UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION OF PSYCHIATRY

SPRING MEETING

Friday, 6th October 2006 – Deventer, the Netherlands

APPROVED Minutes of the 31ST meeting of the UEMS[1] Section of Psychiatry held in Deventer, Netherlands, on Friday, 6 October 2006.

1. Present

Dr Homayon Chaudhry - Switzerland - PWG[2]
Prof Can Cimilli - Turkey - Psychiatric Association of Turkey
Dr Dan Georgescu - Switzerland - Swiss Society of Psychiatry and Psychotherapy
Prof Manuel Gómez-Beneyto - Spain - Spanish Association of Neuropsychiatry
Dr Torben L Hansen - Denmark - Danish Psychiatric Association; President, Section for Psychiatry
Prof Edvard Hauff - Norway - Norwegian Medical Association
Dr Roberts Klotins - Latvia - EFPT[3]; President
Prof Gerhard Lenz - Austria - Austrian Association for Psychiatry & Psychotherapy
Assoc. Prof Nils Lindefors - Sweden - Swedish Psychiatric Association
Dr Lucien Manuceau - France - French Association of Psychiatrists
Dr Françoise Matthys - Belgium - Belgian Association of Neurologists and Psychiatrists
Dr Brigitte Mauthner - Austria - Austrian Medical Chamber
Dr Eva Pálová - Slovakia - Slovak Psychiatric Association, Vice-President, Section for Psychiatry
Dr Kari Pylkkänen - Finland - Finnish Psychiatric Association; Vice-President, Section for Psychiatry
Dr James O'Boyle - Ireland - Irish Psychiatric Training Committee
Dr Joseph Saliba - Malta - Medical Association of Malta / Maltese Association of Specialists in Psychiatry; Secretary, Section and Board of Psychiatry
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
Prof Dr Ulrich Voderholzer - Germany - German Society of Psychiatry, Psychotherapy & Neurology
Dr Andreas Zachariadis - Greece - EFPT, President-Elect
Mrs Joanna Carroll - UK - Royal College Psychiatrists; Administrative Secretary, Section and Board

2. Apologies

Prof Dinesh Bhugra - UK - Royal College of Psychiatrists
Prof Jacek Bomba - Poland - Polish Psychiatric Association
Dr Brendan Cassidy - Ireland - Irish Medical Organisation
Dr Tsvi Fischel - Israel - Israeli Psychiatric Association
Prof Pier Maria Furlan - Italy - Italian Psychiatric Association
Prof Paul Hodiamont - Netherlands - Dutch Psychiatric Association, Vice-President, European Board of Psychiatry
Prof Fritz Hohagen - Germany - German Society of Psychiatry, Psychotherapy & Neurology
Prof Michal Hrdlicka - Czech Republic - Psychiatric Association of Czech Medical Society
Dr Slaðana Iveziæ - Croatia - Croatian Medical Association, Society for Clinical Psychiatry
Prof Lars Jacobsson - Sweden - Swedish Medical Association
Prof Matti Joukamaa - Finland - Finnish Psychiatric Association
Assoc. Prof Blanka Kores Plesničar - Slovenia - Psychiatric Association of Slovenia
Dr Astrid Kubli Bauer - Switzerland - Swiss Society of Psychiatry and Psychotherapy
Dr Andres Lehtmets - Estonia - Estonian Psychiatric Association
Dr Anne Lindhardt - Denmark - Danish Psychiatric Association
Prof Michael Musalek - Austria - AEP[4]
Dr Miquel Roca Benasar - Spain - Spanish Society of Psychiatry
Dr Harald Sontag - France - French Association of Psychiatrists
Dr Lívia Vavrušová - Slovakia - Slovak Psychiatric Association
Assoc. Prof Slavko Ziherl - Slovenia - Psychiatric Association of Slovenia, Medical Chamber of Slovenia; Vice-President, European Board of Psychiatry

