

Union Européenne des Médecins Spécialistes

Section for Psychiatry

Minutes of the nineteenth meeting of the UEMS Section for Psychiatry held in Kraków, Poland on 6 October 2000

1. Present:

Chairman: Dr A Lindhardt – **Denmark** – Danish Psychiatric Association
Dr H Aggernaes – **Denmark** – Danish Psychiatric Association
Dame Fiona Caldicott – **United Kingdom** – Royal College of Psychiatrists
Dr R ten Doesschate – **Netherlands** – Neerlandse Vereniging voor Psychiatrie
Prof J Furedi – **Hungary** – Hungarian Psychiatric Association
Prof F Hohagen – **Germany** – Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde
Dr E Hagemo – **Norway** – Norwegian Medical Association
Dr S Ivezić – **Croatia** – Croatian Medical Association, Society for Clinical Psychiatry
Professor P König – **Austria** – Osterr Gesellschaft für Neurologie und Psychiatrie (OGNP)
Professor A Mann – **United Kingdom** – Royal College of Psychiatrists
Dr V Martin – **Belgium** – Association Professionnelle Belge des Neurologues et des Psychiatres
Professor M Musalek – **Vienna** – Department of Psychiatry, University of Vienna
Dr J O'Boyle – **Ireland** – Irish Psychiatric Training Committee
Professor S Opjordsmoen – **Norway** – Norwegian Medical Association
Dr A Parashos – **Greece** – Hellenic Psychiatric Association
Professor A Piotrowski – **Poland** – Polish Psychiatric Association
Dr K Pylkkänen – **Finland** – Finnish Psychiatric Association
Professor A Rabavilas – **Greece** – Hellenic Psychiatric Association
Dr J Saliba – **Malta** – Medical Association of Malta/Association of Maltese Psychiatrists
Professor W J Schudel – **The Netherlands** – Nederlandse Vereniging voor Psychiatrie
Dr H Sontag – **France** – Association Française de Psychiatres
Dr C Smith – **Ireland** – Irish Medical Association
Professor R Salokangas – **Finland** – Finnish Psychiatric Association
Dr K-O Svärd – **Sweden** – Swedish Psychiatric Association
Dr I Tuma – **Czech Republic** – Psychiatric Association of the Czech Medical Society
Dr R Urban – **Germany** – Berufsverband Deutscher Nerven Ärzte (BVDN)
Dr P Varandas – **Portugal** – Portuguese Medical Association
Dr S Ziherl – **Slovenia** – Slovenia Psychiatric Association

In attendance:

Dr A Dean – **United Kingdom** – Royal College of Psychiatrists

2. Apologies:

Dr A Argyriou – **Cyprus** – Cyprus Psychiatric Association
Professor P M Furlan – **Italy** – University of Turin, San Luigi Gonzaga Hospital
Prof C Katona – **United Kingdom** – Royal College of Psychiatrists
Dr J Laboutiere – **France** – Association Française de Psychiatres
Professor P Lievens – **Belgium** – Association Professionnelle Belge des Neurologues et des Psychiatres
Dr V Nybäck – **Sweden** – Swedish Psychiatric Association
Dr K Treichel – **EFPT** (attended Board meeting only)
Dr G Zarotti – **Switzerland** – Swiss Society of Psychiatry and Psychotherapy

3. Minutes of the meeting held on 15 April 2000 in Strasbourg

These were approved as a correct record with one minor amendment.

4. Matters arising from the Minutes

There were none.

5. Reports from the Working Groups

(a) Psychotherapy

Dr Lindhardt reported that this work had not yet been completed, and that she hoped to do so during the meeting of the Working Group in Krakow. She undertook to provide a detailed report in time for the next meeting of the Section in Spring 2001. She also reported that she had been invited to give a presentation on this topic at the Danube Psychiatric Association which would be held in June 2001 in Linz.

(b) Mental Health Legislation

Dr Aggernaes reported that this work was ongoing, and requested those present to send her information as set out below by no later than 20 December 2000.

It would be helpful if respondents could produce a paper of not more than 20 lines, pointing out any essential issues regarding legislation from their country, as well as including any legislation introduced during 1999 or more recently, for example, mandatory out-patient treatment. The paper should also state the name of the author and country, chapter number (if applicable) and any detail of the relevant law which could be inserted into the appendix. It was agreed that Dr Aggernaes would send Dr Dean a detailed note of her exact requirements for circulation to all members.

Dr Lindhardt thanked Dr Aggernaes for her hard work on this project.

(c) Old Age Psychiatry

Professor Mann had circulated a questionnaire to ascertain the status of old age psychiatry in each European country. This had included the following five areas:

- i. Was it realistic to include as part of training experience of working with older people?
- ii. Should psychiatrists be trained to have special expertise or competence in working with old people?
- iii. Should services be set up where people over 65 could be seen in a special, separate unit?
- iv. As far as dementia care was concerned, to what extent should psychiatrists be involved in their assessment, particularly with behavioural problems, and to what extent should psychiatrists be involved in the prescription of tranquillisers for this group of patients?
- v. To what extent should some sort of psychological treatment be made available for older people?

