider joining some of the MJCs. This was discussed at the officers' meeting. In principle some of the MJCs might be relevant to psychiatry but the existing list of MJCs (hand surgery, pain medicine and genetics) did not reflect the current priorities of the Section. It was noted, however, that other more pertinent requests might have to be considered in the future.

Dr Maillet clarified that the aim of MJCs was to collaborate with other sections in order to consider aspects of training relevant to other specialties. Normally, one section would take the lead and invite others to join. The Council had decided to maintain the currently existing MJCs but not to create any more for the present.

The delegates agreed that this Section would not join any of the MJC's but would, if required, provide feedback on any aspects of specialist training relevant to psychiatry.

c. Sections representation at the Council

The UEMS had now 37 specialist sections which, for the purposes of Council representation, were banded into 3 constituencies with two delegates from each constituency representing all sections in their band. This would continue but the Council was aware that the arrangement was not always functioning as it should. The constituencies had recently proposed that they should have the right to vote. This was discussed at the last meeting of the Council and a vote had taken place with the result of 12 to 10 in favour of granting voting rights to constituencies. However, under the existing regulations, the majority of four fifths was required to carry the motion.

d. Other issues

The Council set up a working group to review the structure of UEMS. The membership included representatives of medical associations and specialist sections.

The debate on Macedonia's UEMS membership continued with Greece voicing objections to the use of the name of Macedonia.

The Council was planning a range of activities for the next year to celebrate the 50th anniversary of the UEMS.

The work carried out by the EACCME provided one third of the UEMS budget. This additional income was being used to carry out advocacy work within the EU institutions, and to attend EU Council and European Parliament meetings.

9. Task force – UEMS/AEP/WHO/WPA

The task force first emerged in 2001 in a joint effort to co-ordinate psychiatric activities of various European organisations working in the field of psychiatry and mental health. The membership included 2 delegates from each of the four main European organisations. The current UEMS delegates to this task force were Dr Hansen and Dr Strachan. The leadership of the taskforce rotated and was currently with the WPA.

The task force organised annual meetings of European leaders during various meetings of AEP, WPA, etc. The last meeting was held in Madrid in March this year. The meeting focused on the EC green paper and its implications for member states.

Dr Strachan raised the issue of attending the meetings of the task force. The Section budget included provisions for travel of the Section President only. Delegates agreed the Section should also cover the expenses of the Board President to attend task force meetings regularly to ensure equal representation of all participating organisations. It was noted that the revenue from CME approval could be used for that purpose.

The next meeting of the task force would be under the WPA leadership and would be held in Paris during the WPA European congress on 6-9 February 2008.

10. EACCME

a. Update on the contract

It was noted that under the current UEMS Statutes CME was a matter for the Boards. This item was therefore deferred to the Board meeting the next day.

b. Evaluation committee

This item was deferred to the Board meeting the next day.

c. Collaboration with the EACIC

Collaboration with outside agencies was a policy issue and as such remained within the Section remit.

Prof Joseph Zohar, Chair of the EACIC⁴, wrote to the UEMS to explore the possibility of collaboration with the CME task force. Despite serious concerns with regard to the EACIC links

⁴ European Accreditation Council in CNS (does anyone know this acronym? I could only find Central Nervous System but it doesn't make sense grammatically...) [European Accreditation Council in CNS is correct as quoted by Prof Zohar himself](#)

with pharmaceutical industry, Dr Maillet advised to keep the dialogue open. National associations were often unaware of procedures for European CME approval. By allowing the EACIC to join the CME task force where the UEMS had the decisive voice, the UEMS would ensure that the same assessment criteria were used for all CME approved events. The EACIC would not be able to have a separate approval process with a different set of criteria.

The WPA also expressed interest in collaborating with the EACCME and the CME task force in psychiatry. Clear psychiatry-specific criteria were urgently needed. The Board Standing Committee on CME would meet the next day to start this work.

The EACCME were developing an online application and certification systems.

Action: Prof Hodiamont and Dr Saliba to draft a reply to EACIC ✓

11. The status of the Standing Committee on CME

With the Section and Board's increasing involvement in CME the tasks of the CME working groups changed. It was no longer aiming to produce a report but adopted a role of advising the CME evaluating committee. At the last meeting in Deventer the delegates agreed that the working group should become a standing committee on CME. The membership, term of office and remit for the standing committee had not yet been agreed.