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[1] EUROPEAN UNION OF MEDICAL SPECIALISTS
[2] PERMANENT WORKING GROUP FOR JUNIOR DOCTORS
[3] EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES
[4] ASSOCIATION OF EURPEAN PSYCHIATRISTS

Dr Hansen welcomed the delegates to Deventer and thanked Dr ten Doesschate and his organisation for inviting the Section and Board to the Netherlands. Prof Papakostas and Dr Andreas Parashos, delegates of the Hellenic Psychiatric Association, stepped down and the new representatives for Greece would be appointed shortly. The President thanked them both in their absence for their contribution to the work of the Section and Board of Psychiatry during their tenure. Dr Tuma informed the meeting that his term of office had now come to an end and this was his last meeting as the delegate of the Czech Republic. Dr Kubli-Bauer received a message about her father's death and returned to Switzerland. The delegates expressed their condolences and asked that those were passed to Dr Kubli-Bauer. Dr Cassidy was unwell and could not attend the meeting.

3. To approve the minutes of the last meeting

The minutes of the meeting held on 7th April 2006 in Vienna, Austria, were approved as the correct record of the proceedings.

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

a) The final response to the EU *Green Paper* drafted by the Section was circulated for information. Dr Pálová who was involved in drafting the green paper reported that 270 comments were received. It was hoped that they would be summarised by the end of October. The white paper should therefore be available some time in November.

b) Delegates were reminded that the Secretariat required the names of presidents of their national associations and up to date addresses to circulate the annual reports directly to their associations. It was agreed that the WPA list of national presidents would circulated to delegates for reference. Any inaccuracies would be reported to the Secretariat.

ACTION: JC to circulate the WPA list of presidents for delegates comments/amendments. ✓

5. Financial matters

a) Subscriptions update

The Treasurer reported that the subscriptions were up to date for most countries except Croatia, Cyprus, Greece, Hungary, Iceland, Lithuania, Luxembourg and Norway. It was decided to write to Croatia, Cyprus and Lithuania, who had not paid for several years, to encourage them to discuss their debts with the Treasurer. They should also be actively encouraged to attend the meetings once their subscriptions were up to date. This would apply to the new accession countries joining the EU in January 2007, i.e. Bulgaria and Romania.

ACTION: Treasurer to write to lapsed subscribers and to new EU members in due course. ✓

b) Accounts 2005

The Treasurer reported that the Section's account showed a working loss of €473.00. This was caused by the depreciation of doubtful debtors, i.e. France, Germany and Italy. Most expenses remained within the estimated limit. It was emphasised that all invoices were issued in January and national associations should endeavour to pay their subscription dues by the spring meeting. The accounts for 2005 were approved.

c) Budget 2007

The budget was circulated for discussion. The Treasurer pointed out that the main increase in expenses would be to cover administrative support provided by the Royal College of Psychiatrists. However, travelling costs of the Section and Board officers would be lower. The subscriptions for 2007 were calculated according to the new sharing out key. The budget was approved.

6. *Profile of a Psychiatrist* – delegates to feedback on national implementation strategies

The President asked the delegates to briefly report on the impact, if any, of the *Profile* paper.

Slovakia – The paper was translated and discussed at the annual meeting of the Slovak Psychiatric Association. It would also be published in the national psychiatric journal.

Czech Republic – There were plans to translate the paper in due course.

Austria – The paper was currently on the website on the national association in English but would be translated shortly. The paper was also consulted in the recent reorganisation of the medical faculty at the University of Vienna.

Latvia – The paper was one of the resources used to draw up the new mental health strategy for 2007-17 following the Helsinki conference.

Norway – The English version of the paper The Norwegian Psychiatric Association was currently developing its own document on the status of the psychiatrist and the Section's *Profile* paper would be helpful in that work. Interestingly, Norwegian trainees saw the paper as a political slogan-dominated statement, of little help in the current debate with psychologists.

