



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

## SECTION FOR PSYCHIATRY

APPROVED Minutes of the 23<sup>rd</sup> meeting of the Union Européenne des Médecins Spécialistes Section of Psychiatry held in Palma de Mallorca on 4<sup>th</sup> October 2002.

### 1. Present:

Dr A Argyriou - **Cyprus** - Cyprus Psychiatric Association  
Prof P M Furlan - **Italy** - Italian Psychiatric Association  
Prof M Gómez-Beneyto - **Spain** - Asociación Española de Neuropsiquiatría  
Dr E Hagemo - **Norway** - Norwegian Medical Association  
Dr T L Hansen - **Denmark** - Danish Psychiatric Association  
Prof F Hohagen - **Germany** - Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde  
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  
Dr A Kubli Bauer - **Switzerland** - Société Suisse de Psychiatrie et Psychothérapie  
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 A Mihai - **Romania** - European Federation of Psychiatric Trainees  
Dr M Musalek - **Austria** - Association of European Psychiatrists  
Dr J O'Boyle - **Ireland** - Irish Psychiatric Training Committee  
Prof S Opjordsmoen - **Norway** - Norwegian Medical Association  
Dr E Pálová - **Slovakia** - Slovak Psychiatric Association  
Prof A Parashos - **Greece** - Hellenic Psychiatric Association  
Dr K Pylkkänen - **Finland** - Finnish Psychiatric Association  
Prof A Rabavilas - **Greece** - Hellenic Psychiatric Association  
Dr M Roca Bennasar - **Spain** - Sociedad Española de Psiquiatría  
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 R ten Doesschate - **The Netherlands** - Nederlandse Vereniging voor Psychiatrie  
Dr R Urban - **Germany** - Berufsverband Deutscher Nerven Ärzte (BVDN)  
Dr I Tuma - **Czech Republic** - Czech Psychiatric Association  
Dr P Varandas - **Portugal** - Portuguese Medical Association  
Assoc. Prof S Zihel - **Slovenia** - Psychiatric Association of Slovenia, Medical Chamber of Slovenia

### In attendance:

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

### 2. Apologies:

Prof. J Bomba - **Poland** - Polish Psychiatric Association  
Dr B Cassidy - **Republic of Ireland** - Permanent Working Group  
Prof I Namysłowska - **Poland** - Polish Psychiatric Association  
Dr W Rutz - **Denmark** - World Health Organisation  
Dr J Saliba - **Malta** - Maltese Association of Specialists in Psychiatry  
Dr G Zarotti - **Switzerland** - Swiss Society of Psychiatry and Psychotherapy

Dr Anne Lindhardt (Denmark), President of the Section, welcomed those present and thanked Dr M Roca Bennasar and Prof M Gómez-Beneyto from Spain for inviting the Section to hold their Autumn Meeting in Palma de Mallorca. Dr Lindhardt welcomed a new member to the Section - **Dr Nils Lindefors** from the Swedish Psychiatric Association, successor to Dr Hans Ågren. It was noted that the late Prof Andrzej Piotrowski from Poland was succeeded by **Prof Jacek Bomba** and **Prof Irena Namysłowska**, both representing the Polish Psychiatric Association and **Prof Michal Hrdlicka** from the Czech Republic replaced Prof Jiri Raboch as a representative of the Psychiatric Association of the Czech Medical Society.

For the benefit of the new members Dr Lindhardt briefly outlined the Section's main objectives and activities. These included the promotion of the highest level of medical training, medical practice and healthcare within a non-profit making setting to facilitate the free movement of medical specialists within the European Union. To fulfil the objectives set out in the Statutes it was vital that the membership of the Section and Board including the formal status of individual representatives was clarified. If the Section and Board were allowed to expand unchecked it would prevent them from working quickly and efficiently.

