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Title:	Draft Minutes FEMS General Assembly, 4-5 October 2013, Porto/ Portugal		
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**FEMS General Assembly**

Friday 4 October 2013 09:00 – 17:00

Saturday 5 October 2013 09:00 – 13:00

Venue : HF Tuela Porto - Rua Arquitecto Marques da Silva, 200 Porto

**1) Introduction and presentation of new delegates (Enrico Reginato)**

E.Reginato presented new delegates: B.Maillet for GBS and H.J.Tawil for FPS.  
P.Argollo Mendes was introduced for SIMERS (Brazil).

**2) Welcome by the organizers and presentation of the programme (Maria Madureira, Arnaldo Araújo)**

**3) Roll call/Right to vote - art. 12 of the Statutes (Bojan Popovic)**

See the participants' list

[F13-061 REV1](#)

**4) Approval of the Agenda**

The agenda was unanimously approved.

**F13-048 EN**

**5) Approval of the Minutes of FEMS last GA, Budapest 10-11 May 2013**

The minutes were unanimously approved.

[F13-038 EN](#)

**6) Minutes of the last Board meeting (for information)**

The minutes were presented for information.

[F13-035 EN](#)

**7) FEMS President's activities report**

Past Meetings since Budapest

- Paris, 23-25 May 2013, AEMH 50<sup>th</sup> Anniversary, Conference "[Role, practice and Future of Senior Hospital Physicians](#)", 66<sup>th</sup> AEMH Plenary Meeting

J.de Deus summarized the conference.

- Moscow, 31 May -1 June 2013 (Speaker invitation) "Efficient hospital management"  
Conference Programme

[F13-025 EN](#)

E.Reginato summarized the document.

Russian medical association is interested to collaborate with FEMS, but they have 1.200.000 members and they are not a EU member, so it would be difficult to integrate them into FEMS. There could be a possibility of the collaboration on the contractual basis.

J.Deus: we should consider statute modification before accepting Russian association. It's not the matter of Russia, but the rules in general.

B.Maillet: it is important to understand who represents whom. He has had several contacts with Russian colleagues and he even heard that some organizations are quite commercial.

J.P.Zerbib: we need to be open, not only to Slavic, but also to Turkish world. With the doctors exchange, new challenges will arise, like recognition of diplomas and other issues.

L.Stärker: it is a too complex problem to discuss, especially because this discussion is not explicitly on the agenda. We should study more on the role and nature of the Russian association: is it a trade union, government body, chamber etc.

I.Pasini: the modification of the Statues should be considered. Even when preparing the present statute, he proposed to limit the FEMS membership to 3 or 4 most representative associations in respective country.

R.Kikak: the discussion on the accession of the Russian association is premature. They should apply for their (observer) status first.

B.Maillet: although the discussion seems premature, he thought it was better to have this discussion before Russian association's formal application.

M.M.Madureira: we shouldn't exclude anybody and we should treat everybody equally.

B.Popovic: it is not a problem of Russia, but of a considerable disproportion in number of union members. Russia is a huge country that seems remote to many of us. A remote object always seems very uniform, but looking into it closer, it becomes obvious that it is composed of many smaller parts. It is hard to imagine that the "EU-part" of Europe is represented by several associations on the European and national level on one side and Russia by only one association as a whole. We should go more into detail and see who represents whom in Russia, like B.Maillet said.

- Roma, 25 June 2013, ENPAM Conference on Doctors employment problems

#### Actions

Response to the EU Public Consultation on occupational safety and health  
Support Slovakia (letters to Slovakian and EU authorities)

[F13-043 EN](#)

[F13-044 EN](#), [F 13-047 EN](#)

[F13-056 EN](#)

E,Reginato, P.Oravec: The disputed law is adopted. A medical union cannot go directly to the Constitutional Court. At the moment, LUP is waiting for 30 members of the Parliament to decide to file the procedure.

E,Reginato sent a letter to Commissionaire Reding 2 months ago and now it is time to resend it. Maybe we will even go the European Commission.

Support Turkey (letter to Turkish authorities)

[F13-040 EN](#)

E,Reginato explained the problem. The doctors cured people that were hurt by the police. The authorities asked Medical Chamber to ask their members to report the doctors curing the protesters and the protesters' names.

Lobbying for implementation of the EWTD in Italy

[F13-037 EN](#)

### New Website

New website is ready, but there would be several hours of blackout for 4-5 days and Reginato didn't want it to happen just before the GA. The website will be put on another server. There will be a members-only area.

## 8) **FEMS Activities 2013 – 2015**

### **a) Report by the working groups**

-*Working Conditions of Hospital Doctors, coordinator Claude Wetzel*

Proposal for a Survey

[F13-066 EN](#)

-*Doctors Remuneration*

C.Wetzel prepared the survey which was distributed to the delegations to compile it.

