



<b>Date:</b>	<b>09/05/2013</b>	<b>Document:</b>	<b>F13-004 FIN</b>
<b>Title:</b>	<b>Agenda Board meeting / Ordre du Jour réunion du Bureau 19<sup>th</sup> January 2013</b>		
<b>Author:</b>	<b>Bojan Popovic</b>		

**Venue :** Hotel Residence Palazzo Ricasoli  
Via delle Mantellate 2, **Firenze**,  
from 10:00 till 13:00

**1) Introduction (E.Reginato)**

**2) Roll call (B Popovic)**

All Board members were present.

**3) Approval of the Agenda of the Board meeting (B.Popovic)**

**F13-001 EN**

**4) Approval of the Minutes of the last Board meeting (B.Popovic)**

[F12-085 EN](#)

B.Popovic said C.Wetzel and nobody else haven't sent any further comments. No discussion followed.

The minutes were unanimously approved.

**5) Follow-up FEMS GA Strasbourg**

**a) For information: Draft Minutes FEMS GA**

[F12-088 EN](#)

B.Popovic diffused the draft. No discussion followed. The minutes will be presented to GA for approval.

**6) Update EMO Alliance / Domus Medica Europea (E.Reginato, B.Popovic)**

**a) Domus Medica update**

E.Reginato: UEMS would like to restore the building. To do so, they must obtain Brussels authorities approval which make it contingent to install residential facilities, too. Reginato visited the building. It's a big one and the personnel is waiting for a meeting in the town hall to discuss the possibilities. Brigitte is moving to Cannes, so she is going to be visiting the office just from time to time. Therefore, it's a question whether we need an office just for short visits to Brussels. Obviously, the Domus Medica project is being postponed.

P.Oravec thinks it would be good to have a facility in Brussels.

S.Dalkilik: probably, the DM project will take two more years, and since Brigitte is moving to Cannes, we need to find a transitory solution. Many Frenchmen have acquaintances in Brussels; he can seek for somebody interested to be employed in FEMS premises for part-time job.

E.Reginato: All of us are becoming older and Brigitte, too, cannot work forever.



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B.Popovic raised a question of maintaining the office in Brussels when Brigitte moves to Cannes. After that, we will have two P.O. Offices, apart from the official one in Paris, there will be the other in Brussels. Until Domus Medica building is finished, we could solve this problem by re-mailing post to Brigitte's address in Cannes.

P.Simoes said that we need an address, no matter where it is situated.

#### **7) FEMS President's activities report (E.Reginato)**

[F12-086 EN](#)

CPME meeting Limassol November 2012

[F12-089 EN](#)

Presidents' Committee November 2012

E.Reginato was disappointed to travel to Limassol for a meeting where nothing particular was discussed. For him, the most important issue was the discussion on standardization. In CPME's view, standardization of medical practice is not a good idea. But in Reginato's view, some aspects should be standardized, like min. of personnel in healthcare facilities. R.Krajewski and J.Deus found it a good idea, but K.Radziwill found this more difficult. It was too late in Limassol to rephrase the common document, but it was agreed the work will go on. E.Reginato prepared a draft on this issue that was supported by R.Krajewski. Reginato's idea is to cooperate with CEN or EC about the standards. CEN works "from the bottom up", they don't standardize anything if not asked for. B.Popovic said reminded that the issue arised from the German court ruling on esthetic procedures. Now, CPME is presenting this as a major and general problem in medicine, which could be a little exaggerated point of view. However, FEMS should consider to contact CEN in the issues where we find standardization useful.

E.Reginato presented also EJD's initiative to make medical schools free of charge and available for everyone.

#### **8) Report of the 1<sup>st</sup> Vice-President (P.Oravec)**

Actions in V4 countries (Slovak republic, Czech republic, Hungary, Poland)

P.Oravec appreciated help from FEMS representatives in November 2012 events in Slovakia. Politicians are afraid because they know doctors can make them problems. Directors are politics-dependent and they don't like doctors. The Žilina issue is still not resolved, but has calmed down. Oravec made a proposal to coordinate a common action on the situation in V4 countries. They will organize a press conference in Bratislava where the whole Board will be invited.

**Conclusion:** Board members will attend the V4 doctors press conference in Bratislava 19/20<sup>th</sup> April 2013.

#### **9) Report of the 2<sup>nd</sup> Vice-President (S.Dalkilik)**

Meeting with Turkish doctors on Cyprus November 2012.

S.Dalkilik presented his meeting with those doctors. They are only 710 in number, but very well organized and are interested to be integrated in some European associations. Having been colonized by the British, they have good relations with UK, so they might be also a link to some UK physicians associations. E.Reginato emphasized that FEMS is a medical union and therefore a non-political association, so he sees no problem to accept them as observers.

#### **10) Report of the Secretary General (B. Popovic, B.Jencik)**

[Common Presidents' Committee conclusions template.](#)

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*Dr Bojan Popovic, Secretary General*

New Board registration at Préfecture de Paris.

