



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES SECTION OF PSYCHIATRY

## AUTUMN MEETING

16-17 October 2010 – Athens, Greece

### APPROVED MINUTES

#### 1. Present

1. Prof Mariano Bassi – Italy – Italian Psychiatric Association
2. Prof Jacek Bomba – Poland – Polish Psychiatric Association
3. Dr Andrew Brittlebank – United Kingdom – Royal College of Psychiatrists
4. Ms Joanna Carroll – UK – Royal College Psychiatrists; **Administrative Secretary**
5. Dr Brendan Cassidy – Ireland - Irish Medical Organisation; **Treasurer**
6. Prof Dr Can Cimilli – Turkey - Psychiatric Association of Turkey
7. Dr Rachel Cullivan-Elliott - Ireland - College of Psychiatrists of Ireland
8. Dr Roelof ten Doesschate – Netherlands – Dutch Psychiatric Association
9. Dr Elisabete Fradique – Portugal - Portuguese Medical Association
10. Prof George Garyfallos – Greece – Hellenic Psychiatric Association
11. Prof Manuel Gómez-Beneyto – Spain – Spanish Association of Neuropsychiatry
12. Dr Marc Hermans – Belgium - Belgian Association of Neurologists and Psychiatrists
13. Prof Edvard Hauff – Norway - Norwegian Medical Association
14. Prof Paul Hodiamont – Netherlands – Dutch Psychiatric Association; **Board Vice-President**
15. Dr Slađana Ivezić – Croatia - Croatian Medical Association / Society for Clinical Psychiatry
16. Dr Torsten Jacobsen – Denmark – Danish Psychiatric Association
17. Dr Anne Kleinberg – Estonia - Estonian Psychiatric Association
18. Prof Blanka Kores Plesničar – Slovenia - Psychiatric Association of Slovenia
19. Dr Simon Kyriakides – Cyprus - Cyprus Psychiatric Association
20. Dr Andreas Landsnes – Norway - Norwegian Psychiatric Association
21. Prof Nils Lindefors – Sweden – Swedish Psychiatric Association
22. Dr Brigitte Mauthner – Austria – Austrian Medical Chamber, Section Vice-President
23. Prof Michael Musalek – Austria - Austrian Society for Psychiatry and Psychotherapy
24. Dr Alexander Nawka – Czech Republic – EFPT<sup>1</sup>, President
25. Dr Jørgen Nystrup – Denmark – Danish Psychiatric Association
26. Dr Eva Pálová – Slovakia – Slovak Psychiatric Association; **Section Vice-President**
27. Prof Kari Pykkänen – Finland – Finnish Psychiatric Association; **Section President**
28. Dr Martina Rojnic Kuzman – Croatia – EFPT, Past President
29. Dr Vincent Ryckmans - Belgium - Belgian Professional Association of Neurologists and Psychiatrists
30. Dr Joseph Saliba – Malta - Medical Association of Malta / Maltese Association of Specialists in Psychiatry; **Honorary Secretary**
31. Dr Tanja Svirskis - Finland - Finnish Psychiatric Association
32. Dr James Strachan – UK – Royal College of Psychiatrists; Board President
33. Dr Roland Urban – Germany – Professional Association of German Psychiatrists
34. Prof Laszlo Tringer – Hungary - Hungarian Psychiatric Association
35. Dr Halis Ulaş – Turkey - Psychiatric Association of Turkey
36. Prof Veiko Vasar – Estonia - Estonian Psychiatric Association
37. Prof Slavko Zihrel – Slovenia - Psychiatric Association of Slovenia
38. Dr Andreas Zachariadis – Greece - Hellenic Psychiatric Association

#### 2. Apologies

1. Dr Argyris Argyriou – Cyprus – Cyprus Psychiatric Association
2. Prof Jose Luis Ayuso-Mateos – Spain - Spanish Society of Psychiatry
3. Dr Dan Georgescu – Switzerland – Swiss Society of Psychiatry and Psychotherapy
4. Prof Fritz Hohagen – Germany - German Society of Psychiatry, Psychotherapy & Neurology
5. Prof Jirki Korkeila - Finland - Finnish Psychiatric Association
6. Dr Kajsa Norström – Sweden – Swedish Medical Association

The meeting was chaired by Prof Kari Pykkänen, President of the Section. He welcomed the delegates to Athens and thanked the Hellenic Psychiatric Association for hosting the meeting. He also welcomed new delegates: Dr Rachel Cullivan-Elliott from Ireland who succeeded Dr James O'Boyle; Dr Simon Kyriakides, the second delegate from Cyprus; Dr Vincent Ryckmans who succeeded Dr Françoise Matthys as the new delegate from Belgium; Prof Veiko Vasar from Estonia, Prof Mariano Bassi from Italy and Dr Alexander Nawka from the EFPT, attending for the first time; Dr Tanja Svirskis from Finland who was standing in on this occasion for Prof Korkeila.

