



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES SECTION FOR PSYCHIATRY

SPRING MEETING

Friday, 24 April 2009 – Budapest, Hungary

APPROVED MINUTES

1. Present

1. Dr Andrew Brittlebank – United Kingdom – Royal College of Psychiatrists
2. Dr Brendan Cassidy – Ireland – Irish Medical Organisation; Treasurer
3. Ms Joanna Carroll – UK – Royal College Psychiatrists; Administrative Secretary
4. Dr Homayon Chaudhry - PWG¹
5. Prof Can Cimilli – Turkey – Psychiatric Association of Turkey
6. Dr Roelof ten Doesschate – Netherlands – Dutch Psychiatric Association
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. Prof Manuel Gómez-Beneyto – Spain – Spanish Association of Neuropsychiatry
11. Prof Paul Hodiament – Netherlands – Dutch Psychiatric Association; Board Vice-President
12. Dr Slađana Ivezić – Croatia - Croatian Medical Association, Society for Clinical Psychiatry
13. Dr Torsten Jacobsen – Denmark – Danish Psychiatric Association
14. Dr Luboš Janu – Czech Republic - Czech Psychiatric Association
15. Dr Anne Kleinberg – Estonia – Estonian Psychiatric Association
16. Dr Astrid Kubli Bauer – Switzerland – Swiss Society of Psychiatry and Psychotherapy
17. Dr Andreas Landsnes – Norway - Norwegian Psychiatric Association
18. Prof Nils Lindefors – Sweden – Swedish Psychiatric Association
19. Dr Amit Malik – UK – EFPT², President
20. Dr Lucien Manuceau – France – French Association of Psychiatrists
21. Dr Françoise Matthys – Belgium – Belgian Association of Neurologists and Psychiatrists
22. Dr Brigitte Mauthner – Austria – Austrian Medical Chamber, Section Vice-President
23. Dr Jørgen Nystrup – Denmark – Danish Psychiatric Association
24. Dr Izu Nwachukwu – Ireland – EFPT (invited guest)
25. Dr Eva Pálová – Slovakia – Slovak Psychiatric Association; Section Vice-President
26. Dr Joseph Saliba – Malta - Medical Association of Malta / Maltese Association of Specialists in Psychiatry; Honorary Secretary
27. Prof Henning Sass – Germany – EPA³
28. Dr James Strachan – UK – Royal College of Psychiatrists; Board President
29. Prof László Tringer – Hungary - Hungarian Psychiatric Association
30. Dr Halis Ulas – Turkey - Psychiatric Association of Turkey
31. Dr Roland Urban – Germany – Professional Association of German Psychiatrists
32. Dr Andreas Zachariadis – Greece - Hellenic Psychiatric Association

2. Apologies

1. Prof Jose Ayuso-Mateos – Spain – Spanish Society of Psychiatry
2. Prof Jacek Bomba – Poland – Polish Psychiatric Association
3. Dr Christina Schaff – Germany – UEMS Section of Child and Adolescent Psychiatry
4. Dr Dan Georgescu – Switzerland – Swiss Society of Psychiatry and Psychotherapy
5. Prof Edvard Hauff – Norway - Norwegian Medical Association
6. Prof Fritz Hohagen – Germany - German Society of Psychiatry, Psychotherapy & Neurology
7. Prof Blanka Kores-Plesničar – Slovenia – Medical Chamber of Slovenia
8. Prof Jyrki Korkeila – Finland – Finnish Psychiatric Association
9. Prof Gerhard Lenz – Austria – Austrian Association for Psychiatry & Psychotherapy
10. Dr Lucie Motlova – Czech Republic – Czech Psychiatric Association
11. Dr Martina Rojnic Kuzman – Croatia – EFPT, President-elect
12. Dr James O'Boyle – Ireland – Irish Psychiatric Training Committee
13. Dr Kari Pylkkänen – Finland – Finnish Psychiatric Association; Section President
14. Prof Slavko Zihnerl – Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; Board Vice-President

¹ Permanent Working Group for Junior Doctors

² European Federation of Psychiatric Trainees

³ European Psychiatric Association (formerly Association of European Psychiatrists)

The meeting was chaired by Dr Brigitte Mauthner, Vice-President of the Section. Dr Kari Pylkkänen, President, sent a letter with his apologies to inform the delegates that due to illness he was unable to attend the meeting.