From responses received to date, all respondents had considered that i. was not problematic. As far as ii. was concerned, most respondents considered that this should be possible. Items iii., iv. and v. were, however, thought to be more problematic. Professor Mann undertook to prepare a final report in time for the next meeting of the Section, and requested that those members who had not yet responded to the questionnaire to do so without delay.

Dr Lindhardt thanked Professor Mann for undertaking this important work.

(d) Quality Assurance

Dr Svärd reported that the Charter which had been circulated to members was now in its final stage, and should be forwarded to the UEMS Council once its grammar had been checked by an English speaking member. Dr Dean undertook to do this work.

Dr Svärd briefly introduced the document which was split into several sections, including the Referral Phase, Assessment Phase, Treatment Phase, Transfer to Other Services and Termination of Treatment and the Rehabilitation Phase/Re-socialisation Process.

It was agreed that this was a very good document, and it was approved by Section members, subject to Dr Dean's checking of the English grammar. It was agreed that the corrected version would be circulated for information at the next meeting of the Section.

Dr Lindhardt thanked Dr Svård for producing this important document.

(e) Profile of a Psychiatrist

Dr Smith reported that he had found this task extremely difficult, since there was considerable variation across countries the levels/degrees of specialisation within psychiatry. The main issue to be decided appeared to be whether specialisation within psychiatry was needed, and whether general psychiatrists should be trained in a particular speciality. From his research, he had found there was more enthusiasm for general psychiatrists with a special interest, than being trained in that speciality *per se*.

During discussion of this item, it was recommended that five years of general psychiatric training plus two years of specialised training might be the best way forward. The Royal College of Psychiatrists had recently produced a Council Report entitled *Good Psychiatric Practice*, and Dr Smith considered that this, together with a Dutch document he had recently encountered, would provide him with a good starting point to identify definitions. He would report on his progress at the next meeting.

Dr Lindhardt thanked Dr Smith for his presentation, and looked forward to hearing his progress report.

(f) Profile for Mental Health Services

This Working Group had only just been set up, its membership being Professor P König, Dr A Lindhardt, Dr J Saliba, Dr K Pylkkänen and Dr S Opjordsmoen.

The Group would endeavour to collect information about service profiles as they existed throughout Europe, thereby improving the information and evidence base, and draft an interim questionnaire aimed at both national and international levels. The questionnaire would be circulated before the next meeting, and Dr Saliba undertook to contact the WHO to elicit information on the work they were carrying out on a similar topic.

Dr Lindhardt thanked Dr Saliba for his report, and looked forward to hearing how the project had developed at the next meeting.

6. Treasurer's Report

Financial Statement - 1999 and Budget for 2000:

Dr ten Doesschate reported that invoices from the Royal College of Psychiatrists in respect of its secretarial/administrative support had not been received for a number of years. However, this irregularity had now been resolved, and a system put in place to ensure that the UEMS was invoiced on a regular basis.

Dr ten Doesschate introduced the two documents which had been circulated, and both were approved by those present. During discussion, it was noted that the methods of financing of individual UEMS meetings might be usefully reconsidered. For example, it should be possible for countries hosting UEMS meetings to charge the UEMS directly for conference dinners as these could be expensive. It was noted that the Treasurer should have an element of reserve funding available to help members from less wealthy countries in organising their meetings.

Dr Lindhardt thanked Dr ten Doesschate both for his succinct report, and for his continued excellent work with UEMS finances.

7. CME

Professor König had nothing to report at this meeting.

8. Working Group on Profile for Mental Health Services

This matter was dealt with under item 5 of the agenda.

9. UEMS Matters

(a) UEMS Management Council:

Dr Pylkkänen reported that the last meeting of the Management Council had taken place in Helsinki in September 2000. Estonia had now been accepted as a new associate member, joining other associate members Hungary, Malta, Poland, Slovenia and Turkey.

A long discussion had taken place on languages, and the cost implications of translating proceedings into five languages. It was agreed that, at the next meeting to be held in Basle, translations would be restricted to French and English only.

It was agreed that there was a need to improve relationships between the Comité Permanent and the UEMS. No meetings had taken place of the Advisory Committee on Medical Training, and there was a possibility that this Committee might be abolished.

Like the Section, the Management Council had revised their procedures and now carried out their activities in five Working Groups: (a) postgraduate training; (b) CME/CPD; (c) relationship with Sections and Boards; (d) quality of patient care and (e) specialist practice in current healthcare systems.

A new multidisciplinary joint committee on 'Pain Medicine' had been formed.

Dr Pylkkänen reported that various European psychiatric societies wished to become members of EACCME.

It was agreed that Dr Lindhardt should write to the UEMS Management Council regarding the UEMS Compendium, stating that the Section would wish to contribute to this publication in future.

Nine new countries including Azerbaijan and Romania had applied for UEMS membership. It was agreed that it might be useful to encourage such countries to attend UEMS psychiatry meetings, and that Dr ten Doesschate should liaise directly with the WHO or Geneva Initiative on this matter.

