Fédération Européenne des Médecins Salariés
European Federation of Salaried Doctors

FEMS Permanent Secretariat

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Title:	**Minutes FEMS General Assembly, Nova Gorica 9-10 May 2014**		
Author:			

FEMS General Assembly
Friday 9 May 2014 09:00 – 17:00
Saturday 10 May 2014-04-11 09:00 – 13:00

Venue : Hotel Perla, Kidriceva 7, 5000 Nova Gorica

1) Introduction and presentation of new delegates (Enrico Reginato)
Enrico Reginato introduced the new secretary, Diana Voicu, who will replace Brigitte Jenkins as of 1 June 2014. Diana was chosen following a selection process in cooperation with AEMH, as she will also be the AEMH secretary.

2) Welcome by the organizers and presentation of the programme
Enrico Reginato thanked the organizers for hosting and organizing the FEMS general assembly.

3) Roll call/Right to vote - art. 12 of the Statutes (Bojan Popovic)
Bojan Popovic encouraged all participants to sign the participants list.

F14-030

4) Approval of the Agenda **F14-011 EN**
Lukas Staerker from the Austrian delegation suggested addressing item 16 (meeting time of the next GA) as item 4a, at the beginning of the agenda. Next, the agenda was unanimously approved with the modification.
Lukas Staerker claimed that the date of the next GA was initially announced as taking place in the first weekend of October; therefore, he considered it unprofessional to change the dates to the second weekend of October. Due to this change, he wouldn't be able to attend.
Enrico Reginato: it was just a temporary idea to have the GA on the 2nd of October, also in Provence, not in Paris. There was no written document where this date was established. Dates are susceptible to be changed due to organizational issues.
Lukas Staerker: the minutes from the last GA (on page 9) state that the meeting is in the first weekend of October.
Serdar Dalkilic: the meeting dates cannot be changed, as most reservations have been made, the hotel, the meeting venue, the gala dinner; it is already difficult to organize events in Paris, one can adjust her/his agenda 6 months in advance so as to be able to attend.
Joao de Deus: sometimes local organizers need to make changes to organizational / logistical reasons; nevertheless, the correct dates are 10-11 October.
Harald Mayer: the established dates were 3-4 October, you cannot just change it like that.

Bojan Popovic: we might have formally established to have the meeting in the first weekend of October; nevertheless, due to local organizational issues, we need to shift the meeting to the following weekend. The new dates have to be agreed by the majority of this assembly. It is not the first time we decide to change the dates due to local organizational issues.
The proposal is to modify the meeting time and venue of the next GA to 10-11 October 2014 in Paris.
The decision was adopted with the majority of votes (1 vote against and 4 abstentions).
Bojan Popovic: we need to agree on the spring 2015 joint FEMS-AEMH meeting in Vienna.
Lukas Staerker: the meeting is to be held between 7-9 May 2015, in Vienna; all preparations have been made. At the same time, there is the EJD meeting taking place and we try to make a common meeting on Saturday morning.
Joao de Deus expressed his thanks to the local organizers in Vienna, for hosting the joint AEMH-FEMS conference and general assembly. The two organizations will hold their board meetings on Thursday morning and will organize a common conference on Thursday afternoon, probably on CPD, as previously agreed within the Presidents' committee with the other EMOs.
Bojan Popovic: the dates and venue for the FEMS GA in Vienna were unanimously approved for 8-9 May 2015.
Following the invitation by Bojan Popovic regarding the autumn 2015 meeting, OZZL representative Stanislaw Urban proposed to organize it in Krakow (Poland) on 9-10 October.

5) Approval of the Minutes of FEMS last GA, Porto, 8-9 Oct. 2013 **F13-083 EN**

Bojan Popovic: the minutes were unanimously approved.

6) Minutes of the last Board meeting (for information) to follow

The last board meeting was held in Catania in February 2014.

7) FEMS President's activities report

FEMS Activity report 2013-14 **F14-006 EN**

Enrico Reginato attended a significant number of events, not only general assemblies of other EMOs but also various side events, such as, for instance:

- the Turkish-French Health Foundation Symposium on *Healthcare and Social Security System in France and Europe*, on 12 February 2014 in Strasbourg, where he gave an overview on the Italian and European health organization and systems;
- UEMS meeting, on common rules in Europe for continuous medical education and continuous professional development; there was also an opportunity to promote the Action Day and to request support from the part of UEMS, especially given their wide representativeness across Europe;
- Meeting with Mathias Maucher (EPSU) regarding the support for the Action Day;

Enrico Reginato also informed about the FEMS representatives meeting with Commissioner Tonio Borg, which would take place after the Action Day.
Enrico Reginato was also a member of the panel in the CPME conference on "Better working conditions – better care" ; Outcome
He took the opportunity to promote the idea of more European involvement in the organization of the health systems. Member State autonomy is not necessarily beneficial as far as health is concerned.

