



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES SECTION FOR PSYCHIATRY

## SPRING MEETING

Friday, 25 April 2008 – Copenhagen, Denmark  
APPROVED minutes

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### 1. Present

1. Prof Dinesh Bhugra – **United Kingdom** – Royal College of Psychiatrists
2. Dr Kajsa B-Norström – **Sweden** - EFPT<sup>1</sup>; **President**
3. Prof Jacek Bomba – **Poland** – Polish Psychiatric Association
4. Prof Benjaminas Burba – **Lithuania** – Lithuanian Psychiatric Association
5. Dr Brendan Cassidy – **Ireland** – Irish Medical Organisation
6. Dr Homayon Chaudhry – **Switzerland** – PWG<sup>2</sup>
7. Dr Tsvi Fischel – **Israel** – Israeli Psychiatric Association
8. Dr Elisabete Fradique – **Portugal** - Portuguese Medical Association
9. Prof George Garyfallos – **Greece** – Hellenic Psychiatric Association
10. Dr Dan Georgescu – **Switzerland** – Swiss Society of Psychiatry and Psychotherapy
11. Prof Edvard Hauff – **Norway** - Norwegian Medical Association
12. Prof Paul Hodiamont – **Netherlands** – Dutch Psychiatric Association; **Vice-President, European Board of Psychiatry**
13. Dr Slađana Ivezić – **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry
14. Dr Torsten Jacobsen – **Denmark** – Danish Psychiatric Association
15. Prof Lars Jacobsson – **Sweden** – Swedish Psychiatric Association
16. Dr Luboš Janu – **Czech Republic** - Czech Psychiatric Association
17. Dr Anne Kleinberg – **Estonia** - Estonian Psychiatric Association
18. Dr Astrid Kubli Bauer – **Switzerland** – Swiss Society of Psychiatry and Psychotherapy
19. Dr Andreas Landsnes – **Norway** - Norwegian Psychiatric Association
20. Prof Nils Lindefors – **Sweden** – Swedish Psychiatric Association
21. Dr Anne Lindhardt – **Denmark** – Danish Psychiatric Association
22. Dr Bernard Maillet – **Belgium** – UEMS Secretary General
23. Dr Amit Malik – **UK** – EFPT, President-elect
24. Dr Lucien Manuceau – **France** – French Association of Psychiatrists
25. Dr Françoise Matthys – **Belgium** – Belgian Association of Neurologists and Psychiatrists
26. Dr Brigitte Mauthner – **Austria** – Austrian Medical Chamber
27. Dr Izu Nwachukwu – **Ireland** – EFPT (*invited guest*)
28. Dr Jørgen Nystrup – **Denmark** – Danish Psychiatric Association
29. Dr James O'Boyle – **Ireland** – Irish Psychiatric Training Committee
30. Dr Kari Pylkkänen – **Finland** – Finnish Psychiatric Association; **Vice-President, Section of Psychiatry**
31. Dr Joseph Saliba – **Malta** - Medical Association of Malta / Maltese Association of Specialists in Psychiatry; **Honorary Secretary, Section and Board of Psychiatry**
32. Prof Henning Sass – **Germany** – EPA<sup>3</sup>
33. Dr James Strachan – **UK** – Royal College of Psychiatrists; **President, European Board of Psychiatry**
34. Dr Roelof ten Doesschate – **Netherlands** – Dutch Psychiatric Association; **Treasurer**
35. Prof László Tringer – **Hungary** - Hungarian Psychiatric Association
36. Dr Roland Urban – **Germany** – Professional Association of German Psychiatrists
37. Prof Slavko Zihel – **Slovenia** - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; **Vice-President, European Board of Psychiatry**
38. Mrs Joanna Carroll – **UK** – Royal College Psychiatrists; **Administrative Secretary**

### 2. Apologies

1. Prof Can Cimilli – **Turkey** – Psychiatric Association of Turkey
2. Prof Pier-Maria Furlan – **Italy** – Italian Psychiatric Association
3. Prof Manuel Gómez-Beneyto – **Spain** – Spanish Association of Neuropsychiatry
4. Prof Fritz Hohagen – **Germany** - German Society of Psychiatry, Psychotherapy & Neurology
5. Prof Jyrki Korkeila – **Finland** – Finnish Psychiatric Association
6. Prof Gerhard Lenz – **Austria** – Austrian Association for Psychiatry & Psychotherapy
7. Dr Andres Lehtmets - **Estonia** – Estonian Psychiatric Association
8. Dr Lucie Motlova – **Czech Republic** - Czech Psychiatric Association
9. Dr Matt Muijen – **Denmark** – WHO<sup>4</sup>