Spain – The paper was presented at the general assembly of the Spanish Association of Neuropsychiatry. It was agreed to translate it and publish in the national psychiatric journal. The paper was sent to the training committee to be taken into account.

PWG – The paper would shortly be published on the PWG website.

Switzerland – The paper had been circulated to relevant bodies within the national association. There were plans to publish it in the Bulletin of the Swiss Society of Psychiatry and Psychotherapy which was widely read in Switzerland.

Hungary – The paper had been circulated to relevant bodies within the national association and other appropriate bodies.

Ireland – The paper would be consulted in the current context of reorganising training.

Turkey – The paper informed the recent development process of the Turkish Board examination.

Denmark – The paper was circulated to the Board of the national association. It was found particularly helpful during a recent meeting of the forensic faculty in their deliberations on improving training in forensic psychiatry.

The President informed the delegates that the paper had been sent to the UEMS Council with the recommendation to adopt it as a UEMS policy statement. There had been no official confirmation to date. The President agreed to follow that up.

ACTION: President to contact the UEMS council re *Profile* paper.

7. Review of existing reports – a follow-up

a) *Biological Psychiatry* report – update on review

Prof Lindefors gave a PowerPoint presentation (see Annex) on biological psychiatry which demonstrated that, according to research, psychiatry was biologically based. The term *biological psychiatry* was therefore misleading as it implied a branch of psychiatry, such as e.g. child psychiatry or old age psychiatry. As biology was a key aetiological factor, Prof Lindefors proposed that the correct term to use should be *biology in psychiatry*. The current Section report needed to be updated.

The president thanked Dr Lindefors for his informative presentation. Prof Lindefors and Prof Hauff agreed to prepare a written proposal for a working group. The old report would be archived with immediate effect.

ACTION: Prof Lindefors and Prof Hauff to submit the written proposal in advance of the next meeting.✓

b) *Quality Assurance of Standards in Specialist Psychiatric Care*

Dr Saliba reported that Dr Pálová and he reviewed all the reports on quality assurance produced by both the Section and Board as well as the UEMS Council Charter on Quality Assurance. The draft paper was tabled at the meeting. It was agreed to circulate the paper and comments would be sent to Dr Saliba. The final version of the consolidated paper would be prepared for approval at the spring meeting.

ACTION: Dr Saliba and Dr Pálová to co-ordinate the consultation and prepare the final paper. ✓

8. The European Working Time Directive

This paper had been submitted to the Spring meeting but had to be deferred due the urgent response the green paper at that time. It was the draft position paper prepared by the UEMS Sections of surgical specialties on the effects of the EWTD on surgical training. The UEMS Council had asked specialist sections to comment on the proposal for the 48 hrs working time + 12 hrs training time model favoured by the surgical sections. The feedback would be presented at the November meeting of the Council.

The discussion that followed highlighted different approaches to EWTD adopted by individual member states. In the UK there was initially a strong opposition to the EWTD but the current consensus was that it was possible to organise better training in the new framework. Trainees were advised not to opt out as this might have implications for the medical insurance. In Ireland there was general support for the EWTD despite the disincentive of reduced salaries resulting from shorter working hours. In Malta trainees could choose to opt out of the EWTD. The view in Turkey was that it was not feasible to standardise working hours across specialties due to wide variations in duties and responsibilities. In Belgium most specialists

supported the directive, with the exception of surgery. The PWG could not achieve unity on the subject but inclined towards supporting the EWTD.

Delegates agreed that the key principle underpinning the EWTD was high quality patient care provided by highly skilled and well trained practitioners. Specialist training was universally provided in clinical settings during working hours and quality standards could not be met when both trainees and trainers worked unacceptably long hours. Member states should be urged to adjust their training frameworks to accommodate the EWTD.

It was agreed that this Section did not support the proposal and the President would inform the Council.

ACTION: President to inform the Council of the Section's decision.

