



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN UNION OF MEDICAL SPECIALISTS

Section of Child and Adolescent Psychiatry

# Action plan for 2019-2020

Prepared by the Executive Board

To be reviewed, updated, and accepted in the Section meeting in Ljubljana, Slovenia, in September 2019.

## INTRODUCTION

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Most of our work can be built around the following main goals:

1. Develop guidelines / recommendations
2. Support for national organizations in the implementation of the guidelines / recommendations.
3. Update guidelines / recommendations based on ongoing discussions and data collection.

This Action Plan is the first attempt to establish annually updated guidelines for our work. As such, it is really a draft and open to any kind of creative discussion.

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# 1 AIMS OF UEMS/CAP

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UEMS aims for the following international non profit-making objectives<sup>1</sup>:

- The study, promotion and harmonisation of the highest level of training of the medical specialists, medical practice and health care within the European Union;
- The study and promotion of free movement of specialist medical doctors within the EU;
- The representation, within this framework, of the medical specialist profession in the Member States of the EU, to EU authorities and any other authority and/or organisation dealing with questions directly or indirectly concerning the medical profession, and any action which might further the achievement of the afore-mentioned objectives.
- The defence of the professional interests of European Medical Specialists.

The activities UEMS proposes, in order to achieve these objectives, are primarily the following:

- Setting up Sections and Boards for each medical specialty;
- Setting up a general system of accreditation of Continuing Medical Education and Professional Development, Postgraduate Training, Quality Management, at European level;
- Setting up Working Groups on issues of interest for medical specialists at European level;

The purpose of the UEMS-CAP Section is to promote high standards of postgraduate training and continuing medical education of child and adolescent psychiatrists across Europe and to support the development and sustaining of the infrastructure to achieve these aims. Through these aims, our purpose is to promote the development of the highest standards of care for children, young people and their families who are affected by mental health problems.

The Section will achieve this by encouraging excellence in child and adolescent psychiatric education and training within the profession and appropriate awareness and skills in other medical specialties.

The Section conducts its work by:

- Setting standards for education and learning across postgraduate CAP professional development in Europe
- Producing evidence-based guidance on training matters
- Considering developments in CAP education through the perspective of service users to support the development and sustaining of high standards of care and
- Offering to monitor these educational standards
- Developing activities to stimulate exchange of ideas and share experiences in training initiatives in an EU perspective.

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<sup>1</sup> <https://www.uems.eu/about-us/statutes>

## 2 MEMBER STATES AND DELEGATES

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**Table 1. Member states in the Section<sup>2</sup>**

FULL MEMBERS		
AUSTRIA	HUNGARY	POLAND
BELGIUM	ICELAND	PORTUGAL
BULGARIA	IRELAND	ROMANIA
CROATIA	ITALY	SLOVAKIA
CYPROS	LATVIA	SLOVENIA
DENMARK	LITHUANIA	SPAIN
ESTONIA	LUXEMBOURG	SWEDEN
FINLAND	MALTA	SWITZERLAND
FRANCE	NETHERLANDS	CZECH REPUBLIC
GERMANY	NORWAY	UNITED KINGDOM
GREECE		
ASSOCIATE MEMBERS		
ARMENIA		
ISRAEL		
SERBIA		
TURKEY		
OBSERVERS		
GEORGIA		
IRAQ		
LEBANON		
MOROCCO		
TUNISIA		

Each member state is allowed to send two official delegates to the Section meetings, which are normally held annually. The nomination letter by the national medical association must be sent early enough to the UEMS central office in Brussels in order to the delegate have right to vote as an official delegate. Otherwise she/he has the position of an observer.

Representatives of the European Federation of Psychiatric Trainees (EFPT) have regularly been attending the annual Section meeting as observers.

Other collaborative parties are also welcome to attend the Section meetings, the fact which might give new possibilities.