Work on specific issues was carried out in working groups which would draft a report on the subject under discussion and then put it to the Section or the Board for approval. The Officers proposed that, with immediate effect, proposals for new working groups should be submitted in writing stating the aims, methods, timetable and the suggested date for completion of work.

Dr Lindhardt also informed the meeting that, with immediate effect, a fee would be introduced for accompanying persons attending conference dinners. It was important that the organisers of the Section and Board's meetings did not suffer unnecessary expenditure as they usually worked to tight budgets.

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

The minutes of the meeting held in Thessaloniki on 26 April 2002 were approved subject to one amendment **J Carroll** to item 15 regarding a case in Spain quoted by Prof Gómez-Beneyto.

### **4. Matters arising from the minutes**

#### **Item 4(b) - Section and Board Annual Report**

Dr Lindhardt reminded the delegates that it was agreed in Thessaloniki in April 2002 to circulate the Annual Report to the presidents of national associations. This had not been done to date due to difficulties in obtaining postal addresses for national associations. It was agreed that in future the Annual Report would be circulated by email directly to the Presidents of national associations. **J Carroll**

#### **Items 7 and 8 Quality Assurance Recommendations and how to implement them**

The 1999 QA recommendations would be printed on official UEMS letter-headed paper and circulated to all delegates by post. **J Carroll**

### **5. Financial matters**

#### **(a) Account 2001**

Dr R ten Doesschate (the Netherlands), the Treasurer, reported that the account statement for 2001 showed €135 profit. The statement was approved.

#### **(b) Budget 2003**

Dr ten Doesschate informed the delegates that the budget for 2003 was significantly higher than the previous one as the subscriptions were raised to cover the expense of setting up the Section and Board's website. The website costs would include the initial setting-up expenses and a brief maintenance training for the secretary. The day to day costs of running the website would be minimal. In addition, it was agreed to increase the grant paid to the organisation hosting the Section and Board's meeting to €2000.

In the subsequent discussion, concerns were raised as to the amount of the rise in subscriptions. Some delegates felt it would be difficult for them to justify the extent of the rise to their national associations. The President reminded the delegates that the subscription rise had been agreed at the meeting in

Thessaloniki to cover the expenses of the website. The Treasurer was asked to clarify the reasons for each position in the proposed budget.

The travelling costs for the President and the EFPT representative were raised slightly to allow for inflation to €1050. The travelling costs for other members were raised from €1000 to €2100 to accommodate increased travel of the new CME Task Force. The salary of the secretary was determined by the Royal College of Psychiatrists based on the daily rate of the salary scale for the College's employees. It was expected to rise slightly from €1900 to €2100. The cost of travelling for the secretary was €1504 in 2001 but seemed to be too low and was subsequently raised to €2850 in 2002 and remained the same for 2003. The establishment charges for overheads are set by the Royal College of Psychiatrists and remained unchanged. The annual website support was set at €750 which was a generous margin and the actual costs were not expected to reach that level. The administrative expenses included expenses of the Treasurer set at €1500 (an increase of €100 on the 2001 budget), office expenses (€100) and audit expenses (€900). The latter were expected to rise significantly due to the September 11<sup>th</sup> events in the USA. Bank charges were left at the same level as the year before (€200). The incidental expenses included creating the website (€2500) and other incidental expenses (€350 - no increase). Finally, profits derived from the interest were expected to be smaller in 2003 due to falling interest rates.

As there was some opposition to the proposed budget it was put to a vote. Only countries contributing to the budget were allowed to vote and each had one vote. Austria, Croatia, Cyprus, Denmark, Germany, Great Britain, Greece, Ireland, the Netherlands, Norway, Portugal, Slovakia, Slovenia and Sweden voted in favour of the budget, Belgium and France voted against and Finland, Spain and Switzerland abstained from the vote. The budget for 2003 was approved by a majority vote.

## **6. Israel Psychiatric Association - request to join the UEMS**

Dr Lindhardt reported that after the AEP congress in Stockholm earlier this year which she attended she received a formal request from the Israeli Psychiatric Association to join the UEMS Section and Board of Psychiatry. Dr Lindhardt invited comments from the members.