9. Ukrainian Psychiatric Association – a request to join the UEMS

Dr Tina Beradze contacted the Section on behalf of the Ukrainian Psychiatric Association with the request to join the Section and Board of Psychiatry. Further information about the organisation's aims, objectives, governance and membership has been requested but was not submitted on time. The delegates supported the idea of Ukrainian membership in principle but agreed that more information, particularly on the representativeness of this association, was required before the final decision could be made.

ACTION: JC to write to Dr Beradze. ✓

10. UEMS Policy Statement on Assessments during Specialist Postgraduate Medical Training – revised draft proposal

The draft paper on assessment in training was prepared by the UEMS Council working group chaired by the President, Dr Fras. The paper was generally accepted as useful although some editing would be helpful. It was pointed out that the paper should refer to EEA rather than EU nationals. High quality assessment was vital in maintaining enthusiasm for training. The paper should also clarify that assessment tools should not be used for recruitment. It was important to emphasise that assessment should be qualitative and identify goals towards which trainees should be working. This should be done on two levels - one to ensure the minimum competency required to practise safely and another – to identify areas of excellence for trainees.

It was suggested that the Section of Psychiatry should produce its own paper on assessment based on this policy. It was agreed the matter would be revisited when the paper was adopted as UEMS policy. Delegates were asked to forward their comments directly to the President before the Council meeting in November.

ACTION: delegates would forward their specific comments to Dr Hansen.

11. UEMS Council Matters

Dr Pylkkänen reported that the UEMS Council last met in March and the next meeting was to be held in Budapest on 3-4 November. Matters discussed included the budget and the accounts for 2005, a number of European directives and relations with the Sections and Boards.

With regards to the financial matters the delegates were informed that France had now settled its outstanding contributions and was again fully participating in the work of the UEMS. One third of the Council's budget came from the CME accreditation. The figure for 2005 was in the region of €100,000.

With regards to European matters, it was reported that the revised directive on the recognition of specialist qualifications had now been approved and would come into force in June 2007. Health was no longer included in the revised version of the directive on services in the internal market. Instead, it had been suggested that a new directive specifically for health services should be drawn. There was a public consultation on the free movement of patients in Europe. The UEMS Council has been asked to contribute to the discussions, in particular on issues such as the patient criteria for moving from one country to another, the level of payment and the insurance.

Any feedback the Section and Board wished to give to the Council should be forwarded before the November meeting. One of the drafts the Council was currently working on was the paper on the quality of doctors which would be discussed at the November meeting. Voting rights of the Sections and Boards would also be discussed there as would the request from Israel to join the Council.

The President thanked Dr Pylkkänen for his informative report.

12. The European leaders in psychiatry – UEMS/AEP/WHO/WPA

The last meeting of the European leaders was held in Istanbul during a WPA conference. Unfortunately, Dr Anne Lindhardt who represented the Section and Board of Psychiatry was not present to report. The delegates were informed that Dr Hansen would attend the next meeting.

13. Administrative issues: Electronic communications

A number of delegates had reported problems with electronic messages sent out from the secretariat, particularly those containing attachments. It was agreed that it would be practical to create a secure page on the website with access restricted to Section and Board delegates where draft documents could be published and discussed. Joanna Carroll would explore the costs involved with the Royal College of Psychiatrists under the terms and agreements of the website development contract.

ACTION: JC to speak to the College. ✓

14. Feedback from delegates on professional, training or service developments, in particular the Helsinki Declaration

Austria: In February 2007 the new legislation on psychiatric training would come into force. The total duration of training would be 5 years which would include 6 months in neurology and 6 months of psychotherapy as compulsory components. A new psychosomatic clinic, headed by a doctor from Germany, had recently opened in Vienna for treatment of depression, anxiety disorders, etc. This was a cause of tension as big clinics received more funding.