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<sup>2</sup> <https://www.uems.eu/about-us/membership/national-associations>

### 3 OFFICERS

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The Section has the following officers, who are elected in the Section meeting:

		Elected for
President of the Section	Sue Bailey (UK)	2014 - 2021
Vice president of the Section	Hannu Westerinen (Finland)	2014 - 2021
President of the Board	Brian Jacobs (UK)	2012 - 2019
Vice president of the Board	Peter Deschamps (Netherlands)	2016 - 2019
Secretary	Christa Schaff (Germany)	2012 - 2019
Treasurer	Piret Visnapuu-Bernadt (Estonia)	2014 - 2021

Together they form the Executive Board.

### 4 MAIN AREAS OF INTEREST AND ACTIONS

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#### Status of CAP specialty in member states

In most European countries, the CAP specialty is deep rooted in medical education and health care. However, there are exceptions. The aim of the CAP section is to give support for the development of CAP as an independent medical specialty in each country.

GOAL: Information in table 2 will be updated

**Table 2. History of CAP as a medical specialty in member states.**

<b>COUNTRY</b>	<b>Start of CAP specialty</b>	<b>Foundation of specialist society</b>
AUSTRIA	Independent specialty 2007	2007
BELGIUM	Subspecialty in psychiatry 2001	1992
BULGARIA		
CROATIA		
CYPROS		
CZECH REPUBLIC		
DENMARK		
ESTONIA		
FINLAND	Child psychiatry as subspecialty in psychiatry 1951, independent specialty 1955. Adolescent psychiatry as subspecialty in psychiatry 1979, independent specialty 1999.	1956 (child psychiatry)
FRANCE		
GERMANY	Independent specialty (CAP) 1968, CAPP 1992	
GREECE	Independent specialty 1981	1983
HUNGARY		
ICELAND		
IRELAND		
ITALY		
LATVIA		
LITHUANIA		
LUXEMBOURG		
MALTA		
NETHERLANDS	Subspecialty in psychiatry?	1948
NORWAY	Independent specialty 1951	1958
POLAND		
PORTUGAL	Independent specialty 1983	1989
ROMANIA		
SLOVAKIA		
SLOVENIA		
SPAIN	Independent specialty 2014	1952
SWEDEN	Independent specialty 1944	1956
SWITZERLAND		
UNITED KINGDOM		

## Numbers and resources of CAP specialists

Previously annual statistics were collated from each member state about certain basic parameters, like absolute number of specialists, number per child and adolescent population, structure of specialist training, use of logbook, etc. The results were reported in an Excel table, which still appear on the web pages of the CAP Section. During more recent years, instead of precise statistics, more general trends in development of child and adolescent mental health, needs for resources, and specialist education have been reported either as oral presentations during the Section meeting, or as replies to a survey performed by the Section in 2017 and 2019.

**Table 3. Proportion of child and adolescent population in EU countries according to Eurostat, based on census in 2011. Background colour in each column from green=maximum to lila=minimum.**