D.Deus proposed that there be only one answer per country, but B.Popovic reminded that FEMS is an association of associations, not countries. So there will be one answer per organisation and in conflicting cases, Wetzel will contact individual associations to clarify the answer.

### **b) Action Day 2014**

Round Table on proposed national actions, e.g. one minute of work stoppage, wearing a black arm band, banners on hospital windows, identifying a logo to stick on the working dress, ...

E.Reginato: the delegations were requested to express their readiness to participate.

The decisions by individual organizations to participate:

R.Waneck (VLKÖ): the decision is not coordinated with ÖÄ yet.

B.Maillet (BGS): no decision yet.

C.Raychinov (BgMA): yes

I.Pasini (HLS): no decision yet.

M.Engel (LOK): yes

P.Trujillo (FPS): yes

C.Wetzel (SNPHAR): yes

J.P.Zerbib (UNMS): in principle yes. The demand "stop the corruption" was not understood by UNMS. Probably, this will not be a strike, but rather mobilization day.

SMARNU: no decision yet.

J.Belteczki (MOSZ): yes.

R.Grosso (ANAAO): yes. He proposed to have press conference and define a dress.

I.Rosenberg (SNR): yes.

R.Kijak (OZZL): yes, they will organize a press conference and will wear black dresses, 1 minute of cessation of work

A.Albesa (CESM): yes. there will be up to 10 minutes of break of work.

D.Peretianu (RFCPTU-CFSMR): yes. They propose one hour of work break.

D.Polh (FIDES): yes

C.Keijzer (LAD). Although not FEMS-members yet, they are ready to support the Action day.



## 9) Update EMO collaboration (E.Reginato)

### Common documents

Patients Safety and Quality of Care in times of economic crisis :

FEMS proposal to the EMO Presidents Committee (attached) based on documents [F13-022 EN](#)  
and revised CPME version (attached)

Comments by the Austrian Medical Chamber

[F13-069 EN](#)

Draft Joint response letter of the EMOs to CEN Standards (attached)

E.Reginato explained the state of play.

B.Maillet prefers the term "guidelines". The standards are difficult to achieve.

J.Deus: AEMH is ready to co-sign the document. If there is a possibility to elaborate a document supported by more EMOs, he is for more compromise.

## 10) Reports of EMOs representatives

AEMH President Dr Joao de Deus

J.de Deus: for their Paris conference, they invited 4 ex AEMH presidents, 3 attended.

Working groups:

– qualifications and professional development. CME system is not sufficient to ensure the doctors' knowledge.

– patient safety

- the role of senior hospital physicians

internal: have recruited a new policy adviser.

They adopted a declaration on the Slovak situation.

They participated at Moscow conference, too, J.de Deus had a presentation, too.

To B.Popovic's question, J,de Deus said that the Action day issue will be discussed during Dusseldorf Board AEMH meeting. He believes that the action will be supported by AEMH members.

## 11) Update on the major political topics

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

UK Government reiterates goal of limiting impact of EWTD

[F13-049 EN](#)

European Commission requests France to respect EWTD for hospital doctors

[F13-063 EN](#)

E.Reginato: not much has happened.

C.Wetzel said that the Commission started procedures against Italy and France. It can last for 2 years before anything happens, but it is nevertheless important to go on.



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

[EC Statement by Commissioner Barnier](#),  
[EP Press release](#),  
[Council Press Release](#)

E.Reginato presented the state of play.

B.Maillet : UEMS regrets that competencies are not included in the directive.

c) **Patients rights to Crossborder Healthcare ([Directive 2011/24/EU](#))**

Review of the Porto Pre-conference

AIM (International Association of Mutual Benefit Societies), EHMA (European Health Management Association) and OSE (European Social Observatory) organised at the end of 2011 a simulation to predict the possible impact of the EU' s Cross Border Care Directive.

[Simulation Report](#)

[OSE Report on Europeanization of national health systems \(national impact and EU codification of the patient mobility case law\)](#)

The Directive also makes the **recognition of prescriptions from another Member State** mandatory.

[EC Press Release](#)

E.Reginato: in his opinion, only the marginal cost of the treatment in another EU state should be covered, since a foreign patient increases just the marginal of the host country healthcare system.

B.Maillet: there are several good aspects concerning the Directive because it will make it possible for the hospitals to develop the centres of excellence. There are, however negative aspects like sending patients from one country to another because it's cheaper. But it is a broader problem because the same countries usually don't want to invest into the professional education.

