



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY

APPROVED Minutes of the 29th meeting of the UEMS¹ Section of Psychiatry held in Košice, Slovakia, on Friday, 7th October 2005.

1. Present

Prof Jacek Bomba - **Poland** - Polish Psychiatric Association
Dr Pedro Cabral Varandas - **Portugal** - Portuguese Medical Association
Dr Brendan Cassidy - **Ireland** - Irish Medical Organisation
Dr Homayon Chaudhry - **Switzerland** - PWG²
Prof Can Cimilli - **Turkey** - Psychiatric Association of Turkey
Dr Dan Georgescu - **Switzerland** - Swiss Society of Psychiatry and Psychotherapy
Dr Torben L Hansen - **Denmark** - Danish Psychiatric Association; **President, Section for Psychiatry (newly elected)**
Prof Edvard Hauff - **Norway** - Norwegian Medical Association
Prof Paul Hodiamont - **Netherlands** - Dutch Psychiatric Association, **Vice-President, European Board of Psychiatry**
Prof Lars Jacobsson - **Sweden** - Swedish Medical Association
Prof Matti Joukamaa - **Finland** - Finnish Psychiatric Association
Dr Roberts Klotins - **Latvia** - EFPT³; **President**
Dr Astrid Kubli Bauer - **Switzerland** - Swiss Society of Psychiatry and Psychotherapy
Prof Gerhard Lenz - **Austria** - Austrian Association for Psychiatry & Psychotherapy
Assoc. Prof Nils Lindefors - **Sweden** - Swedish Psychiatric Association
Dr Anne Lindhardt - **Denmark** - Danish Psychiatric Association; **President, Section for Psychiatry (outgoing)**
Dr Bernard Maillet - **Secretary General, UEMS Council**
Dr Lucien Manuceau - **France** - French Association of Psychiatrists
Dr Brigitte Mauthner - **Austria** - Austrian Medical Chamber
Dr Françoise Matthys - **Belgium** - Belgian Association of Neurologists and Psychiatrists
Dr Eva Pálová - **Slovakia** - Slovak Psychiatric Association, **Vice-President, Section for Psychiatry**
Prof Yiannis Papakostas - **Greece** - Hellenic Psychiatric Association
Prof Andreas Parashos - **Greece** - Hellenic Psychiatric Association
Dr Kari Pylkkänen - **Finland** - Finnish Psychiatric Association; **Vice-President, Section for Psychiatry**
Dr Harald Sontag - **France** - French Association of Psychiatrists
Dr James Strachan - **UK** - Royal College of Psychiatrists; **President, European Board of Psychiatry**
Dr Roelof ten Doesschate - **The Netherlands** - Dutch Psychiatric Association; **Treasurer, Section and Board of Psychiatry**
Prof László Tringer - **Hungary** - Hungarian Psychiatric Association
Dr Ivan Tuma - **Czech Republic** - Czech Psychiatric Association
Dr Roland Urban - **Germany** - Professional Association of German Psychiatrists
Dr Andreas Zachariadis - **Greece** - EFPT, **President-Elect**
Mrs Joanna Carroll - **UK** - Royal College Psychiatrists; **Administrative Secretary**

2. Apologies

Prof Dinesh Bhugra - **United Kingdom** - Royal College of Psychiatrists
Dr Tsvi Fischel - **Israel** - Israeli Psychiatric Association
Prof Michal Hrdlicka - **Czech Republic** - Psychiatric Association of Czech Medical Society
Dr Slađana Ivezić - **Croatia** - Croatian Medical Association, Society for Clinical Psychiatry
Prof Levent Küey - **Turkey** - Turkish Psychiatric Association
Dr Andres Lehtmets - **Estonia** - Estonian Psychiatric Association
Dr James O'Boyle - **Ireland** - Irish Psychiatric Training Committee
Dr Miquel Roca Benasar - **Spain** - Spanish Society of Psychiatry
Assoc. Prof Slavko Zihelr - **Slovenia** - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; **Vice-President, European Board of Psychiatry**

¹ EUROPEAN UNION OF MEDICAL SPECIALISTS

² PERMANENT WORKING GROUP FOR JUNIOR DOCTORS

³ EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES

Dr Lindhardt welcomed the delegates to Košice and thanked Dr Pálová and her association for inviting the Section and Board to Slovakia.