Dr Mauthner welcomed the delegates to Budapest and thanked the Hungarian Psychiatric Association for their offer to host the meeting. Special welcome was extended to Dr Halis Ulas, a new delegate from Turkey, and in their absence, to Dr Jose Ayuso Mateos succeeding Dr Roca Bennasar of the Spanish Society of Psychiatry and Dr Rojnic Kuzman, President-elect of the EFPT. Prof Jacobsson had stepped down as representative of the Swedish Medical Association.

3. To approve the minutes of the previous meeting

The minutes of the meeting held on 17 October 2009 in Ghent, Belgium, were approved as a correct record of the proceedings.

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

a. Report on reciprocal representation with the EPA

Dr Mauthner invited Prof Sass to comment on progress in the process of formalising the reciprocal arrangements between the Section and the EPA. He reported on the recent leaders' platform meeting in January 2009 when it had been agreed that EPA and the Psychiatry Section would share tasks and responsibilities.

Prof Sass clarified that the EPA was currently undergoing reorganisation and it was thus too soon to discuss reciprocity. Currently, the EPA was an association of individual members but planned to establish a new corporate membership category. He suggested that the UEMS might wish to consider becoming a member of the EPA when/if that option became available. Dr Mauthner clarified that the Section was seeking bilateral reciprocity with UEMS recognition on the EPA's Executive Board rather than membership. She pointed out that as the EPA had official observer status in the UEMS Section and Board, it was hoped that the Section would be offered the courtesy of the same status within the equivalent EPA committee.

The Section would be grateful to hear from the EPA on this matter by the end of August 2009. Prof Sass agreed to raise the matter with the EPA.

ACTION: Prof Sass to discuss bilateral reciprocity with his association ✓

b. Progress on psychiatry across borders

This item was held over in Prof Hauff's absence.

c. Progress on collaboration with users/carers organisations

This item was deferred for discussion under item 10.

d. European summit on age related diseases

Dr Strachan raised concerns regarding the "European silver paper on the future of health promotion and preventative actions, basic research and clinical aspects of age related disease" mentioned in Dr Georgescu's report from the EU summit he attended last year. It was agreed to ask Dr Georgescu to seek clarification regarding the consultation process on the paper and the final outcome of this.

ACTION: Ask Dr Georgescu to seek clarification on the EU 'silver' paper ✓

5. Financial matters

a. Subscriptions update

Dr Cassidy explained that in the process of transferring accounts from the Netherlands to Ireland there was a duplication of SWIFT codes as a result of which subscription payments could not be processed. This had now been rectified and payments would be collected as soon as possible.

Cyprus and Iceland had not pay their subscriptions for many years and did not attend meetings. It was agreed to write to the Presidents of these associations for clarification. It was noted that Iceland had withdrawn from the UEMS Council. It would be clarified with the Council whether Section membership was expected to reflect that of the Council. Prof Nystrup offered to approach colleagues in Iceland informally.

Delegates from Luxembourg, Latvia and Italy had not attended for several years either even though their subscriptions were being paid regularly. It was particularly worrying in the case of the Italian Psychiatric Association as it represented a large number of European psychiatrists and would benefit from sending an additional delegate. A further letter raising this continuing cause for concern would be sent to the President of the Italian Association. Latvia and Luxembourg would also be contacted.

ACTION: write to non-payers and non-attendees ✓
Clarify Iceland's position in the Section with Council ✓

b. Financial Statements 2008

The Treasurer presented the financial statements. He clarified that additional income from the EACCME was not budgeted for as it was unpredictable. The accounts were approved.

c. Amended budget 2009

The budget for 2009 was approved in Ghent last October. There had been, however, amendments agreed at that meeting and reflected in this revised budget, so for the sake of consistency approval was sought again. This was granted.

d. UEMS Council proposal for a new sharing out key

The Treasurer reminded the delegates that the sharing out key was based on three basic parameters: the population, the number of medical specialists and the gross domestic product per capita in each country. The key was reviewed by UEMS Council every three years. It was not clear whether the new proposed key, showing predicted changes in subscriptions and tabled here for information, had already been approved.

e. Income from the EACCME

The Treasurer reported that no money had been received this year. Prof Hodiamont confirmed that the accreditation committee had evaluated around ten events to date this year. The Treasurer confirmed he would contact the EACCME regarding payment.