Following the meeting of the standing committee during the working groups' time earlier that day Dr Lindhardt reported...[Anne, you said you'd draft this paragraph]

12. Quality Assurance in Specialist Psychiatric Care -consolidated document for approval and auditing of national implementation

Dr Saliba submitted the final version of the consolidated quality assurance paper. It had been circulated for comments following the autumn meeting in Deventer. Prof Gómez-Beneyto provided the only feedback received and his comments were left in the document for delegates to decide whether they should be accepted.

The main point of difference was the issue of GP and other professionals' involvement during referral and assessment. It was pointed out that specialists had a responsibility to ensure that general practitioners had a basic understanding of psychiatry to be able to refer patients appropriately and provide adequate post-treatment care. The UEMS did not have a GP section to consult but the UEMO⁵, the UEMS counterpart for general practice/family medicine, might be approached.

Other comments on page 2 included the suggestion to refer to five different 'aspects' in the stem statement and remove the word 'phase' from all five bullets, and to clarify the time frame for referrals and assessment of urgent and non-urgent cases.

The final consensus stipulated that there should be an emergency service for assessment and treatment of urgent cases (without stipulating a specific time frame), and non-urgent cases should be assessed within a '*reasonable time frame (not longer than two weeks)*'.

On page 4, it was agreed to omit all references to specific performance percentages.

Action: JC to amend the paper and circulate for final comments.

13. Working group on biological aspects of psychiatry - proposal

The proposal for the new group was submitted following the decision taken at the autumn meeting in Deventer. The proposal was approved and delegates wishing to join were asked to sign up. The group would meet later that day to plan its work.

14. Relations with patients, carers and allied professional groups in Europe

Prof Gómez-Beneyto first raised this issue in Deventer. He felt that establishing contact with organisations representing professions allied to psychiatry was particularly important in this specialty which increasingly functioned in a multi-disciplinary setting where the specialist psychiatrist was just one of many equally important contributors.

⁵ European Union of General Practitioners

It was suggested that the WHO might be able to provide reliable information on relevant organisations. Dr Lindhardt offered to contact Dr Muijen, WHO regional adviser for mental health.

Action: Dr Lindhardt to contact Dr Muijen

15. Green/white paper – an update

It was reported that despite earlier assurances there would not be a White Paper but an EC Communication on mental health. It would carry the strategy outcome of the consultation. It would be presented to all the usual recipients of documents from the EC, i.e. the European Parliament, the Council of Europe, the Committee of the Regions, the Permanent representatives of the Member States, the Member States themselves, other IGOs⁶, including WHO Europe. It would include the proposals for the forthcoming health strategy in terms of mental health commitments and the policy for the next Public Health Programme. The focus of the new programme would be mental health promotion and the prevention of mental disorder.

The Communication was expected around mid May. It would be a focal point for the forthcoming conference on mental health promotion and prevention in Barcelona in mid September sponsored by the Catalonia Government, the EC and WHO Europe. The main efforts of professional organisations should be to demonstrate the severity of economic impact if mental health in Europe continued to deteriorate.

The officers would monitor the progress of mental health strategy in Europe and report on any relevant developments in this area as appropriate.

16. Brief feedback from delegates on professional, training or service matters

It was suggested that detailed feedback from delegates need not be minuted unless there were issues arising in one country that might have international impact. This was supported. Feedback was provided by all national delegates present at the meeting.

17. Administrative issues

a. Summary of the secure page

Following the decision at the autumn meeting, Joanna Carroll discussed the possibility of creating a secure page with the Royal College of Psychiatrists website managers. It had been agreed that a secure page on the website with access restricted to Section and Board delegates would allow them to discuss draft documents and overcome problems with email communications experienced by many delegates. The cost would be £600 and the work would be carried out by the Royal College staff.

The Treasurer confirmed that the Section and Board could afford the expense. An alternative suggestion would be to create a hidden page which would be invisible to internet users and accessible via a dedicated link. This option, although less secure, would be much cheaper. It would be discussed with the College staff.

Action: J Carroll to oversee the amendment to the website

b. Names of presidents

Following the meeting in Deventer, delegates had been asked to review and amend the list of presidents of European psychiatric associations as listed in the WPA directory. Feedback was received from many countries and delegates were further urged to ensure that the Secretariat had the up to date names and addresses of their presidents for dissemination of documents.

Action: J Carroll to disseminate the annual report 2006 to NPA⁷ presidents

18. Any other business

a. European Summit on age related diseases

⁶ Inter-Governmental Organisation

⁷ National Psychiatric Association

The Polish Endocrine Society invited Dr Strachan, as President of the European Board, to attend the European summit on age related diseases to be held in Poland in September 2007. The organisers felt that input from a European organisation representing psychiatry would be relevant. The officers discussed this via email to identify a specialist in old age psychiatry amongst the delegates. Dr Georgescu, as the chair of the Section working group on old age psychiatry, agreed to represent the UEMS, however, the conference was postponed until the next year.