B.Popovic: the Directive is a fact now, so it is better to get used to it. It is essentially one of European freedoms. In practice, only a small percentage of patients will benefit from it. It's more a challenge to improve one's own healthcare system. Once again, EU could be a resort to improve the national systems.

L.Staerker: we should ask ourselves what the Directive brings to doctors. Apart from that, the Directive could be a burden for hosting country's healthcare system because the country of origin doesn't provide adequate healthcare.

P.Simoes stressed the importance of the quality of care which is different between the countries.

I.Pasini remarked the problems that arise in the tourist destinations whose healthcare is affected by the tourist inflow.

d) **Health workforce / Medical Demography (Jean-Paul Zerbib)**

Report from the last meeting of the European Observatory of Medical Demography (COFIL)

16th July 2013

[Agenda](#)

Report

[F13-065 FR EN](#)

Joint Action on Health Workforce Planning

[Newsletter](#)

J.P.Zerbib, among other things, warned that it is not enough to observe only the place of birth and place of diploma. There are several other issues that should be taken into account.

B.Maillet, F.Gomes remarked that there are many difficulties in data collection.

I.Pasini would like to know which countries have numerus clausus.



E.Reginato: numerus clausus is a problem for the future. In Europe, we could face a Europe-wide lack of doctors.

B.Popovic: if one wants to make a good planning, one must have a dynamic model including many parameters that cannot be estimated precisely enough.

**12) Financial Reports - art. 8 of the Statutes (Paulo Simoes):**

- |    |   |                               |
|----|---|-------------------------------|
| a) | Budget 2013 and membership fee 2013                       | <a href="#">F12-058 FIN 2</a> |
| b) | Prevision 2013 / Interim Report on Accounts Jan-July 2013 | <a href="#">F13-070 EN</a>    |
| c) | Draft Budget 2014   | <a href="#">F12-062 EN</a>    |

The provisional budget 2014 was unanimously approved.

**End of Friday session at 16:00.**

**Saturday session**

**13) National Healthcare situation reports (round table)**

Austria	<a href="#">F13-058 EN</a>	Italy (ANNAO-SNR-AAROI)	<a href="#">F13-057 EN</a>
Belgium (GBS-VBS)		Netherlands (LAD)	
Bulgaria (BgMed. Ass.)	<a href="#">F13-059 EN</a>	Poland (OZZL)	
Croatia (HLS)	<a href="#">F13-068 EN</a> + <a href="#">FR</a>	Portugal (FNAM)	<a href="#">F13-060 EN</a> + <a href="#">FR</a>
Cyprus (Turkish)CTMA	<a href="#">F13-064 EN</a>	Romania (CF)	<a href="#">F13-051 EN</a>
Czech Republic (LOZ )	<a href="#">F13-054 EN</a>	Slovakia (LOZ)	<a href="#">F13-050 EN</a> + <a href="#">annex</a>
France	<a href="#">F13-067 FR</a> + <a href="#">EN</a>	Slovenia (FIDES)	<a href="#">F13-053 EN</a>
Hungary (MOSZ)	<a href="#">F13-052 EN</a>	Spain (CESM)	

Austria: L.Stärker added to his report that there is a discussion in nurses' responsibilities. In those discussions, doctors are not consulted. Therefore, Stärker asked the delegates to fill-in the survey on nurses' responsibilities in other countries. J.Deus said that other EMOs deal with the same problem.

Belgium: a new reimbursement system is being introduced in Belgium.

Bulgaria: the money that accumulated in the healthcare sector for several years, has been transferred into the general budget. A new law is adopted by which the aggression against doctors is criminalized.

Croatia: I.Pasini summarized the national report and asked to support the motion.



B.Popovic reminded that the proposals for the motions should be put on the Agenda on "Agenda" point of the agenda (Friday), even for urgent matters. For the next GA, later proposals for a motion will not be accepted anymore.

I.Pasini said that in 18 years, never a motion for support has been denied and it is an urgent matter with a strike running on.

P.Chauvot, B.Maillet: we should know in advance what will be discussed about.

E.Reginato said that he is the signatory of the document, so he would be interested to add something more.

B.Popovic explained that GA can vote only on the motion as it is, and it should be signed as it is, with some grammar modifications; the cannot be changed, because otherwise it wouldn't be a GA document anymore.

Cyprus: the report was summarized. J.Deus: in most countries (except Sweden), doctors can practice in public as well as in private service. F.Besim said that Cyprus medical association is in favour of separating public and private service.

B.Popovic: the employer cannot prevent a doctor from working outside (even public) hospital by his own discretion or just by asserting that the doctor can choose between private or public. The reason must be more persuasive. The other possibility is the French approach where a doctor can waive his right to work somewhere else in consideration for a higher salary.

