1. **Present**

1. Prof. Jose Luis Ayuso Mateos, Spanish Society of Psychiatry
2. Dr Maria Fé Bravo Ortiz, Spanish Association of Neuropsychiatry
3. Dr Andrew Brittlebank, Royal College of Psychiatrists (UK); **Vice President for Training**
4. Dr Marisa Casanova Dias, EFPT* (President)
5. Dr Brendan Patrick Cassidy, Irish Medical Organisation; **Treasurer**
6. Mrs Elen Cook, Royal College of Psychiatrists (UK); **Administrator**
7. Dr Rachael Cullivan-Elliott, The College of Psychiatry of Ireland
8. Dr Jozef Dragasek, Slovak Psychiatric Association
9. Prof. Sándor Fekete, Hungarian Psychiatric Association
10. Dr Luiz Gamito, Portuguese Medical Association
11. Dr Dan Georgescu, Swiss Society for Psychiatry and Psychotherapy; **Vice President for CME**
12. Prof. Edvard Hauff, Norwegian Medical Association
13. Prof. Thea Heeren, Dutch Psychiatric Association; **Officer**
14. Dr Marc Hermans, Belgian Professional Association of Medical Specialists in Psychiatry; **President**
15. Prof. Paul Hodiamont, Dutch Psychiatric Association
16. Prof. Fritz Hohagen, German Society of Psychiatry, Psychotherapy and Neurology
17. Dr Torsten Jacobsen, Danish Psychiatric Association; **Honorary Secretary**
18. Dr Nikolina Jovanovic, Croatian Medical Association and EPA Early Career Psychiatrists Committee
19. Dr Andreas Landsnes, Norwegian Psychiatric Association
20. Dr Amit Malik, Royal College of Psychiatrists (UK)
21. Dr Brigitte Mauthner, Austrian Medical Chamber
22. Dr Maria Nilson Markhed, Swedish Medical Association
23. Prof. Michael Musalek, Austrian Society for Psychiatry and Psychotherapy
24. Dr Joergen Nystrup, Danish Psychiatric Association
25. Dr Mariana Pinto Da Costa, EFPT* (President Elect)
26. Mr Vincent Ryckmans, Belgian Professional Association of Medical Specialists in Psychiatry
27. Dr Christa Schaff, UEMS Child and Adolescent Psychiatry Section
28. Dr Tanja Svirskis, Finish Psychiatric Association
29. Dr Roland Urban, Professional Association of German Psychiatrists

2. **Apologies**

1. Prof. Constantinos Alexandropoulos, Hellenic Association of Professional Psychiatrists
2. Prof. Raisa Andrezina, Latvian Psychiatric Association
3. Dr Argyris Argyriou, Cyprus Psychiatric Association
4. Dr Mariano Bassi, Italian Psychiatric Association
5. Prof. Mohamed Fouad Benckoun, Moroccan Psychiatric Society
6. Prof. Mohamed Amine Benjelloun, Moroccan Psychiatric Society
7. Prof. Jacek Bomba, Polish Psychiatric Association
8. Prof. Bejaminas Burba, Lithuanian Psychiatric Association
9. Dr Jean-Marc Cloos, Luxembourg Society of Psychiatry Pedopsychiatry and Psychotherapy
10. Dr Tsvi Fischel, Israeli Psychiatric Association
11. Prof. Pier Maria Furlan, Italian Psychiatric Association
12. Dr Georges Haritakis, Hellenic Association of Professional Psychiatrists
13. Dr Anne Kleinberg, Estonian Psychiatric Association
14. Prof. Blanka Kores Plesnicar, Psychiatric Association of Slovenia
15. Dr Biruta Kupcha, Latvian Psychiatric Association
3. Welcome
The President, Dr Hermans, welcomed everyone to the 2013 autumn meeting of the Section which was being held in an 18th century castle in central Lisbon. Dr Hermans commented that the visit day on Wednesday 10th October had gone very well and been followed by a lovely dinner at the Portuguese Medical Association. Dr Hermans welcomed Dr Mariana Pinto da Costa, the new President Elect of the EFPT. He also welcomed Dr Nikolina Jovanovic who, as well as being the delegate from Croatia was representing the EPA Early Career Psychiatrists Committee.