Prof Manuel Gómez-Beneyto (Spain), the President of the European Board of Psychiatry, said that the meeting should focus on the criteria to enlarge the Section and Board which could be used in the future rather than this particular request from Israel.

Dr Ellen Hagemo (Norway) said the Section and Board needed to be careful to preserve the balance between the Western and Eastern European countries to ensure that issues affecting both of those groups were equally represented.

Dr Harald Sontag (France) said that the Section and Board must determine the basis on which individual countries could be allowed to join the group which was supposed to represent Europe. It might be necessary to define the concept of Europe as a joint entity.

It was noted that Prof Pier Furlan (Italy), whose flight was delayed, had joined the meeting at that moment.

Prof Cornelius Katona (UK) said that if the European Commission wanted to promulgate good practice in medicine and encourage harmonisation in training to raise the standards in countries with limited resources the UEMS should be very welcoming to countries that were in the wider definition of Europe. It could possibly lead to some necessary restructuring of the meetings in the future but, nonetheless, the Section and Board should follow the World Health Organisation's view of Europe in the wide sense.

Dr ten Doesschate reminded the delegates that the main aim of the UEMS is the harmonisation of training to allow the free movement of medical specialists within the EU. He suggested the Section and Board consult the UEMS Management Council regarding membership policy.

Dr Kari Pylkkänen (Finland) said that the Section and Board had to follow the UEMS Statutes which clearly indicated that there were 29 members - 18 full members and 11 associate members.

Prof Levent Küey (Turkey), WPA Southern Zone Representative, stated that each international federation had different regional groupings which reflected its international policy. In case of WPA, Europe was divided into five zones which did not always follow political or geographical boundaries, for instance, some Eastern European countries (in terms of former political orientation) belonged to the Southern European Zone and Eastern European Zone included some former Russian states in West Asia. He therefore suggested that the Section and Board introduce a three-tier membership, i.e. the status of full and associate members in respect of their position in the EU and offer an observer status to new countries as specified in the WHO or WPA European zones.

Prof Fritz Hohagen (Germany), Vice-president of the Board, said the Section and Board also needed to regulate what was and what was not allowed under each respective status, i.e. whether associate members could participate in working groups drawing up recommendations for the full members of the European Union.

Dr James Strachan (UK) expressed his concerns about the size of this group which would probably not be able to work efficiently in promulgating good practice in training should it be allowed to grow indefinitely. It was important to determine whether criteria for acceptance should be based on geographical boundaries or whether other factors could be taken into consideration. He said that countries like Egypt, which was very much interested in European training, would also at some point wish to be considered for membership of UEMS on the same basis as, for instance, Asian countries.

Prof Gómez-Beneyto summarised the discussion pointing out that there were three areas which needed to be defined, namely, criteria for accepting new members, the role of associate members and the size of the Section and Board.

It was agreed that Dr ten Doesschate would contact Dr C Leibbrandt, Secretary General of the UEMS, ten Doesschate for clarification of the issue. Dr Lindhardt would then reply formally to the request from Israel<sup>A</sup> Lindhardt accordingly.

The Officers would also prepare for the next meeting a draft proposal of regulations concerning the Officers procedures for the enlargement of the Section and Board.

## **7. Mandatory training in psychotherapy**

The discussion on this issue was deferred to item 9(a) - report from the Working Group on Psychotherapy.