Dr. Reginato announced FEMS new website, with a document-dedicated area, where all delegates may have their own login credentials. The change of the website was decided before, for improvement purposes; a new modern software was adopted, in order to be ready for the Action Day.
The changes were done within the budget.
Ivan Pasini inquired whether changing the website is not a decision for the General Assembly.
Enrico Reginato and Bojan Popovic said that the decision to change the design or to add new functionalities to the website should stay with the Board. Of course, all delegates are encouraged to make comments and express suggestions in point.
Bojan Popovic reiterated the call to all delegates to send their information so that it can be put on the website. He said he would try to design a common platform for communication, a forum where delegates only can exchange ideas. Just go on the forum and make comments. If we set up the forum, you get a copy by email of your comments but you need to reply on the forum page, not by email. It will be helpful, many more documents up to date will be instantly available to everybody.

8) FEMS Activities and concerns

a) Report by the working groups

-Working Conditions of Hospital Doctors, coordinator Claude Wetzel
Outcome of the Survey **F14-021 EN**

-Doctors Remuneration

Dr. Wetzel referred to the document that he also had presented in the conference organised on 9 May and pointed out the main findings. Thus, referring to the salaried status of doctors in Europe, he noted that many are public servants, which is a reason of discontent; in Slovenia or Romania people are asking to have a professional statute as healthcare workers. The EWTD is fully implemented in Europe but not fully implemented in some Member States (e.g. France and Italy); complaint actions to the European Court of Justice shall be taken by the trade unions in France. CME/CPD is down in most countries. A recent report issued in France shows a lack of finance of 400 million euro for the CPD program. Not easy to cope with the lack of CPD, especially due to the elaboration of new standards. Burn-out is noted in most countries, with the exception of Austria. Occupational medicine department covers the salaried doctors only in half of the studied countries. Retirement age is different across countries. A need to work longer is noted. Prolonged study period for doctors, so they started to contribute later. Feminization of the medical workforce is also a phenomenon. Better professional-personal life balance – part-time jobs for women. The numerus clausus is regulating the flow of entrance in medical schools in most countries. Belgium and Austria they have a quota for native students, despite the ECJ ruling. Most countries: shortage of physicians (i.e. Hungary), for some fields (i.e. anesthesiology, emergency medicine and obstetrics. Emigration/immigration from Eastern countries. Task-shifting may threaten patient safety, prudency is needed. Base medical salaries – not for the moment Bulgaria, Czech Republic, Hungary, Romania, Turkish Cyprus; this remains a priority for FEMS members, especially in Eastern Europe. Doctors' remuneration has decreased in most crisis due to the economic crisis. France: wages are frozen, although prices are going up.
Complaint to the EU commission regarding the working time issue. Italy and French will go to the Court of Justice
Doctors are overwhelmed with administrative tasks. An important task that FEMS should take up is to make the job of the salaried doctor easier.

Public funding remains the only guarantee of the public service for the time being. The privatisation trend – central and eastern Europe; in France – trend for PPP rather than privatization; public insurance plus private complementary insurance. Out-of-pocket amount is increasing.
You cannot have a healthy population without healthy doctors. Investing in the health professionals is an investment in the economic revival of the European Union.
Enrico Reginato thanked Claude Wetzel for the excellent work. Dr. Wetzel said that the study is not yet completed. More countries need to be included, with the support with other EMOs (AEMH, UEMS).
Joao de Deus: congratulations to Claude for an excellent report. You have the full support of AEMH. Two comments as fa as AEMH is concerned:

- About task-shifting: AEMH is strongly against task-shifting; dangerous to patient safety. Sweden gave the first steps – nurses allowed by law to be head of departments; in Portugal, head of department should be the most graduate doctors in the service. In Portugal nurses want to have right for prescription; doctors are against this. Diagnosis also should only be the attribute of doctors.
- About hospital governance: European Hospital Physician Declaration (2013) approved in AEMH GA– evidence shows that clinicians involvement in hospital management help improve clinical results, patient satisfaction and financial outcomes. Doctors should be part of the entire hospital management.

Bojan Popovic presented the technical aspects and functionalities of the newly designed multi-language platform of communication that can be imbedded in the website, facilitating information exchange among delegates.

b) Action Day 2014

The delegates informed on the various actions to be taken on the occasion on the Action Day of European Doctors, as follows:

Portugal: the national association will organize a conference and a press release; we will invite a judge and talk about corruption; we will distribute the poster to the national members to advertise it. Media will be invited at the conference and we will hold a press conference.
Spain: press release – the president is in charge; we distribute the text to our public unions; it's more about no more cuts in the budget, not that much about corruption.