The President extended a special welcome to three new delegates to the Section and Board: **Prof Lars Jacobsson**, appointed in June 2005 - a new representative of the Swedish Medical Association; **Dr Lucien Manuceau** representing the French Association of Psychiatrists attending as an observer; and **Dr Homayon Chaudhry**, the new representative of the PWG appointed in May 2005. Dr Maillot, Secretary General of the UEMS was also present. The President reminded the delegates of the election for the post of President of the Section as her term of office was about to expire. The delegates were invited to submit their nominations before the end of the morning coffee break.

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

The minutes were approved as the correct record of the proceedings at the spring meeting in Turin.

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

There were none.

5. Financial Matters

(a) Subscriptions update

In the light of election taking place later that day, the Treasurer reminded the delegates that only associations whose subscriptions were up to date retained the right to vote. To date, Croatia, Cyprus, Denmark, Lithuania, Iceland, Israel, Italy and Luxemburg were in arrears. Dr Lindhardt reported that her association had just paid its subscription which would be confirmed by phone by Section's accountant later that day.

(b) New sharing out key

The Treasurer reported that the UEMS Council had approved a new sharing out key. For each country, the new key only took three areas into account for the purposes of calculating individual membership subscriptions: population (25%), the number of specialists (50%) and gross domestic product (25%). Although sections were allowed to establish their own sharing out keys the Treasurer proposed that this section should adopt the same key as the Council.

The data for the previous key was collected in 1975 and needed to be updated before the new key could be adopted. The classification of specialists in many countries had changed in many countries which resulted in significant differences in their numbers since the last count was carried out. This would necessarily affect subscriptions for most countries. Another important factor to contribute to this was currency situation in Europe where many new member states had not as yet signed up to the euro. Following the advice from the Management Council the Treasurer prepared a two-option budget (one including and one excluding France) proposing the subscription rise for new countries by a third each year until all member states' subscriptions were calculated according to the same rules.

Concerns were raised by some delegates about the level of increase to their subscriptions which would be particularly difficult to justify to their associations as the subscriptions to the MC had not changed as drastically. In extreme cases this might lead to the withdrawal of membership. Dr Maillot explained that the MC had other assets that could temporarily cover the deficit caused by France withdrawing its subscription.

Croatia, Israel and Turkey, as observers, paid the minimum amount of 1 %.

(c) Accounts 2004

The Treasurer reported that the reserve was lower than it should be, partly due to the depreciation of doubtful debtors. The reserve for this type of organisation should normally be equal to its annual expenditure level, i.e. about €20 000. The reserve was €11 962. Financial statement for 2004 was accepted.

(d) Budget 2006

The Treasurer reminded the delegates that the increase in expenses for the Board, to cover travel costs mainly in relation to the CME Task Force, was approved at the previous meeting. The budget was accepted with one abstention (Germany).

6. Election of Section President

Two nominations were received and were valid: Dr Torben L Hansen nominated by Dr ten Doesschate and Dr James Strachan nominated by Dr Tuma.

Dr Strachan's election manifesto was the merger of the Section and Board into one body. He felt the current modus operandi was not time effective and the merger would streamline consultation and decision making process as was already being demonstrated by many other Sections and Boards.

Dr Hansen accepted the nomination with pride and pledged to continue his predecessor's work for the benefit of the profession. His focus would be to improve the conditions of practice and training in psychiatry and to explore the diversity and richness of psychiatry in Europe.

Dr Hauff, Prof Hodiamont and Dr Urban were nominated to form the election Committee, which Dr Urban agreed to chair. He read out the list of 19 delegates eligible to vote, including Austria, Belgium, Czech Republic, Denmark, Finland, Germany, Greece, Hungary, Ireland, the Netherlands, Norway, Poland, Portugal, Slovakia, Sweden, Switzerland, United Kingdom, EFPT and PWG. Each received one ballot paper and following a 10 minute break the votes were counted. The election committee announced that 18 votes were received in total - 8 for Dr Strachan, 10 for Dr Hansen, and one late submission. Dr Hansen was therefore duly elected as President of the Section.

Dr Hansen took the chair and thanked the delegates for their trust and promised to fulfil the duties of the President to the best of his abilities. He thanked Dr Lindhardt for her outstanding contribution to the work of the Section and hoped he would be able to match the expectations entrusted in him. Dr Lindhardt congratulated Dr Hansen and wished him success. She thanked the delegates for their support and Mrs Carroll for her support in administrative matters which significantly improved the way the Section is run.

7. Profile of a Psychiatrist - final draft for approval

Dr Hansen reminded delegates that the report was discussed extensively at the last meeting and comments received were incorporated into the final version. Prof Gomez-Beneyto in his absence sent his comment suggesting that anti-stigma campaign skills should also be included in the competencies. This was particularly important in the light of the WHO mental health plan for Europe. This was accepted in principle subject to the final wording and would be inserted as a competence in the Health Advocate section.