Czech Republic: The UEMS Training Charter had now been adopted. The new basic specialist training programmes in child and adolescent psychiatry and addictions were being developed. This year is the year of accreditations for clinics and hospitals.

Denmark: The main change was the administrative reform of the health care system. There were now five regions instead of 13 counties. Psychiatric wards in general hospitals would now be separated from the main hospital.

Finland: A major study in psychotherapy to compare long and short term therapeutic treatments had now been completed and the results of the randomised controlled trial, showing significant differences between treatment outcomes, had been published. Consensus conferences in medicine had been held in Finland for over 20 years with the aim to agree treatment consensus. The next such conference would be on psychotherapy.

Germany: The Mental Health Act would soon be revised. The government was planning to privatise a number of health services to encourage competition and save money. The training system allowed separate programmes for psychotherapy/psychiatry and for psychosomatic medicine which was stigmatising both sides. One year of neurology was required to become a psychiatrist.

Hungary: Psychotherapy was part of the common training trunk at the basic level. However, higher degree of specialisation in psychotherapy was possible. The 50th anniversary of the Hungarian revolution was causing tension in the health sector.

Ireland: The new Mental Health Act would come into force on 1st November 2006. Involuntary admission could only be decided by a tribunal within the 3 week deadline. Married adolescents would be regarded as adults. Facilities for adolescent patients would have to be separate from adult wards. Following the reorganisation of training structures in the UK and at the Royal College of Psychiatrists Irish specialist training was being reviewed.

Malta: The Mental Health Act was being updated. A new general hospital was being built, however only 15 psychiatric beds would be available in the first instance. The register of specialists was now established under the EU requirements. Formal higher specialist training was very limited and trainees migrated, mainly to the UK, to obtain their specialist qualifications. Community psychiatry was becoming progressively more developed as a mode of service delivery.

Norway: The delegates were sad to hear that the chair of the Norwegian Psychiatric Association had died suddenly. The development of psychiatry at the national was progressing well resulting in a marked increase of psychologists and allied professions. Recruitment problems were still significant and foreign trainees and specialists were welcome in Norway.

Slovakia: Recently developed training and service delivery standards in psychiatry had now been submitted to the newly elected government for approval. The new postgraduate curriculum was developed in accordance with the UEMS recommendations.

Spain: Attempts to introduce the law allowing compulsory treatment in the community failed. Psychologists' attempts to formally recognise psychology as a health discipline were also denied. The

government was developing a mental health strategy following the Helsinki conference in an effort to address the shortage of psychiatrists.

Sweden: Following the high profile murder by a person with a mental disorder, psychiatry was still in the focus of public opinion as well as the government which eventually resulted in the improved image of psychiatrists, increase in funding and the review of the postgraduate training in psychiatry. The UEMS recommendations would be instrumental in that review.

Switzerland: There are plans to introduce new mid-point examinations as part of the evaluation and selection process for postgraduate training. Competition between psychiatrists and other professional guilds over diagnosis continued. Patient access to specialist care had also been reviewed. Patients now should have no direct access to psychiatrists having to be referred by GPs instead. The move caused a lot of opposition both from patients and doctors. Old age psychiatry became a formally recognised sub-speciality of psychiatry.

Turkey: The preferred setting for service delivery was still the psychiatric hospital. There were significant improvements in diagnosis of mental disorder which led to the shortage of beds. One of the biggest psychiatric hospitals had stopped delivering ECT without anaesthesia and it was hoped that example would be followed by others. The government was planning a workshop with the WHO to discuss mental health policy in Turkey.

UK: The Royal College of Psychiatrists, following a wide consultation of its members, agreed to move away from six separate specialist qualifications in psychiatry (i.e. general adult, child and adolescent, old age, learning disability, forensic and psychotherapy) to a single Certificate of Completion of Training (CCT) in Psychiatry. Specialists would still be able to list their particular psychiatric specialty in the register but the College believed that a single qualification would strengthen the existing specialties within psychiatry, enable the development of newer specialties, improve standards and thus enhance patient care. This had now been submitted to the government and the process was likely to take several years.

