



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY EUROPEAN BOARD OF PSYCHIATRY



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ANNUAL REPORT 2007

During 2007, the number of EU/EFTA member states stood at 28 full members. Turkey, as an EU candidate state, remains an associate member state. There are also seven observers, AEP, Croatia, EFPT, Israel, PWG, WHO and WPA. The 2007 Spring and Autumn meetings were held in Izmir, Turkey and Geneva, Switzerland respectively. This year, the Estonian Psychiatric Association attended its first meeting. Representation of the Romanian and Bulgarian Psychiatric Associations is still being sought.

Dr Kari Pylkkänen (Finland) has succeeded Dr Torben Hans Lindskov (Denmark) as Section President and Dr Brendan Cassidy (Ireland) succeeded Dr Roelof ten Doesschate (the Netherlands) as Treasurer. Dr Joseph Saliba (Malta) was confirmed in his third and final term as Secretary. Dr Brigitte Mauthner (Austria) has followed Dr Kari Pylkkänen as Section Vice President and Prof Slavko Zihel was confirmed in his second term as Board Vice-President.

Dr Luboš Janu replaced Dr Ivan Tuma as representative of the Czech Psychiatric Association, Prof George Garyffalos and Prof Ioannis Zervas have replaced Prof Parashos and Prof Papakostas, respectively, from the Hellenic Psychiatric Association and Dr Elisabete Fradique replaced Dr Pedro Varandas as representative of the Portuguese Medical Association. Also, Dr Lucie Motlova replaced Dr Ivan Tuma representing the Czech Psychiatric Association and Dr Andreas Landsnes replaced Prof Opjordsmoen as representative of the Norwegian Psychiatric Association. Finally, Prof. Joukamaa has ended his term of office as President of the Finnish Psychiatric Association and will be replaced by his successor next year.

Organisation of the Section and Board's meetings and working methods

A well established policy is maintained of visiting local psychiatry services on the first day of the meeting to enable demonstration and exchange of information on both training and clinical practices and settings and constructive feedback from delegates. Trainees are regularly involved. The formal Section and Board committee agendas are discussed on the subsequent two days. The working method continues to rely strongly upon working groups which meet in Spring and Autumn, communicating by email and/or phone between meetings.

Section and Board Working Groups

- **Biological Aspects of Psychiatry**

Following the Autumn 2006, Deventer proposal to replace *biological psychiatry* with a more appropriate term, the old report was archived and a new working group submitted its proposal at the Spring 2007, Izmir meeting. The term '*biological aspects of psychiatry*' was identified as the most appropriate name for the group. A draft report will be submitted at the forthcoming Spring 2008, Copenhagen meeting. The recommendations will have implications for the practice and training of psychiatrists.

- **CME, EACCME and Joint Task Force**

At the last meeting in Deventer, after signing of the agreement between the Section and the EACCME[®], it was agreed that the CME working group should become a standing committee on CME. With the Section and Board's increasing involvement in CME this standing committee has adopted a role of advising the CME Evaluating Committee. The Section had delegated its CME approval mandate, given by the EACCME[®], to the joint Task Force. The number of EACCME applications is steadily increasing. Meanwhile, the EACCME is developing online application and certification systems.

The Task Force, which emerged in 2001 for collaboration between UEMS, AEP, WHO and WPA, continues to meet once a year, providing a forum for European leaders in psychiatry, and helping to develop guidelines on CME. The membership includes two delegates from each of the four organisations and leadership rotates. Henceforth, the Section budget will cover the expenses of both Section and Board Presidents to attend so as to ensure equal representation of all participating organisations. The meeting held in Madrid in March 2007 focused on the EC Green Paper and its implications for member states. The next meeting of

the Task Force will be under the WPA leadership and will be held in Paris during the WPA European congress in February 2008.

