



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY

APPROVED Minutes of the 24th meeting of the Section of Psychiatry held in Limassol, Cyprus on 2nd May 2003.

1. Present

Dr A Argyriou - **Cyprus** - Cyprus Psychiatric Association
Dr J Beezhold - **United Kingdom** - EFPT
Prof M Gómez-Beneyto - **Spain** - Asociación Española de Neuropsiquiatria
Dr E Hagemo - **Norway** - Norwegian Medical Association
Dr T L Hansen - **Denmark** - Danish Psychiatric Association
Prof E Hauff - **Norway** - Norwegian Medical Association
Prof P Hodiamont - **the Netherlands** - Dutch Psychiatric Association
Prof M Hrdlička - **Czech Republic** - Czech Psychiatric Association
Dr S Ivezić - **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry
Prof C Katona - **United Kingdom** - Royal College of Psychiatrists
Prof P König - **Austria** - Österreichische Gesellschaft für Psychiatrie und Psychotherapie
Assoc. Prof N Lindefors - **Sweden** - Swedish Psychiatric Association
Dr A Lindhardt - **Denmark** - Danish Psychiatric Association
Dr V Martin - **Belgium** - Belge Professionelles des Neurologues et Psychiatres
Dr D Mathis - **France** - European Federation of Psychiatric Trainees
Dr K Pylkkänen - **Finland** - Finnish Psychiatric Association
Dr J Saliba - **Malta** - Maltese Association of Specialists in Psychiatry/Medical Association of Malta
Prof W J Schudel - **The Netherlands** - Dutch Psychiatric Association
Dr H Sontag - **France** - Association Francaise de Psychiatries
Dr J Strachan - **United Kingdom** - Royal College of Psychiatrists
Dr K-O Svärd - **Sweden** - Swedish Psychiatric Association
Dr R ten Doesschate - **The Netherlands** - Dutch Psychiatric Association

In attendance:

Mrs J E Carroll - **United Kingdom** - Royal College Psychiatrists
Dr L Küey - **Turkey** - World Psychiatric Association
Dr Chris Messis - **Cyprus** - Cyprus Psychiatric Association

2. Apologies

Prof. J Bomba - **Poland** - Polish Psychiatric Association
Dr B Cassidy - **Republic of Ireland** - Permanent Working Group
Prof P M Furlan - **Italy** - Italian Psychiatric Association
Prof F Hohagen - **Germany** - Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde
Dr A Kubli Bauer - **Switzerland** - Société Suisse de Psychiatrie et Psychothérapie
Prof I Namysłowska - **Poland** - Polish Psychiatric Association
Dr M Musalek - **Austria** - Association of European Psychiatrists
Dr J O'Boyle - **Ireland** - Irish Psychiatric Training Committee
Dr E Pálová - **Slovakia** - Slovak Psychiatric Association
Dr B Parsons - **Ireland** - Permanent Working Group
Prof A Rabavilas - **Greece** - Hellenic Psychiatric Association
Dr M Roca Bennasar - **Spain** - Sociedad Española de Psiquiatria
Dr W Rutz - **Denmark** - World Health Organisation
Prof R K R Salokangas - **Finland** - Finnish Psychiatric Association
Dr R Urban - **Germany** - Berufsverband Deutscher Nerven Ärzte (BVDN)
Dr P Varandas - **Portugal** - Portuguese Medical Association

Dr Livia Vavrusová - **Slovak Republic** - Slovak Psychiatric Association
 Dr G Zarotti - **Switzerland** - Swiss Society of Psychiatry and Psychotherapy
 Assoc. Prof S Zihelr - **Slovenia** - Psychiatric Association of Slovenia, Medical Chamber of Slovenia

Dr Anne Lindhardt (Denmark), the President of the Section of Psychiatry, welcomed the delegates to Limassol and thanked Dr Argyris Argyriou and the Cyprus Psychiatric Association for inviting the delegates to Cyprus. Dr Lindhardt especially welcomed the new members - **Prof Paul Hodiamont** from Holland who would be succeeding Prof Schudel, **Prof Edvard Hauff** from Norway succeeding Dr Elena Hagemo and **Prof Michal Hrdlička** from the Czech Republic replacing Prof Raboch. She gave a brief outline of the Section and Board's activities for the benefit of the new members.