COUNTRY	under 5 y	5 to 9 y	10 to 14 y	15 to 19 y	20 to 24 y	0 to 19 y	0 to 24 y
Austria	4,7 %	4,8 %	5,1 %	5,8 %	6,3 %	20,4 %	26,7 %
Belgium	5,9 %	5,5 %	5,6 %	5,9 %	6,2 %	22,9 %	29,1 %
Bulgaria	4,7 %	4,3 %	4,3 %	5,1 %	6,6 %	18,4 %	25,0 %
Croatia	5,0 %	4,8 %	5,5 %	5,7 %	6,1 %	20,9 %	27,0 %
Cyprus	5,4 %	5,1 %	5,6 %	6,6 %	7,9 %	22,7 %	30,6 %
Czechia	5,5 %	4,5 %	4,2 %	5,5 %	6,5 %	19,8 %	26,2 %
Denmark	5,9 %	5,9 %	6,1 %	6,4 %	6,1 %	24,3 %	30,4 %
Estonia	5,8 %	5,1 %	4,5 %	5,2 %	7,3 %	20,7 %	28,0 %
Finland	5,6 %	5,4 %	5,5 %	6,2 %	6,1 %	22,7 %	28,8 %
France	6,2 %	6,2 %	6,1 %	6,2 %	6,2 %	24,7 %	30,9 %
Germany	4,2 %	4,4 %	4,9 %	5,0 %	6,0 %	18,5 %	24,5 %
Greece	5,0 %	4,7 %	4,8 %	5,1 %	5,8 %	19,6 %	25,4 %
Hungary	4,8 %	4,9 %	4,9 %	6,0 %	6,2 %	20,5 %	26,8 %
Iceland	7,4 %	6,7 %	6,7 %	7,3 %	7,4 %	28,1 %	35,6 %
Ireland	7,8 %	7,0 %	6,6 %	6,1 %	6,5 %	27,5 %	34,0 %
Italy	4,6 %	4,7 %	4,7 %	4,8 %	5,1 %	18,8 %	24,0 %
Latvia							
Lithuania	4,9 %	4,5 %	5,5 %	7,0 %	7,2 %	21,9 %	29,1 %
Luxembourg	5,6 %	5,6 %	6,0 %	6,0 %	6,1 %	23,3 %	29,4 %
Malta	4,8 %	4,7 %	5,3 %	6,3 %	7,1 %	21,1 %	28,1 %
Netherlands	5,5 %	5,9 %	6,0 %	6,0 %	6,2 %	23,5 %	29,7 %
Norway	6,2 %	6,0 %	6,3 %	6,5 %	6,6 %	25,1 %	31,7 %
Poland	5,4 %	4,7 %	5,1 %	6,3 %	7,3 %	21,5 %	28,8 %
Portugal	4,6 %	5,0 %	5,3 %	5,4 %	5,5 %	20,2 %	25,7 %
Romania	5,2 %	5,2 %	5,4 %	5,5 %	6,8 %	21,4 %	28,2 %
Slovakia	5,2 %	4,9 %	5,2 %	6,4 %	7,4 %	21,7 %	29,1 %
Slovenia	5,2 %	4,4 %	4,6 %	5,0 %	6,2 %	19,2 %	25,4 %
Spain	5,3 %	5,1 %	4,7 %	4,7 %	5,4 %	19,8 %	25,2 %
Sweden	6,0 %	5,6 %	5,1 %	6,2 %	6,9 %	23,0 %	29,8 %
Switzerland	5,0 %	4,9 %	5,2 %	5,6 %	6,2 %	20,6 %	26,8 %
United Kingdom	6,2 %	5,6 %	5,8 %	6,3 %	6,8 %	23,9 %	30,7 %
<b>AVERAGE</b>	<b>5,3 %</b>	<b>5,1 %</b>	<b>5,3 %</b>	<b>5,6 %</b>	<b>6,2 %</b>	<b>21,3 %</b>	<b>27,5 %</b>

**Table 4. Size of 0-19-year-old population (Eurostat 2011), number of CAP specialists, and number of 0-19-year-olds per specialist by country. PP = private practice**

COUNTRY	0 to 19 y	Number of CAP specialists (in year)	Population 0 to 19 years per specialist
Austria	1 716 508		
Belgium	2 516 315		
Bulgaria	1 352 857		
Croatia	896 605		
Cyprus	190 766		
Czechia	2 064 743		
Denmark	1 351 553		
Estonia	267 530		
Finland	1 219 761	350	3485
France	16 058 548		
Germany	14 819 171	HOSP: 1004, PP: 1127 (2016)	6954
Greece	2 122 544		
Hungary	2 041 193		
Iceland	88 807		
Ireland	1 257 756		
Italy	11 195 508		
Latvia			
Lithuania	666 606		
Luxembourg	119 173		
Malta	87 910		
Netherlands	3 913 819		
Norway	1 248 463		
Poland	8 161 574		
Portugal	2 137 579		
Romania	4 298 099		
Slovakia	1 169 707		
Slovenia	393 379		
Spain	9 272 295		
Sweden	2 176 646		
Switzerland	1 642 543		
United Kingdom	15 096 345		
<b>TOTAL / AVERAGE</b>	<b>109 552 233</b>		

GOAL: The current need for update information is discussed among the Executive Board, and proper ways to collate that information.