4. The agenda
The agenda was approved with no additions.

5. The minutes of the Spring meeting in Helsinki
The minutes (PS1 Oct13) were approved with the following corrections:
- The spelling of Dr Marissa Casanova Dias’s name was corrected
- Dr Simon Kyriakides and Dr Andreas Landsnes were incorrectly listed as attendees at the meeting and were added to the apologies list.

6. Report from Dr Torsten Jacobsen, Honorary Secretary:
   a. Membership Issues
   The Honorary Secretary, Dr Torsten Jacobsen, reported that Serbia and Bulgaria were eligible to attend the UEMS Section of Psychiatry meeting but had not joined the section or selected Delegates. Dr Jacobsen said that he would continue to try to contact the psychiatric associations in these countries. Other countries – France, Italy, Israel and Iceland had not paid their membership donations and were not sending Delegates to the meetings. The EPA representative at the last meeting, Professor Silvana Galderisi was making enquiries to the Italian psychiatric association about their non payment. It was hoped that Italy would rejoin the Section in the future. Dr Jacobsen thanked those Delegates that were attending meetings for their commitment to the Section.

   b. New Website
   Dr Jacobsen explained that the UEMS Psychiatry Section has switched to a new domain holder which would allow the website to be a more accessible to the Delegates and was not dependent on the staff at the Royal College of Psychiatrists to be the only administrators. The process of switching to a new domain holder had taken longer than expected and the website had been off line for a few weeks but
the new website was now up and running and included features which would allow working groups to set up private areas and share information. Dr Jacobsen gave a brief demonstration of the website and its features and invited those Delegates who were interested in becoming administrators of the website (which would give them permission to edit the content) to contact him. Dr Brittlebank suggested that social media sites could be used and linked up with the website, increasing the usability and functionality of the website. Dr Jacobsen said that he hoped that this website would start a new phase of working for the section.

**Action:**

All Delegates interested in becoming website administrators to contact Torsten Jacobsen

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**7. Report from Dr Dan Georgescu, Vice President for CME**

The Vice President for CME, Dr Dan Georgescu, reported that he had received 30 EACCME requests to review the content of psychiatric events. He had received none for e-learning. Dr Georgescu explained that reviewing some requests was straightforward while others were more complex. New criteria for reviewing had been set during the year and meant that there were now 26 criteria for critiquing events. Dr Hermans thanked Dr Georgescu for this work which supplied the section with a healthy income. Dr Brendan Cassidy, the Honorary Treasurer, reported that the fee for this accreditation work was split between the Section and the UEMS Central Board and that in 2012 it generated €12,000 for the Section. Dr Edvard Hauff asked if there was competition from other institutions or companies that endorsed academic events. Dr Georgescu said that while competition was not currently a problem there could be difficulties in the future as there was no uniformity in planning academic events across Europe. Dr Roland Urban asked how the fee for granting accreditation was split as he had heard that it was split three ways between the UEMS Council, the relevant UEMS Section and the relevant national association. Dr Hermans said that he would seek clarification on this during the UEMS Board meeting later in the month.

**Action:**

Dr Hermans to seek clarification on the division the free for EACCME applications

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**8. Report from Dr Andrew Brittlebank, Vice President for Training**