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

The minutes were approved as the correct record of the proceedings subject to one minor amendment. The President thanked Mrs Carroll for her excellent work.

4. Matters arising from the minutes

There were none.

5. Officers' Elections

The President reported that the elections would be held in Berlin and the offices of the President, the Treasurer and the Secretary were up for elections. According to the Statutes the President could only be re-elected after an interval of four years whereas the Treasurer and the Secretary could be re-elected twice. The delegates were reminded that the President of the Board was the Vice-President of the Section and the President of the Section was the Vice-President of the Board. Dr Karl-Otto Svärd (Sweden) would step down as Vice-President of the Section as his term as the delegate for the Swedish Psychiatric Association was coming to an end. It was suggested that Dr Lindhardt should be invited to stay on as President of the Section for a further two years to allow for the staggering tenures for the President and the Secretary.

The delegates would be asked to send their nominations to the Secretariat prior to the meeting in Berlin and only delegates with voting rights would be allowed to take part in the elections.

The elections for the Board would be held during the Autumn meeting in 2004.

6. Enlargement of the Section and Board - New Members

This item was prompted by an application from the Israel Psychiatric Association to join the UEMS.

The President began by clarifying the structure of the Section and Board's membership. There were 18 full members which were either the EU or EFTA member states : Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and UK. In addition, there were 12 associate members - EU candidate states: Cyprus, Czech Republic, Hungary, Estonia, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia and Turkey. Bulgaria had not to date applied to join the Section. There were also 6 observers: Croatia, EFPT, WHO, WPA, AEP and PWG. Each member country was allowed to send two delegates to the Section. The Management Council of the UEMS confirmed that the membership of Sections and Boards were to be decided by the delegates.

During the Officers' meeting the previous day it was suggested that the membership of the Section and Board should be restricted to EU/EFTA countries and to the geographical Europe. It was further noted that the UEMS expertise would be disseminated to a wider Europe within the WHO boundaries, of which Israel was a part, through a recently established international forum for WPA, UEMS, AEP, WHO, EFPT and Presidents of national psychiatric associations in wider Europe. The Forum met regularly to discuss mental health issues affecting psychiatry in Europe today. This was accepted by the delegates and the President would respond to Dr. Tsvi Fischel of the Israel Psychiatric Association.

ACTION: The President to notify Dr Fischel of the Section's decision on membership.

7. Future workload of the Section and Board

The President reiterated the importance of the working groups, the need to regulate the process of setting them up and to establish closer links between the chairs of the working groups and the Officers. Proposals for new working groups must be put forward in writing outlining the aim, the membership, the timeframe, the working methods and the expected outcome. A new working group would then be established and begin its activities at the following meeting. To expedite the whole process the Officers would be willing to approve the proposals via email between meetings. Working groups would be allowed a two-hour slot during the Section meeting and a one and a half hour slot during the Board meeting. Each delegate should only join one working group for the Section and one for the Board. This would ensure that enough time would be devoted to the activities of each group both during the meetings and in between. The Presidents of national associations would be informed of the nature and the structure of the Section and Board's work and asked to ensure that delegates are selected on the grounds of their interests and expertise. The delegates supported the new arrangements.

All the reports issued by the Section and Board to date were reviewed with the view to deciding on further action and to establishing future priorities. During discussions several useful points were made regarding the methods used by working groups and surveys in particular. Although in some cases surveys were useful and provided information necessary to reach realistic conclusions, they often hindered the progress of a working group. It was far more important for working groups to have a clear understanding of their objectives and the expertise that would ensure those objectives were met. Final reports and recommendations should not be seen as the sole end products but each working group should try to establish a strategy for subsequent implementation, including methods and monitoring. It was vital therefore that all delegates worked closely with their national associations.

