



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY
EUROPEAN BOARD OF PSYCHIATRY



ANNUAL REPORT 2010

INTRODUCTION

During 2010, the number of Psychiatric Associations from EU/EFTA member states remained at 28 with three associate members (Croatia, Israel and Turkey), and five observers (EPA, EFPT, PWG, WHO & WPA). The 2010 meetings were held in Stockholm, Sweden, and Athens, Greece in the spring and autumn. Representation from the Romanian and Bulgarian Psychiatric Associations is still being sought. Cyprus has resumed attendance. The membership status of Iceland remains unclear since its national medical association has withdrawn its membership from UEMS Council.

The Section and Board continue the policy of visiting local psychiatry services with 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.

CORPORATE IDENTITY AND FUTURE STRATEGY OF THE SECTION AND BOARD

During 2010, discussion was devoted to both of these matters. It was felt the current title might not readily convey the European identity of the Section and Board vis a vis other European entities. After considerable debate, no consensus was reached and it was decided to defer the matter to the future.

Considerable discussion was devoted to exploring more efficient models for structuring the Section and Board agendas and business. The initial alterations were implemented and further discussed at the Athens autumn meeting.

SECTION AND BOARD WORKING GROUPS

a. Involuntary Treatment

This new working group focuses on monitoring the practice of legal compulsory measures, including the use of restraint and seclusion as applied across Europe. It is currently exploring the most appropriate remit and working methodology.

b. Old Age

This working group is still active but there have been no developments during 2010.

c. Psychotherapy

The aim of this working group is to establish updated standards for training and service delivery in psychotherapy. It has reviewed the Section's 2000 survey published in 2008, in the context of its recent competency framework document, as well as more recent papers and contributions from EFPT.

d. Service Delivery Models

This working group is preparing a descriptive paper on different health care systems in psychiatry in Europe and mapping the distribution of systems in EU countries. The paper will focus on the balance and interrelation of public (state) sector and private practice in different countries and the existence or otherwise of a national policy on the matter.

e. Relations with commercial organisations

This working group is developing a framework of guidance on the boundaries of good practice for EU psychiatric organisations in their relationships with pharmaceutical and other commercial organisations. This will include the impact on individual practice. A paper will be presented by Autumn 2011.

STANDING COMMITTEE ON CME

The Standing Committee on CME, which is the successor of the CME working group had originally delegated its CME approval mandate to a joint European Task Force, including UEMS, EPA, WHO and WPA. This taskforce had achieved its objective and was dissolved.

The Standing Committee on CME had agreed to develop assessment criteria, however meanwhile, the EACCME changed the online evaluation procedure, such that only one evaluator per specialty has access to online applications. The evaluation process is now reduced to an administrative procedure involving viewing the programme online and granting the appropriate number of points. Furthermore, the EACCME has recently expanded its accreditation services to cover e-learning and enlisted UEMS, EPA and WPA representatives as evaluators.

The Standing Committee now has no influence on CME content and unless the Section has representation on the EACCME itself, it will have no influence on CME policy. It was therefore agreed that at least one Section member would always attend the EACCME's annual meeting. The Section thus identified a number of members who could share the task and attend as deputies.

COLLABORATION WITH OTHER ORGANISATIONS

Contributing and responding to European mental health agenda

It was agreed that the Section would maintain regular contact with WHO and keep it as a standing item on the Section agenda, only to be utilised when there were items to discuss.

Reciprocal representation with the EPA

Reciprocal representation has now been established with EPA and a member of the UEMS Section now attends the EPA Board and EPA Education meetings. Voting rights, by mutual agreement, are not reciprocated. This arrangement provides a good basis for future cooperation and there is the possibility of EPA inviting the UEMS Section to contribute to their future meetings.

UEMS CAP Section

The CAP Section is hoping to improve its collaboration with ESCAP (equivalent to EPA) and has proposed identifying areas of collaboration with the Section for Psychiatry, such the transition from adolescent to adulthood services and the treatment of psychiatrically disordered parents of disturbed children and adolescents. It is hoped that this will be pursued by interested Section members.

Multidisciplinary Joint Committee (MJC) on Sexual Medicine

The Section agreed unanimously to join the MJC on Sexual Medicine since it is important to ensure that mental health issues within sexual medicine are appropriately addressed. The Section identified delegates to join this MJC.

Psychotherapeutic treatment

The Section President wrote to the Head of the "Professional Qualifications" Unit within the European Commission to emphasise UEMS position on psychotherapeutic treatment. Patients suffering from severe mental disorder are vulnerable and should be protected from unqualified practitioners and treatment. It is therefore essential that before psychotherapeutic treatment commences the patient is diagnosed and assessed by a qualified psychiatrist.

TRAINING MATTERS

Visitation of Training Schemes

The hope that Training Scheme Audit (now on the Board website) would prove a useful negotiation tool for trainers in improving local arrangements and provide recognition of quality control in training by the profession has not been realised to the extent in some other specialties. The term 'audit' with potentially disconcerting connotations was replaced with the

term 'visitation' but there have been no visitations conducted for some years. In 2010 there were two requests one from Budapest, Hungary and the other from Spain.

The planned training scheme visit to Budapest, however, could not take place because the costs could not be met in the context of government policies which have adversely affected training and could result in a number of its postgraduate doctors opting to work elsewhere in Europe.

The Board believes that helping national professional associations (NPA) to introduce their own evaluation system would be more fruitful than focusing on visits to single training centres. Ways of ascertaining compliance with the Training Charter were also discussed. One suggestion was to link this to UEMS visits to local training schemes as part of its biannual meetings. However, the diversity of training and service provision within countries would make it unlikely to give a representative perspective, or result in the promotion of a uniform standard of training elsewhere.

UEMS could help NPAs establish effective training evaluation by demonstrating and initiating the evaluation process but it would not be feasible to accredit every European training centres.

Report from the European Federation for Psychiatric Trainees

The EFPT reported that the legal framework and constitution for EFPT's official recognition as an NGO, with by-laws were now finalised for approval. It also reported on three working groups addressing: the absence of quality assurance concerning national curriculum frameworks and a shortfall in the implementation of training programmes; poor clinical supervision, notably in emergency care, and affecting trainee security and burnout; finally, insufficient clinical opportunities, funding for psychotherapy training. Research papers had also been presented at the EPA conference. The EFPT website was now more informative and Google groups had been started.

Dates and venues of future meetings

April 2011 – Tallinn, Estonia

October 2011 – Zagreb, Croatia