<sup>1</sup> European Federation of Psychiatric Trainees

### 3. To approve the minutes of the previous meeting

The minutes of the spring meeting held on 16 April 2010 in Stockholm, Sweden, were approved as the correct record of the proceedings.

**ACTION: JC to publish on online ✓**

### 4. Matters arising from the minutes

#### a. Contributing and responding to European mental health agenda

Prof Hauff briefly outlined the background to this item which he first raised in October 2008 as an attempt to share the UEMS expertise with non-EU nations within the WHO European boundaries. The matter had been raised with Dr Matt Muijen of WHO Europe to explore the potential for collaboration. Following the meeting in Stockholm Prof Hauff had been asked to act as an official liaison person to the WHO. He agreed to take on this role and had a preliminary telephone conversation with Dr Muijen. They both agreed to maintain regular contact and ensure the topic remained on the agenda. However Dr Muijen would only attend if there were specific items on the agenda and enough time to discuss them.

It should be noted that supporting non-EU countries within WHO Europe was not one of the UEMS key priorities, unlike the WHO. Dr Muijen had commented on the lack of representative voice for psychiatry in Europe that would provide guidance to the EU or WHO on mental health matters.

Delegates agreed that it was important to raise our profile with the WHO to ensure the Section was perceived as a representative professional body for psychiatry in Europe.

**ACTION: Prof Hauff to report back to WHO ✓**

#### b. Report from the meeting of the MJC on Sexual Medicine

Dr Nystrup briefly reminded the delegates that the Section of Psychiatry had been invited to join the European Board and College of Obstetrics and Gynaecology (EBCOG) and the European Board of Urology (EBU) as they were considering the formation of a UEMS Multidisciplinary Joint Committee (MJC) for Sexual Medicine and recognised the importance of psychiatry perspective in this field.

Dr Nystrup had agreed to participate in the development of this initiative on behalf of the Section. He attended a meeting in Malaga on 17 September. The objective of the MJC would be to improve the quality and availability of sexology training in Europe. Initial discussions within the MJC indicated the plans to develop an academic diploma in sexual medicine based on a scientific syllabus that would include gynaecology, urology and psychiatry. The diploma would only be offered to those who were already specialists in their field as a mark of additional expertise in sexual medicine and should not lead to creating a separate specialty. It was hoped that collaboration between the three specialties involved would improve training curricula in those specialties. The first draft of the bye laws had been circulated for comments. The membership would require two delegates from each participating section and the costs of attendance would be covered by the EBCOG.

Delegates supported the Section's involvement in the MJC for several reasons: it would raise the Section's profile within the UEMS Council; it would ensure that mental health issues within sexual medicine were appropriately addressed and allow us to monitor the industry involvement and directly raise any concerns we might have about it. The Section agreed, however, that it was too early to endorse the byelaws as the MJC had not yet been formally approved by the UEMS Council. Dr Nystrup clarified that the Council recognition of the MJC depended on each participating Section's agreement to join in.

Following a vote, the Section agreed unanimously to join the MJC on Sexual Medicine and Prof Ziherl agreed to join the MJC as the Section's second delegate. Reports from the MJC would be a standing item on the agenda. The next meeting of the MJC would be held in Amsterdam in January 2011.

**ACTION: 1) Dr Saliba to inform the MJC of Section's decision ✓  
2) Dr Nystrup and Prof Ziherl to attend Amsterdam meeting and report in Tartu ✓  
3) Ms Carroll to add MJC to Section agenda as standing item ✓**

## 5. Financial matters

### a. Subscriptions update

Dr Cassidy reported that Cyprus had now paid their outstanding subscriptions in full. Iceland was no longer part of the UEMS council so the invoice for 2010 was not issued. Israel and Latvia did not pay for 2009 and 2010 and would be reminded again to settle the outstanding bill. Italy's subscriptions had not been paid since 2007. Dr Bassi apologised on behalf of his association for this delay which was due to the breakdown in communication in the past. He undertook to ensure the outstanding amount would be paid as soon as possible and agreed to discuss the matter further with the Treasurer after the meeting. Delegates were reminded that associations with subscriptions arrears would not be allowed to vote.