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<sup>1</sup> European Federation of Psychiatric Trainees

<sup>2</sup> Permanent Working Group for Junior Doctors

<sup>3</sup> European Psychiatric Association (formerly Association of European Psychiatrists)

<sup>4</sup> World Health Organisation

10. Dr Eva Pálová – **Slovakia** – Slovak Psychiatric Association; **Vice-President, Section of Psychiatry**
11. Dr Miquel Roca Bennasar – **Spain** - Spanish Society Of Psychiatry
12. Prof Ioannis Zervas – **Greece** – Hellenic Psychiatric Association

Dr Pylkkänen welcomed everyone to the meeting and extended a special welcome to new delegates to the Section and Board: **Prof Benjaminas Burba**, Lithuanian Psychiatric Association, attending for the first time; **Dr Torsten Jacobsen**, appointed in April 2008 as the new representative of the Danish Psychiatric Society to replace Dr Lindhardt; **Dr Jyrki Korkeila** (in his absence) who would take over from Prof Youkamaa as the representative of the Finnish Psychiatric Association; **Dr Amit Malik** (UK), President-Elect of the EFPT; **Dr Jørgen Nystrup**, Danish Psychiatric Association, appointed in April 2008 as successor to Dr Torben Hansen; **Prof Hening Sass** (Germany) who replaced Prof Musalek as the representative of the Association of European Psychiatrists.

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

The minutes of the Section's autumn meeting held in Geneva, Switzerland, on 12 October 2007, were approved as the correct record of the proceedings subject to the following amendments:

- a. The proposed autumn 2009 meeting would be held in Maribor, Slovenia, not in Zagreb
- b. Dr Marco Merlo was the President of the Standing Committee on Training and Education, not the President of the Swiss Society of Psychiatry and Psychotherapy
- c. The ALFAPSY association was represented by Dr Zribi.

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

There were none.

### 5. Financial matters

#### a. Annual Accounts 2007

Dr Cassidy informed the delegates that the handover of accounts from Dr ten Doesschate in the Netherlands to Ireland was successfully completed. He reported a healthy profit in 2007 resulting from CME accreditation activities as well as lower secretarial and travelling expenses. The working profit in 2007 was €16,331. The incidental expenses included the publication of the European training survey in colour and the depreciation of doubtful debtors.

#### b. Preliminary discussion on budget 2009

Feedback from organisers hosting Section and Board meetings suggested that the costs of organising meetings escalated in recent years and the officers agreed that the current grant of €1,400 was inadequate. It was therefore suggested to increase the grant to €2,000. It was noted that subscriptions were the main source of the Section's income whereas hosting biannual meetings and administration were the main expenses. The income from CME evaluations was unpredictable and should not be depended on.

The Working Group on Competence Based Training had requested funding to carry out its work outside the two main meetings. The nature of this work and continuing changes in specialist training across Europe required a timely completion which could not be accomplished by email alone. Following discussion, the request was approved as a one-off expense. Any other requests would be considered on a case-by-case basis.

The subscription list circulated at the meeting showed that the following countries had not yet paid their 2008 subscriptions: Austria, Croatia, Cyprus, France, Germany (DGPPN), Greece, Iceland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway and Sweden. Delegates were asked to urge their associations to settle the outstanding payments.

### 6. Annual Report 2007 – draft for discussion

The delegates welcomed the draft annual report prepared by Dr Saliba and presented for discussion. The report was approved subject to a few minor amendments. It would now be published on the Section's website and circulated to delegates for national dissemination. It was also reported that the Section submitted a summary of our activities for publication in the

UEMS 2008 Yearbook. The Yearbook would be paper-based and available on request from the UEMS Secretariat in Brussels.

**ACTION: J Carroll to put the report on line (✓) and circulate it to delegates (✓)**

## 7. Working Groups' reports

### a. Compulsory Treatment in the Community

Dr Strachan introduced the final report on compulsory treatment in the community and explained its focus. It was a deliberate decision of the working group to only focus on compulsory treatment in the community for non-forensic patients as a very current topic in Europe. It was not feasible to widen the scope of the report to include compulsory treatment in hospitals in the given timescale. The paper was meant as a set of guidelines generic enough to be easily adopted within different national legislatures. The report emphasised that compulsory treatment was not the first legislative recourse and that a host of other measures should be deployed before compulsory treatment was considered. It was hoped that this would alleviate many patients' groups concerns.

The report had been circulated to delegates for discussion with their national associations. Switzerland was the only country to return their feedback. Other comments during discussion suggested including respect for individual's dignity. The report would be submitted to the UEMS Council to be adopted as the UEMS position paper.

