



## UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

Minutes of the 21<sup>st</sup> meeting of the Section for Psychiatry held in Prague, Czech Republic, on 5 October 2001.

1. **Present:**

Dr H Aggernaes - **Denmark** - Danish Psychiatric Association  
Dr V Buwalda - **The Netherlands**- EFPT  
Dr R ten Doesschate - **The Netherlands** - Nederlandse Vereniging voor Psychiatrie  
Prof M Gómez-Beneyto - **Spain** - Asociación Española de Neuropsiquiatría  
Dr E Hagemo - **Norway** - Norwegian Medical Association  
Prof F Hohagen - **Germany** - Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde  
Prof C Katona - **United Kingdom** - Royal College of Psychiatrists  
Dr A Kubli Bauer- **Switzerland** - Société Suisse de Psychiatrie et Psychothérapie  
Dr A Lindhardt - **Denmark** - Danish Psychiatric Association  
Dr V Martin - **Belgium** - Belge Professionnelles des Neurologues et Psychiatres  
Dr D Mathis - **France** - EFPT  
Dr A Mihai - **Romania** - EFPT  
Prof S Opjordsmoen - **Norway** - Norwegian Medical Association  
Prof A Parashos - **Greece** - Hellenic Psychiatric Association  
Prof A Piotrowski - **Poland** - Polish Psychiatric Association  
Dr K Pylkkänen - **Finland** - Finnish Psychiatric Association  
Prof J Raboch - **Czech Republic** - Czech Psychiatric Association  
Dr M Roca Bennasar - **Spain** - Sociedad Española de Psiquiatría  
Dr J Saliba - **Malta** - Association of Maltese Psychiatrists  
Prof R K R Salokangas - **Finland** - Finnish Psychiatric Association  
Prof W J Schudel - **The Netherlands** - Nederlandse Vereniging voor Psychiatrie  
Dr H Sontag - **France** - Association Française de Psychiatres  
Dr J Strachan - **United Kingdom** - Royal College of Psychiatrists  
Dr K-O Svärd - **Sweden** - Swedish Psychiatric Association  
Dr I Tuma - **Czech Republic** - Czech Psychiatric Association  
Dr R Urban - **Germany** - Berufsverband Deutscher Nerven Ärzte (BVDN)

**In attendance:**

Mrs J E Carroll - **United Kingdom** - Royal College Psychiatrists  
Dr P Smolik - **Czech Republic** - Czech Psychiatric Association - **invited guest**

2. **Apologies:**

Prof H Ågren - **Sweden** - Swedish Psychiatric Association  
Dr A Argyriou - **Cyprus** - Cyprus Psychiatric Association  
Dr B Cassidy - **Republic of Ireland** - Permanent Working Group  
Dr S Iveziæ - **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry  
Prof P Lievens - **Belgium** - Association Professioneel Belge des Neurologues et des Psychiatries  
Prof P König - **Austria** - Österreichische Gesellschaft für Psychiatrie und Psychotherapie  
Dr J H O'Boyle - **Republic of Ireland** - Irish Psychiatric Training Committee  
Prof A Rabavilas - **Greece** - Hellenic Psychiatric Association  
Dr W Rutz - **Denmark** - World Health Organisation  
Dr C Smith - **Ireland** - Irish Medical Association  
Dr Gianni Zarotti - **Switzerland** - Swiss Society of Psychiatry and Psychotherapy  
Assoc. Prof. Slavko Ziherl - **Slovenia** - Psychiatric Association of Slovenia, Medical Chamber of Slovenia

Dr Anne Lindhardt (Denmark), President of the Section, welcomed new members – Dr James Strachan (UK), replacing Professor Anthony Mann; Dr Victor Buwalda (the Netherlands, Secretary General of the EFPT) replacing Dr Kai Treichel; Dr Dominique Mathis (France, President Elect of the EFPT) and Dr Adriana Mihai (Romania, President of the EFPT) joining the Section and Board.

Dr Lindhardt informed the meeting that Dr Smith from Ireland had sent his apologies and his resignation. She thanked him in his absence for many years of co-operation and his excellent work as a Chair of the Profile of Psychiatrist Working Group.

### **3. Minutes of the last meeting of the Section**

The minutes of the Section meeting held on 6 April 2001 in Ljubljana, Slovenia, were received and approved subject to one minor amendment.