- Psychiatrists practising in Europe

The report was produced in 1994 by a working group chaired by Prof Manuel Gómez-Beneyto (Spain). The group had difficulties in collecting reliable data at the time and the situation had not improved since as different countries had different systems of collecting and retaining statistical data. It was agreed the report would not be reviewed as the mental health services profile questionnaire included relevant questions regarding the numbers of psychiatrists in Europe.

- Training in psychotherapy as part of training in psychiatry

The report was currently being reviewed and the recommendations would be included in the Training Charter on completion.

- Postgraduate exchange in psychiatric training

The report was based on the survey carried out in 1995 and the results varied greatly from country to country so that no homogeneous recommendations could be drawn up. The situation seemed very much the same now.

- Rotation in psychiatric training

The results of the survey carried out in 1995 were now incorporated into the Training Charter so there was no need to review the report. It was pointed out however that the EFPT might possibly give this issue some consideration as it was directly related to training.

- Part-time training

Again, revision was not necessary as the recommendations were now included in the Training Charter.

- Consultation and liaison psychiatry and psychosomatic medicine

A new working group would be set up to review the report and issue a set of recommendations which would be included in the Charter.

- Continuing medical education

This report was currently being reviewed.

- Social and community psychiatry

In the light of new approaches to social and community psychiatry a new working group would revise the survey and the recommendations for the next review of the Training Charter. This would be led by Prof Gómez-Beneyto.

- Recommendations on quality assurance

This report was due for revision in 2006 and it should be reviewed regularly to monitor the progress of implementation.

- Biological psychiatry

This report should be reviewed in the light of the current developments in biological psychiatry.

- Old age psychiatry

This report was due for a review in 2005 by a working group that was chaired by Prof Anthony Mann (UK) and continued by Prof Cornelius Katona (UK).

- Mental health legislation in Europe 1998

It was agreed that this report should be reviewed but a number of issues were raised concerning human rights and ethics. Prof Peter König (Austria) reported that Dr Hans Salize from Mannheim had conducted a Europe-wide survey and it would be much more productive to utilise his results than duplicating his work. It was felt that the report should include broad universal principles that could then be used by member states, particularly those that were about to join the EU, to draw up their own mental health legislation. The report should also include recommendations for the inclusion of human rights and ethics in training. It might involve consulting experts on medical ethics and more importantly involve the delegates' national associations more closely in the work of the Section and Board.

- Standards in specialist psychiatric care and Quality assurance in psychiatric training

These two reports should be reviewed regularly to ensure the standards were up to date and implemented in member countries. The next review was scheduled for 2005.

- Supervision in psychiatry

Current review date for this report was 2005 which should be observed.

- Training Scheme Assessment Form

It was important to establish whether or not the Board's recommendation to set up training schemes' inspections on a national level was being implemented. The Form should be looked at periodically to ensure it remained relevant.

8. Section and Board's Annual Report 2002

The President thanked Dr Joseph Saliba (Malta) for his work in producing a very helpful report. It was suggested that Dr Saliba should produce a shorter version of the report for publication in *Psychiatric Bulletin* or *International Psychiatry*, a new publication of the Royal College of Psychiatrists with the same circulation as the *Bulletin*. It could also be sent to national associations for publication in their own journals. To avoid problems with publication rights it was agreed the report would be submitted to the *Bulletin* in the first instance with a request for the article to be allowed for publication in other national journals. If this turned out to be difficult the *International Psychiatry* would be the second option. Prof Levent Küey (Turkey) suggested the report could also appear on the WPA website. This was agreed.

ACTION

- **Dr Saliba to prepare a shorter version of the Annual Report for publication.**
- **Mrs Carroll to circulate the full version of the Report to the Presidents of national associations.**

9. Reports from the Working Groups

(a) Psychotherapy

A draft report on psychotherapy was tabled at the meeting prepared by Dr Lindhardt and her working group. The focus of the report was to establish psychotherapy as the basis for clinical psychiatry as well as an integral part of psychiatric training.

(b) Profile of a Psychiatrist

Dr Karl-Otto Svärd informed the meeting that the working group would have more to report after its meeting later that day.