The officers felt this should be discussed with the delegates as it seemed necessary to agree on a policy to deal with such requests in the future. As the UEMS profile continued to gain prominence such requests would become more frequent and a consistent policy would avoid delays and possible embarrassments.

It was agreed that such requests should be in the first instance considered by the officers but if the Section's financial situation improved the policy could be reconsidered.

b. Request for information from the Dutch Psychiatric Association

The Dutch Psychiatric Association established a working group on psychiatric evaluation of adults to review practice guideline published in 2004. It would like to compare clinical practice, expert opinion and basic assumptions on the clinical assessment of adult patients prevalent in the Netherlands with other European countries. Delegates were asked if formal national guidelines in the field were available in their countries that could be made available to the Dutch working group. The response indicated that there were no such guidelines published.

c. CPD online

The Royal College of Psychiatrists had launched its CPD programme on line. It was available on subscription and offered a wide range of on line modules. The College would like to promote this programme to other NPAs in Europe and would be happy to discuss this in greater details with those interested.

d. Forthcoming elections

The delegates received an advance notice of the following vacancies coming up:

- The Treasurer (Dr ten Doesschate would complete his 3rd and final term this year)
- Secretary (Dr Saliba would complete his 2nd term in October)
- Vice-President of the Board (Prof Zihelr would complete his 1st term)
- Vice-President of the Section (Dr Pylkkänen would complete his 1st term)

The Treasurer informed the delegates that he was due to retire from his clinical post next year and would consequently step down as the Dutch representative to the UEMS. He intimated that he was prepared to continue as Treasurer until his retirement if he had the delegates' support. This would allow him to prepare the accounts for 2007 and the budget for 2008 for approval at the next Spring meeting. He would be happy to suggest to the Dutch Psychiatric Association that his successor should have a similar background to his own for that person to take over the role of Treasurer. Alternatively, the new Treasurer-elect could be elected in the autumn and co-serve with Dr ten Doesschate who would provide relevant 'induction training' for the job.

19. Dates and venues of future meetings – list of previous meetings for reference

a. Autumn 2007 meeting

The dates for the autumn meeting were confirmed as **11th, 12th and 13th October**. Dr Kubli-Bauer informed the delegates that Geneva in October was very busy and it was important to book well in advance to secure accommodation, local transport, restaurants, etc. It would be very helpful if delegates made their plans very early on. An email would be circulated shortly to all delegates with details of hotels.

Action: J Carroll to circulate the information about hotels in Geneva
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b. Spring 2008 meeting

Dr Lindhardt reported that she had consulted Dr Hansen. The meeting in Copenhagen would go ahead as planned and they would both be responsible for organising it. Tentative dates would be the **24th, 25th and 26th April 2008**, provided they did not clash with other major meetings, such as the AEP, WPA, etc.

Action: J Carroll to find out the dates of other major meetings in April 2008
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c. Subsequent meetings

Prof Tringer issued a tentative invitation on behalf of the Hungarian Psychiatric Association to hold the **Spring in 2009 in Budapest**. Delegates were urged to consult their associations about hosting a meeting, particularly if they last organised one before 2000.

20. Reports from the Working Groups

a. Stigma

In Prof Hohagen's absence this working group did not meet.

b. Private practice

The basic draft of the report was finalised and would be consulted with Dr Urban, chair of the working group, before circulation to the delegates prior to the autumn meeting. The group hoped that it would help to promote private practice as a partner complementing the national health service rather than an opponent. The needs of the private practitioners, their patients and the financial bodies would also be addressed in the report. It was recommended that this report should be submitted to the UEMS Council for adoption as a policy statement.

c. Compulsory treatment in the community

Dr Strachan reported that the group concentrated on defining the principles for community treatment and patients' rights of appeal. A preliminary report would be drafted and circulated before the autumn meeting. It was suggested that a section on relevant research should also be included in the report. Prof Gómez-Beneyto offered to send Dr Strachan some related information.

Action: Prof Gómez-Beneyto to send research details to Dr Strachan

d. Old age psychiatry

In Dr Georgescu's absence this working group did not meet.

e. Biology in psychiatry

Prof Lindefors reported that Dr Janu and Dr Zervas joined the working group. He agreed to chair it and Prof Hauff would be vice-chair. They had a preliminary discussion about the suggested time frame, the appropriate name and the suggested working methods. They agreed to use the term 'biological aspects of psychiatry' as the most appropriate name for the group.