### **4. Matters arising**

#### **Subspecialisation**

The issue had been raised many times before. It had been mentioned in Dr Pylkkänen's (Finland) report from the UEMS Management Council. At the last MC meeting the discussions were centred around the proposals for establishing new subspecialities. Dr Pylkkänen informed the meeting that there had not been any new development since his last draft report. The concerns were caused by the stipulation that a new subspeciality could be officially recognised throughout Europe if two member states recognised it. Prof Schudel (The Netherlands) stated that the Minister of Health in his country issued a statement informing the profession of the imminent changes in the recognition of subspecialities which would be introduced by the European Commission and which reflected the MC's proposal.

Dr Martin (Belgium) said that the matter was very urgent in his country. His organisation had set up a working group to look into the matter but its findings were ignored by the Belgian government.

It was agreed that more information and more time for national consultations were needed before an informed discussion could take place. It would be postponed until a further report from the Management Council.

### **5. Financial matters**

#### **(a) Account 2000 Report**

The Section and Board's Treasurer, Dr ten Doesschate (The Netherlands), presented the financial accounts for the year 2000. He pointed out that the high spending in 2000 was due to delays in invoicing for the administrative support by the Royal College of Psychiatrists (UK). The statement was approved.

#### **(b) Budget 2002**

Dr ten Doesschate informed the meeting that the allowance for the administrative support had been raised to 1.5 days a month due to additional responsibilities for website maintenance. The subscription rates remained at the same level.

The Treasurer explained that the sharing out key was set up by the Management Council and was based on the number of psychiatrists in each member state, its population, language, distance from Brussels and the gross income per capita.

The general reserve stood at €12, 000 which could be used for new initiatives if the need arose. If the current funds were insufficient then the question of raising subscriptions would have to be discussed. The budget was approved.

### **6. Reports from the Working Groups**

#### **(a) Psychotherapy**

Dr Lindhardt prepared a draft report on psychotherapy which would be discussed during the working group's meeting that afternoon and the final draft would be circulated to the delegates for comments. It was agreed that the deadline for receiving comments would be mid-December to allow time for preparing a final questionnaire to be approved at the next meeting in Thessaloniki in April 2002.

Dr Lindhardt asked Professor Fritz Hohagen (Germany), Vice-President of the Board and the AEP representative to the UEMS, to report on the issue of a new psychotherapy association recently formed in Europe.

Professor Hohagen reported that an association calling itself the European Association for Psychotherapy (EAP) had been set up as a reference group on psychotherapy issues to the European Commission. It was opened not only to psychotherapists and psychologists but also to social workers and other non-medical professions. This raised concerns throughout Europe and as a result, the Permanent Conference for Psychotherapy had been set up in Barcelona last year. According to a report issued by the Conference the practice of psychotherapy should be restricted to psychiatrists, psychotherapists and clinical psychologists. Professor Hohagen invited the delegates to express their opinions whether this was a matter for the UEMS.

Dr Hagemo (Norway) said that this was also a big issue in her country where the EAP was gaining influence. It had funds but not necessarily the professional qualifications.

Dr Sontag (France) reported that the official position of his government was that only psychiatrists could practice psychotherapy.

Professor Hohagen suggested the Section should be the main body to advise the European authorities on the issue. He proposed that the Working Group on Psychotherapy should produce recommendations on the practice of psychotherapy.

Professor Katona (UK) said that in his opinion the two main questions in the matter were competency and training of psychotherapists. It was important to ensure that psychotherapy was delivered by competent people and that patients' safety was observed. It was equally important to ensure that the training in psychotherapy was delivered by competent trainers, not necessarily psychiatrists.

Dr Martin stated that in Belgium the main requirement for psychotherapists was a good knowledge of behavioural sciences. At the moment, only clinical psychologists and psychiatrists were regarded as having the necessary level of knowledge to practice psychotherapy.

The President rounded up the discussion by saying that it would be continued in the Working Group which would produce a statement on the role of the Section in the psychotherapy issue. Dr Pylkkänen said that if a statement issued by the Section was to have any impact it had to be forwarded to the Management Council, which would circulate it to the Comité Permanent of the Council of Europe, and copied to the national associations in member states.

Prof Katona pointed out that the statement should be very carefully balanced and should not focus on professions delivering psychotherapy treatment but on the qualities required of a psychotherapist and on quality monitoring.