The paper was approved subject to a few minor amendments. The report would be reviewed in 2012. The delegates thanked the working group and the chair for their work.

**ACTION: J Carroll to send the paper to UEMS Council (✓)**

### b. Private Practice

Dr Urban introduced the report on cooperation between the private practice public service delivery. The working group was established four years ago and had several chairs. The draft paper was first presented in Geneva in October 2007 but raised too many objections to be approved then. The working group had taken on board the comments made by the delegates and amended the paper prior to the meeting. The working group was hoping that the report had satisfactorily addressed those comments and would now be approved.

The subsequent discussion demonstrated that there were still deep concerns regarding several issues:

- There was no declaration of interest showing the paper was written by practitioners in private practice;
- Many statements were arbitrary and not supported by evidence, e.g. that the lack of gatekeepers offered quicker access to treatment;
- Training in private practice was not mentioned;
- The tone of the report was often antagonistic toward the public sector implying it was inferior in most aspects;
- There emphasis of the paper should be on patient choice;
- The title should reflect the cooperation between the private and public sectors;
- There was no merit (or precedent) in calling the paper a declaration as the Section's remit stipulated producing guidelines and recommendations.

It was agreed that the paper needed further redrafting and formal consultation with national associations. The amended version would be sent to the secretariat within a month of this meeting for circulation to national associations.

**ACTION: working group to send the paper to J Carroll (✓) for circulation (✓)**

## 8. Membership matters

### a. Officers elections – rules of procedures

The paper introduced by Dr Strachan condensed relevant sections of the UEMS Council rules of procedures and the Section's previous rules on elections to produce a consolidated set of electoral regulations. The UEMS RoP was the generic guidance which sections were expected to follow but allowed a certain degree of flexibility. Concerns were raised about the plurality of the office – this could lead to unacceptably long tenures for some delegates.

Dr Maillet clarified that the recent amendment to the UEMS RoP removed the 12-year limit which effectively allowed delegates to serve for as long as their association would be happy to support them. In view of this, it was agreed to remove the last sentence under art 4. The paper was approved subject to amendments.

**b. New EU member states – Bulgaria and Romania**

Dr Saliba informed the delegates that the Romanian Psychiatric Association was identified as the most representative organisation in Romania and its President, Prof. Dr. Dan Prelipceanu was contacted. With regards to Bulgaria, contact had been made with Prof Dr Vihra Milanova, a leading psychiatrist in Bulgaria to ask her assistance in identifying the most representative organisation in her country. No replies had been received to date. Dr Hauff offered to make further enquiries during his forthcoming visit to Sofia. Prof. Tringer also offered to help through his organisation's regular meetings with the Romanian Psychiatric Association. It was agreed to continue efforts to bring those two countries into the Section of Psychiatry.

**ACTION: Dr Hauff and Prof. Tringer to make enquiries in Bulgaria and Romania respectively**

**c. Israel**

Dr Pylkkänen informed the delegates that the Section had received a request from Dr. Yuval Melamed, Secretary of the Israel Psychiatric Association, to change Israel's status in the Section from observer to associate member. Dr Maillet confirmed that Israel was an associate member of Council however specialist sections had flexibility to decide the status and membership of non-EU European countries. Member countries of the European Council or WHO Europe would normally be accepted in the UEMS as observers. The delegates agreed that Israel should now become an associate member of the Section and Board and pay appropriate subscription. Dr Pylkkänen would inform Dr Melamed of this change, including increased payments.

**ACTION: Dr Pylkkänen to write to Dr Melamed (✓)**

**d. Non-attendance**

The officers had discussed the problems of some delegates not attending meetings and suggested that associations whose delegates were absent for two consecutive meetings would be informed directly. This was agreed.

**ACTION:**

- a) J Carroll to identify delegates absent in Geneva and Copenhagen (✓)**
- b) Dr Saliba to write to presidents of those associations**

**e. Guests**

Delegates agreed that it would be beneficial to extend the UEMS membership to low income countries outside the European boundaries. Promotion of psychiatry was part of the Section's remit and was particular relevant in the current multicultural societies. Prof Hauff suggested a working group to discuss how this could be achieved. The suggestion was supported.

**ACTION: Prof Hauff to prepare the working group proposal**

**9. UEMS Council Matters – Sections representation**

Dr Pylkkänen summarised the structure of the UEMS, its Council and the specialist sections (currently 38) and reported briefly from their recent meeting in Bratislava.

The UEMS Council signed a declaration on e-health in Bratislava which was now available on the UEMS main website. The Council also discussed voting rights for Sections' constituencies but decided to defer voting on the issue till the next meeting. There were at present three constituencies – one for internal medicine related specialties, one for surgical specialties and one for the remaining specialties including psychiatry. Dr Pylkkänen had submitted a formal proposal to the Council to establish a fourth constituency which would include both psychiatric sections. The sections for public health and occupational medicine could be invited to join. Dr Pylkkänen would inform the delegates of further developments in this matter.