a. **Remit and ToR for Standing Committee on Training**

Dr Andrew Brittlebank, Vice President for Training, asked the Delegates to consider the terms of reference for the Standing Committee on Training (PS2 Oct13), which had been established at the previous meeting in Helsinki. Dr Brittlebank asked for consideration to be given to the membership of the group which was restricted to Section members only. It was proposed that the standing committee meet twice a year during the first day of the Section’s three day meeting. The time between the site visit and the social programme on the first day would probably be the most suitable time. Dr Brittlebank explained that there would be a cost of about €300 to €400 per annum to cover the cost of hiring a meeting room. The Terms of Reference also specified the standing committee would have its function and performance reviewed and it would need to be decided how this was measured and reported. Members of the Section thanked Dr Brittlebank for his work. It was agreed that it was important to look at the effect the recruitment crisis into psychiatry was having on training. Dr Hauff and Dr Jacobsen commented that additional meetings might be needed and that these should be included in the financial plan for the following year. Dr Marisa Dias said that the EFPT would be happy to work with this Standing Committee. There was a discussion about what the relationship between this standing committee and the national associations should be and it was agreed that the aim of this standing committee was to advise and guide the national associations, rather than present them with a mandate. It was agreed that creating a “bench mark” that associations could measure their own situation against would be helpful. Elections for the 6 positions on this standing committee would be
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held during the spring 2014 meeting in Madrid. As it was important for the standing committee to start work as soon as possible it was agreed that those members who were interested in working on this standing committee should contact Dr Brittlebank and that work could be started before the elections took place. It was also agreed that it would not be appropriate to send deputies to this standing committee.

**Actions:**

All Delegates interested in this group to contact Andrew Brittlebank

Elen Cook to add Elections to Standing Committee to the next agenda

b. Revision of Chapter 6

Dr Brittlebank said that formatting of chapter 6 was underway and suggested that it would be a good idea to work on the document before the next meeting in Madrid in April 2014. Dr Dias agreed that she would work with Dr Brittlebank on the revision. Any other Delegates interested in working on Chapter 6 were asked to contact Dr Brittlebank. Dr Paul Hoddiamont asked for an update on the European Union’s directive to set a minimum duration for training in psychiatry as this could have huge consequences for some countries that would need to stretch their current curriculum to meet the 5 year minimum that was being set. Dr Hermans agreed to seek clarification on this matter at the UEMS meeting in Brussels.

**Action:**

Dr Hermans to ask for information on minimum duration of training at UEMS Meeting in Brussels

c. Information on national training schedules for the website

Dr Brittlebank asked the Delegates to consider the proposal to publish national training schedules on the Section’s website (PS3 Oct13). This would allow potential psychiatric trainees to see what was ahead of them and to compare their own training schedules with their European counterparts. There was a discussion about what information to put on the website and whether national associations would be happy for their information to be available on a third party’s website. It was agreed that it would be more useful to have a set format for each entry, as opposed to a narrative description. The EFPT suggested adding trainees’ experiences and opinions of their training to these entries and it was agreed that this, along with recruitment and retention numbers, would be very useful. Dr Maria Fe Bravo Ortiz commented that, given that trainees from all over Europe would be viewing these entries, it would be useful for them to appear in the native language for that country, as well as in English. It was agreed to send a questionnaire to all Delegates.

**Action:**

Andrew Brittlebank to send questionnaire on national training schedules to all Delegates

d. Role of the visitation committee

Dr Brittlebank reported that the process of Peer Reviewing training services around Europe would continue and that the process would still be informed by the experiences both of the visitors and those being visited. He asked the Section to consider the role of the visitation committee and where this work would fit in with the Quality Assessment framework. Dr Rachael Cullivan-Elliott said that she had invited Dr Hoddiamont and Dr James Strachan, who carry out visits on behalf of the Section, to carry out an audit in Ireland. Dr Strachan had suggested that as Ireland already had an audit system it would not be necessary for the Section to carry out an audit in Ireland. Following discussions with Dr Hoddiamont and other members of the Section Dr Cullivan-Elliott asked the Section’s approval to invite
the visitation committee to come and assess the audit process itself, as this would be helpful in critiquing the process as a whole. The Section agreed that this would be a useful process.

**Action:**

Dr Rachael Cullivan-Elliott to ask the College of Psychiatry of Ireland to issue an invitation to the UEMS Section of Psychiatry Visitation Committee

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## 9. Report from Dr Marc Hermans, President

The President explained that he had been attending a number of meetings with different groups and associations to help raise the profile of the Section in Europe. Dr Hermans would be attending the UEMS Council meeting the following week. Dr Hermans explained that within the Council there were three discussion groups which each Section was a member of. The first was for internal medicine, the second was for surgery and the third was made up of the other specialties. The Section of Psychiatry was in this third group. The Board had appointed Dr Hermans as Chair of this group which provided an opportunity for the Section of Psychiatry to propose topics for discussion. Dr Hermans asked the Delegates to consider what topics should be proposed. The minutes from the Board meeting were not yet available but Dr Hermans said that he would circulate them to the Section when they were available.