The report was approved and would be forwarded to the MC for endorsement as the UEMS policy paper. It would be reviewed in conjunction with the training charter at least every 4 years.

The President would write to national associations to promote the report and to recommend that it be translated into local languages to raise its profile.

ACTION:

1. Send report to MC for endorsement
2. Write a letter to national associations re translation

8. Office of Past President

The Section received a proposal submitted by Dr Georgescu to establish the office of Past President. He said that this could potentially ensure continuity of work and provide opportunity to utilise the expertise the President acquired during his or her time in office. The formal proposal would have to be put forward to the MC as it would require an amendment to the UEMS rules of procedures (RoP). Dr Mailliet clarified that the RoP were meant as a framework only and sections could modify them according to requirements. The MC had a similar arrangement which worked well.

The proposal was put up for discussion. It was felt that the current term of office of 4 years for the President combined with 2 vice-presidents and the staggering system of elections provided sufficient support and continuity of work. However, as the Section only met twice a year and the pace of work was slow it might be argued that the services and Past President might be of use. It was also pointed out that with the current size of the bureau is it might be difficult for the new president to reaffirm his or her position while the past President was still around. An alternative solution might be to have a president elect who would attend officers meetings in preparation to adopting their new role.

The proposal was put to a vote. The results were as follows: in favour - 4; against - 9; abstentions - 6. The proposal was not approved.

9. UEMS Matters

Dr Pylkkänen reported the next meeting of the UEMS Management Council would be held on 21 October in Munich. It was hoped that the amended statutes and RoP would be approved at that meeting. Elections for the next UEMS President would also be held.

The proposed amendments included the name of the Management Council be changed to Council; both delegates to Sections must be nominated by their medical associations; Sections' Boards would also have

two delegates: one would be a member of the Section and one should be nominated by an academic organisation in the Member State. Delegates would be required to be in active practice in the relevant specialty or involved in negotiating on behalf of their medical association. They would have to be approved by their national psychiatric association and their medical organisation. Secretary General must be informed about changes to representations without delay. The national representation should be staggered to provide continuity in the work of the Sections and Boards and to ensure that national associations received adequate updates. The term of office for each delegate would be four years and could be renewed twice. The President of the Section would only be re-elected after the interval of two years.

The new Rules of Procedure which would be adopted at the next meeting of Council in Munich later this month stipulated that each specialist section was responsible to the Council, and exclusively to the latter, and must regularly report on all its activities. It did not, therefore, enjoy full autonomy. Only disciplines recognised as an independent specialty by more than one third of the EU Member States, registered in the Official Journal of the EU and fulfilling conditions laid down by the Council, would be allowed to form a UEMS specialist section. Under the new rules, a Section might request to present their view on a particular topic directly to a full Council meeting.

Dr Maillet added that the Council was keen to improve its relations with the sections and involve them as much as possible in its deliberations. It was agreed that France would re-join the Council from January 2006 as the financial issues had now been resolved. The Council was now publishing a regular newsletter available on the UEMS website.

The Council also discussed the definition of a medical act but no consensus had been reached as yet.

The new directive of the European Parliament and the Council was approved on 7 September 2005. It should be noted that the UEMS contribution was taken into account. All currently existing specialties (52) were recognised at a European level. The Directive set out new rules for recognising new specialties, i.e. a specialty must be recognised in 10 of the 25 member states before it could be formally recognised. Each nationality can have any specialty at a national level.

10. UEMS Child and Adolescent Psychiatry Section

The section received an email from Prof Peter Hill, President of the Section of Child and Adolescent Psychiatry, in which he expressed his support for improving communication between both sections. He suggested that both sections should send formal representatives to attend meetings. CAP section would be able to send their delegate to at least one meeting of the adult psychiatry section, depending on the venue. The exchange of minutes should be continued as an additional form of exchanging relevant information.

The proposal was welcomed and following discussion, it was agreed that the section would be able to afford to send a delegate to the CAP section meeting held in that delegate's country. CAP section's representatives would be very welcome to attend adult section meetings and the President and Secretary would be regularly informed of the venues for our meetings. Although Dr Sontag's term of office as delegate to CAP section had now ended, Dr Manuceau, his successor, would be able to provide and informal link between the two sections.