Other agencies on the European CME arena, such as the EACIC which is granting CME credits, do not carry formal recognition as an accrediting body, as does the EACCME®. The EACIC has written to the UEMS exploring the possibility of collaboration with the CME Task Force and the WPA has also expressed interest in collaborating with the EACCME and the CME Task Force. The Section is cautiously exploring the advisability of collaboration with the EACIC.

Concern was expressed that occasionally, the CME Evaluating Committee has found itself under some pressure to approve certain events and this compromised the impartiality and fairness of the evaluation process. Because the current EACCME standards make it difficult to assess events, particularly to gauge the influence of pharmaceutical industry, the CME Committee agreed to develop psychiatry specific criteria to address this particular issue.

- **Liaison Psychiatry**

This working group was set up following a review of the existing 1997 report. The group was to produce recommendations and good practice guidelines aiming at a final report for April 2009. The work on the first part of the report, definition of terms, has already begun and the second part of the report will comprise recommendations in the form a position paper.

- **Quality Assurance of Standards in Specialist Psychiatric Care**

All the current reports on quality assurance produced by the Section, Board and UEMS Council have been reviewed and condensed into a draft consolidated paper. It was agreed that this paper should be archived as a summary of archived reports for those interested. The CAP Section is currently drafting a report on quality assurance and it is possible that both Sections might collaborate in the future.

- **Working Group on Mental Health Legislation**

This working group has not repeated the previous survey, whose recommendations although still largely valid, are of limited value. The existing report on mental health legislation has been archived for reference. Instead the working group has focussed on the principles underlying compulsory treatment in the community and patients' rights of appeal, including recent research into compulsory treatment in the community. The working group has now finalised a draft position paper which has been circulated to all delegates for their comments and further consultation before being submitted for approval at the Spring 2008 meeting.

- **Old Age Psychiatry**

This group adapted a questionnaire that was used to collect data for the previous report and distributed it to all the delegates for completion. The delegates have now completed the questionnaires and the report will be drafted and it submitted for discussion at the Copenhagen Spring 2008 meeting. It was approved that the working group also consult experts from outside the existing UEMS Section delegates.

- **Stigma**

Stigma has remained a widespread problem in Europe. This group was set up to study existing statements on stigma issued by the WPA and WHO, thus working on a definition of stigma, and a resolution for adoption at National level. Furthermore, in 2006, the results of the Recruitment and Retention survey had indicated that several countries reported problems with recruitment and less so with retention of doctors in psychiatry. It was felt that there was an urgent need to improve the image of psychiatry and that this was relevant to the remit of the stigma working group which was thus to include this aspect. This working group also decided to include discrimination in their final report, which would identify fields where stigma and discrimination most commonly occur and detail the most effective anti-stigma measures. Existing anti-stigma literature will be reviewed before the draft policy paper is prepared for discussion in Autumn 2008. The final report is to be submitted to the Council of Physicians and should also be adopted by Council as a UEMS policy document.

- **Private Practice**

This working group had been set up in response to French concerns, echoed by other countries, that the needs of the private psychiatrist were not adequately addressed by the Section. In view of changes in private practice in many EU countries the working group decided to re-circulate a questionnaire completed by delegates two years ago. The planned report aimed to promote private practice, not in

competing opposition, but as a partner to the National Health Service, offering different and complementary treatments and treatment settings for the patient's benefit. The needs of private practitioners, their patients and relevant financial bodies would also be addressed in the report. It was also recommended that this report should be submitted to the UEMS Council for adoption as a policy statement. The paper was tabled for approval at the Autumn 2007, Geneva meeting, however delegates felt unable to approve the report without being given an opportunity to review it and consult their Associations. It was agreed that the paper would be circulated to all delegates for consultation and comments with a view to approval at the Spring 2008 meeting. It was agreed to retain the title, "Geneva Declaration on Private Practice".