Dr Hermans reported that on 1st June he had travelled to London for a European Family Practitioners meeting. Dr Linda Gask, the WPA Zonal Representative for Western Europe, had been appointed the lead for this group. Dr Hermans hoped that there would be close collaboration with this group. The EFPT had held their annual meeting in Zurich in June 2013. Dr Hermans had given a workshop with Dr Brian Jacobs, the outgoing Chair of the Child and Adolescent Section, which had been well received. Dr Hermans reported that the meeting had been very interesting.

Dr Hermans explained that GAMIAN (the Global Alliance of Mental Illness Advocacy Networks; a patient-driven pan-European organisation) had invited him to attend their meetings as an observer. This was an influential group and two Members of the European Parliament attended their meetings. Dr Hermans had also represented the Section at the European Psychiatric Association meeting in Nice in June 2013. The UEMS Psychiatry Section was an observer member of the EPA National Associations committee. The EFPT had also been invited to join as observers. The National Associations committee was functioning in a more formal way and UEMS would be invited to attend their Council meeting, but not to join their working groups. Dr Hermans explained that he would also be attending the EPA’s Early Career Psychiatrists meeting, as well the UEMS MJC on Pain and the UEMS MJC on Sexual Medicine as no second delegate from the Section was currently attending these MJCs. Dr Luiz Gamito said that he would like to be the second representative on the UEMS MJC on Sexual Medicine (Dr Joergen Nystrup was the first representative). The Section supported this and Dr Joergen Nystrup said that he would let the administrators know that he was joining this committee.

Professor Hauff thanked Dr Hermans for all his work in raising the profile of the Section in Europe. He said that the intricacies of the EPA meant that it wasn’t always easy to build collaborative relationships. Dr Hermans replied that he was still exploring different ways of developing a working relationship. Members of the Section commented that is was very useful that psychiatrists were being invited to Chair multi-disciplinary groups and that such opportunities should be built on. It was important to look at different ways that European policy could be influenced to benefit mental health and to keep channels of communication open.
Dr Brittlebank said that it was also important to develop a closer working relationship with Family Practice in Europe. There were huge differences in family practice across Europe which presented many challenges. Dr Hermans said that he would ask for the collaboration with the family practice working group to be clearly defined at their next meeting. Professor Hohagen asked what the Section’s relationship was with the EPA’s ECP Committee. Dr Hermans suggested that he speak to Professor Hohagen about this matter during the coffee break.

**Actions:**

- Dr Joergen Nystrup to inform the MJC on Sexual Medicine that Dr Luiz Gamito would be representing the UEMS Section of Psychiatry
- Dr Marc Hermans to seek clarification of the Section’s role in the European Family Practice Group

### 10. Annual Report 2012

Dr Jacobsen took the Section through the annual report and invited comments from those present. Delegates asked for an update on the situation of Italy’s membership of the Section and Dr Jacobsen reported that Prof Silvana Galderisi, an Italian Psychiatrists who had represented the EPA at the previous meeting, was writing to the Italian Psychiatric Association on behalf of the Section. Dr Jacobsen did not have anything further to report on this but was hopeful that Prof Galderisi’s efforts would be fruitful.

Dr Nystup asked the annual report to be amended to report that the MJC on Sexual Medicine had held its first exam in December 2012 in Amsterdam. The exam was sat by 346 doctors and the pass rate was 80%. The exam had been preceded by a 2 day preparatory course. Dr Nystup commented that the MJC was also planning another exam in 2014 in Istanbul. The Section congratulated Dr Nystup on the work of this MJC.

**Action:**

- Elen Cook to revise Annual Report and put on the Section Website

### 11. Papers for discussion/approval:

**a. Involuntary treatment**

Dr Rachael Cullivan-Elliott thanked the 10 members of the Section who had responded to the brief questionnaire asking for details of involuntary treatment in their country. As the response to the questionnaire had been limited, the updated paper was not available and Dr Cullivan-Elliott asked again for members of the Section to send her the relevant data for their country and said that the Involuntary Treatment Working Group would be meeting in one of the coffee breaks during the Section meeting.