Differences between countries may be due to many reasons and it is not wise to think that there is a straightforward norm. The role of CAP specialist care depends, among other things, on the following:

- division of labour between specialized medical care and primary care



- division of labour between different specialists, such as CAP, paediatrics, phoniatrics, child neurology (this concerns especially the neuropsychiatric spectrum, ADHD, autism, tics, speech and language disorders, developmental coordination disorders, intellectual disability etc. which together comprise a major proportion of all conditions)
- division of labour between different professional groups, such as nurses, psychologists, physicians
- role of child care / early education and school system in prevention and care
- role of family support systems from general support to specialized child protection services

Different countries have different traditions to guide development despite the general trend to harmonize service systems.

## Postgraduate training

### RECRUITMENT AND APPLYING FOR SPECIALIST EDUCATION IN CAP

In many countries several specialties would need more trainees to fulfil the need in health care.

The European Federation of Psychiatric Trainees (EFPT) has been active in developing new ways in recruitment, like a promotion video.

### ORGANIZATION OF TRAINING

Would this kind of paragraph might be informative?

Description by countries in table form, who is responsible for organizing training and issuing the certificate.

An example of Finland

Training in CAP is organized by the five medical faculties. They have a common curriculum, and they together arrange the final written examination. The university where the trainee is registered accepts the goals achieved, and the National Supervisory Authority for Welfare and Health grants the right to act as a specialist.

### LOGBOOK

The development of logbook and its current version is described.

As much as possible, a review of the implementation of the logbook in different member states is made.

**Table 5. Status of logbook implementation and competency-based curriculum development in member states. (To be produced?)**

## COMPETENCY-BASED EDUCATION

Description of background among the UEMS, reference to basic documents, and description of the activities in the CAP Section.

## ROLE OF PSYCHOTHERAPY EDUCATION IN CAP

Description of the role of psychotherapy education and the development of the Psychotherapy Guidelines. As much as possible, a review is made about the situation in different member states.

The current process of updating the guidelines is described.

### **Table 6. Status of psychotherapy education on CAP specialist training. (To be produced?)**

## EUROPEAN EXAMINATION

In 1984 the first European Diploma Examination was established. This was the EDA European Diploma of Anaesthesiology. Today more than 30 disciplines have European Examinations.

The Council for European Specialists Medical Assessment (CESMA) is an advisory body of the UEMS created in 2007 with an aim to provide recommendation and advice on the organisation of European examinations for medical specialists at the European level.

In 2016 (?) the CAP Section performed an inquiry among member states about the willingness to develop the European examination in CAP.

## NETWORKING OF THE TRAINERS

The section is discussing ways to promote networking among the CAP trainers in member states. Until now the main formal activity has been organising two seminars for trainers in member countries. The first took place in Budapest 2018, and the second in Lyon in 2019.

Before these the only European child and adolescent psychiatry (CAP) educators focussed meeting has been the annual meeting of UEMS-CAP national representatives. We wanted to broaden the network and explore commonalities and differences between European countries.

In the UEMS/CAP section, a working group was nominated in 2018 responsible for the preparation of these events during four following years: Brian Jacobs, Peter Deschamps, Krisztina Kapornai, Carmen Schroder, and Anna-Sofie (EFPT representative).

Concurrently a seminar for trainees will be organised, where the attending trainers can give lectures or lead other educational activities.

## CME / CPD

Some contents?

## Quality assurance

**Table 7. Methods of Quality Assurance in CAP specialist education. (To be produced?)**

## 5 SECTION MEETING

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The section meeting is held annually, in September, in location which is confirmed in the previous meeting. First invitation is sent by email in January/February to all known delegates and/or national associations.