Inscription into the EU Transparency Register, ID Nr **736055610233-90** [F12-090 EN](#)

B.Popovic said that PCom finally accepted the common template for minutes and already Limassol minutes followed the template quite well.

### **11) Report of the Deputy Secretary General (S. Urban)**

- common action in V4 countries: actualities and future
- possibility of collaboration FEMS and V4
- report of "special" situation of health care in Poland

S.Urban explained the situation in Poland. He appreciated the fact that FEMS supports Polish doctors. In Poland, there is a new law on medical prescriptions which requires the doctor to put down the level of refund by the public insurance. If you make a mistake on the prescription, you are required to pay 50 €. Apart from that, the doctor must know if the patient is insured or not. Another part is the privatization of Polish hospitals that are currently highly indebted. They envisage to close 30% of hospitals and convert them into private enterprises.

EWTD is completely disrespected. There are two types of doctors: salaries and contract doctors. The latter ones, though paid a bit better, work in awful conditions and situation is worsening. The waiting time for an outpatient visit is currently 8 months.

Urban won his personal case against his hospitals which fired him 3,5 years ago because he was OZZL vice-president. In the same region, 14 other OZZL representatives were fired in approximately the same period. Now, all of fired doctors must be compensated and reintegrated.

### **12) Report of the Treasurer - art. 8 of the Statutes (Paulo Simoes):**

- a) Budget 2012 (final) [F12-058 EN](#)
- b) Contributions, reduced contributions Austria [Letter Austrian Med.Cham.](#)
- c) Problems on the current account
- d) Change of the bank?

P.Simoes: Austrian response was no surprise for P.Simoes. In his opinion, FEMS cannot find out exact figures about the number of salaried and non-salaried members of chambers. He said that increasing membership fees during the crisis will inevitably lead to a decrease of the number of declared members.

B.Popovic and S.Urban commented that some rules should be respected concerning the declaration of the number of members. B.Popovic said that, especially when huge reductions are reported, a closer explanation should be provided by the respective member.

### **13) Update on the major political topics**

This point was shifted to the common FEMS-AEMH meeting.

#### **a) European Working Time Directive (EWTD 2003/88) (E.Reginato)**

Contact with M.Maucher (EPSU).

E.Reginato explained the reports by EPSU.



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**b) Doctors' salaries**

Survey

In the joint meeting, E.Reginato reminded that for a good quality study, we need data from more EU countries, since not all countries have representatives in FEMS. Therefore, he urged AEMH to help in this field.

Progress in Eastern Europe ; see Deputy-Secretary report  
Impact of economic crisis ; no discussion

**c) Professional Qualification Recognition Directive (ED 2005/36)**

Any update?

**d) Medical education (E.Reginato)**

Proposals by C. Mohrhardt (EJD) and R.Krajewski (UEMS).

See president's report.,,

**e) Healthcare Workforce in Europe**

Any update?

**Background Information**

**Info: Study on European Health Human Resources**

[AEMH 12-](#)

[085](#)

**EPSU Study on Health Workforce Mobility and Recruitment**

[F12-078 EN](#)

**f) Task shifting**

Any update?

**g) Standards for Medical Practice (E.Reginato)**

Common EMOs statement.

Proposals to enhance the document.

Request to participate in the PILs study.

See the president's report.

**14) FEMS enlargement**

**a)** Cyprus – Turkish part; see 2<sup>nd</sup> Vice-President's report

**b)** Dutch medical trade union

[F12-060 EN](#)

We expect them to join the FEMS.

**c)** P. Oravec will try to establish contacts with Baltic states.

**d)** S.Dalkilik will try to establish contacts with German doctors.

**15) Next FEMS General Assemblies**

**a)** Budapest (HU), 10-11 May 2013 (J Belteczki)

**b)** Coïmbra (P), 4-5 October 2013 (M Merlinde)

**c)** **2014 FEMS 50<sup>th</sup> Anniversary**



**16) Next FEMS Board meetings (for information):**

- a) Budapest (HU), 9 May 2013, 15:00-19:00
- b) Coïmbra (P), 3 October 2013, 15:00-19:00

**17) International EMOs' Calendar**

Date	Place	Organisation	To be attended by
19-20 April 2013	Brussels	<b>UEMS</b>	
26-27 April 2013	Dublin	<b>CPME</b> WGs, Board and GA	President
10-11 May 2013	Budapest	<b>FEMS GA</b>	all
23 May 2013	Paris	<b>AEMH Conference 2013</b>	
24-25 May 2013	Paris	<b>AEMH</b> Plenary Meeting, 50 <sup>th</sup> Annivers.	
23-26 May 2013	Killarney (Irel)	<b>UEMO</b>	
31-05-01-06	CZ	<b>EANA</b>	
12-15 Sept 2013	Lisbon	<b>EMSA</b>	
03-05 Oct 2013	Coimbra (Pt)	<b>FEMS</b>	all
14-18 Oct 2013	Fortalez (Bresil)	<b>WMA</b>	
17-19 Oct 2013	Paris	<b>UEMS</b>	
08-09 Nov 2013	Heidelberg (D)	<b>EJD</b>	
22-23 Nov 2013	Brussels	<b>CPME</b>	President

**18) Any other business**

Revision of the content of the home page (e.g. position on numerus clausus, etc.)