15. Any other business

Prof Gómez-Beneyto reported that the WHO produced a protocol to collect information on health services around the world. It was user-friendly and had a clear glossary and good classifications. It was a useful tool for collecting and comparing information at a regional and national level. It was understood that it had not yet been used to carry out a survey. Prof Gómez-Beneyto agreed to provide the form and Dr Saliba would decide whether it would be feasible for the Section to conduct a survey using this tool.

Prof Gómez-Beneyto suggested that the Section and Board could explore the possibility of collaborating with an equivalent body for psychology and/or allied professions in mental health. The President agreed to explore this further.

ACTION:
1. Prof Gómez-Beneyto send the WHO protocol to Dr Saliba for consideration. ✓
2. Dr Hansen to explore collaboration with allied professions.

16. Dates and venues of future meetings

26-28 April 2007 – Izmir, Turkey
11-13 October 2007 - Geneva, Switzerland
Spring 2008 - Copenhagen, Denmark
Autumn 2008 – Slovenia (tentative proposal)

Delegates were asked to explore the possibility of hosting Section and Board meetings. Spain and Belgium expressed interest and would report back at the next meeting.

17. Reports from the Working Groups

a) Recruitment and Retention

Dr Pálová presented the results of the survey carried out by the working group. Twenty out of 25 countries replied 14 of which reported problems with recruitment and 5 - problems with retention. The group agreed that there was an urgent need to improve the image of psychiatry as a profession, undergraduate training and financial rewards. It was suggested that further work was more relevant to the remit of the working group on stigma. This was agreed and Dr Pálová would inform the chair of the stigma group, Prof Hohagen, that effects of stigma on recruitment and retention should be included in the final report on stigma.

ACTION: Dr Pálová to contact Prof Hohagen to inform him of the outcome.

b) Private Practice

Dr Urban reported that the emphasis of their report should be to present private practice setting not as a competition to public services but as a partnership offering different settings and treatments for the benefits of the patients. The group identified a number of recommendations and those would be submitted for discussion at the next meeting.

c) Stigma

The group did not meet on this occasion.

d) Working Group on compulsory treatment in the community

The group formulated its remit and identified the following aims and objectives: to define principles which should underlie mental health law and the professional expertise necessary for those undertaking detention, to describe procedures appropriate in application of the law and to define necessary rights of appeal. Dr Strachan agreed to chair the group and Dr Hodiamont would be the vice-chair. Dr Saliba also joined the group. Comments from delegates implied that the aims and objectives were very ambitious and not necessarily obtainable in the time frame specified. It was clarified that the review would only cover recent documents. It was suggested the focus of the group should be limited to the compulsory treatment in the community which was a concern in many countries. It was also suggested that recent research into the effectiveness of such treatment should be looked at. Both suggestions were accepted.

e) Old age psychiatry

The group started its work by adapting the questionnaire used to collect data for the previous report. It would now be distributed to all the delegates for completion. It was hoped the group would conclude its work in the next 12 months.

f) Quality assurance

The group reviewed the draft submitted by Dr Saliba and Dr Pálová. It was concluded that quality assurance of care should be considered as a separate item. Quality assurance in training should be included in the training charter recommendations. It was important to find out if recommendations on quality assurance had been implemented. Prof Volderholzer agreed to prepare a questionnaire for circulation to the delegates.

g) Biological aspects of psychiatry

Prof Lindefors and Prof Hauff submitted a proposal for a new working group following Dr Lindefors's presentation earlier that day. The group's remit was to review the previous report, discuss the changing perspective on psychiatry and their implications for practising psychiatrists. Delegates asked whether recommendations for training would emerge as a result of this work. Prof Lindefors would chair the group and Prof Hauff would be the vice-chair.