(b) Mental Health Legislation

Dr Helle Aggernaes (Denmark) reported that the working group had finished its report. She pointed out that there might be some unavoidable mistakes due to national diversities in various member states. She stressed that the report was put on the agenda for approval and discussion at this stage should be restricted to points of clarification. Prof Katona pointed out that there were different mental health acts in England, Scotland and Northern Ireland and it should be made clear that the report reflected the Mental Health Act in England and Wales. The amendment was agreed. After a short discussion on the purpose of this report it was agreed that a short paragraph would be added explaining that the report was designed to provide an outline of differences in mental health legislation across Europe to facilitate free movement of psychiatrists in Europe. The report was approved and would now be published on the Section's webpage. It was also agreed that an attempt would be made to have it published in the British Journal of Psychiatry. The President thanked Dr Aggernaes and her group for its excellent work.

(c) Old Age Psychiatry

In the absence of Professor Mann who chaired the working group and whose term of office had ended, Professor Katona presented the finalised report. He said only a small number of comments were received. Of those, only the Finnish Psychogeriatric Association's comments were substantive enough to warrant an addition to the report. After a brief discussion it was agreed that a short paragraph summarising Finnish comments would be added to the report as well as the statement of the purpose of the report. The report was approved subject to the amendment mentioned above. The President thanked the working group for its excellent work.

(d) Quality Assurance

Dr Svärd (Sweden) presented the final report of the working group for approval. The report was approved.

It was agreed that all approved reports would be published on the Section's webpage and circulated directly to all national associations represented on the Section. Each report would also have a specified revision date. Consequently, the review of mental health legislation report would start in 2004, old age psychiatry report in 2003 and the quality assurance in 2003.

The President reminded the delegates that they were here as representatives of their national organisations and as such were individually responsible for providing their organisations with all UEMS material.

(e) Profile of a Psychiatrist

Dr ten Doesschate reported that no comments had been received to date and more information would be available after the working group met later that afternoon. The group would also have to select a new chairman in the light of Dr Smith's resignation.

(f) Mental Health Services

Dr Saliba (Malta) thanked the members of his working group for the considerable support they gave him in drafting the questionnaire. It was circulated to all the delegates for comments but also for a trial completion aimed at establishing how feasible it was to have such a complex questionnaire. Comments were received from the EFPT, Austria, Denmark, Finland, the Netherlands, Norway and Switzerland. Seven countries made an attempt to complete the questionnaire: Belgium, Czech Republic, Finland, Greece, Norway, Slovenia and Scotland. The questionnaire had two parts - one that could be answered at a clinical psychiatry level and one with questions on public health aspects. The discussion today should focus on how feasible it was to use the questionnaire on a wider scale.

Dr Saliba also informed the meeting that Dr Jyrki Korkeila, Secretary of the Finnish Psychiatric Association, was working on a very similar mental health project commissioned and funded by the European Parliament to look at health indicators rather than service provision but there was a significant overlap between the two projects.

Dr Pylkkänen reported that Dr Korkeila's project, called 'Atlas' was run under the WHO auspices and was presented at the WPA congress in Madrid that week. Although many questions overlapped, the approach was different. The Section's questionnaire was focused on cost-saving activities of national governments and specific problems encountered by the profession in the European context whereas the WHO's project was centred around general mental health issues.

Prof Manuel Gómez-Beneyto (Spain) pointed out that the questionnaire included both objective and subjective data. Objective data questions could be answered by anyone with access to the necessary information. He suggested that, due to diversity in many countries at regional levels, it would be easier to have the questionnaire completed at regional level to avoid the difficulties in compiling the complex and often confusing national data.

In relation to subjective data, in order to obtain a reliable picture a considerable sample of professionals would have to be surveyed. Opinions of the delegates, however accurate, would not provide a representative account of the data. He admitted that it was not feasible to conduct such an extensive survey.

After a further discussion it was agreed that the questionnaire would be taken back to the working group for further work. The second draft would be circulated for comments with a deadline in mid-December.

(g) CME

In the absence of Prof König who unfortunately could not attend, the President briefly outlined the email discussions the Officers had had with Dr Leibbrandt regarding the EACCME (European Accreditation Council on Continuing Medical Education). She presented a flowchart of CME accreditation under UEMS auspices produced by the Management Council. Dr Lindhardt admitted that the flowchart was confusing and suggested that discussions should be deferred until tomorrow when Mr Len Harvey of EACCME would give a presentation on the workings of the Council. The presentation was arranged on an ad hoc basis following Dr Pylkkänen's chance meeting with Mr Harvey on the previous day.