(c) Mental Health Services

Dr Saliba briefly reminded the delegates that the purpose of the MHS questionnaire was to collect data from all member states and produce a comparative study of mental health services in Europe. It proved an extremely difficult task for two reasons. Firstly, provisions should not be based on numerical norms alone and, secondly, numerical data could be easily misinterpreted. During the work of the working group it transpired that the WHO had already done a similar report (Korkeila project). It had been suggested by several delegates in the past that collecting the data would be extremely difficult if not impossible in their countries as statistical data differed greatly from country to country. Dr Saliba suggested the delegates should now decide whether to scale down the questionnaire even further and restrict the exercise to one region per country or whether to promote it as a blueprint for recommended mental health statistics in each country.

During the discussion that followed the delegates agreed that it would be useful to have a standardised set of mental health statistics, particularly if it could be proven that reliable statistics would improve service provision. The WHO document should also be studied in close detail to avoid duplication and to draw helpful points for the Section's own work. It was also suggested that the project should concentrate on providing recommendations for mental health statistics but a consensus must be reached on what was regarded a minimum data set.

The working group took note of all the comments made and would have further discussions during their meeting later that day.

(d) CME

Prof Peter König informed the meeting that the draft report on CME circulated with the agenda had not be discussed by the working group which would meet later that afternoon to examine it further. The report was produced by Prof Katona and Prof König and was based on the report circulated in Palma last October. It was appreciated that due to wide discrepancies in the state of CME between individual countries it could prove quite difficult to recommend CPD where CME had only recently been introduced. The working group would report further in the afternoon.

10. Report from the CME Task Force

For the benefit of new members Prof Gómez-Beneyto briefly summarised the history and activities of the CME Task Force to date. Their main objective was to develop guidelines on how CME should be run. To that effect they collected information on how CME was organised in each of the European countries. A questionnaire had been circulated and the results showed great variations between countries in terms of compulsory CME, credit requirements and scoring, regulatory authorities, etc.

Some members of the group were advocating setting up a European body for CME accreditation but there was no consensus on that matter.

Members of the Task Force continued to be divided on the subject of prospective versus retrospective CME/CPD. Some were in favour of simply collecting credits for attending conferences, workshops, seminars, etc., while others preferred a proactive approach, based on peer group identification of one's professional needs and then deciding on the best ways to meet them. Differences of opinion were also noted on the subject of CME for multidisciplinary teams which included psychologists, nurses, social workers, etc.

The next meeting would be held in June in Vienna where further discussions on those important topics would be held.

Comments from the delegates indicated that it was important to bear in mind that the disagreement on the matter of CME/CPD was largely influenced by the interest of the pharmaceutical industry and other organisations keen to make profit from charging for CME accreditation. It was pointed out that the Task Force instead of trying to set up yet another accreditation body should concentrate on the principles of good CME practice which should be useful to national associations and to individual psychiatrists to help them pursue their own CME/CPD

goals. It would be very difficult for the Task Force to compete with the EACCME which was part of UEMS and should be supported and influenced according to the Section's principles rather than contended with. The subject of CME would undoubtedly prompt further discussions at a European level in the future.

11. UEMS Matters

(a) UEMS Management Council

Dr Kari Pylkkänen (Finland), member of the UEMS Management Council (MC), reminded the delegates that the MC was a parent organisation to all Sections and Boards and its members were nominated by the most representative medical association in each member country. Since the last meeting of the Section and Board in Palma last year the MC had two meetings: one in Stockholm in October 2002 and one in Brussels in March 2003.

The main development to report from Stockholm was the election a new Executive Committee:

President -	Dr Hannu Halila (Finland)
Secretary-General -	Bernard Maillet (Belgium)
Liaison Officer -	Dr Leonard Harvey (United Kingdom)
Treasurer -	Dr Vincent Lamy (Belgium)
Vice-presidents -	Dr Ciro Costa (Portugal), Dr Peter Theuvenet (the Netherlands), Dr G. Berchicci (Italy), Dr Gert Hofmann (Germany)

The terms of office for the Officers, with the exception of the Treasurer, was three years renewable once. During the meeting it was voted with an overwhelming majority to impose the same tenure on the office of the Treasurer.