## **8. Issue of gender in psychiatric training**

Dr Lindhardt received a request from a colleague to find out whether the question of gender in psychiatric training was addressed in any way throughout Europe. The following comments were made:

The Netherlands - optional courses for residents on gender-specific issues in psychiatry; Section for gender-specific issues in the Dutch Psychiatric Association;

The UK - Special Interest Group for Women in Psychiatry and the Gay and Lesbian Special Interest Group at the Royal College of Psychiatrists; gender issues addressed in the curriculum; working party on gender, ethnicity and cultural diversity;

Belgium - working group on women in medical practice to redress the gender balance in medicine; special wards for women with post-partum psychosis and women with postnatal depression used as training units for specific gender issues. Feminisation of the profession was also becoming a problem as two thirds of medical students were female;

Germany - a section for gender issues in the national society;

Spain - gender issues were a part of the curriculum rather than training; no official statement on the issue;

Norway - very important issue but not specifically addressed in training;

Turkey - gender issues were a mandatory part of psychiatric training and the national association had a section for women in mental health;

Finland - gender issues not addressed in the curriculum. The association had about 60% of female members and the majority of male members were between the age of 60 and 65;

Denmark - mandatory theoretical courses were supposed to address gender issues but the actual contents depended on individual course organisers;

Austria - gender issues not dealt with specifically. Ethnicity issues were only just beginning to be addressed;

Greece - not addressed specifically. There was a growing need to address the cultural diversity issue at a national level;

Slovakia - the equality of sexes was regulated by law but not addressed in training programmes;

Ireland - the majority of clinical psychiatrists were female; in terms of training gender issues had an impact on flexible and part-time training preferred by female trainees with family responsibilities;

Slovenia - gender issues were completely neglected;

Cyprus - the majority of psychiatrists were female while most patients were male, which sometimes caused problems;

France - gender issues not addressed in training;

Switzerland - gender issues not addressed in training; general shortage of psychiatrists;

Sweden - gender issues not addressed in training; the ratio of male to female psychiatrists used to be 60% to 40% respectively but it had been steadily improving in favour of female psychiatrists;

Romania - gender issues not addressed in training;

Prof Manuel Gómez-Beneyto suggested that the issue of cultural diversity and ethnicity should be addressed in the imminent review of the Charter of Training. Guidance in this matter would be most welcome by some countries where cultural diversity was not approached properly. It would also be helpful to extend the issue of gender beyond training as it impacted on other aspects of psychiatry and mental health. It should be taken up by both the working group on the charter review and the working group on the profile of a psychiatrist. The gender issues would also be relevant to the recruitment working group in terms of tackling the gender balance of the profession. It could also be introduced as one of the questions in the Mental Health Services Profile questionnaire.

Relevant  
Working  
Groups

## **9. Report from the Working Groups**

### **(a) Psychotherapy**

Dr Lindhardt gave a short presentation on the results of the psychotherapy survey undertaken by her working group. She received replies from 18 countries to date: Denmark, Norway, Sweden, Finland, Germany, France, The Netherlands, Belgium, UK, Ireland, Austria, Poland, Slovenia, Spain, Portugal, Malta, Cyprus and Greece. The delegates from Slovakia, Croatia and Czech Republic were asked to complete the questionnaire during the meeting in Palma.

The questionnaire comprised two sections - Section A aimed at ascertaining the position of psychotherapy in psychiatric training and Section B gathered information on psychotherapy as an independent profession in mental health services. It also had an additional section for countries where psychotherapy was not recognised as a separate profession.

Dr Lindhardt then gave the following detailed analysis of the replies received:

1. Psychotherapy was an integrated part of training in 14 countries;
2. Germany, Sweden, Norway, Austria, Hungary, Ireland, Denmark, Slovenia and UK had a national curriculum for psychotherapy training for psychiatrists;
3. Therapeutic experience with a specific number of hours was compulsory in 3 countries - the Netherlands, Germany and Switzerland and it was highly recommended in 5 countries;
4. Psychotherapy was a structural part of clinical training in psychiatric hospitals in 7 countries;
5. Psychotherapy training took place in specific training centres in 8 countries;
6. Teachers' qualifications were required in 7 countries and not required in 3;
7. Psychotherapy as an independent profession was authorised, in various ways, in 7 countries whereas 8 countries did not have any form of formal authorisation;
8. 10 countries formulated national plans for psychotherapy;
9. 13 countries required trainees to obtain a basic health professional status before entering psychotherapy training whereas in 5 countries anyone could train as a psychotherapist regardless of their professional background;