ACTION: Dr Cassidy to write to EACCME re payment ✓

6. Annual Report 2008 – draft for discussion

Dr Saliba clarified that the report was further amended to address comments received following email circulation. Dr Iveziæ raised the issue of Croatia's status. It was clarified that countries which held associate status at the UEMS Council should hold the same status in the Section. It was agreed that Croatia's status would be amended without delay.

ACTION: Amend Croatia's status on the website, annual report and membership list ✓

7. Working group matters – private practice report

Dr Urban reported that the consultation paper circulated after the October meeting had received a mixed reception and some of the comments were circulated with the papers prior to the meeting. The working group had decided not to incorporate suggestions into the report feeling that instead the paper required plenary discussion before the group decided how to proceed further.

The following comments were made:

- Language difficulties might have been one of the reasons why some statements in the report were misconstrued.
- The main objection did not apply to private practice as a mode of service delivery but to the report itself. Statements were not supported by evidence. It was feared that in its current form the paper could potentially do disservice to private practitioners.
- One of the UEMS original aims was to defend the profession. It should therefore represent all psychiatrists regardless of the settings in which they worked.
- Spain did not agree with the assertion that private practice delivered better services than the public sector. If adopted, it was feared the report could have a damaging effect in Spain where privatisation of mental health services had an adverse impact on community psychiatry.
- It was acknowledged in Hungary that private practice offered a higher quality service than the public sector.

- Although the report was supported it was seen as an orientation paper and would have no practical application in Portugal.
- The report should have clear statements of purpose, provenance and remit.
- The PWG supported the report in full.
- The EFPT did not support the paper due to its lack of evidence base and failure to reference training issues in the private sector.
- In France, the separation of private and public sectors did not occur until the late 1940s. The split was now 40% public to 60% private practice. The collaboration between the two sectors worked well with over 4000 psychiatrists working in the public practice.
- In Denmark, patient groups using private and public sectors differed significantly in terms of their social and financial profiles as well as their mental health needs.
- The Section was urged not abandon this issue. Every effort should be made to produce a credible paper acceptable to all national associations and governments. Private practice should not be presented as being in competition with the public sector but as a viable alternative.
- In Greece, where up to 90 percent of costs had to be covered by patients, funding could not be disregarded in discussions regarding private practice.

The working group agreed to discuss the above comments and report back later in the meeting.

8. Membership matters – new EU member states – Bulgaria and Romania

Prof. Tringer confirmed he had recently contacted Prof Dan Prelipceanu, President of the Romanian Psychiatric Association, and Prof Peter Marinov, President of the Bulgarian Psychiatric Association. He would report any progress to the Officers. It was agreed that this informal approach should now be followed by a formal letter from the Section.

ACTION: Write formally to Prof. Prelipceanu ✓ and Prof Marinov ✓

9. UEMS Council Matters

There was no report on the UEMS Council matters in Dr Pylkkänen's absence.

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

In response to the Section letters sent to EUFAMI and GAMIAN both organisations expressed an interest in collaboration with the Section and agreed to provide feedback on the reports produced by the Section and Board.

It was agreed that both organisations would be included in the forthcoming final consultation on the draft competencies based training report. Dr Saliba agreed to make preliminary contact with GAMIAN President, Ms Dolores Gauci who resided in Malta, to explore, in response to her letter, on what wider matters they wished to collaborate.

**ACTION: Send the CBT report to EUFAMI and GAMIAN for consultation ✓
Dr Saliba to make contact with GAMIAN's Ms Dolores Gauci ✓**

11. Improving the corporate identify of the Section of Psychiatry

It was agreed that discussion on this issue should be held over until Dr Pylkkänen was able to attend the meeting.

12. European Taskforce UEMS/EPA/WHO/WPA

Dr Pálová gave a brief summary of the European Taskforce meeting she attended in January 2009. Concerns were raised about the Taskforce efficacy and structure as well as the purpose of the leaders' meeting as organised by the Taskforce. The plenum agreed that the Taskforce, initially set up to coordinate the European CME accreditation, had now achieved its objective and its function was now carried out by the CME Evaluation Committee. It was agreed the Taskforce should be dissolved or remain dormant until cooperation on specific topics was required.

Collaboration between European psychiatric organisations should be maintained and promoted, but bilateral agreements would be more efficient. Prof. Höschl would be informed of the outcome of this discussion.