Another important development during the meeting was the participation of Section representatives for the first time. In an effort to improve communication between the MC and the Sections six places on the Management Council were offered to representatives of Sections and Boards. They were selected by lottery from the three constituency groups (2 per group) into which all Sections and Boards were divided. Their term of office was two years.

The MC also discussed ways to improve the co-operation between European medical associations. It was agreed that the best way forward would be to establish a steering group made up of chairmen of medical associations which should meet regularly to discuss issues affecting them all. The importance of co-operation between individual representatives at a national level was also emphasised.

Another item on the MC agenda was the proposal for the new European Commission directive for the recognition of professional qualifications which drastically reduced the number of recognised medical specialities. The proposal had been criticised by the European Parliament, which might lead to further consultations.

One of the important issues discussed at the meeting in Brussels were the activities of the EACCME. The Accreditation Council agreed not to grant blanket approvals to CME providers but to approve individual events only. In 2002 the EACCME received 198 applications for CME approval. Events organised by drug companies would not be approved.

The French Delegation to the MC submitted a proposal suggesting the UEMS should develop a close co-operation with ECOSOC (Economic and Social Committee, an advisory body to the European Parliament) and apply for membership of CEPLIS (European Council of Liberal Professions). The French delegation argued that it would increase the UEMS influence and its effectiveness on the European political scene. The proposal was discussed in detail. The MC members admitted that the UEMS political influence was not as substantial as they would wish but joining the above bodies would not be the best way to remedy the problem.

The MC reported that the French Delegation had not paid its membership fee for the last two years and, as a consequence, it was no longer a member of the MC. If the fees remained unpaid the French delegates to specialist Sections and Boards would not be able to continue their work. It was hoped that France would settle the bill soon as the French input into the work of the UEMS would be missed. The President thanked Dr Pylkkänen for his exhaustive report.

(b) UEMS Child and Adolescent Psychiatry and Psychotherapy Section

Dr Harald Sontag (France) had nothing to report from the Section as it had not met since the last meeting in Palma. It was noted however that the Section had changed its name by removing the word 'psychotherapy'. It should now be referred to as the UEMS Section of Child and Adolescent Psychiatry.

(c) Any other UEMS matters

There were none.

12. Feedback from delegates

This item was referred for discussion at the Board meeting the following day to allow more time for working groups.

13. Collaboration with psychiatric organisations in Europe

This item was extensively covered under Item 10 as the creation of the CME Task Force made up of representatives from all the major medical organisations was the most important aspect of the international co-operation between the UEMS and other organisations.

In addition, the President informed the delegates that the next meeting of the Presidents of all psychiatric associations in Europe would take place in June this year and would be held in Vienna. A more detailed report would be given at the next meeting in Berlin.

14. Website presentation

Mrs Joanna Carroll (UK), Administrative Secretary to the Section and Board, briefly summarised the reasons for the design of the separate website for the Section and Board which was partly instigated by an extremely heavy workload of the Management Council staff who normally updated the main UEMS site. This caused severe delays in publishing reports and other information submitted by the Sections and Boards.

The new Section and Board's site was designed by Mr Michael Estermann, the Website Administrator at the Royal College of Psychiatrists, which charged the UEMS £400.00 for this service. The fee also covered basic training for the UEMS administrator to prepare her for an independent maintenance of the website.

The website had two parts - the Section and the Board - each including a subpage for reports and for the Officers. There were also four subpages that could be accessed both from the Section and from the Board part and those included annual reports, membership, meetings and links to national associations. The membership subpage included the membership update form which was in the pdf format but it would hopefully be converted into a format which could be edited on line without affecting the parts of the form that should remain unchanged.

The delegates expressed their appreciation of the College's work on this project and thanked Mrs Carroll for her input.

It was also agreed that the Section and Board would use a hosting service for the website identified by the College. The Officers would agree the annual charges before the site could go live.

National associations would be notified as soon as the website was up and running and would be asked to set up links from their own sites to the Section and Board's new site.