10. Psychiatrists in 10 countries were automatically recognised as psychotherapists regardless of training received;
11. In 10 countries psychotherapy training did not involve any mandatory experience with psychopathology;
12. In 7 countries psychotherapy training could be paid for from social security funds;
13. The following professions would have their psychotherapy training covered by public funds:
  - (a) Psychiatrists in 12 countries
  - (b) General practitioners in 7 countries
  - (c) Other professions authorised as psychotherapists in 7 countries
  - (d) Any profession in 2 countries
14. Funding for psychotherapy was limited by diagnosis, length of training and the basic profession of a trainee;
15. Funding was adequate to the needs of psychotherapy only in 5 countries;
16. Practising psychotherapists were required to register in 7 countries;

Dr Lindhardt said the results of the questionnaire would form the basis for a set of recommendations on psychotherapy which the working group would prepare in a draft form for the Board meeting the following day.

Dr ten Doesschate suggested that the report in the form of an article should be submitted for A Lindhardt publication in one of the professional scientific journals.

(b) Profile of a Psychiatrist

Dr Karl-Otto Svärd (Sweden), Vice-President of the Section, reported that the working group formed sub-groups to work on different aspects of the profile which would then be set out in chapters constituting the full profile of a psychiatrist. The group would report further at the next meeting.

(c) Mental Health Services

Due to Dr Joseph Saliba's absence at the meeting the working group did not meet.

(d) CME

Prof Peter König (Austria) reported that the group formed two sub groups - one was to work on updating and expanding the current CME guidelines and the other would try to draw up points of interest / collaboration with the European Task Force on CME. Prof König and Prof Katona would draw up a reviewed version of the current CME guidelines which would be circulated for comments and the updated version submitted for discussion at the meeting in Limassol in April 2003.

**10. Report from the CME Task Force**

Dr Lindhardt and Prof Gómez-Beneyto gave a short outline of a recent development in collaboration between psychiatric associations. It was initiated during the Section meeting in Ljubljana in April 2001 which was attended by Dr Göran Sedvall (Sweden), President of the AEP.

The WPA representative for zone 6, Dr Brian Martindale, in co-operation with other European Zonal representatives, organised a joint meeting in London in July 2001, attended by Dr Lindhardt, to work out a strategy for European co-operation in the field of mental health. This was followed by a meeting in Stockholm during the AEP congress (3rd May 2002) between representatives of AEP, WPA, WHO and UEMS. As a result, the first meeting of the Task Force on CME took place in Copenhagen on 20th June 2002. The Task Force was composed of two representatives from each of the organisations involved. During the first meeting the UEMS was represented by Prof Hohagen and Dr Lindhardt. The Task Force met again on 16<sup>th</sup> September 2002. The UEMS was represented by Prof Gómez-Beneyto, Dr Lindhardt and Prof Hohagen. The AEP was represented by Prof Henning Sass and Dr Sedvall (who apologised for not attending), the WHO by Dr Wolfgang Rutz, Director of Mental Health Europe, and the WPA by Dr Martindale and Dr Marianne Kastrup, northern zone representative.

The Task Force wanted to establish specific areas of overlap between the organisations and to identify possible fields for co-operation. The Task Force agreed that to facilitate the development of the identity of a European psychiatrist and the quality of care in mental health service, education needed to be high on the agenda. CME and CPD seemed to be the appropriate initial area to focus on. National associations confirmed their support to form the Task Force. However, the EACCME, in principle agreed with the idea of the European co-operation, and Dr Leibbrandt was very sympathetic to the idea and even suggested a joint meeting. Dr Lindhardt further informed the meeting that the Task Force received a letter from the European Accreditation Committee on CNS. They were given funding from the EU to undertake CME accreditation under the auspices of the Erasmus programme and were looking for co-operation in this field.