E.Reginato said the web-page is old-fashioned. Reginato made an inquiry at the University of Catania where they could organize a tender with the winning

<b>5<sup>th</sup> JOINT AEMH – FEMS Board Meeting</b>
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14:30 – 17:00

### **1. Introduction of the participants**

Participants:

FEMS: E.Reginato, P.Oravec, S.Dalkilik, P.Simoes, S.Urban, B.Popovic

AEMH: T.Zilling, H.Šobat, V. Tica , M.Buzgo

J.D.Deus excused himself due to death in his family.

### **2. Approval of the Agenda**

The agenda was unanimously approved.

### **3. Update on respective activities**

- AEMH

T.Zilling said that AEMH present concern is the relation to the pharmaceutical industry, not being so much ready anymore to support the CPD, so this is a problem that should be dealt with in the near future. Otherwise, AEMH is celebrating 50<sup>th</sup> anniversary this year.

- FEMS

E.Reginato summarized the report he had for FEMS separate meeting.

### **4. AEMH-FEMS bilateral Collaboration**

- Common secretariat
- Joint Meetings

B.Jencik is planning to move to Cannes. At least for AEMH activities, she would split her two activities. The work as a secretary can be done “in a cloud” (without physical presence in Brussels), while the job of European policy adviser can be performed by another person. B.Jencik has found a person that perfectly fits into the role and will be interviewed in February 2013.

E.Reginato said that in terms of secretariat, the same way of collaboration with Brigitte can be arranged with FEMS, too. In terms of European policy advisory, this is something the GA in Budapest should discuss.

H.Šobat said that common meetings are very useful and made a proposal to make them more regular.

B.Jencik asked about the possibilities to enlarge common meetings to other EMOs.

E.Reginato: it is not always easy because we don't always share the same goals. E.g. UEMO is not in favor of standards, while FEMS finds them as potentially useful. However, Reginato is very in favor of exchanging opinions. But, as a whole, Reginato supports Šobat's idea.

T.Zilling: a larger common meeting must be planned much in advance, like in the year 2015.

Several participants proposed a common meeting in Vienna in 2015.

There was an exchange of opinions on the physical presence of AEMH and FEMS in the transition period while we don't move into the Domus Medica. For AEMH, keeping the address Rue Guimard is a must. For FEMS, there is no definite decision so far. Since FEMS already has an almost P.O. Address in Paris, it is questionable whether FEMS needs another one in Brussels. However, some physical place is needed at least to keep the records.

## 5. EMOs Collaboration

### EMO Presidents' Committee Limassol 25 November 2012

- a) [Minutes](#)
- b) Documents agreed by PCom
  - [Open Letter on Standards of Medical Practice](#)
  - [CEN response on standards of medical practice](#)
  - [Joint Statement of EMOs on Tobacco Products Directive](#)
- c) Documents in progress
  - Standardisation
  - [Funding of Medical Training](#)

The documents were briefly presented by E.Reginato.

## 6. European Affairs

### a) EWTD

Update, FEMS / ETUC collaboration

### b) Professional Qualifications Directive

State of play

The Modernisation of the European Directive 2005/036 is now in the hands of the European Parliament (IMCO Committee), which had to deal with over 700 amendments to the text proposed by the European Commission. In a discussion on 9<sup>th</sup> January Members considered the draft compromise amendments and had a last discussion before the vote on January 23. The Rapporteur (Bernadette Vergnaud) presented the state of play on the 12 issues of the proposal where compromises have been discussed, and of which many are close to being finalised, including partial access, traineeships, professional card, and alert mechanism and language checks for health professionals. The Rapporteur identified the exclusion of notaries and the requirements for certain sectoral professions, such as nurses, as areas where further discussions are still needed before the vote. The Rapporteur and shadow Rapporteurs will continue with discussions in Strasbourg with a view to reach final compromises before the vote in Committee.

T.Zilling said that AEMH is against raising medical training onto the EU level.

E.Reginato reminded of cases of Italian university hospitals that don't provide adequate specialist training. He suggested that some regular checks on the EU level should be done in order to make pressure on countries like Italy and others failing to provide programs of adequate quality.

B.Popovic made a comparison to pilot training where it has been established that in several countries juniors are discouraged from getting actively involved into being critical about their senior colleagues' decisions and methods of work.

V.Tica said believes that there is a trend towards EU-wide accreditation process. UEMS advocates this should be done by UEMS, because otherwise it will be done by somebody else, i.e. politicians.

**c) Reform of the European Standardisation System**

[European Regulation](#)

- [Council Press Release](#)

V.Tica said he would provide some definitions on standards and standardization.

**d) Health Workforce**

**Background Information**

**Info: Study on European Health Human Resources** [AEMH 12-085](#)

**EPSU Study on Health Workforce Mobility and Recruitment** [F12-078 EN](#)