**Action:**

- Dr Rachael Cullivan-Elliott to send the questionnaire on Involuntary Treatment to those countries who had not responded

**b. Old Age Psychiatry**

Dr Dan Georgescu thanked the three countries that had reviewed their data in the Section’s paper on Old Age Psychiatry and asked those countries that had not responded to review the data in the paper that related to their country. It was agreed that the paper would be put on the website in its current form and changes made to the paper as necessary.
12. Small group discussions

The President explained that the Section would be dividing into small groups to discuss three main issues:

1. Financial arrangements for the Section
2. Collaboration with UEMS CAP
3. Delegates working on Multidisciplinary Joint Committees (MJCs)

In relation to the first item, Dr Cassidy went through the Section’s accounts and explained that the Section had a healthy surplus and decisions needed to be made as to what to do with this surplus. Following discussions at previous meetings and at Officers meetings the following suggestions on how to use the surplus had been made and the working groups would now be asked to consider these:

- Increase to the EFPT grant
- Increasing the grant awarded to the Host Organising Association
- Creating a fund for those Associations who were not able to attend for financial reasons
- Creating a fund for specific projects that the Section wished to undertake

In relation to the second topic for the Working Groups (Collaboration with UEMS CAP) the Officers asked members of the Section to consider the relationship with the CAP Section and what the aims of such a collaboration should be, for example a study into how much exposure to CAP psychiatric trainees received and/or how and why trainees were, or were not, choosing CAP as a sub speciality.

The President introduced the third topic for discussion (Delegates working on MJCs) and gave the Section an overview of how the UEMS governed MJCs and Divisions. MJCs were groups made up of members from different specialities who shared a common point of interest. They had no formal authority and needed the approval of the UEMS Council at each stage of their work. UEMS Divisions were a sub entity within a Section which aimed to address the issues of a sub specialty within a main specialty (for example Neuroradiology is a sub specialty of Radiology). Dr Hermans asked the working groups to consider if the Psychiatry Section should consider establishing a Division, for example a Division of Psychotherapy. Costs relating to travel etc would be incurred if any such group were created. Dr Urban asked if a Division could become a Section and Dr Hermans explained that a Section could only be created when there were a specified number of doctors in that medical speciality working in Europe. External members on these Divisions could not be Delegates of a Section. Dr Hermans also asked the groups to consider how the Section was represented on MJCs and if it should start inviting external experts to join an MJC on their behalf.

Dr Hermans divided the members into 4 groups and asked each group to consider all four topics. An Officer was placed in each of the groups. A spokesperson from each group (who could not be an Officer) would present a summary of their group’s discussions to the other Delegates.

Before the groups broke into smaller groups, Dr Urban asked Dr Hermans to expand on a comment made during dinner the previous evening about the future of the Section. Dr Hermans said that it was important for the Delegates to consider the future of the Section and plan accordingly so that the work
of the Section was not dependent on any individual, or individuals, but had a concrete vision and strong relationships with other groups that ensured continuity.

13. Reports from small group discussions

Group 1
Finance
- Group 1 suggested the surplus should be used to increase EPFT allowance to €2000 in order to support the work they did as members of the Section.
- Group 1 also wanted to support the Working Groups of the Section when they were producing a paper. Once an initiative was approved by the Section they should submit a budget to the Officers for approval.
- The group wanted to increase the grant for hosts by €500
- Group 1 suggested inviting non attendees to join a meeting with an offer to pay for accommodation.

CAP Collaboration
- Group 1 agreed that collaboration with UEMS CAP should aim to improve the quality of care and should focus on the common trunk between both Sections for the next 2 years. Outcomes should include an improvement to recruitment and an improved voice for psychiatry

MJC
- Group 1 suggested keeping arrangements regarding representation on an MJC as they were. Anyone from the Section should seek approval before joining an MJC. A representative’s travel and accommodation should be covered and they suggested limiting the number of meetings to 3 a year.

