



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY
EUROPEAN BOARD OF PSYCHIATRY



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ANNUAL REPORT

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INTRODUCTION

During 2008, the number of Psychiatric Associations from EU/EFTA member states remains at 28 full members. Croatia, Israel and Turkey are associate members. There are also five observers: EPA, EFPT, PWG, WHO and WPA. The 2008 meetings were held in Copenhagen, Denmark and Ghent, Belgium, respectively. Representation from the Romanian and Bulgarian Psychiatric Associations is being sought.

Dr James Strachan (UK), Board President, and Prof Paul Hodiament (Netherlands), Board Vice-President, were both re-elected to their respective posts. Dr Brendan Cassidy (Ireland) is now Treasurer.

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

SECTION AND BOARD WORKING GROUPS

a. Compulsory Treatment in the Community

The Compulsory Treatment Working Group finalised its report. The report focuses on principles of compulsory treatment in the community for non-forensic patients, a controversial and much debated topic in Europe. It emphasises that compulsory treatment should not be the first recourse and that other measures should be deployed before compulsory treatment is considered. It is hoped that the paper will alleviate patient groups' concerns. The report has been approved and also endorsed by UEMS Council as a UEMS position paper. It will be reviewed in 2012.

b. Private Practice

The draft of this paper first presented in October 2007 met with problems which precluded approval. The working group was tasked to take on board the comments and address these issues. At the Ghent Autumn 2008 meeting there were still outstanding concerns, particularly from the UK, Ireland and Spain. These included scientific basis, purpose of paper, intended audience, and accountability and quality assurance issues. The amended paper is due for further discussion in Budapest in Spring 2009.

c. Stigma

This working group, is considering the various types of discrimination and ways to counter stigmatisation amongst patients, professionals and general public, through educational and public information activities. The group is hoping to present its preliminary report in Budapest with final version for approval in Autumn 2009.

d. Biology in Psychiatry

The report intends to outline the role of biology in psychiatry and will be addressed to both trainees and trainers. The working group intends to present the first draft of the report in Spring 2009.

e. Liaison Psychiatry

The revised version of this report is being circulated for final comments, with a view to approval of the paper in 2009.

f. Competence-based training in psychiatry

During 2008, the draft document, based on two main sources (CanMEDS and the American ABPN Core Competences for Psychiatric Practice) was circulated for consultation with national associations. Dr Andy Brittlebank, a new delegate from UK who has been involved in the development of the UK competence based curriculum and assessment methods, joined the group in 2008. It was not regarded as feasible to develop a training programme applicable to all European countries. National associations were better placed to adapt the competence-based core curriculum to local conditions. Therefore, the Board agreed to focus on assessment methods and develop a blueprint for assessment relevant and adaptable to most European countries. In December 2008, Dr Brittlebank ran a short training session in London on assessment techniques for the CBT working group, which enabled the group to identify reliability assessment methods appropriate for each competence. It is hoped that in due course, the Board would be able to offer assistance in such assessment to national associations. The final draft is targeted for the 2009 Budapest meeting.

g. Proposal for a new working group - review of the psychotherapy report

This new working group will review the current situation in Europe regarding psychotherapy training. It will liaise closely with the working group on core competences so as to avoid duplication and to coordinate the competencies in psychotherapy. The UEMS survey of psychotherapy will be repeated.

STANDING COMMITTEE ON CME

Following a past agreement between the Section and the EACCME[®], it had been agreed that the CME working group should become a standing committee on CME. The Section had delegated its CME approval mandate, given by the EACCME[®], to the joint Task Force, which had emerged in 2001 for collaboration between UEMS, EPA, WHO and WPA.

This year, Prof Hodiamont alerted delegates to the problems currently facing CME in Europe, including the lack of consistency in national CME models, inadequate quality control and excessive influence of pharmaceutical industry. Commercial support for CME events had also been discussed by the EACCME[®] and a position paper was being prepared. The standing committee on CME had agreed in Geneva to develop assessment criteria to address psychiatry specific issues.

The Evaluating Committee noted a considerable decline in the number of applications since the beginning of the year, largely attributed to changes in the online application system. New accrediting bodies joining the field of CME might also be a contributing factor to the decline in applications. The online application system had also caused the assessment process itself to deteriorate as assessors had no opportunity for discussion. The EACCME[®] had been approached about this and it is hoped the issue would soon be resolved.