ACTION: Officers to write to Prof. Höschl re future of the Taskforce ✓

13. Standing Committee on CME

Prof. Hodiament reported that the EACCME had changed the online evaluation procedures last year which significantly hampered the cooperation between the UEMS, EPA, and WPA evaluators. Under the current system only one evaluator per specialty was granted access to online applications. As a result, Prof. Hodiament, as chair of the evaluation committee, assessed the applications himself by viewing the programme online and granting the appropriate number of points. It was now a simple administrative procedure that did not require professional input. The EACCME had also recently decided to expand its accreditation services to e-learning and asked the UEMS, EPA and WPA evaluators to offer assistance.

In view of discussion under item 12, the plenum agreed that the UEMS/EPA/WPA CME evaluation committee was able to continue its collaborative work without the European Taskforce.

14. UEMS CAP Section

The minutes of the UEMS CAP Section meeting in Athens in September 2008 were noted. In Dr Schaff's absence there was no further report.

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

Delegates briefly summarised items of news on professional, training and service matters.

16. Administrative issues

The officers discussed the future administrative support to the Section and Board offered by the Royal College of Psychiatrists. Current arrangements at the College to cover Ms Carroll's international workload were transitional as the College was reviewing its international activities, policies and structures. The officers agreed to write to the College to explore the possibility of retaining Ms Carroll's support as UEMS administrative secretary.

The delegates unanimously supported this course of action as Ms Carroll's expertise would be hard to replace without considerable, long-term disruption to the Section and Board's work.

ACTION: Officers to write to the College regarding administrative support ✓

17. Any other business

a. Mental health legislation

The Section's report on mental health legislation produced in 2001 was archived in 2006 when the work on compulsory treatment in the community commenced. It was agreed at that time that to collect data on mental health legislation in Europe would be of limited value.

It was now being proposed that a new working group on mental health legislation should be set up with the aim to examine how coercion and compulsory treatment were applied across Europe. It was pointed out however that the recent WHO report already covered this area. It was agreed that a written proposal should be submitted for discussion at the next meeting.

ACTION: Dr Jacobsen to submit a written proposal for the WG on mental health legislation

b. Language

In view of earlier discussions, English was confirmed as an official language of the Section and Board. However, English native speakers were urged to be mindful and sensitive to the limitations and advantages this conferred.

c. Old age medicine

Dr Fradique suggested the Section should discuss old age medicine in relation to psychiatry.

ACTION: Dr Fradique to prepare proposal on old age medicine for next meeting ✓

18. Dates and venues of future meetings

15-17 October 2009 – Ljubljana, Slovenia

15 – 17 April 2010 – Stockholm, Sweden

October 2010 – Athens, Greece

April 2011 – Tallinn, Estonia

19. Reports from the Working Groups

a. Psychotherapy

The group was chaired by Dr B Mauthner, with Dr E Palova, Vice-Chair, and Dr Nystrup, Prof Garyfallos and Dr Zachariadis as members.

The working group were planning to develop a new questionnaire to elicit information on psychotherapy training, including development of curriculum, monitoring the quality of training, compliance with the UEMS Charter on Training, etc. Associations would be asked to provide evidence of implementation of Charter recommendations as well as an outline of national or regional requirements.

It was pointed out that this data had already been collected for the survey of specialist training in Europe conducted in 2005 by Prof Hohagen and Dr ten Doesschate on behalf of the Board. Dr Malik added that the EFPT also collected data on psychotherapy training requirements and would be happy to share. It was suggested that the working group should assess the available information and its relevance to their work before developing a new questionnaire.

ACTION: Survey and EFPT data to be sent to Dr Mauthner

b. Private Practice

Following the plenary discussion members of the working group on private practice decided to abandon the WG Paper in its current form. They recommended that a new working group should be formed to redefine the focus of their work. Dr Matthys agreed to act as Chair.

A formal proposal would be submitted for consideration of the formation of a new WG on Private Practice at the next meeting. It was suggested that a questionnaire would be required to elicit information on the number of psychiatrists in private practice, quality control, accreditation of services, patient access to private practice, funding and collaboration between the private and public sectors but this met with some questions as to reliability and accessibility of data.

ACTION: Dr Matthys to submit a written proposal for autumn meeting ✓

c. Biology in Psychiatry

Prof Nils Lindefors who chaired this working group informed the delegates that the draft report was now finalised and, subject to some minor amendments, was ready for consultation. It would be circulated shortly after the meeting and it was hoped the final version incorporating feedback received would be approved at the autumn meeting.

ACTION: Circulate the report to delegates for final consultation ✓