C.Wetzel, P.Chauvot, J.P.Zerbib: in France, a doctor has 3 options: to work just in the public service; to perform private service within the hospital or to work part-time for the hospital with the possibility to work for the rest of the time in a private facility – provided there is no conflict of interest.

J.Deus, C.Wetzel: the possibility to have private patients for 20% of working time is introduced in order to keep some specialists in public facilities.

Czech republic: the report was summarized.

France: C.Wetzel pointed out the EWTD issue in France. J.P. Zerbib pointed out that in France the mutualities charge 14% of the salary for the complimentary insurance. On the other hand, out-of pocket charges are 9%. Salaries have been blocked since 2010 in France; at the moment, there is no room.

Poland: S.Urban summarized the report.

Portugal: M.M.Madureira summarized the national report.

Romania: D.Peretianu asked for a motion to be put on the agenda on the position in Romania and on numerus clausus. To E.Reginato's question, D.Peretianu said there is no numerus clausus in Romania. But they are in favour of numerus clausus. C.Keijzer said that specialist training is high on the agenda in the Netherlands and they are aware of the fact that each country should be responsible to train its own specialists. Foreign specialists are welcome in the Netherlands, but it is not desired that they come because of the shortage of doctors in the Netherlands.

To P.Chauvot's question, Peretianu answered that there are 400-500 foreign students in 4 Romanian Medicine Faculties comparing to 6000-7000 students altogether in Romania.

Slovakia: P.Oravec summarized the recent happening in Slovakia. E.Reginato said that alternative forms of protests should be found, like "white strike". To C.Keijzer's question, E.Reginato said that he sent a letter to Comm. Redding and we will ask once again for the answer.

Slovenia: D.Polh summarized the document.



Spain: A.Tomas i Torrelles summarized the document. To E.Reginato's whether there is any attempt to unify the healthcare. Contrary to EU rules, in Spain there is no free movement of patients between regions. B.Popovic said that once again, it comes out that there is more freedom of movement in EU than within some countries. A similar situation has been present in Switzerland, too.

#### **14) Request for Action and Submission of documents for approval by the GA**

For adoption, endorsement or information :

AEMH Statement "European Hospital Physicians Declaration"

[AEMH 13-052](#)

J.Deus presented the document and proposed FEMS to take it in consideration.

Lstärker, P.Oravec: it is important to emphasize that the hospitals should be managed by the doctors. J.Deus added that the hospitals that are managed by the doctors achieve better results.

**Conclusion:** the document is approved as a FEMS document.

#### **15) Application for Observer status / Membership**

a) Application Dutch medical trade union LAD

[F13-055 EN](#)

C.Keijzer: They represent salaried doctors in the Netherlands and they have 12.000. In the Netherlands, there is a special status of doctors that make individual contracts with hospitals. But recently, more and more doctors decide for the salaried status. They expect their membership to increase. They work in a close collaboration with the government. The Netherland Medical Association is the common framework within which the unions operate and negotiate with the government. The situation in the Netherlands is better than in other countries but they are interested in exchanging experience and express their solidarity with other national associations. To B.Popovic question on the reasons for changing the status from self-employed to salaried: the gap between the incomes is decreasing, while it is much more difficult for a self-employed doctor to organize his/her pension agreements. Apart from that, it is easier for the salaried doctor to change the employer.

**Conclusion:** LAD was accepted for observer status unanimously.

b) Russian Medical Association ?

See above.

#### **16) Next FEMS Meetings**

a) January 2014 Joint FEMS-AEMH Board Meeting

E.Reginato: the date will be decided consecutively.

b) 8 May 2014, FEMS Board Meeting 15:00-19:00

c) 9-10 May 2014 FEMS GA, Nova Gorica/Gorizia, FIDES / ANAAO

E.Reginato: the conference on working conditions, organized by ANAAO will be organized just before the GA.





**Fédération Européenne  
des Médecins Salariés**  
European Federation  
of Salaried Doctors

Bojan Popovic, Secretary General

D.Polh: FIDES and ANAAO representatives are already in contact. Another coordination meeting is planned early 2014 to agree on details.

d) Autumn 3<sup>rd</sup>/4<sup>th</sup> October 2014 FEMS 50<sup>th</sup> Anniversary

E.Reginato proposed St.Maximin (Couvent Royal) in southern France, close to Marseille, to choose as the anniversary GA venue.

The GA will be organized by FPS.

**17) History of FEMS Meeting Venues 1993 -2013**

[F12-013](#)

**18) Other Meetings**

[International EMOs' Calendar](#)

**19) Any other business**

A.Albesa proposed to create a WG on feminization of medicine.

**Conclusion:** the WG was approved unanimously.

***GA concluded at 12:45.***