**ACTION: Dr Cassidy to write to Israel and Latvia and to discuss payment with Dr Bassi**

### b. Accounts 2009

Dr Cassidy reported that the Section's accounts for 2009 were very healthy with €60,000 surplus. This was mainly due to the fact that CME accreditation fees had not been included in the budget as they were quite unpredictable. The Section received €4,000 in 2009. In addition, the President's travel expenses were mainly covered by the UEMS Council due to his position as Vice-President. Host countries - Hungary and Slovenia - had not yet claimed their grants.

Following a vote, the accounts were approved unanimously.

### c. Budget 2011

Dr Cassidy presented the budget for 2011 and reported that in view of the Section's large surplus the officers proposed not to increase the annual subscription for 2011, increase the host fee to €3,000 and the EFPT grant to €1,600 per year. Special circumstances would be considered on a case by case basis.

For the benefit of new members Dr Cassidy explained that the level of subscriptions was calculated using the UEMS Council key which took into account the population, the number of specialists and the gross domestic product per capita for each country.

Following a vote, the budget for 2011 was approved unanimously.

### d. Income from EACCME

Dr Cassidy reported that in 2009 the Section received €4,000 from EACCME for our approval of CME events carried out by Prof Hodiamont. The process was not transparent as the information sent by the EACCME is limited to the amount due to the Section and did not include the number of assessments carried out by the Section, nor the fee for each assessment. Prof Hodiamont agreed to review his own records of applications he had assessed in 2009 and inform the Treasurer. This was strongly supported.

**ACTION: Prof Hodiamont to audit evaluations in 2009 ✓**

## 6. Collaboration with the European Psychiatric Association (EPA)

Dr Pylkkänen reminded the delegates that under the agreement outlined in the letter from the EPA of 25 November 2009, both organisations agreed that the EPA representative would participate in the Section and Board's meetings and the Section's representative would attend the EPA Committee on Education as well as the general part of the EPA Board meetings.

It was agreed that collaboration between the EPA and the UEMS was important and its significance should be emphasised by appointing one of the officers as the official liaison officer for EPA. Delegates supported this and Prof Hodiamont accepted the role of EPA liaison officer. The EPA would be notified of this decision.

**ACTION: Dr Saliba to inform EPA of Prof Hodiamont's formal appointment ✓**

## 7. Meeting of psychiatric associations in London

Dr Strachan gave a brief report from the meeting of psychiatric associations he attended in London in April 2010. The Royal College of Psychiatrists invited Presidents of psychiatric associations of Europe, Presidents of the UEMS Section and Board of Psychiatry, delegates from the WHO and the European Parliament. The College showcased some of its work including its role in the development of National Institute for Clinical Excellence (NICE) Guidelines and the

action being taken to implement quality improvement in service delivery, CPD Online and the changes to its statutes allowing trainees from outside the UK to take the MRCPsych exam as a mark of their achievements. The aim of that informal gathering was to establish an executive body for Europe to represent the interests of psychiatry. The meeting in London concluded with a decision to meet in Berlin during the congress of the German Society of Psychiatry, Psychotherapy & Neurology and again in Amsterdam at the time of the Dutch Psychiatric Association. Both Presidents of the Section and the Board had been invited to attend.

It was noted that the new group might take up the legacy of the former European Taskforce which was formed of representatives from the WHO, EPA, WPA and UEMS Section of Psychiatry to find a common voice to lobby for psychiatry in Europe. It was short-lived and not very effective although the CME Working Group assessing European events was still in operation.

The delegates agreed that in the current climate of competing interests between various professions working in the field of mental health it was important for the UEMS to be seen as a key participant in the discussions about the future of psychiatry in Europe. The delegates agreed that either the president of the Section or the President of the Board should attend the meetings in Berlin and Amsterdam. This would send an important message of our commitment to the development of psychiatry in Europe.

**ACTION: Prof Pylkkänen and/or Dr Strachan to attend the leaders meeting in Berlin and/or Amsterdam ✓**

## 8. The future strategy of the Section

Prof Pylkkänen introduced, and invited comments on, the paper outlining the proposal for the future strategy of the Section. The purpose of the document was to outline the Section's strategy for the next few years and provide guidance for new delegates and external bodies on the Section's purpose, objectives and activities.