Professor Gómez-Beneyto reported that he had been invited, along with Professor Salokangas (Finland) and Professor Katona, to help set up a CME accreditation committee of the Association of European Psychiatrists (AEP). They were scheduled to meet on 9<sup>th</sup> October in Frankfurt to discuss accreditation criteria. He further stated that the AEP had a long-standing proposal to get involved in the European CME accreditation which might create a conflict of interests.

Professor Katona commented that the UK had a different system of accreditation from the rest of Europe. There was no national accreditation system for psychiatry any more. Individual CME was carried out at a peer group level. He was strongly in favour of CME appropriate to the individual and planned in advance as opposed to CME activities universally approved for everyone who participated irrespective of their relevance. Professor Katona said that moving in that direction would automatically remove the problem of who should be approving which activities. CME in his view should be based on what was appropriate to an individual doctor at a certain time and should be the focus of the Section's further work on CME but he admitted that the Section needed to remain compatible with the general direction in Europe.

7. UEMS Matters

(a) Management Council

Dr Pylkkänen reported that the Management Council had not met since the last meeting of the Section. Their next meeting would be on 19<sup>th</sup> October.

He reported, however, that there were other developments outside the MC meetings. In May 2001 the European Commission issued a letter which was circulated to all interested parties in Europe - national medical associations, national governments and the UEMS Management Council. It explained the need for changes to Doctors' Directives which were perceived as not flexible enough, impractical and in need of improvement. The letter contained eight specific questions relating to the future of European Boards for professional recognition. Consequently, Dr Leibbrandt sent a letter to the national medical associations outlining the proposed reply from the Management Council. He proposed three main points that would constitute his reply:

1. to maintain the recognition of medical qualifications across Europe;
2. the quality of patient primary care must be assured;
3. the profession should have a statutory place in the institutions of the European Union.

Dr Pylkkänen further reported that a week before Dr Leibbrandt letter was sent, the European Commission had issued amendments to the Doctors' Directives on four specific points:

1. the length of general practitioners training had been extended from two to three years;
2. to facilitate free labour movement subspecialties must be recognised by a host country even if there was no official recognition of that subspecialty in the country;
3. the decision on recognising qualifications obtained outside the EU must be reached by a host country within three months of filing an application by an individual doctor;
4. the list of subspecialties was transferred from the main body of the Directive to an Annex which meant that decisions concerning subspecialties were no longer made by the Council of Ministers but by the Committee of Senior Public Health Officials.

The final point in Dr Pylkkänen's report concerned the white paper discussed at the meeting in Strasbourg in April 2000 to which the Section made comments. The Committee on Bioethics met in June 2001 and formed a special task force to co-ordinate the consultation process. Their first meeting would be in Autumn 2001.

(c) Any other UEMS matters

Professor Gómez-Beneyto reported that he had received a letter from the Management Council signed by Dr Leibbrandt advocating the improvement of relationships between the Council and the Sections. To that effect, the Management Council decided to create five to six groupings of related specialist sections to provide constituencies, which would then elect representatives to the Management Council. Dr Pylkkänen clarified that this was still only a recommendation by a working group and the final decision would be made at the Management Council meeting in October.

Professor Gómez-Beneyto further reported on the document received from Dr Brian Martindale, WPA Zone Representative for Western Europe, outlining the WPA project on mental health in Europe. It was a new six-year (2001-2006) Community Action Programme (CAP) on Public Health which was a Council Resolution 2000/c 86/01. The commission would "ensure close co-operation with member States and will implement the programme with high level committees of scientists and experts of international standing". The project, therefore, seemed very relevant for national organisations to be closely involved in.

(b) Report from Child and Psychiatry UEMS Section

Dr Sontag (France) stressed the importance of exchanging information between the two psychiatric sections. He briefly reported on the proceedings from the meeting of his Section.

7. Website

Dr Martin urged the delegates to arrange with their associations to install links between their websites and the Section's webpage. It would greatly improve access and exchange of information.

Dr Saliba reported on the Officers' discussion regarding the website. It was very important to make the best use of the Section's website to function efficiently and effectively. The UEMS confirmed that there was a backlog of material to be put on and urged Sections to design their own websites rather than having pages on the main UEMS website. However, the cost of setting up a separate Section website was quite significant and might even warrant an increase in subscriptions. It was agreed that the performance of UEMS website administration would be observed closely and an appropriate decision would be taken at the next meeting. The day to day administration of the Section's page would be taken over by Mrs Carroll.