Austria: the problem is less of doctors and corruption; press activities on 15 May – press text to be distributed

The Netherlands: a press release for the NL that has been sent to our members and our political delegates in The Hague; email and newsletter info to our members to be informed about the day.

Romania: two weeks ago we sent the flyer to the press; we ask our members to stop work for 10 minutes at 12.00 (local time) and we hope to organize on 13 May a press conference in Bucharest. One month ago we had a delegation to the Ministry of Health to present again our demands, the fact that we are not happy with our salaries and shifts and so on.

Cyprus: we stop one minute during the action day; we have distributed materials to our members and to the press; we will go to the ministry of health and present our demands.

Enrico Reginato: since the costs are too high for the delegates to attend the Action Day in Brussels, it is better that it is only organized in the countries. Please send us feed-back about how actions went on in the different countries.

France: UNMS gave a strike notice; a document with many of questions about corruption has been drafted; it was presented as a first step in a series of actions that will follow. The idea of this action is that our colleagues start to question about a European vision on healthcare.

Claude Wetzel: we have filed for a strike action as we have other actions going on that may eventually lead to a strike and we don't want to mix things. In all French hospital the poster will be advertised and pins will be distributed to inform the population.

Belgium: we will publish information on the Action Day and distribute it to the colleagues for information.

Italy: a meeting with other unions and politicians delegates to the EP and to the press for awareness raising, explaining why we do the Action Day; on 15 May all doctors will wear our stick and logo and explain the patients why they are doing the protest.
Enrico Reginato: we asked the new authority for corruption to be present in the meeting but we have no reply.

Hungary: press conference will be organized and a press release will be distributed (all hospital trade unions – doctors, nurses, medical universities); flash mobs in the capital and in the countryside hospitals too.

Bulgaria: regional press conferences and one big national press conference will be organized; doctors will stop working for 15 minutes on 12.00 and will organize meetings in front of hospitals.

Poland: there will be a piquet next to the ministry of health and then press conference; delegations from Hungary and Slovakia and the Czech Republic will join.

Slovakia: posters will be exhibited in all visible places; green strips for doctors that day and press conference;

Czech Republic: no good preparation for the day, the action will be postponed. No actions in hospitals.

Croatia: we are still on strike, in stand-by until 30 of May. We prepare an action on 15 May – 5 minutes before noon, press conference; distribution of flyers in all health centres to explain the citizens all the problems of doctors in Croatia. Our president ended up in prison for an issue that occurred 10 years before – democracy is questionable. There is lot of pressure on doctors. There are 1500 doctors less than before; FEMS needs a different identity; more countries are needed to join FEMS; protests are needed for visibility purposes

Slovenia: on 14 May general meeting of all medical delegates will be held; manifest with 5 requirements has been issued, besides the European poster.

It was decided that the FEMS delegation that would attend the meeting of Commissioner Tonio Borg would consist of the following persons: Enrico Reginato, Bojan Popovic, Claude Wetzel, Joao de Deus, Bernard Maillet, Anna-Maria Canevari and Serdar Dalkilic.

Enrico Reginato also launched the proposal that 15 of May be the "European Doctors' Day" every year, seeing the organization of meetings, conferences, not necessarily only protests.

c) Appeal to Ukrainian Doctors and authorities to cease fratricidal in times when humanitarian considerations should prevail.

The Romanian delegation proposed drafting a humanitarian declaration concerning the situation in Ukraine. A motion would have been needed so as to be adopted by the GA. Opinions were expressed against FEMS involvement in the absence of a request from any Ukrainian doctors.

Patients care in EU countries by the Austrian Medical Chamber Survey **F13-075 EN**

- **Task Shifting – nurses activities**

Lukas Staerker summarized the presentation on task shifting. The presentation referred to the situation in Austria, the survey undertaken by the Austrian Medical Chamber and to the challenges and possible solutions.
There is a traditional good cooperation between doctors and nurses in Austria. In the nursing scope of practice, as defined by the law, the doctor order is not necessary. The doctor may cooperate with auxiliary professionals, but only under her/his permanent supervision and strictly according to her/his orders. The responsibility is split between the person giving the order and the one performing the act. Written confirmation is needed for both order giving and performance of the act.
Harald Mayer: The survey conducted by the Austrian Medical Chamber between October 2013 and January 2014 referred to the training and scope of activities of general nurses. Organisations from 13 countries provided answers. Great differences are to be noted among the countries. Nurses acting without doctor supervision may constitute a problem in the future. The level of nurse education also largely varies among countries.
The improvement of training is welcome on condition that it is sensible, need-oriented, attuned to other professional profiles, the needs of the respective professional group are defined in advance and the legal framework and the competencies are clearly defined.
The ultimate responsibility of order giving should remain with the doctors. The doctor should remain the 'chief' in the heath system.