The main Task Force set up a working group on CME (regarded as the main priority) chaired by Prof Gómez-Beneyto for one year. The working group included Prof Kastrup, Prof Sass and Prof Gómez-Beneyto. The working group had set out its work in three steps - firstly, to update the information on how CME was run in each European country, secondly, to develop guidelines on how CME applied to psychiatry and, thirdly, to set up a European accreditation committee, although there was no agreement on the last step, which was seen as difficult to attain due to financial restraints. There were also doubts raised about the group's authority to develop such a committee.

As the first task, the working group had developed a questionnaire on CME which was sent out to all National Psychiatric Associations. Once the information had been collected the group would concentrate on developing specific guidelines on ethical issues, the balance between social, psychological and biological training, etc. In Prof Gómez-Beneyto's view it was also very important for the Task Force to clearly determine its position as independent of pharmaceutical industry as well as any other organisations who might attempt to enter the field of CME, in whatever capacity, for financial reasons. The group would meet again in June 2003 in Vienna to carry on with their work.

Prof Gómez-Beneyto further stated that the overall responsibility for European accreditation rested with the European Council authorised by the national medical associations. However, he would not envisage any contention between the Task Force and the European Council as far as collecting information on CME and drafting the guidelines were concerned. Nonetheless, creating the Task Force's own accreditation committee might prove problematic in that context.

Prof Gómez-Beneyto, on request from Prof Katona, clarified the relationship between the Section's own working group on CME and the European Task Force on CME. The working group chaired by Prof König would take an active role in the work on CME guidelines and its proposals would be then put to the Task Force for consideration. Prof König stated that this topic would be the main focus for discussion during the working group's meeting that afternoon.

Prof Gómez-Beneyto mentioned that he, along with a few other colleagues, had been invited to assess the educational courses during the AEP congress in Stockholm this year which proved a very successful exercise and one which helped to improve the relationships between the organisations involved in the issue of the European CME. The initial mistrust and animosity gave way to productive co-operation and healthy discussions of contentious issues.

Prof Katona emphasised the importance of setting up and following the right plan of action in this field, i.e. any future decision on whether or not an accreditation committee should be established must be informed by the principles based on the information collected throughout Europe. Any discussion about the possibility of creating an accreditation committee should be postponed until it was clear that an agreement on principles could be reached.

Prof König reminded the delegates that the Section's working group on CME had some time ago drawn up guidelines on CME participation and the involvement of pharmaceutical industry in CME. He also informed the meeting that the Austrian Chamber of Medical Doctors had recently published in its official journal an article on CME and international accreditation stating that it was the responsibility of national accreditation committees to ensure that CME providers had international recognition.

Dr Lindhardt offered to write to the Presidents of all national associations represented on the Section A Lindhardt and Board informing them of the new Task Force on CME. This was agreed.

## **11. UEMS matters**

### **(a) UEMS Management Council (MC)**

Dr Kari Pylkkänen (The Netherlands) reported that the UEMS Management Council had not met since the last meeting of the Section and Board and the report he gave in Thessaloniki was still valid although there had been significant changes in the meantime.

The most important development was the EU Commission's proposal for a new Doctors Directive (7<sup>th</sup> March 2002) to replace existing European legislation on the mutual recognition of medical qualifications. The key point in the new proposal stipulated that only 17 specialities would have automatic recognition. This included general surgery, neurological surgery, gynaecology/obstetrics, general medicine, ophthalmology, ORL, paediatrics, respiratory medicine, urology, orthopaedic surgery, morbid anatomy/histopathology, neurology, psychiatry, diagnostic radiology, radiotherapy and plastic surgery. All other specialities would have to be evaluated on a case by case basis by host countries' "Co-ordinators" who would have to obtain information on an individual migrating doctor from his/her home country to assess their qualifications.

