UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY

EUROPEAN BOARD OF PSYCHIATRY

ANNUAL REPORT

2012

INTRODUCTION

During 2012, the number of Psychiatric Associations from EU/EFTA member states remained at 27 with three associate members (Croatia, Israel and Turkey), and four observers (EPA, EFPT, WHO & WPA). The 2012 meetings were held in Bergen, Norway and Dublin, Ireland in the spring and autumn. Representation from the Romanian and Bulgarian Psychiatric Associations is still being sought. The membership status of Italy remains unclear while France has withdrawn its membership. Contacts have been made to the Italian and French associations to discuss their membership of the Section of Psychiatry. A new possible member state is Serbia. The medical organisation of Morocco had contacted the Section with a request to send an observer to the Section's meetings. The Section agreed that Morocco should be offered the opportunity to join as an observer.

The Section and Board continue the policy of visiting local psychiatric services with the involvement of local trainees on the first day of the meeting. Section and Board committee agendas are discussed on the subsequent two days. The working method remains based upon working groups which communicate by email.

THE FUTURE STRATEGY OF THE SECTION AND BOARD

In 2012 a large proportion of the time at the meetings has been devoted to the discussion of what should be the main tasks of the UEMS Section and European Board of Psychiatry. In these discussions the Rules of Procedure was the first item to appear on the agenda. The RoP was discussed at length and it was decided to not to develop a section specific RoP as proposed by the Officres. With the aid of a Strength-Weakness-Opportunities-Threats (SWOT) analysis prepared by the officers group, the Strategy was thoroughly debated.

The SWOT analysis identified the following:

Strengths	Weaknesses	Opportunities	Threats
- delegates appointed by national associations - delegates' motivation to do good - focus on training - positive results regarding training issues (EFCP) and CME - international alliances - experience sharing across international boundaries - awareness of diversity - democratic and consensus oriented working methods - embedded in a broader framework of medical specialties - financially independent - recognized by the European Commission	- inappropriate selection of delegates for the Adult Psychiatry Section - inefficient debates - inadequate response of the Bureau - poor output - poor internal organization - poor external representation	- growing public interest in psychiatric disorders - growing awareness in National Psychiatric Associations of the importance of cooperation in Europe - The UEMS psychiatry network could address variations in training standards - develop synergy with the interested neighbours (other UEMS Sections, European professional associations of psychologists, nurses, social workers, psychotherapists, users of care and their associations, EPA)	- EPA and the "Taskforce" group will compete for the authority to direct training issues - EPA has the range, quality and volume of expertise to issue European based clinical guidelines - EU financial recession will limit participation from a number of delegations or countries

It was agreed that training matters were central to the work of the Section and European Board. It was essential to ensure that training matters would not get lost in Section business; a restructure of the two bodies (the Section and the Board) would place training matters at the core of business. It was proposed that the Board should be dissolved. The proposal was put to a vote and all 15 countries represented at the meeting supported the proposal. The new structure would be submitted formally for Council approval.

WORKING GROUPS

a. Involuntary Treatment

Dr Cullivan-Elliott took over as Chair of this working group. The WG discussed common widespread concerns with monitoring of involuntary treatment. The group was experiencing difficulties in completing their questionnaire due to the lack of clarity and consistency in recording local data on involuntary treatment. An article on the issue has been published in the *Current Opinion in Psychiatry* journal.

b. Old Age Psychiatry

The report from this WG had not been finalised but would be published shortly on the secure website for of the Section for comments, and after that would be circulated to all delegates for comment.

c. Psychotherapy

Dr Brigitte Mauthner took over as Chair of this WG. The group agreed to divide all the countries amongst the four members and would attempt to contact each delegate in person by phone to discuss the issue of psychotherapy in psychiatry within their national context.

d. Relations with Commercial Organisations

The paper from this WG was approved and would be circulated to the delegates for dissemination and published on the website.

e. Stigma

The paper from this WG was approved and would be circulated to the delegates for dissemination and published on the website.

f. Training Standards Framework

Dr Brittlebank reported the matrix was nearly finished and would be sent out to all stake holders including national associations for comment.