Group 2
Finance
- Group 2 discussed the process for making applications to use any Section Funds. Any request should follow a clear approval process; projects should specify a time frame and clear objectives. Group 2 also suggesting bringing in external advice and talent when appropriate, for example when producing a publication, or to “employ” leaving/retiring member of the Section to utilize their expertise.
- Group 2 suggested that financial help should be given to countries who are not attending for a limited time.
- Group 2 wanted to increase the grant to Host Countries.
- The group suggested giving a small research grant if and when the objectives coincided with Section’s goals.
- Group 2 also wanted to increase reciprocal representative on other European psychiatric groups to encourage collaboration. Funds could be used to fund travel to these meetings.

CAP Collaboration
- Group 2 agreed that collaboration with CAP would be helpful in strengthening the voice of psychiatry in Europe and suggested that a project on a shared goal – for example recruitment – would be a good focus for the collaboration. Other topics of joint interest were quality of training, effects of “brain drain” and workforce issues.
- Opportunities for collaboration should be taken up, for example following the publication of relevant documents from the WHO and the EU.
- The different approaches to transition were a challenge for both the Psychiatry Section and the CAP Section and this would be a good topic for collaboration.
MJCs

- Group 2 agreed that the Section should appoint representatives to any UEMS sub group and that the Section should fund their attendance at the relevant meetings.

Group 3

Finance

- The Section needs to understand why countries are not attending and if money is the issue. A clear and transparent application form for additional funds should be created.
- Increase grant to Host association.
- Other ideas included promoting UEMS at conferences with an exhibition stand and having joint meetings with other organisations
- Support the work of visitation committee

CAP Collaboration

- It would be good to collaborate on clinical areas that are applicable to both Sections

MJC

- Group 3 asked for written reports from representatives on the MJC to be added to the agenda. This would help all Delegates to gather the relevant information for the MJC.
- Financial support for representatives would depend on whether the representative was a member of the Section or an external representative.

Group 4

Finance

- Group 4 suggested putting aside €3000 to support specific UEMS Psychiatry Section projects. Proposals would be considered by the Section and should include strategic aims that were relevant to the Section.
- Group 4 wanted to increase the EPFT grant
- Group 4 wanted to raise the grant for Hosts.
- Group 4 suggested giving a grant to non attending countries, perhaps by encouraging them to host a meeting

CAP Collaboration

- A way of improving collaboration could be to host meeting at the same time in same venue
- Common issues surround training requirements would be a good area to focus collaboration.

MJC

- Group 4 commented that the Section currently has a reactionary role in the establishment of MJCs. The Section could be more proactive.
- Group 4 asked how an external representative would be selected. Selecting a suitable person would be challenging.

Dr Hermans thanked all the groups for their input.

Prof. Fritz Hohagen commented that three main proposals had emerged; increasing the grant for EFPT, increasing the grant for Host associations and offering assistance to non attending Delegates. Professor Heeren said that the third of these would be the most difficult to implement and to monitor. Following discussions it was agreed that the grant to the EFPT Delegates would be increased to €2000 and the grant to the Host Association would be increased to €4000. Dr Cassidy would amend the budget accordingly and these revisions would come into effect on 1st January 2014. It was also agreed to set aside €3000 for members who were representing the Section at other events. It was agreed that the
Officers should develop an application form for non attending countries and to present this, along with a budget, at the next meeting in Madrid.

**Action:**
Officers to develop application process for non attending countries requiring financial assistance

The Section discussed how to pull together the comments that had been made about collaborating with the CAP Section. The idea of a joint meeting would need a lot of planning and notice and Dr Christa Schaff, the representative member for CAP, explained that the Section only met once a year and that their meeting was associated with the ESCAP meeting. There were discussions about the importance of transition and recruitment and the implications of training on the quality of care. It was suggested that in the first instance, the Officers of the both Sections should arrange a time to meet to look at common priorities.