The question of the term "physiatry" was raised and voted on. The Council agreed term could be misleading and agreed to investigate further. It was noted, however, that the Physical Rehabilitation Medicine Section did not accept the points raised in our letter.

#### **10. Task force – UEMS/AEP/WHO/WPA**

Prof Sass informed the delegates that the Association of European Psychiatrists had changed its name to the European Psychiatric Association (EPA) at its congress in Nice last month.

The EPA congress was now held annually and its focus was on education. The congress in Nice offered 15-20 courses attended by 350 delegates. The EPA also offered tailor-made CME programmes to national associations. About 10 courses were commissioned each year.

The EPA organised two meetings of presidents of national societies to provide a discussion platform on improvement and harmonisation of psychiatric healthcare in Europe. Several areas of collaboration were identified and agreed, including establishing an Academy of Excellence in Psychiatry, developing European research networks and formulating European guidelines on psychiatry. It was emphasised, however, that success in these fields would only be achieved through collaboration of all European psychiatric bodies.

#### **11. Standing Committee on CME**

Prof Hodiamont's letter circulated to the delegates briefly touched on the problems CME was facing currently in Europe, including the lack of consistency in national CME models, inadequate quality control and excessive influence of pharmaceutical industry. Commercial support for CME event has also been discussed by the EACCME and a position paper was being prepared.

The Evaluating Committee had noted a considerable decline in the number of applications since the beginning of the year, largely credited to changes to the online application system. The EACCME had been approached about this and it was hoped the issue would be resolved shortly.

#### **12. Relations with patients, carers and allied professional groups in Europe**

In Prof Gómez-Beneyto's absence the item was not discussed. However Dr Pylkkänen asked the delegates to discuss this important issue with their associations for full discussion at the next meeting.

<b>ACTION: delegates to discuss collaboration with patient &amp; carer organisations with their associations</b>
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#### **13. Prioritisation of mental health**

This item had been put on the agenda for the autumn 2007 meeting in Geneva by Dr ten Doesschate to discuss the possibility of the Section's involvement in Europe-wide efforts to secure a greater proportion of national health budgets for mental health. It had been suggested that delegates should urge their national associations to join the Netherlands in their "20% in 2020" campaign. However, Dr ten Doesschate reported that not much progress had been made to date.

#### **14. Brief feedback from delegates on professional, training or service matters**

Delegates gave brief summaries of their national news.

#### **15. Administrative issues**

There were none.

#### **16. Any other business**

Dr Pylkkänen tabled a draft consensus paper on prevention of depression and suicide. The paper had been prepared by The Technical Coordinating Consortium - EC Mental Health – in charge of coordinating the consultation process for European Commission consensus papers on mental health. The Consortium was led by the Department of Health in Catalonia, in collaboration with STAKES Helsinki, the London School of Economics and the Scottish Developmental Centre for Mental Health. Interested delegates were advised to submit their comments to Dr Pylkkänen by email.

#### **17. Dates and venues of future meetings**

16-18 October 2008 – Ghent, Belgium  
23-25 April 2009 – Budapest, Hungary  
October 2009 – Maribor, Slovenia  
April 2010 – Stockholm, Sweden

Dr Matthys circulated maps of Ghent and hotel information in preparation for the autumn meeting in Belgium. She emphasised that all bookings must be made by 1<sup>st</sup> June as October was a busy month in Ghent.

## 18. Reports from the Working Groups

### a. **Stigma**

The working group did not meet on this occasion.

### b. **Old Age Psychiatry**

The working group did not meet on this occasion.

### c. **Biology in Psychiatry**

Prof Lindefors reported that the membership of this working group had increased from 4 to 9. The group were working on a report that would outline the role of biology in psychiatry and would be addressed to trainees and trainers. The group had now agreed that biological aspects needed to be considered in all fields of psychiatry, including CME and the clinical decision-making process. It was hoped that the report would be finalised within a year. The first draft would be circulated to delegates for comments in Ghent in October.

### d. **Liaison**

Dr Georgescu informed the delegates that their report was almost finalised and would be circulated next week to the working group for final comments. It would then be sent to the secretariat for circulation to all the national associations. It was hoped the report would be approved in Ghent in the autumn.

### e. **Private practice**

Dr Urban informed the delegates that the working group agreed to address the comments received within the next four weeks following which the paper would be sent to delegates for consultation with their national associations. It was hoped the report would be approved in Ghent in the autumn.