- **Competence Based Training**

Following discussions at the Autumn 2006, Deventer meeting, a working group on competence-based training in psychiatry was established with the aims of identifying core competencies for psychiatrists, developing a curriculum based on competences and developing instruments to measure and assess competencies. The working group has initially focussed on identifying core competencies. The EFPT, which has been working on this and has produced a statement, was invited to take part in this work. Key documents on competence-based training produced by other organisations have been reviewed (CanMEDS framework, ABPN curriculum, Royal College of Psychiatrists, UK) and the Section's *Profile of a Psychiatrist* is being used as a framework to develop further the seven basic areas of competence listed in the Profile. The work has been carried out in small groups each taking one domain. This very complex task has required face to face discussions. A few members of the core working group would thus meet prior to the spring meeting to prepare the first draft for Copenhagen in Spring 2008.

Training Matters

- **Implementation Strategy for Approval of National Training Schemes**

The Board has retained its original shift from visiting national training centres to developing a strategy for implementation of National approval of training schemes. This entails approving the country's arrangements for audit of training. The Board had developed a training scheme assessment form (available on the website) and this had been tested in a double pilot in the UK and the Netherlands. Many countries have accreditation schemes only in principle and relatively few carry out independent audit of training. The main objective of training accreditation is to support both trainers and trainees and to identify strengths as well as challenges for future developments. UEMS involvement might help convince National policy makers to introduce the necessary infrastructure and resources. Any country wishing to have their training audit systems evaluated should approach the Board via the relevant National authority. Alternatively, delegates could join audit visits in countries with well established accreditation processes such as the UK or the Netherlands. The Board may be evaluating the *UEMS Charter on Visitation* to determine whether its recommendations needed updating.

- **Audit of Training Schemes**

It was agreed that a prepared paper (B4-04/07) outlining basic information about auditing psychiatric training in Europe would be routinely sent as an initial reply to requests for audit visits. The importance of audit to the harmonisation of European training is emphasised. Following the two successful visits to Lübeck and Freiburg, the German Society of Psychiatry, Psychotherapy & Neurology decided to roll out the audit system across the country. The Spanish University of Alcalá de Henares has also formally requested an audit and the questionnaire has been sent. The Board remains happy to assist any country considering the introduction of a national accreditation system of training programmes.

Section and Board Website

The website (<http://www.uemspsihchiatry.org/>) is now well established. Names and addresses of officers and delegates, annual reports, minutes of Section and Board meetings, and recently the UEMS Council newsletter, are all available on this site. It now also includes a secure page (accessed through a direct link sent to delegates) for posting draft documents, agenda papers, work in progress and such like. This will address the problem many delegates experienced with email attachments being routinely removed by their anti-virus/anti-spam software.

UEMS Council Matters

The Sections' and Boards' representation at Council aims at promoting closer collaboration. The UEMS now has 37 Specialist Sections banded, for the purposes of Council representation, into 3 constituencies with two delegates from each constituency representing all Sections in their band. The Council is aware

that this arrangement is not always functioning as it should. The constituencies had recently proposed that they should have the right to vote. However, a vote on this at the last Council meeting only gave a simple majority in favour, and not the four fifths majority required under existing regulations.

The main issues being discussed at Council level include the **Health Service Directive** and the **European Working Time Directive (EWTD)**. The Federation of Surgeons had now reconsidered its position and is no longer favouring extension to the 48-hour week. The Section of Psychiatry had already opted not to support the surgeon's proposal. Another important issue is the **European exams** organised by some UEMS Boards. Such exams are offered in addition to national specialist exams run by EU member states and are not a legal requirement for free movement of specialists in Europe. Eleven Specialist Sections are now organising exams and working towards establishing a standardized examination system. The Council is also debating the European definition of a **Medical Act** first raised by the Section of Ophthalmology to clarify the roles of optometrists. However, the Section of Psychiatry agreed that defining a Medical Act was not a priority in the specialty of psychiatry which requires medical and non-medical mental health professionals to work closely together in a multidisciplinary setting.