Enrico Reginato thanked the Austrian delegates for their work resulting in the production of this study.

Joao De Deus: task-shifting is a problem in Europe. For AEMH, which signed the Joint Health Professions Statement on Task Shifting, it is very clear that diagnosis and therapeutic decision must remain with the physicians. In some countries (i.e. Africa) it may be better to have a nurse than nothing, but we cannot import this model. All over Europe governments are going versus task-shifting, as nurses are cheaper, but we should go against this model, as patients' life is at risk.

Ivan Pasini: In Croatia there is a trend to have a higher and higher education for nurses, so that they end up in performing tasks traditionally performed by doctors. We need to put this on paper and clarify the tasks of nurses.

Paolo Simoes: we see the order of our work being cut in the past years. We must go further and prepared. In Portugal they presented something like “management of the patient’ (inspired from the USA). They want someone (could be a nurse or with different formation) to control all the way the patients between the hospital and ambulatory care. This would solve the lack of communication between the hospital and ambulatory care. In Portugal, 2000 million euro are allocated to the health care budget; some 7-8000 people should be in charge with ‘patient management’ (most probably nurses), so their salaries will get funding from this budget.

Lukas Staerker: doctors need to be careful so that governments and managers do not reach the position to control doctors. There is a tendency to make medicine controllable and easy to plan so that it can be more easily controlled. Doctors’ work should be independent, doctors should lead the decisions and not the hospital owners, managers or insurance companies.

Anna-Maria Canevari: we agree with the Austrian Chamber document; we face attacks in Italy from technicians, they want to replace the doctors. They cost less than the doctors.

Ilan Rosenberg: It is rather a political problem, as the number of technicians/nurses is much higher than that of doctors. Politicians think that they have the answers, that they know better than doctors.

Bernard Maillet: in 2008, the UEMS made a declaration on the medical act. It may be important that this document should be endorsed.

Aranzazu Albesa Perez: Task-shifting is a major concern in Spain; we believe that doctors should not to lose three main tasks: diagnosis, prescription and type of treatment, because doctors hold the ultimate responsibility.

Ivan Pasini: Generalist doctors in Pula are very crowded with patients (as there are many tourists). Nurses are doing lots of tasks that doctors used to do. Difficult to make an appointment with a doctor nowadays. The nurses are making the electronic prescriptions for patients. General practitioners are become more and more virtual for the patients. The nurses are standing in the front row for the patients.

Lukas Staerker: our target was to raise awareness on this issue; we should continue the discussion on task-shifting in the next meetings and produce a paper for the meeting next year, maybe. It is not only a medical problem, it’s a problem of power and influence.

Joao De Deus: It is not only about task-shifting, but also about medical competence and doctors’ autonomy. A common document about this should be done in the future (containing the definition of the medical act as it was made by UEMS). It is not easy to have a final document, there are organisations blocking such initiatives (such as CPME).

Harald Mayer: Task-shifting is more than a document; it is the main topic we should work on in the next years.

Bojan Popovic: do we need to have a working group on that?

Claude Wetzel: officially, by the EMOs, Joao de Deus is in charge of defining medical competence. It is probably not necessary to have a working group, but all interested should report first to Lukas and then to Joao, as he is responsible for coordinating the position on task-shifting and medical competence.

d) Representativity to sign collective contracts by CFSMR-RTUFP (Romania)

Request and FEMS support **F13-084 EN**

Victor Esanu: We face a real problem of representativeness of doctors, which is why we asked FEMS for the drafting of this memorandum. A letter signed by Enrico Reginato was submitted to the Romanian Parliament, without any answer.

Dan Peretianu: As trade unions, we should protect our members within the collective bargaining, but we have no collective bargaining at the national level, as the law questions our representativeness among the other health care employees (10% hospital staff are represented by doctors). We need help from FEMS to draft and promote this memorandum at the level of the European Commission, the European Parliament and the European Court of Justice. Such a memorandum may also serve other national organisations.

Martin Paolo: in Slovakia it is the same situation as in Romania; the collective contract is signed between the ministry of health and all trade unions. Doctors are 10-15% only. Same situation for hospitals. I think FEMS can help.

Ivan Pasini: in Croatia this is also a topical subject – who can negotiate the collective contract. We have 3 trade unions (nurses, paramedical staff and doctors). About 75.000 persons working in hospital, 10% are doctors, even less. Impossible for doctors to have a contract just for themselves. Eastern countries are currently experiencing a catastrophe; before, the situation was better.

Joao de Deus: in Portugal we do not have this problem, medical trade unions negotiate directly with the government. We can make a FEMS document saying that the European governments should negotiate directly with the medical trade unions. Nevertheless, it is very difficult to have 50% of doctors in a hospital registered in a trade union; also, it is difficult to deal with this issue at the EU level, as the national governments have autonomy (according to the subsidiarity principle) in such issues.