**Action:**
Elen Cook to set up join meeting between Psychiatry Section Officer and CAP Section Officers

### 14. Report from Dr Brendan Cassidy, Honorary Treasurer

**a. New rules concerning accounting procedures to ensure compliance with UEMS secretariat rules and Belgian law**

Dr Cassidy explained that new accounting procedures meant that the Section would now be asking for an annual donation for their membership of the Section (rather than asking for a subscription as in the past) and that these donations would be paid to a central UEMS account in Brussels. Dr Cassidy asked members to make their associations aware of the change in the financial language being used by the UEMS, and the reasons why. Letters would also be sent along with the request for a donation (previously called an invoice) to explain these changes.

**b. Subscriptions update**

Dr Cassidy explained that Malta were not able to pay for their membership due to a lack of funds. Greece had also not paid because of problems within the association and there did not seem to be anywhere in Greece to send correspondence on this matter to. Norway and Slovakia had not paid for 2013 but this was due to confusion over postal addresses and would soon be resolved. Israel had not paid in 2013, Lithuania had not paid for 2 years and the Italians had not paid for the last 8 years. The Section discussed what course of action to take in order to re-engage the Italian Psychiatric Association and whether or not the dept should be forgiven. It was agreed it was important to keep a dialogue open to make it easy for Italy to rejoin the Section. Dr Hermans said that he would take this matter to the UEMS Council meeting and ask for advice.

**c. Income from EACCME**

Dr Cassidy explained that the income from EACCME, thanks to the reviews which Dr Dan Georgescu carried out, was approximately €7000 for the year thus far.

**d. Budget 2014**

Dr Cassidy took the Section through the budget, which incorporated the agreements made in the meeting and included increasing the EFPT grant to €2000, the host association grant to €4000, a provision of €3000 for working group projects and/or the use of external experts. There would still be a €7000 profit which would allow some room for other expenditure, if needed. The budget was approved.
15. Collaboration with other organisations:

a. EPA

Due to transitional issues, the new EPA representative was not present at the Section meeting. The Officers asked Elen Cook to contact the EPA to ensure that the representative was added to the membership list. Dr Hermans explained that in the last few months a lot of new members had been elected into the EPA. The EPA Committee on Education had encountered some problems and the Chair of the committee had not been re-elected onto the EPA. Dr Cécile Hanon had been elected as the new Chair. Professor Dinesh Bhugra and Dr Hermans had agreed to remain as members of the Committee. Following discussions with the Officers, it was agreed that Dr Brittlebank should take over from Dr Hermans on the Education Committee, as this fell into his remit as Vice President for training. It had been agreed that Dr Hermans would remain the representative for the UEMS Psychiatry Section for the time being and hand over to Dr Brittlebank once the committee had become more established.

Action:

Elen Cook to contact the EPA regarding a representative for the Section

b. EFPT

Dr Marisa Dias gave a presentation on the history and work of the EFPT and explained that the core principle of the EFPT was the belief that improvements to training improved mental health services. Dr Dias spoke about the EFPT Exchange programme which aimed to give participants broader experiences which they could use in their own country. The EFPT were always trying to reduce the costs of the exchanges as much as possible and occasionally applied for funding from different bodies to help with this. Following questions from Delegates, Dr Dias explained that the EFPT had national co-ordinators for the exchange in each country and that it aimed to have the visiting trainee linked with a senior doctor. The EPFT was also looking at how to improve the recognition of these exchanges and had been successful in getting a paper published in The Lancet.

The EFPT Brain Drain survey (on workforce migration amongst psychiatry trainees) was currently being carried out in 15 European Countries. The EFPT were keen to involve more countries in the study and Dr Mariana Pinto de Costa asked the National Psychiatric Association to assist them in making contact with the trainees in their countries in order to increase the involvement with this EFPT study.