There was a general discussion of which body should receive UEMS documents, i.e. the UEMS Management Council or the Comité Permanent. Dr Lindhardt urged that careful consideration be given to this matter.

(b) White paper on the protection of the human right and dignity of people suffering for mental disorder

Dr Pylkkänen briefly reported on the background to this Paper. It had been discussed at the UEMS meeting in Strasbourg, and the document sent to the Comité Permanent. Dr Pylkkänen had written a preliminary paper and sent this for comment both to Dr Lindhardt and Dr Aggernaes, and then forwarded a 'final' document to the UEMS Management Council.

There was some discussion of this item, during which it was noted that on p.4 of the document, No. 6 - *The procedure and the relevant independent body* - the following sentence should be included: "The patient must be medically examined by at least two psychiatrists before a decision concerning involuntary treatment can be made."

Dr Pylkkänen reported that this document had also been sent to the Council of Europe.

Dr Lindhardt thanked Dr Pylkkänen for his valuable report and for representing the UEMS at the Management Council in September.

(c) UEMS Section Representatives Meeting

Both Professor Gomez-Beneyto and Dr Lindhardt reported on various discussions at this meeting, most of which concerned CME matters.

Professor Gomez-Beneyto reported that a two day meeting had been held to try to find consensus on CME. The meeting had taken the form of a combination of oral presentations and written documents. One of the latter which could be useful to members was the European Board of Urology's document, '*Continuing Medical Education - A Quality Control System*', a copy of which was available from Dr Dean upon request. During the meeting, different methods on how CME activities should be organised had been proposed by various European countries, i.e. via workshops, courses, peer review, measurement of outcomes, scrutiny of how doctors actually performed, etc. The issue of re-certification was also discussed, and the possibility of doctors being called upon to demonstrate their continuing competence and skills.

The UEMS had created a European Accreditation Council for CME. Any CME provider from any member country who wished to achieve European accreditation of its CME activities could apply to this Council. Professor Gomez-Beneyto informed members that the UEMS Section and Board of Psychiatry acted as advisers to this Council.

Professor König suggested that the UEMS Section and Board might consider setting up a group of experts who had developed educational standards for accreditation purposes, in the same way as described in the European Board of Urology's document mentioned above. He wondered whether such accreditation measures should be accompanied by a fee which could be repaid to the Section and Board. It was agreed that this was an interesting idea, but that it should be put on hold for the time being, and further discussed at the Spring 2001 meeting of the Section.

Dr Lindhardt suggested that it might (a) be worthwhile sending a letter from the Section to the European Accreditation Council for CME stating that it was interested in accrediting CME; (b) that the CME Working Group should be revived and (c) this Working Group should be chaired by Dr Pylkkänen. Detailed consideration of all the matters raised during this discussion should be further considered in Spring 2001. These suggestions were agreed by those present.

In conclusion, Dr Lindhardt reported that the main issue at the Section Representatives Meeting had indeed been the European Accreditation Council for CME. It was clear from a statement made by Dr Leibbrandt that the UEMS Psychiatry Section was progressing in an appropriate manner. There was a wish to strengthen liaison between the UEMS Management Council and the Sections.

(c) Child and Adolescent Psychiatry Section

Dr Sontag reported that this Section would not meet until the end of October 2000, and there was therefore nothing to share with members at this stage.

(d) Any other UEMS Matters

(i) UEMS website - Dr Martin believed that insufficient psychiatrists knew about the work of the UEMS, and everything possible must be done to improve communications. He suggested that those present approached their national associations with the proposal that web links be established on all major medical websites. This was agreed.

(ii) Journals - Dr Sontag suggested that there should be an increased exchange of information between the various European countries on developments in their particular area of medicine, i.e. via information concerning any new legislation, short articles, journal information etc. This was agreed.

10. UEMS Charter on Training for Medical Specialists in the EU:

It was agreed that members should forward the final, approved version of the Charter to their individual psychiatric organisations. Dr Dean undertook to forward a copy to the UEMS Management Council. It was noted that when the next revision of the document was made, it should include a more detailed reference to CME activities.

11. **Feedback from delegates**

This matter had already been dealt with at the meeting of the European Board.

12. **Collaboration with other organisations**

This matter had already been dealt with at the meeting of the European Board, although it was agreed that Dr Brian Martindale should receive copies of UEMS Section and Board Minutes for information, in an effort to strengthen links with the WPA.

13. **Membership List**

This had been circulated and would be updated in due course.

14. **Any other business**

Dame Fiona Caldicott reminded those present that the current meeting would be the last she would attend as a member of the UEMS. She had been involved with the UEMS since 1991, both as Secretary and later as President, and had thoroughly enjoyed her association with this important body. She wished future meetings of the UEMS Section and Board continued success, and thanked all members for their courtesy and professionalism over the years.

Dr Lindhardt and all present warmly thanked Dame Fiona for her invaluable contributions to the work of the Section and Board since the early 1990s, and wished her well for the future.

15. **Date of next meeting**

Ljubljana, Slovenia – 5, 6 and 7 April 2001