Bojan Popovic: ILO also has a convention of collective bargaining, so we agree this is an international problem.

Enrico Reginato: we support the Romanian position. We cannot go to the European Court of Justice. But we can write to the European Commission and Parliament, maybe lobbying in Romanian with candidates for MEPs can also help. FEMS can do it, though we do not guarantee results.

9) Update EMO collaboration

Enrico Reginato said that within the context of EMO meetings, the boundaries of FEMS are well-defined through the issue of doctors' working conditions. FEMS also obtained the support of the other EMOs for the Action Day. There are bi-annual meetings within the Presidents' Committee, where common tocpics are tackled.

10) Reports by EMOs representatives

AEMH President Dr Joao de Deus

AEMH Activity Report 2013-14
AEMH Conference 2014

Joao De Deus summarized the AEMH Activity Report. He highlighted the European Hospital Physicians Declaration (2013) (endorsed by FEMS) and the Statement on the Regulation of Training and CPD. Since the last FEMS meeting, AEMH had a meeting with EFPIA director, Richard Bergstrom, (February 2014) about the disclosure of payment to health professionals by the pharmaceutical industry. AEMH co-organised the 2nd European Hospital Conference (Dusseldorf, November 2013). Joao De Deus gave a presentation on doctors' involvement in hospital management – patient safety and quality of care at the 2nd International Congress of Medical Cooperation in Cardiology (Sankt-Petersburg (February 2014). AEMH conference (Patient Safety - Antimicrobial resistance) and GA would follow (Stockholm, 29-31 May 2014). The next joint meeting with FEMS is to be organized in Vienna (May 2015); the past joint meeting (Varna, 2012) had a very good feed-back.

Bernard Maillet expressed his concern regarding the EFPIA statement on transparency, as they clarified some of the rules without involving the medical profession. They only asked for the involvement of UEMS and CPME after deciding on the rules, which is politically incorrect. Another thing about the EMOs was the common position on the standardization issue for plastic surgery. In the March meeting of the CEN, all EMOs agreed that non-medical staff cannot make the rules for the medical staff. This standardization process is nevertheless ongoing, plastic surgery is just the first step. Non-surgical aesthetical medicine and homeopathy follow. We must oppose this process of standardization led by CEN as it may be the end of the medical profession.

Claude Wetzel: this has to be one of the main points we discuss with Commissioner Tonio Borg. We do not accept this standardization under the EU supervision. This needs to be decided by technicians, not by the politicians.

Joao De Deus: I fully agree to Claude and Bernard, this is very dangerous for our profession. In medicine, there are overlapping specialties, which is why we cannot have this standardization.

Paulo Simoes: CEN is a private organization, the European Commission is behind. The Commission may reply that they cannot intervene with a private organization (i.e. CEN).

Bernard Maillet: the European Commission may not necessarily be against CEN.

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**
European Commission takes Italy to court	**F14-007 EN**
EC's reasoned opinion to respect forensic doctors' rights in Spain	**F14-012 EN**
EC requests France to respect rights of doctors in training	**F14-013 EN**

Claude Wetzel: France was amongst the first countries to implement the European Working Time directive (2004), but not completely. The EC sent a reasoned opinion to the French government as far as the implementation of the working time directive (September 2013). The French government elaborated a text, which we found not satisfactory; SNPHARE launched the complaint. Eventually, the EC is taking France to the ECJ for non-implementation of the EC directive.

Enrico Reginato: We started a complaint based on 4 grounds. We had a series of exchanges of documents between SNR/ANNAO and the Commission. The Commission required further information from the Italian government and later decided Italy needed to implement the directive. As Italy did not comply with this decision, it was further subject to the infringement procedure. Italy was next brought before the ECJ. We do not know the current state of play, but Italy will certainly be forced to pay penalties.

Aranzazu Albesa Perez: The directive is implemented in the national legislation; but not for the forensic doctors, as they answer to the Ministry of Justice, not to the Ministry of Health; their situation is dramatic; they have their own union, but we cannot do much for them.

Claude Wetzel: In a lot of countries, according to the survey, the ETD is not fully implemented. One may nevertheless complain to the European Commission. FEMS can assist with the procedure to be followed. It takes time, but the complaints are eventually successful so national associations should make full use of this tool.