Dr Dias explained that the EFPT had set up a donations system on their website so that people could help to fund the work of the EFPT. Members of the Section congratulated Dr Dias and Dr Pinto de Costa on the work of the EFPT.

c. EPA Early Career Psychiatrists Committee

Dr Nikolina Jovanovic explained that the committee gathered together young psychiatrists that had completed their training in order to give this specific demographic a voice in Europe on the topics of psychiatric training, research and practice standards. Doctors who were under 40 years old and/or within 7 years of qualifying as a psychiatrist were eligible to join. The EPA ECPC had contributed to the recent EPA congress and their session had been well attended. The EPA ECPC had four areas of focus (Research, Meeting and Associations, Professional Development and Publications) and had a task force for each of these core goals. Delegates asked Dr Jovanovic if the ECPC had links with the European Junior Doctors Permanent Working Group or the Young Psychiatrists Network. Dr Jovanovic and Dr Malik (who was also a member of the ECPC) confirmed that there were currently no formal links in place.
d. **UEMS CAP Section**

Dr Schaff, Secretary of the UEMS CAP Section, reported that Professor Sue Bailey would become Chair of the UEMS CAP Section and Dr Hannu Westerinen would become their Vice President in January 2014. Dr Piret Visnapuu would become their new Treasurer. At their last meeting, which took place in Dublin, it was agreed to finalise the log book for Child and Adolescent psychiatrists. Their four working groups on Ethics, Violence, Exchanges and Quality Assurance had also met during the meeting. Members of the Section asked Dr Schaff what direction Child and Adolescent psychiatry in Europe was taking. Dr Schaff replied the situation for Child and Adolescent psychiatrists varied greatly from country to country. In some countries, for example in Germany, CAP were developing services with other agencies and it was beginning to be seen as a separate specialty while in other European countries CAP numbers were very low and it was increasingly difficult to replace retiring doctors. Dr Hermans commented that the future direction of psychiatry as a whole, not just CAP, was of relevance to both Sections. The changes in psychiatry over the previous two years meant that many countries did not have enough psychiatrists to fill posts.

e. **WHO**

Prof. Hauff explained that he was the link person between the Section and WHO Europe. The WHO’s Europe Mental Health Action Plan had recently been launched and Prof. Hauff would investigate if there was anything further for the Section to input to this plan. Prof. Hauff asked the Officers to consider adding WHO to the next Section meeting agenda and inviting someone from the WHO to speak on the European action plan. Prof. Jose Luis Ayuso Mateos commented that while the WHO Global Mental Health Action Plan was well known, the European plan was less familiar and it would be useful to have some more information. Dr Dias asked how the Section could be more proactive in WHO Europe and Prof. Hauff responded that the strong user and carer movement in the WHO would be an area to work more systematically on. Members of the Section discussed other areas of work which included public health and the inclusion of prevention in psychiatric training.

**Actions:**

- Dr Jacobsen to put link to WHO Europe Mental Health Plan document on the Section website
- Elen Cook to add WHO to the Spring 2014 agenda

f. **ROAMER**

Professor Ayuso Mateos explained that ROAMER, who had presented their work on developing a road map for mental health research in Europe at the Helsinki meeting in April, were now 2 years into their project and would soon be sending an updated list of documents for consultation.

g. **GAMIAN**

This was discussed under an earlier item. Prof. Heeren commented that she was also developing links with other European user and carer organisations.

16. **Feedback from Delegates**

This item is not minuted but the following actions emerged from discussions:

**Actions:**

- Elen Cook to send minutes from meeting as soon as possible, rather than with the papers for the next meeting
DSM5 and Chapter 6 to be added to Officers meeting agenda
Croatia’s specialist training needs to be added to the Spring 2014 agenda

17. Administrative matters
Elen Cook explained that the Section website (www.uemspsychiatry.org) was still under construction and that links to documents were in the process of being restored. Elen Cook asked all Delegates to let her know if they found a link on the website that did not work and to check that the link to their national association was correct.

Action:
All Delegates to check website

18. Dates and venues of future meetings
- 24 – 26 April 2014, Madrid
- 9 – 11 October 2014, London

19. Any other business
Dr Hermans asked the Delegates to join him in thanking Dr Paul Hodiamont for all his work for the Section as this would be his last meeting as a representative for the Dutch Psychiatric Association. Dr Hodiamont thanked the Section for their kind words and wished them well for the future.

Dr Hermans thanked Professor Luiz and his team for the hospitality shown to the Section.

Dr Hermans thanked all the Delegates for their work over the last year and commented that it was now time for the Section to focus on the content of the procedures that they had worked to establish.

Dr Hermans closed the meeting.