The Section had been invited by the UEMS Council to consider joining some of the **Multi-Disciplinary Joint Committees (MJC)s** set up with the aim of collaboration with other Sections on relevant aspects of training across specialties. In principle some of the MJC)s might be relevant to psychiatry, but the existing list (hand surgery, pain medicine and genetics) does not reflect the current priorities of the Section. The Section will thus not be joining any of the MJC)s, but will if required, provide feedback on any aspects of specialist training relevant to psychiatry.

The Council is currently developing its new mid-term strategy and discussing the European Commission's reports and the new EEC Directive coming into force at the end of October 2007. It is also planning a range of activities to celebrate the 50th anniversary of the UEMS in 2008.

EU Green/White Paper: Towards improving the mental health of the population

In 2006 the Section had formed part of a widespread consultation process by the EU Commission, commenting on three questions posed in its Green Paper, prepared with the aim to develop an EU strategy and action plan on mental health. The EU Commission had summarised the extensive feedback received and was originally to prepare a White Paper, but this plan was altered to an EC Communication on mental health. This was to include the strategy outcome of the consultation process for presentation to all the usual recipients of documents from the EC, i.e. the European Parliament, the Council of Europe, the Committee of the Regions, the Permanent representatives of the Member States, the Member States themselves, other IGOs¹, including WHO Europe. It was to include proposals for the forthcoming Health Strategy in terms of mental health commitments and the policy for the next Public Health Programme. The focus of the new programme was to be mental health promotion and the prevention of mental disorder. This EC Communication was originally expected around mid May 2007. It was to be a focal point for the forthcoming conference on mental health promotion and prevention in Barcelona in mid September 2007, sponsored by the Catalonia Government, the EC and WHO Europe. The main effort of professional organisations was to demonstrate the severity of economic impact if mental health in Europe continued to deteriorate. The European Commission has maintained its intention not to advance the Green Paper to the status of a White Paper and instead, the EC's Communication on the proposed EU Actions on Mental Health was to be published in the autumn 2007.

Prioritisation of Mental Health

The Netherlands pointed out that although evidence shows that the current burden of psychiatric illness in Europe was in the region of 20-30%, the average national spending was about 6% of health budgets. They have initiated a campaign called "20% in 2020" to redress this imbalance and it was suggested that each country start a similar movement. It was agreed the Section should look at this topic in greater detail as an agenda item at the Spring 2008, meeting in Copenhagen.

Trainees Issues

- **Permanent Working Group for Junior Doctors (PWG)**

The PWG reported that Slovakia would soon attend bringing the total number of members to 25. A new working group has been established to survey national specialist examinations in member states. The PWG has developed a new website which is linked to the main UEMS, but not the Section and Board

¹ Inter-Governmental Organisation

website. According to PWG data, the EWTD² was only followed in two countries. The main point of contention seems to be whether the inactive part of on-call should be considered as working time. The PWG position is that it should, but the EC Commission opposes this view. The PWG is considering establishing a permanent secretariat either in Brussels in the UEMS building or in the premises of one of the medical associations.

- **European Federation for Psychiatric Trainees (EFPT)**

The EFPT forum was held in Athens in May this year and the next forum will be held in Gothenburg in May 2008. EFPT continues its efforts towards obtaining a registered charity status. Current working groups focus on website development, working conditions for trainees, competency based training, child and adolescent psychiatry and relations with patients and carers. The EFPT intends to make a formal request to join the European Task Force currently consisting of UEMS, AEP, WHO and WPA. The EFPT feels that it is important for trainees to join the debate on the future of psychiatry in Europe and feels that the Task Force is the appropriate platform to raise issues relevant to training.

Dates and venues of future meetings

Spring 2008	Copenhagen, Denmark (24-26 April 2008)
Autumn 2008	Gent, Belgium (15-18 October 2008)
Spring 2009	Budapest, Hungary (to be confirmed)
Autumn 2009	Maribor, Slovenia

² European Working Time Directive