In response to the proposal all independent medical professional organisations in Europe published a joint statement commenting on specific issues raised in the new directive. The signatories to the statement included the UEMS, the Standing Committee of European Doctors (CPME), the European Union of General Practitioners (EUMO), the Permanent Working Group of European Junior Doctors (PWG), the European Federation of Salaried Doctors (FEMS), the European Association of Senior Hospital Doctors (AEMH), The European Forum of Medical Students Association (EMSA), The International Conference des Ordres (CIO) and the World Medical Association (WMA) who jointly represented over 2 million doctors in the enlarged Europe. Their main objection was against dividing the medical profession into two different categories of those who did and those who did not have a right to automatic recognition of their speciality. Dr Pylkkänen said there would undoubtedly be further discussions at a European level on the subject and he would keep the delegates informed of further developments.

In the ensuing discussion comments made by the delegates indicated that the new directive could ultimately lead to a fewer number of basic specialities with a greater number of subspecialities which would, admittedly, facilitate free movement of doctors but it could also lead to the disappearance of those specialities which were not automatically recognised. It was also noted that the main reason behind the new proposal was not the overt need to simplify and facilitate free movement of doctors but to cut costs of running the present system which had seven advisory committees. Under the new proposal one general committee dealing with all specialities would be set up.

Another topic of interest already discussed at the meeting in Thessaloniki was the Section and Board's representation on the UEMS Management Council. Dr Pylkkänen reminded the meeting that, according to the UEMS Statutes, the MC comprised representatives of national medical associations as they were deemed most representative of medical profession in any one EU Member State. The specialist make-up of the MC was not defined in the Statutes and up till now had been rather haphazard. In their effort to address this issue the MC decided to allocate six seats to representatives of Section and Board constituencies (groups of related specialities). Thirty seven sections, banded into three groups, would be represented by six representatives - two representatives from each of the three groupings. The group which included Section for Adult Psychiatry would be represented by Public Health and Child and Adolescent Psychiatry (a decision reached by lottery) for the first two years. They would represent the following specialities: Clinical Neurophysiology, Dermatology and Venereology, Medical Biopathology, Nuclear Medicine, Occupational Medicine, Ophthalmology, Pathology, Psychiatry, Radiology, Radiotherapy. The President of the Section for Public Health (Spain) and the President of the Section for Child and Adolescent Psychiatry and Psychotherapy (UK) would be the two representatives for this grouping. The first meeting attended by Sections' representatives would be held on 18<sup>th</sup> October 2002 in Stockholm.

Another important development within the MC was the impending election for the executive members of the Council in the light of the current President's and Secretary General's terms of office coming to an end. Dr Pylkkänen would report on the results at the next meeting.

(b) Child and Adolescent Psychiatry Section

The Section received the minutes from the CAPP Section meeting in Budapest in October 2001 for information. The minutes from this Section were also sent to the CAPP Section to facilitate the communications channels between the two Sections. Prof Peter Hill (UK) was elected as new President of the CAPP Section whereas Prof Jorma Piha continued to act as Secretary.

(c) Any other UEMS matters

The was none.

**12. Feedback from delegates**

It was agreed to defer this item to the Board meeting the following day due to time constraints.

**13. Collaboration with psychiatric organisations in Europe**

This item was reported on extensively under items 10 and 11.

**14. Website update**

Joanna Carroll approached two outside website design agencies, Fresh Egg and Cottage Industries, and the Publications Dept at the Royal College of Psychiatrists to obtain quotes for setting up a website. The proposal from the Fresh Egg Company clearly indicated that it would be very difficult for them to provide the type of website required at a price the Section could afford (around €2000). Cottage Industries quoted £500 and the College's quote was for £400 subject to the following conditions: all text, forms, graphics, etc. would be proof-read by the UEMS administrator rather than the College web master, once approved the format would not be changed without a prior agreement with the web master, all copies would be supplied in electronic form and any possible French texts would be corrected by the supplier. If this offer was accepted work could start in early December 2002.