Jean-Paul Zerbib: in France, there are the public hospital system and the private hospital system. The state implemented the directive for the public system, but not for the private, where the situation is much more complicated. There, there are collective contracts that do not represent all doctors.

b) **Professional Qualification Recognition Directive (ED 2013/055)** **The main aspects**

The European Commission has launched a consultation on EPC (European Professional Card)	**AEMH 14-013 EN**
Extraordinary degrees under the new Directive, request from Spain	**F14-015 EN**

Enrico Reginato: The issue of professional qualification has been debated for several years, with AEMH and other EMOs. The main topics are to have an automatic recognition of qualification, the creation of a European card containing all data concerning the professional qualification, the language problem and the alert on a certain behavior of a doctor that should be available across all EU. The alert must be evaluated according to the law of the hosting country.
Joao De Deus: the question for the European doctors is that of mandatory CPD. In countries where CPD is mandatory, the situation is not much better than in the other countries. The mandatory CPD is not making a bit difference for the professional development of a doctor. It is rather the structure of the medical career (like, for instance, in Portugal), which matters most. This creates a voluntary process and an ethical obligation for doctors to undergo professional development.

Aranzazu Albesa Perez: The directive has been amended, allowing the Italian doctors to be recognized across the EU (article 27). The Spanish government formulated a complaint, but it was very badly formulated. In Spain there are 2000 doctors without an official title. Government should try to regulate this – having official titles. New modifications of this directive should be implemented by 2016.

Enrico Reginato: the directive on postgraduate education was issued in 1983 by the EU. Italy nevertheless applied it in 1991. The ECJ condemned Italy for not having applied it. Italy is now spending a lot of money as many doctors sued the Italian government.

Constantino Troise: There are many graduates but there few specialist positions for them. It is not possible for them to work in the national service without specialization. This prevents them from working and further maintain their skills.

c) **Patients' Rights to Crossborder Healthcare**

Directive 2011/24/EU on patients' rights in cross-border healthcare clarifies the rules on access to healthcare in another EU country, including reimbursement.
EU countries had until 25 October 2013 to pass their own laws implementing the Directive.
the Commission launched a public consultation targeted to stakeholders on the implementation of European Reference Networks (ERN) and in particular on the criteria to be considered according to Article 12 of the Directive 2011/24/EU. Summary report (3 MB)

Crossborder Hospital Collaboration **AEMH 13-071**

Enrico Reginato highlighted the main aspects of the directive (i.e. the possibility of patients to benefit from cross-border healthcare when such care is not available in their home country and to be reimbursed according to the tariff of their home country; extra amounts may be needed to be paid by the patients; offices will be available in the EU countries to guide the patients accordingly).

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

Report from the last meeting of the European Observatory of Medical Demography (COPIL) **F13-079 EN FR**
Joint Action on Health Workforce Planning **Newsletter**
Book "Health Professionals Mobility in a Changing Europe" **F14-023 EN**

Jean-Paul Zerbib: COPIL held its first meeting in October, second in December; we decided on 3 very simple questions to start with: place of birth of doctors; the ountry where they got their diploma; the place of work since the beginnging of their career. As many doctors as possible should be provide the answers, via the Chambers of Doctors and the national authorities. Another issue was to have a common questionnaire with OECD, but OECD covers a larger area (nurses, dentists, etc.). Not possible to have this common questionnaire. Next COPIL meeting would be on 20 June (Brussels).

Enrico Reginato: when a doctor goes to work in another country, he/she needs to register with the national medical association, so the national association may easily provide information on how many foreign doctors work in the respective country.

Claude Wetzel: it would be useful to merge the database with the OECD study. If we get information from all countries, it would be useful to everyone; it is important to have one single body where one can find all data on medical migration. In 2020, an 18% of medical shortage is expected in the EU. We need to be pro-active.

Enrico Reginato: we talk about working conditions, we need to know how many doctors are moving from one country to another. One cannot improve anything unless one cannot measure it.

Jean-Paul Zerbib: one question: what does FEMS expect from the Observatory? The questions we asked to the medical chambers were different.

Paul Chavot: FEMS needs statistics so as to have arguments to raise salaries of doctors in certain countries (Romania); we need statistics so as to know the real situation and the measures that need to be taken accordingly.

Enrico Reginato: 70% of hospital doctors in Italy are born between 1950-1960. In 10 years they retire. In Italy a doctor may work in the hospital only if he/she is a specialist. Specialist preparation is only under the scope of the universities, which creates a problem.

Ivan Pasini: there are differences between Eastern and Western countries; in Eastern countries, we didn't have these problems before entering the EU. We had more doctors then; now they are leaving. There is lot of pressure now on public services (i.e. there is a deficit in the healthcare system), so salaries are going down. We need to take this issues at a higher level – all medical associations at the European level need to take action, not only FEMS. We need European decisions.

Paul Chavot: it is a general issue, not only for the Eastern countries; we need to give doctors all over Europe good salaries so that they no longer need to move to other countries.

Claude Wetzel: there were pre-accession funds to prepare Eastern countries for EU accession; millions of EURO disappeared (as, for instance in Poland or Bulgaria). You need to question the national government what happened to this money, not to the EU.

Ivan Pasini: there are not really so many billions and the money was not really used to improve the situation of the public system or the citizens but to benefit private Western investors.