ACTION: JC to write to Prof Hill

11. Task Force - UEMS/AEP/WHO/WPA

Dr Lindhardt briefly outlined the background to the task force for the benefit of the new members. Dr Martindale's term of office as WPA zonal representative for Western Europe had come to an end. Dr Michel Botbol from France was appointed as his successor and would be attending the meetings. The task force met in Cairo during the WPA congress last September and drafted a document outlining general principles for European CME in psychiatry to be discussed at the Board meeting the following day.

12. Website update

Mrs Carroll informed the delegates that the Maltese Association of Specialists in Psychiatry had now set up a new website and mutual links had been installed. The delegates were asked to ensure their organisations were linked up to the Section's site.

13. Feedback from delegates

Austria

Under the new training regulations for psychiatry, psychotherapy training would become a compulsory element in psychiatric training, although the change had not yet been approved by the government as the

finance issued had not yet been resolved. It was likely that trainees would be required to pay for this training.

Belgium

A new association was being created for psychiatrists only. Psychotherapy could only be prescribed by psychiatrists, but treatment could be provided by non-medically qualified professionals.

Czech Republic

Attempts to abolish big psychiatric hospitals in favour of psychiatric wards in general hospitals were under way. Community care was slowly being developed. A new law on psychiatric treatment in prisons was being introduced.

Denmark

The current administrative reform was likely to affect the healthcare system. Recruitment into psychiatry was improving but there was still a lot to be done. Following the adoption of the CanMEDS⁴ by the Danish National Board of Health, consultants applying for new positions were now required to demonstrate their competencies in all seven areas identified by the project.

Finland

General treatment guarantee came to force on 1st March. Each speciality was obligated by law to set up criteria for admission to treatment with its own system of points. The patient must be examined by a specialist within 3 weeks and treatment must start within 6 months of specialist assessment. The system was designed to facilitate outcome measures. This might prove problematic in psychiatry. The government ordered assessment by OECD experts. This included waiting lists for surgical operations but psychiatry was not mentioned.

The 28th Nordic Congress of Psychiatry organised by the Finnish Psychiatric Association would be held on 16-19 August 2006 in Tampere.

France

It was a difficult time for psychiatry in France as a new approach was emerging defining mental disorder as a result of social circumstances and indicating that the solution should be social rather than medical.

Germany

Health costs were currently at the top of political agenda. Doctors were being offered only 6 to 12-months contracts.

Hungary

Two years of residency training was funded by the state. Recruitment problems caused some hospitals and wards to close.

Ireland

Recruitment was a big problem. Over the last 30 years only 300 medical students graduated in Ireland annually. To secure funding, universities were driven to recruit more and more overseas students. The new report designed to address this problem recommended that the number of graduates was increased to 750 but no implementation steps had been taken due to the lack of resources.

Netherlands

New insurance and finance arrangements for treatment were being introduced but neither the government nor the profession were prepared for the changes.

Norway

The government's plans for investment in psychiatry were being evaluated and some improvement had been noted. Professional medical associations were under scrutiny and the government's proposal to place the responsibility for specialist training elsewhere was facing opposition from those bodies.

Poland

The current training programme had been introduced 6 years ago and its impact was now being assessed. The report was expected to be ready next year. A worrying recruitment trend had been observed for Polish trainees moving to the UK and other countries which were experiencing workforce problems.

Portugal

No recruitment problem could be observed as more doctors were planning to take up psychiatry as their speciality, with a view to going into private practice. Community psychiatry was not a popular setting amongst Portuguese psychiatrists.

Slovakia

⁴ CanMED2000 = Canadian Medical Education Directions for Specialists 2000

Insurance would be privatised in October. Hospitals would have to negotiate directly with insurance companies, which caused a lot of uncertainty. Only 75 per cent of doctors' and nurses' current salaries would be guaranteed. The remaining 25 per cent would have to be obtained from other sources.

Sweden

Training requirements for psychiatry were currently being reviewed. The government had appointed a coordinator for psychiatry to increase input from the profession.

Switzerland

The current training curriculum, which followed the UEMS recommendations, was accredited by the Federal Department of Home Affairs. The ongoing revision of the postgraduate training programme aimed to further align the curriculum to the recommendations of the UEMS and to the modified regulations imposed by the new labour law for employed physicians. The Federal Office of Public Health was planning to implement a controversial proposal to exclude psychotherapy from the services for which insurers were required to pay. The Swiss Society for Psychiatry and Psychotherapy was working towards establishing old age and forensic psychiatry as psychiatric subspecialties.