9. Feedback from Delegates

Quality Assurance

Dr Svärd began his report by reminding the delegates of the recommendations approved at the Budapest meeting in April 1999. The purpose of providing those recommendations was to help national associations to formulate their own QA policies and to stimulate QA activities. It had been agreed that all national associations should have identified areas of priorities before 2000. They should have also started formulating clinical guidelines on QA and setting up local working groups in the public sector to identify local areas for QA projects. The system of documentation recording the QA activities and outcome measures should also have been in place before the year 2000.

It was agreed in Ljubljana that the Section would follow up the progress of implementing its recommendations. The questionnaire had been sent out prior to this meeting. Only a few replies were received to date: Czech Republic, Finland, France, Poland, Ireland, Slovenia and Sweden. The initial results showed that some countries had developed QA policies. Dr Svärd stressed the importance of compiling as comprehensive data as possible. A follow-up letter would be sent out again to all delegates with a deadline for replies by mid-December.

UK

Prof Katona reported that the Royal College of Psychiatrists was very interested in the Section's activities. In response to that, he wrote in collaboration with Dr Saliba an article on UEMS activities which had recently been accepted for publication in the Psychiatric Bulletin published by the College.

## **10. Collaboration with other organisations**

### **(a) AEP**

The feedback from the AEP was received under Item 6(a).

### **(b) WHO**

Dr Hagemo had been invited to speak at the conference entitled "Coping with Stress and depression Related Problems in Europe" held later this month in Brussels. The conference was jointly organised by the Belgian government, the European Commission and the WHO as part of the campaign "2001, Mental Health Year". Ministers of Health and experts on mental health from all European countries had been invited to participate.

### **(c) WPA**

Dr Lindhardt briefly reported on the meeting in London in July 2001 organised by the WPA Zone Representatives of five WPA European zones to which UEMS delegates were also invited. The meeting focused on the ways to exchange information and to form links between psychiatric associations in Europe. The meeting did not seem to be very productive but there was a follow-up meeting in Madrid which finished yesterday. Professor Gómez-Beneyto and Dr ten Doesschate attended that meeting.

Dr ten Doesschate reported that there seemed to be little understanding of what the UEMS was and what it dealt with. He explained to the WPA delegates that the UEMS was the professional psychiatric organisation which acted in an official advisory capacity to the EU. He further explained that the UEMS had a pivotal position between the national associations and the EU.

Dr Smolik, Central European Zone Representative, informed the meeting that the European delegates of WPA agreed to create a European webpage on the WPA site to facilitate a European network for the exchange of information. The page would be multi-level, from regional, through zonal to association level. Dr Smolik also pointed out that WPA was very important to poorer European countries which were not members of UEMS. They could greatly benefit from projects run by the WPA.

Dr Pylkkänen, Northern European Zone Representative in WPA, said that in the last two years the European Zone Representatives had been trying to strengthen the links between the national associations and the London meeting was a direct result of those efforts. The lack of regional European structure was a main problem from the WPA point of view. There was a real need to co-ordinate the efforts of all psychiatric organisations to strengthen the involvement of the profession in government decisions on mental health and ultimately improve service provision in Europe.

Professor Katona stated that the main structural problem within WPA was the way national associations were represented, namely by their Presidents. The importance, or otherwise, of WPA within national associations was determined by the personal interest of their Presidents who might choose their priorities outside the WPA. The advantage of having elected representatives, the way the UEMS functioned, lay in the fact that it obliged the UEMS delegates to make that role their priority.

Professor Gómez-Beneyto pointed out that the lack of co-operation between psychiatric associations resulted in the lack of one unified position on a number of issues, duplicating one another's work and ultimately being ignored by European and national authorities.

After a brief discussion it was agreed that WPA Zone Representatives would be routinely invited to UEMS meetings held within their zones. There would also be a link installed between the WPA website and the Section's page on the UEMS site.

## **11. Any other business**

There was none.

## **12. Next meetings**

25-27 April 2002 - Thessaloniki, Greece

3-5 October 2002 - Ibiza, Spain

In the light of Prof. Furlan's absence and his very sparse contact with the Section and Board it was agreed that the October 2002 meeting should be moved elsewhere. The President agreed to write to Professor Furlan to inform him it would not be possible to host a meeting unless the hosting delegate was present at two previous meetings.

The President thanked Dr Tuma and Dr Raboch for an excellent organisation of the meeting. She also thanked the delegates who were leaving the Section, Professor Piotrowski, Poland and Dr Helle Aggernaes, Denmark, for many years of excellent co-operation. The meeting adjourned for the Working Groups.