Delegates agreed that the paper was a good starting point but needed to further clarify the impact of the current economic situation on psychiatry. Any recommendations for mental health care in Europe must refer to 'effective and efficient' solutions [see point 2.2.]. Another key strategic element of the Section's policy must include quality assurance (QA) in all aspects of its work. Dr Brittlebank suggested the 5 level Kirkpatrick's QA Model could provide a good basis for the Section's work on developing a reliable instrument to measure quality in training and service delivery. The first four levels were more relevant to the work of the Board while the Section could work on the fifth one to provide a cohesive QA policy. This would provide a useful tool for national associations on which to base their local guidance. Although such work might require collaboration with experts, which would have cost implications, the Section should nevertheless always strive to produce the highest quality work to develop its reputation as a representative body for the profession. The delegates supported Dr ten Doesschate's proposal to set up a working group to develop the QA model. Dr Brittlebank and Prof Lindefors agreed to prepare a written proposal for the next meeting.

Concerns were also raised regarding points 2.5.5 and 2.5.6 which outlined the Section's suggested objectives for leadership, management and corporate identity. Prof Pylkkänen clarified that one of the ways to improve the Section's leading position in European psychiatry was to improve its corporate identity. The Section should strive to improve its communication methods by e.g. sending out a regular newsletter, organise events, make ourselves and our work visible to others. We should not rely solely on our associations to disseminate our information. It was suggested that the document should explicitly describe delegates' responsibility to inform their association's membership of the Section's work. The Section should also strive to incorporate all European countries.

Dr Pylkkänen thanked the delegates for their comments and agreed to submit a revised version of the document at the autumn meeting for further discussion.

**ACTION: Dr Pylkkänen to revise the document for the autumn meeting ✓**

## 9. Membership matters – representations at other bodies

Prof Pylkkänen informed the delegates that Dr Mauthner had agreed to take on the formal role as the Section's representative to the Section of Child and Adolescent Psychiatry as she

already is the member of that Section and would not require additional funding to attend their meetings. Prof Hodiamont would continue his involvement with the EACCME<sup>2</sup>.

Regarding representation at UEMS Council, Prof Pylkkänen clarified that each Section was invited to send their president and secretary to attend Council meetings and most sections sent both. Currently, only Dr Pylkkänen attended Council meetings in his capacity as Vice-President of UEMS and, as such, was not always able to fully represent the interests of psychiatry. The delegates agreed that the UEMS Vice-President should always be a psychiatrist as this was the most numerous specialty in Europe. The suggestion would be submitted to the Council.

The delegates agreed that the attendance of the Section's secretary would be useful. Dr Saliba stated that he was currently serving his last term of office as secretary. It was agreed the secretary would attend the next two Council meetings and then the decision would be reviewed.

Dr Saliba reported that at the beginning of October 2010 correspondence had been received from Prof Catalina Tudose, a senior consultant psychiatrist and associate professor in psychiatry at the Faculty of Medicine in Bucharest and the general secretary of the Romanian Association of Psychiatrists and Psychotherapists confirming that her association was keen to join the UEMS Section of Psychiatry. The UEMS Council had been approached to confirm with the Romanian Medical Association that the Romanian Association of Psychiatrists and Psychotherapists was the most representative professional body for psychiatrists in Romania before an invitation could be issued to join the Section. There was no further contact with Bulgaria.

Dr Saliba informed the Section of the following changes:

- The Royal College of Psychiatrists had agreed to appoint an additional delegate (Dr Amit Malik, former President of the EFPT and member of the College) in view of Dr Strachan's supranational position as President of the Board.
- The Swiss Society of Psychiatry and Psychotherapy had decided to only send one delegate. Dr Astrid Kubli-Bauer stepped down and Dr Georgescu would continue to represent the Swiss Society.
- The Maltese Association of Specialists in Psychiatry had identified a 2<sup>nd</sup> representative who would attend shortly.

The delegates were reminded that the officers terms of office would expire on the following dates:

- Dr Cassidy – October 2011 (1<sup>st</sup> term)
- Dr Mauthner – October 2011 (1<sup>st</sup> term)
- Prof Pylkkänen - October 2011 (1<sup>st</sup> term)
- Dr Saliba – October 2011 (last term)
- Prof Zihlerl – October 2011 (2<sup>nd</sup> term)
- Prof Hodiamont – October 2012 (2<sup>nd</sup> term)
- Dr Strachan – October 2012 (2<sup>nd</sup> term)
- Dr Pálová – April 2013 (2<sup>nd</sup> term)

It was noted that under the new UEMS rules of procedures the officers could only serve 2 terms. Sections were free to adopt this rule either prospectively or retrospectively.

- ACTION: 1) Dr Saliba to attend the next Council meetings ✓**  
**2) JC to notify the CAP Section of Dr Mauthner's role**  
**3) JC to obtain confirmation from Council regarding Romanian association**

<sup>2</sup> European Accreditation Council for Continuing Medical Education

**10. Working Group matters****a. Membership**

The Section decided to revoke the decision to limit the number of concurrent working groups to four. It was agreed that members should only join one group at a time as it might occasionally be necessary for working groups to meet twice during each meeting, e.g. on Thursday or Saturday afternoon to facilitate efficiency.