Joao De Deus: There is shortage of doctors all over Europe. There are 3 type of countries in Europe:

1. Countries that have a high GDP and a high percentage for GDP for health system;
2. Southern countries: low GDP but a high percentage for heathcare system
3. New countries, with low GDP and low percentage for healthcare system.

In this 3rd category, there is a problem with doctors' salaries: they leave the country for better wages. The first measure would be to increase the GDP percentage allotted to healthcare. This would allow for better salaries and better working conditions for doctors.

Ivan Pasini: The most important solution in my opinion pertains to the economic field. Foreign investors should be forced to invest their profit in the respective country.

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

a) Closing of Accounts 2013 (balance sheet) **F14-019 EN**
b) Treasurer's Report
c) Internal Auditors' Report **F14-040 FR**
d) Draft Budget 2014 **F13-062 EN FIN**

Paolo Simoes highlighted two issues: over the past year, FEMs registered a surplus of 10,000. We could further invest in different actions. This is also due to the president's efforts to cut the expenses. The second issue pertains to some changes in the provisional budget for 2014: there is some decrease in the contributions for 2013, which is nevertheless compensated by the ANAAO contribution. There is also a small change in the expenses for the secretariat (due to the take-over from Brigitte to Diana).

Enrico Reginato: we might not spend the money allocated for the website for 2014, as the website is ready, so this could compensate the extra money that go to the secretariat.

Reinhart Waneck: we have checked the expensed as of 31 December 2013; we believe that this positive result (i.e. a surplus of 17.676,87 EUR) reflects a policy of cost reduction that has been implemented since 2012. We noted no mistake in the 2013 balance. We can therefore confirm that all transactions performed are rightly justified by supporting documents. We recommend adopting this closing of accounts 2013.

Enrico Reginato pointed out that money were saved by means of early plane ticket booking as well as for the website. We need to capitalize on the surplus for more initiatives of FEMS.

Bojan Popovic invited the delegations to vote on the balance sheet of 2013; the board was further unanimously discharged. The draft budget for 2014 was also unanimously approved.

13) National Healthcare situation reports (round table)

Presentation of the Dutch healthcare system by Christiaan Keijzer (LAD)

Christiaan Keijzer presented the Dutch healthcare system. Several issues were pointed out, namely, that, for instance, task shifting is functional but not necessarily cheaper. More attention is needed to prevention actions; it is also very much cheaper if the patients first addresses the general practitioner than addressing a specialist in the hospital. A need emerged to develop a common electronic health record and the issue of patient privacy came up in this process.
A recent trend was noted: there is a care shift from the hospital to the GPs, therefore arrangements need to be made accordingly
In point of education, a personal learning cycle is needed for each doctor.

GP are in the first line, they are the main speaking partners for the Ministry of Health. Politicians in the Netherlands are aware that they cannot leave doctors out.
As to the difference between academic and general hospital: academic hospital have a managing board where can be economists, doctors, etc. The board is stricter, more top-down. For the general

hospital, the board is mainly made up of doctors, if the medical staff is not happy with the management, they can dismiss the board. The two types of hospitals also have their own collective labour agreements.

Claude Wetzel: 2008-2009 reform of the healthcare system in the Netherlands was a success; politicians and healthcare professionals were committed to make the system work and they managed. Nevertheless, a large share of the GDP (almost 12%) goes to the healthcare system (second one after the USA). These three-fold system (patient, insurance company and healthcare provider) is probably the model of the future, despite the financing limit.

Bojan Popovic: what FIDES is currently proposing for Slovenia is almost exactly the same model as the Dutch (with no involvement from the government). The collecting agreement needs to get more flexible - the shifting of the working time. It's not about increasing taxes so as to raise the healthcare budget (as a percentage from the GDP); additional financing sources are to be identified.

Constantino Troise: how much of the total budget (93 billion) is insurance income?

Christiaan Keijzer: it is defined by the ministry of health; 40.7% come from insurance fee; 27.9% comes from government taxation on work; there are different flows of the funding; the hospital needs to be very sharp on billing. At first, insurance companies did pre-payments, this year this type of intervention ends.

The national delegations highlighted the main aspects of their national reports.