During the discussion it was emphasised that the website should not in any way be linked to the College's own site - it should have its own domain name submitted to specific search engines. Should the administration of the Section and Board be moved to any other member association the maintenance of the website should easily be transferred to the new site. For that reason it was very important that the site was constructed using the latest technology available world-wide.

It was agreed to accept the offer from the College subject to a formal contract drawn up by the **R ten Doesschate** Treasurer which would include a detailed timetable and a deadline for completion of the project. **J Carroll**

**15. Data Protection Act and the Membership List**

A new version of the Membership List had been circulated to all members with the agenda papers. The List had been drawn up on the basis of the new Data Protection Update Forms which included a confidentiality clause. Only members who signed and returned their forms were entered on the list. Any details they wished to keep confidential were not published. Mrs Carroll reminded the delegates that the Membership List was an internal document circulated within the membership only. Delegates who had not returned their forms yet were urged to do so at their earliest convenience.

**16. Any other business**

(a) Recruitment in psychiatry

Prof König drew the delegates' attention to the fact that over the recent years there had been a steady decline in the number of medical doctors in general, and specifically psychiatrists, in most EU member states. Prof König suggested the Section and Board should consider the possibility of addressing the problem by trying to draw up a set of recommendations for governments on how to entice young doctors into psychiatry and what incentives could be put in place to make the profession more attractive.

This proposal was welcomed as the issue of recruitment and retention was important in many countries and European co-operation could alleviate the problem. Prof König, Prof Katona and Dr Martin agreed to put together a written proposal for a new working group on retention. P König  
C Katona

(b) Child Psychiatry

Prof Gómez-Beneyto reported that the Ministry of Health in Spain had submitted a draft project on psychiatric training for comments by both psychiatrists and paediatricians. The main comments from psychiatrists stipulated the inclusion of child psychiatry in basic psychiatric training whereas paediatricians agreed with the project's proposal which would allow a paediatrician to become a child psychiatrist after completing one and a half years of training in child psychiatry. The president of the UEMS Section for Child Psychiatry and Psychotherapy had written a letter supporting the position of the Spanish Association of Neuropsychiatry in this matter.

Prof Gómez-Beneyto asked the delegates if they would support a similar letter from the president of this Section. The delegates supported his request and Dr Lindhardt agreed to write to the Spanish Association of Neuropsychiatry. A Lindhardt

(c) Support for delegates from Eastern European countries

Dr Lindhardt said that in considering the issue of financial support for delegates who could not afford to attend the meetings the group should take into account the discussion on the budget that took place earlier today as well as possible criteria of eligibility for such help. It must be noted that some less affluent countries were already making an effort to attend despite their economic difficulties. It was possible that those who did not see such effort worthwhile did not regard the work of the Section and Board as relevant to their national circumstances. Dr Lindhardt suggested that the matter of seeking funds for attending the Section and Board's meetings should be left to individual associations to resolve. She would be happy to support, if necessary, any application for such funding from the EU but the initiative must come from the applicant.

Prof Katona asked if the Section and Board as an organisation would be willing to apply to the EU for funding for the specific purpose of helping countries which could not afford to send delegates to attend the UEMS meetings.

Dr Lindhardt replied that she believed the EU would provide such funding but the Section and Board did not have the necessary resources to take on any such additional work.

It was agreed that the President of the Section would write to those representatives who rarely attended the meetings to, firstly, find out whether their non-attendance was due to financial hardship or context irrelevance and, secondly, to inform them of the possibility of applying for EU funds and to assure them of the Section's support should they start any such initiative. A Lindhardt

**17. Date of the next meeting**

1 - 3 May 2003 - **Limassol, Cyprus**

9 - 11 October 2003 - **Berlin, Germany**

April 2004 - **UK/Scotland** (*tentative invitation*)