It was also agreed that the names and email addresses of individual delegates would be published on the membership subpage subject to their express agreement.

ACTION: J Carroll to arrange the hosting service for the new website, obtain permission from all delegates for their names and emails to be published on the website and to notify the delegates and their Presidents when the website is up and running.

15. Data Protection Act and the Membership List update

Mrs Carroll reminded the delegates that the Membership List only included the names of those delegates who had signed the Data Protection Act statement thus expressing their agreement to have their personal contact details

published for the benefit of other delegates. It was emphasised that the List was only available to the members of the Section and Board of Psychiatry.

16. Any other business

Setting up and running of the working groups

The President reminded the delegates that in order to set up a working group the convenor must submit a short written proposal outlining its aims and objectives, the methods of operation, membership, including any co-opted experts, and a timetable. The submission would be made to the main Section or Board meeting for approval and the working group would start its work at the next meeting. The written proposal should also include the expected outcome, i.e. a report and a set of recommendations, including training implications and methods of distribution or publication of the report, implementation of recommendations and plans for any follow-up. It was suggested that in the absence of chairman any member of the working group should be able to report on the progress of the group. It was also important that delegates joining any working group should be committed to its work and remain until the work had been completed.

There was some discussion regarding the preliminary stages of setting up a group. It was suggested that in order to avoid undue delays people interested in a particular problem could meet informally, either in person or via email to discuss the preliminaries and only then submit a written proposal which, if approved, would mark the beginning of the official working group. The President emphasised that informal gatherings and discussions between members were perfectly acceptable and welcome as they often led to important developments. The proposed arrangements for working groups were being suggested in order to control the number of working groups as it was unsustainable for a great number of them to work efficiently. It was agreed that the issue of restructuring the agenda and the format for the main meetings of the Section and Board to allow more time for working groups would be put on the agenda for the Autumn meeting.

The following working groups were currently in operation: Psychotherapy, CME, Mental Health Services Profile, Profile of a Psychiatrist, Recruitment and Retention, Undergraduate Teaching.

ACTION: Mrs Carroll to put the issue of restructuring the Section and Board meetings on the agenda for the Autumn meeting.

17. Date of next meeting

9-11 October 2003 - Berlin, Germany

1-3 April 2004 - Edinburgh, Scotland

7-9 October 2004 - Zagreb, Croatia

FEEDBACK FROM THE WORKING GROUPS

CME

Prof König reported that the group introduced several alterations to the draft of the CME report circulated with the papers. The revised version would be re-typed after the meeting and the final version would be available to all members the following day when it was hoped it would be approved. In answer to Prof Gómez-Beneyto's question about his position at the meeting of the CME Task Force in Vienna in June 2003 the working group suggested that the mutual recognition of acceptable CME in member countries should be effective.

Profile of a Psychiatrist

Dr Pylkkänen reported that the group discussed the aims of the report and agreed that the finished product should provide a clear definition of a psychiatrist not only to other medical professionals but also to politicians, decision makers and the general public. The report would be divided into four areas:

- The psychiatrist - a medical doctor working with people with psychiatric disorders, with the knowledge of biological and medical science as well as psychological processes
- Competence - up-to-date medical knowledge, health promotion, academic work, etc.
- European context - professional challenges in a multicultural and multilingual society with an ageing population, coping with EU legislation, etc.
- Input from the trainees - trainees' needs and expectations, etc.

The working group would work on the first draft via email and would produce the finished version for the meeting in Berlin in October 2003 for further discussion by the whole membership.

ACTION: The Working Group to prepare a draft Profile of a Psychiatrist in time for the circulation of agenda papers for the Berlin meeting (approx. two weeks before the meeting).

Psychotherapy

Dr Lindhardt reported that the group discussed the report and further amendments were suggested, e.g. references to ethical standards and to maintaining professional boundaries. The group extensively discussed a policy statement that should be included in the report. Issues such as whether psychotherapy was a profession in its own right, the level of psychotherapy during psychiatric training would be addressed in the proposed policy statement. The amended draft would be presented at the Board meeting the next day.