**11. Reports from the working groups****a. Involuntary Treatment**

Dr Torsten Jacobsen reported that the group met for the first time and outlined the plan of work for the next few meetings.

**b. Psychotherapy**

Dr Mauthner reported that the working group briefly overviewed the Pamplona and Edinburgh papers and the 2000 survey carried out by Prof Hohagen and Dr ten Doesschate published in 2008. The group would use those papers and the EFPT statement from their Dubrovnik meeting to formulate the basic standards for psychotherapy questionnaire. It was noted that Prof Hohagen succeeded Dr Mauthner as chair and Dr Hermans took over from Dr Palova as vice-chair.

**c. Service Delivery Models**

In view of the decision to lift the limit on working groups, this working group would now prepare their terms of reference and membership.

**d. Relations with commercial organisations**

Dr ten Doesschate (chair) reported the working group would like to hold an additional meeting in preparation for the spring meeting in Estonia to work on the draft framework document. The Section agreed that any requests to fund additional meetings should be included in the initial proposal to set up a working group so this could be considered in advance. If funds could be found elsewhere the group would meet anyway without the recourse to the Section's accounts. Prof Gómez-Beneyto agreed to act as vice-chair.

**e. Old age psychiatry**

Dr Georgescu was unable to attend the meeting but informed the officers that the final report was ready and would be circulated to all the delegates prior to the spring meeting.

**f. Stigma**

Prof Hohagen was unable to attend the last few meetings and the work of this group had been stalled for a long time. It was agreed Dr Saliba would contact Prof. Hohagen with the suggestion that this group be shelved.

**ACTION: Dr Saliba to write to Prof. Hohagen ✓**

**12. UEMS Council Matters**

Dr Kari Pylkkänen described the new structure of the UEMS which would come into force in autumn 2010. Under the new arrangements meetings with Section Presidents would be abolished, Council meetings had been restructured so that every Section could now send its representative, and there would be no more need for representatives of the three groups (Psychiatry was in Group 3). Sections would be responsible for meeting their own attendance costs.

It was also reported that the UEMS was in the process of purchasing a property in Brussels to house its offices. The building would be available for Sections' meetings.

**13. Standing Committee on CME**

Prof. Hodiament gave a brief summary of the Section's involvement in the accreditation of CME events in Europe. The current CME evaluation committee for psychiatry, comprising representatives of the Section, WPA, EPA and WHO, acted as an administrative clearing house

with no influence on CME content. Recent changes to the evaluation process, which had been automated online, had an adverse effect on the efficiency, objectivity and professional quality.

A robust and fair CME assessment was a necessary factor in improving the quality of care and it was therefore essential that the Standing Committee had representation on the EACCME itself. Prof Hodiament recommended that at least one Section member attend the EACCME's annual meeting. As he was unable to attend every year he recommended that the Section identify a number of members who could act as deputies. Dr Marc Hermans agreed to lend his support in this. He would be informed of the details of the next meeting.

**ACTION: Prof. Hodiament to forward the details of EACCME meeting to Dr Hermans ✓**

#### **14. European Accreditation Committee in CNS – request for collaboration**

The Section received a letter from Dr Daniel Souery, the secretary of the European Accreditation Committee in CNS, proposing a meeting with the Section of Psychiatry to discuss CME collaboration in the field of Psychiatry. Concerns were raised regarding the validity and independence of the EACIC and it was agreed that further information should be obtained before a reply was sent to Dr Souery. Prof. Hodiament and Dr Saliba agreed to draft a response in due course.

**ACTION: Prof. Hodiament and Dr Saliba to write to Dr Souery ✓**

#### **15. UEMS CAP Section**

In Dr Schaff's absence Dr Mauthner gave a brief report of the CAP Section's meeting in Madras last September.

#### **16. Brief feedback from delegates on professional, training or service matters**

Minutes were not routinely taken on this item. However it was proposed that if delegates wished to have their contribution recorded they should submit a brief country report before the meeting for circulation. Reminders would be sent out a month before the meeting.

#### **17. Administrative issues**

Dr Pylkkänen asked for feedback on the new format of the Section and Board meetings. Some delegates found the new format confusing.

#### **18. Any other business**

There was no other business to report.

#### **19. Dates and venues of future meetings**

14-16 April 2011 – Tartu, Estonia

October 2011 – Zagreb, Croatia

April 2012 – Bergen, Norway

October 2012 -

April 2013 - Helsinki, Finland