Turkey

The implementation of the WHO resolution adopted in Helsinki was slow. General hospitals were instructed to set up psychiatric wards but this was being opposed, mainly due to stigma. The Board of Psychiatry had been set up to run examinations. It was hoped this would provide harmonisation to the examination process at a national level. A recent MDRI⁵ report on Turkey described an inappropriate use of ECT (e.g. in children, as punishment, or without anaesthesia), the lack of mental health act, unacceptable hospital conditions, etc. Prof Cimilli emphasised that the report was not based on reliable data and was largely over-generalised.

United Kingdom

Specialist training was undergoing significant changes which would bring psychiatric training into line with training programmes in other specialities. A newly qualified doctor would be expected to spend 4 months in psychiatry during their internship. It was hoped this would improve recruitment into psychiatry. The new mental health act in Scotland came into force on 5th October 05. The unusual aspect of this legislation was that it allowed for treatment in the community if necessary on a compulsory basis. The practical implications of this new law had yet to be tested.

PWG

The main topic of discussions amongst trainees was psychotherapy. The PWG believed that psychotherapy training and provision should be harmonised throughout Europe.

14. Any other business

(a) Structure of the Section and Board

In response to the debate prompted by the election, Dr Lindhardt clarified the relation between the Section and Board. Sections were the main element of the UEMS structure. Boards introduced in order *"to guarantee the highest standards of care in the field of the speciality concerned in the countries of the EU, by ensuring that the training of the specialist doctor is raised to the highest possible level"*. They were regarded as working groups of the sections and their decisions needed to be passed by the sections. The Section of Psychiatry was re-established in 1991 and the Board a year later.

It had been agreed recently to appoint 2 vice-presidents for the Section and two for the Board to avoid overlap.

She proposed that the merger of the Section and Board should be put on the agenda for the next meeting for further discussion. Dr Maillet informed delegates that the current statutes did not preclude the integration.

(b) Proposal for a new Section working group for old age psychiatry

Dr Georgescu raised the issue of Section vs. Board localisation for the new working group on old age psychiatry which he proposed. In his proposal he had specified that this should be a Section working group and was surprised to find it on the agenda of the Board. Dr Hansen explained that recommendations for training in old age psychiatry would be dealt with by the Board. However, if the working group was to be working on service provision in old age psychiatry, it would belong to the Section. The President apologised for not replying to Dr Georgescu's letter which was regarded as a written proposal for a new working group and therefore no formal reply was required.

ACTION: Structure of Section and Board on the agenda for next meeting
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⁵ Mental Disabilities Rights International

15. Dates of next meetings

6-8 April 2006 - Vienna, Austria

5-7 October 2006 - On review of location of past meetings, it was realised that three have been now held in Germany. The kind offer of Lübeck had therefore been laid aside for Deventer, the Netherlands.

Spring 2007 - Izmir, Turkey

Autumn 2007 - Geneva, Switzerland

Spring 2008 - Copenhagen, Denmark

16. Reports from the Working Groups

(a) Recruitment and Retention

Dr Pálová reported that reasons for recruitment problems differed from country to country. The working group was trying to assess whether there were any reasons common to all those countries experiencing the problem, e.g. the low status of the profession in terms of financial rewards compared to other specialties. Psychotherapy being an integral part of training might improve the image of psychiatry. Self esteem amongst psychiatrists was low which contributed to the stigma attached to the profession. Any promotion initiatives should target undergraduate medical students at an early stage to deflect potential negative attitudes towards psychiatry. The group agreed to carry out a survey using the Profile of a Psychiatrist report. Students would be asked, on a scale from 1 to 100, their preference for psychiatry. They would then be asked to read the document and answer the same question again. It would be necessary to translate the document into local languages. Delegates agreed to help with the translation.

(b) Stigma

Prof Jacobsson was elected Vice-Chair and chaired the group in Prof Hohagen's absence. Amongst the issues discussed was the role of the psychiatrist in anti-stigma activities and stigmatisation of psychiatrists. Delegates were asked to send any material on national anti-stigma campaigns to the Chair or Vice-Chair.

The well-developed campaigns currently operating in Scotland ("See me") were circulated to the WG members during the meeting.

(c) Private practice

Dr Urban reported that the group agreed to widen the scope of their discussions to include psychotherapy. They attempted to define medical psychotherapy in psychiatric practice as psychotherapy administered by a psychiatrist and aimed at defining the reason for the mental health problem. Private practice should be one of the settings available for training in psychiatry without additional payment. The group also looked at ways to ensure free choice for patients wishing to seek treatment in the private sector as well as for doctors wishing to work in national state service or in private practice. Delegates were asked to join the group if they had interest in the issues discussed.