The host organisation will arrange the meeting in collaboration with the secretary of the Section. In the program, time is devoted for the host organisation to introduce important current activities and trends in CAP in host country. Sometimes a parallel symposium is organised for trainees in the host country, where delegates or officers of the Section will give lectures.

The program includes time for the permanent working group on education (the Board), and parallel working groups on changing themes.

The official part of the meeting will include the following items:

- confirmation of action plan for the next term
- election of officers to replace those whose term is closing
- confirmation of the financial statements
- confirmation of the budget

The secretary of the Section will prepare minutes of the meeting to be circulated first among the Executive Board, and then among all those delegates, who attended the meeting. Should two inspectors be elected in the meeting to check the minutes?

According to the opinion poll from the Section meeting in 2018 in Vilnius, many delegates wished to have the possibility to keep contact and work together throughout the year, not just in the Section meetings. This option will be worked on.

## 6 WORKING GROUPS

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The Board is the only permanent working group, for educational matters. The Board will have its annual meeting included in the program of the Section meeting.

Some other working groups have usually been organised in the Section meetings, like formerly on Ethics and Quality Assurance, and lately of Working with the Refugees, Transition Issues (from CAP to Adult Psychiatry), Psychotherapy Education (revision of the Guidelines).

Goals and methods?

## 7 INFORMATION CHANNELS

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The Section has several media available.

The Executive Board holds teleconferences and uses emailing during the year for reviewing and planning activities.

GOAL: A detailed one-year calendar might be produced which details when and how the annually occurring work will be undertaken.

The Section has web pages (<http://www.uemscap.eu/>). Its potential is currently underused.

The Section has published two newsletters, which were emailed as pdf attachments to all known delegates plus other stakeholders.

GOAL: Along with development of the strategy of the Section, the role of the Web pages and the Newsletter need to be clarified.

## 8 GUIDELINES

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The Section has prepared the following documents/guidelines:

1. Logbook (updated 12.1.2014)

- Short description

2. Chapter 6 for Charter on Training of Medical Specialists in The European Community (2014) <sup>3</sup>

- Short description

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<sup>3</sup> Is not found on the UEMS web pages

3. European Standards of Postgraduate Medical Specialist Training, Training Requirements for Child and Adolescent Psychiatry (2014) <sup>4</sup>

- Short description

4. Psychotherapy training in Specialist Child and Adolescent Psychiatry/Psychotherapy training (2009)

- Short description
- The guidelines are currently under revision by the working group led by Christa Schaff. The Section meeting will review the draft.

## 9 COLLABORATION

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The cooperation with other parties will be explained.

- EFPT
- ESCAP
- UEMS Section of Psychiatry
- UEMS Section of Paediatrics
- CESMA

## 10 FINANCES

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The Section collects membership fees from member states. The size depends on the number of specialists in the country, and the economic status of the country – it is EUR 1 per specialist for countries with GNP above ??, and EUR 0.5 per specialist with GNP below.

The collection of membership fees is far from complete and further efforts are being made to remedy this situation.

The Section also receives a minor accumulation of EACCME reviewing fees.

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<sup>4</sup> [https://www.uems.eu/\\_data/assets/pdf\\_file/0005/19463/UEMS-2014.18-SECTIONS-AND-BOARDS-Training-Requirement-for-Child-adolescent-Psychiatry-adopted.pdf](https://www.uems.eu/_data/assets/pdf_file/0005/19463/UEMS-2014.18-SECTIONS-AND-BOARDS-Training-Requirement-for-Child-adolescent-Psychiatry-adopted.pdf)

The Section is willing to give financial support in some way to enhance delegates from lower income countries to attend the annual meeting. To make this possible, the section will encourage the national associations consider extra payment.

## 11 COLLATING STATISTICS

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National statistics collected from Member States are useful for monitoring and comparing developments and needs. Previously, statistics for several parameters were collected annually.

Goals and methods? Filling the tables above?