STANDING COMMITTEE ON CME

Prof Hodiamont informed the delegates that in anticipation of the growth in applications the EACCME had issued a generic call for new reviewers. In view of Prof Hodiamont's stepping down as a Dutch representative next year, Dr Dan Georgescu was proposed as his successor to the chair of CME psychiatry accreditation committee. The proposal was supported by the delegates and Dr Georgescu accepted the role.

COLLABORATION WITH OTHER ORGANISATIONS

Prof Hauff reported from the ongoing work on WHO mental health strategy. The latest draft version of the report was submitted to the Officers for comments. Research was highlighted as an area that needed special focus. Prof Hauff noted that it was his view that the WHO was interested in opening a dialogue and establishing a form of collaboration focusing on assisting less advanced nations to improve all aspects of their mental health provision.

The EPA (European Psychiatric Association) is undergoing the process of transformation which includes the restructure of its membership. The EPA, originally known as the AEP (Association of European Psychiatrists), was founded in 1983 as an association of individual members who were dissatisfied with the WPA at that time. Under the new corporate structure approved at their congress in Prague in 2011 the EPA would accept organisation membership under the so-called NPAs (National Psychiatric Associations).

The EPA's aim was to become a leading voice of psychiatry in Europe but it was aware this could only be achieved in collaboration with partners such as UEMS. The EPA was keen to develop complementary relationship with other stakeholders in European mental health to avoid competition and conflict.

THE MULTIDISCIPLINARY JOINT COMMITTEE (MJC) ON SEXUAL MEDICINE

Dr Nystrup reported that the work of the Multidisciplinary Joint Committee (MJC) on Sexual Medicine to develop a European diploma in sexual medicine was progressing well. The diploma was aimed at doctors in other specialties and was not meant as a formal approval of competence. The first examinations for this diploma were taken in December 2012 in

Amsterdam. 346 people sat the exam and 80% of them passed the exam. Candidates had the opportunity to sit a two day preparation course ahead of the exam.

TRAINING MATTERS

In the last few years the Board had successfully demonstrated the process of training scheme audit in several countries. In Germany this policy has led to wider development not only in psychiatry, but also other medical specialties eager to adopt similar audit procedures. Recently a promising audit was done in Spain and other countries had shown interest. Dr Strachan and Prof Hodiamont had served as experts in the field of training scheme audit for many years and audited training in their own countries – UK and the Netherlands – as well as in Germany, Malta and Spain. Both current Board Officers were prepared to continue to act in a consultative capacity as an UEMS audit demonstration team. Delegates from Estonia, Ireland, Hungary and Poland were to discuss visitation with their associations. Delegates from Finland were to submit audit documentation and agree the date for the visit Visitation of Training Schemes. The Board endorsed the proposal to establish a demonstration team and delegates agreed to promote this opportunity with their national associations. This would help the Board establish its presence in Europe as experts on training programmes and the Board should be prepared to invest in this. It was agreed that the delegate to be trained in the process should be from the next country to be audited.

Dates and venues of 2013 meetings

April 2013 – Helsinki, Finland

October 2013 – Lisbon, Portugal

The Executive:
Dr Marc Hermans, President marc.hermans1@telenet.be
Dr Andrew Brittlebank, Vice President (Training) abrittlebank@mac.com
Dr Brendan Cassidy, Treasurer Brendan.Cassidy@sjog.ie
Dr Torsten Jacobsen, Hon. Secretary tbj@dadlnet.dk
Dr Dan Georgescu, Vice President (CME) dan.georgescu@pdag.ch
Prof. Thea Heeren, Officer, t.heeren@ggzcentraal.nl

Secretariat: Mrs Elen Cook, Royal College of Psychiatrists, 17 Belgrave Square, LONDON SW1X 8PG, UK
T: +44 20 7235 2351 x6136 F: +44 20 2356051 E: ecook@rcpsych.ac.uk W: www.uemspsychiatry.org