COLLABORATION WITH OTHER ORGANISATIONS**Reciprocal representation with the EPA**

The EPA has established a platform for leaders of national psychiatric associations to promote collaboration and the UEMS Section of Psychiatry has been formally invited to join. It is hoped this will clarify roles, with UEMS producing quality assurance, service provision and specialist training guidelines and the EPA focusing on providing educational courses.

WHO Collaboration

At the Spring Copenhagen meeting, Dr Mujien (WHO) gave a brief presentation of the report on mental health care in the EU. The report, *Policies and practices for mental health in Europe*, launched in London on 10 October 2008 (World Mental Health Day), is the culmination

of the data gathering project co-funded by the European Commission following the Mental Health Declaration signed by all EU states in Helsinki in 2005. The WHO Regional Office for Europe has been mandated to produce comparative data on the state of mental health services in its region with the aim of support in the development and implementation of best policy and practice. The report maps out significant differences in mental health services and practice throughout Europe, including significant information gaps relating to training programmes, workforce issues, nurses, psychologists, etc. There is no adequate information concerning CME on psychopharmacology or psychological treatment. Much CME is provided by the pharmaceutical industry without regulation. There is a gap between the old and new EU and a clear need for collaboration to address the identified problems.

Relations with patients, carers and allied professional groups in Europe

Prof. Gómez-Beneyto indicated that WHO, in its report *Policies and practices for mental health in Europe*, supports the right of users and their carers to be actively involved in service development and in their own treatment. There is also some evidence that services improve with patient involvement. The delegates agreed that representative user and carer organisations in Europe should be identified and invited to cooperate. The EFPT is already in collaboration with EUFAMI (European Federation of Associations of Families of People with Mental Illness). GAMIAN (Global Alliance of Mental Illness Advocacy Networks) would also potentially be a useful collaborative partner. Professions allied to psychiatry should also be considered as collaborative partners however it may prove difficult to identify representative organisations on a European level. One possible area of collaboration would be to invite feedback on selected Section and Board reports.

TRAINING MATTERS

Audit of Training Schemes and European Board Exams

Training scheme audit is an indispensable aspect of quality assurance of training and constitutes part of the Board's core business.

Dr Bernard Maillet, Secretary General UEMS Council, emphasised the European Commission's expressed objective to encourage a clear training framework and to facilitate mutual recognition of qualifications for the benefit of cross-European professional movement, which could only be achieved through such an audit process. A robust assessment system of trainee competency is needed and might appropriately include examinations. Dr Maillet indicated that European Board exams are well regarded in several other specialties, and in countries where no national examinations are available, they are sometimes adopted as a national qualification. Such an examination would be of benefit to trainees who do not have access to an exam in their own country, would also provide a European benchmark for psychiatric training and finally would address problems faced by non-EU doctors wishing to practise or train in an EU member state. However, the Board was equivocal about the financial and professional resource feasibility of setting up a European Board examination in psychiatry.

To be effective such an exam would have to assess not only factual knowledge but also clinical skills and competencies, which present a particular challenge in the linguistically and culturally diverse EU. The Board agreed that any work in this area should be linked with the current work on competency based training.

The German Society of Psychiatry, Psychotherapy & Neurology (DGPPN) has now launched its own audit programme, developed with the Board of Psychiatry guidance, which is systematically visiting training schemes in Germany. Turkey, Greece and Spain have also expressed interest in developing similar processes. Visits will only be undertaken when a Board member is directly involved in national training arrangements so as to maintain the requisite local and national momentum for the process.

Report from the European Federation for Psychiatric Trainees

The EFPT reported that they continue in the process of trying to register as a recognised organisation in Belgium. Belarus was the latest EFPT recruit bringing the total number of members to 28.

Report from the Permanent Working Group for Junior Doctors

The PWG's current focus is on the implementation of the European Working Time Directive (EWTD). A PWG survey across Europe has found that only two countries fully adhere to the EWTD. The 48-hour working week must be implemented in all EU member states by August 2009. Under the European Court of Justice ruling of 2000, time spent on call by doctors is regarded as working time if they are required to be present at the work place. If merely needed to be contactable when on call from home, only time of actual provision of services is regarded as working time. Under the new EU proposal, employers and employees would be allowed to elect to longer working time up to 60 hours. PWG is campaigning against this development.

PWG has also commenced a review on trainee migration issues. There has been agreement between PWG and UEMS to cooperate on a linkage of websites.

Dates and venues of future meetings

23-25 April 2009 – Budapest, Hungary

October 2009 – Maribor, Slovenia

April 2010 – Stockholm, Sweden