Austria	14-029 EN	Italy (ANNAO-SNR-AAROI)	F14-034 EN
Belgium (GBS-VBS)	14-035 EN	Poland (OZZL)	
Bulgaria (BgMed. Ass.)	F14-017 EN	Portugal (FNAM)	F14-036 EN + FR
Croatia (HLS)	F14-027 EN + FR	Romania (CFSMR-RTUFP)	F14-032 FR
Cyprus (Turkish)CTMA	F14-031 EN	Slovakia (LOZ SK)	F14-033 EN
Czech Republic (LOZ)	F14-025 EN	Slovenia (FIDES)	F14-024 EN
France (SNPHARe)	F14-028 FR + EN	Spain (CESM)	F14-026 EN
Hungary (MOSZ)	F14-016 EN	Turkey (MedCham Istanbul)	F14-022 EN

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

The Romanian delegation suggested the endorsement, by FEMS, of the ITUC declaration as follows: http://www.ituc-csi.org/les-dirigeants-politiques-doivent?lang=fr

"With the imminent risk that the violence in Ukraine will escalate into a full-scale civil war, the ITUC is calling from political leaders from Ukraine, Russia and the broader international community to commit unequivocally to a non-violent, negotiated settlement which respects democracy, human rights and the fundamental principles of international law.

Trade unions from across the region called, on 19 February, for "rational solutions based on developing a consensus based on the national interest and the real needs of the working people and citizens of Ukraine" to ensure respect for their lives and rights of the Ukrainian people and a future based on their free choice.
This demand from the representatives of working people and the most representative civil society organisations remains the only satisfactory solution to ending the crisis, saving lives and charting a course for the future based on peace, social and economic justice and peaceful co-existence.
All governments must urgently commit themselves to negotiations, repudiate the incitement to violence by radical extremists, and cooperate to ensure full respect for democracy and the rule of law. Continued failure to take these essential steps would leave the people of Ukraine facing the appalling consequences of all-out war."

Claude Chavot: I believe it is a bit out of our scope of action.

Jean-Paul Zerbib: we are not neutral in the EU, this declaration is not neutral. Another declaration is needed.

Waneck Reinhart: we should not take sides.

Patricio Trujillo – us, as doctors, should fight against any sign of violence; it is impossible, we do not have the moral authority to take sides. We need to respect the fundamental human rights.

Ahmet Ozant: we need to warn the people in Ukraine that the situation in Syria can be replicated.

Maria Madureira: FEMS needs to say that the politicians need to take action so that war is avoided. Civil war is catastrophic, we need to avoid that.

Jean-Paul Zerbib: this declaration doesn't say anything about the situation of doctors. Whom it will eventually help? I don't think it is a good paper to vote on.

Bojan Popovic: technically, the Romanian delegation has the right to advance a proposal that can be submitted to vote; they, as observers, are not entitled to vote.

Enrico Reginato: are we addressing our colleagues in Ukraine and inquire whether they want us to do anything or we just skip the issue as out of our concern?

The voting procedure was undertaken and the endorsement of the document was rejected (3 votes against, 7 abstentions).

15) Application for Observer status / Membership

a) Application for full membership Romanian Trade Union of Doctors **F14-014 EN**

Dan Peretianu: We are registered as trade union of doctors - 2200 members; founded in 1990; we have a lot of experience as trade union in Romania; 5 ago we had the first contact with FEMS and 2 years ago (Varna) we made our first official request to become observers. We hope FEMS will help us. In Romania we organized 4 strikes in 20 years; we participated in the last strike (November 2013)

requesting to be allowed to sign intermediary collective contracts; in Romania trade unions are organized in federation, confederations and simple trade unions; we are a federation, member of Cartel Alfa confederation (national representation); we have representation in 20 counties (out of 40).

Stanislaw Urban: how many doctors work in Romania?

Dan Peretianu: there are 40.000 doctors altogether; the Romanian law gives the College of Physicians many powers and the role of trade union. It is a compulsory body imposed by the state to all doctors to be registered in and pay fees to. Most doctors do not wish to get further involved with a trade union (of doctors).

Konrad Kustrin: we should provide assistance to our Romanian colleagues

Claude Wetzel: we have contacts for years with this union. It is the only organization, not so representative, but still the only trade union that exists in Romania. We need a contact in Romania, it is necessary to include them.

Ivan Pasini: we need to take them, they are prepared, even if representation is not big;

Patricio Trujillo: they never had a trade union in Romania, it is the responsibility of FEMS to help them get bigger. The question is not what they should do for us but what we can do for them.

Following the voting procedure, the Romanian application was unanimously approved.

Enrico Reginato informed the Romanian delegation about the unanimous acceptance and Dan Peretianu thanked all delegates for their acceptance.

16) Next FEMS Meetings

a) 8-9 October 2014 FEMS GA 50th Anniversary provisional programme
b) Spring 2015 Joint FEMS-AEMH meeting in Austria

Bojan Popovic: the dates and venue for the FEMS GA in Vienna were unanimously approved for 8-9 May 2015.

c) Autumn 2015 meeting, call for invitation

Following the invitation by Bojan Popovic regarding the autumn 2015 meeting, OZZL representative Stanislaw Urban proposed to organize it in Krakow (Poland) on 9-10 October.

Enrico Reginato thanked all delegates for their participation at the GA. He again expressed his thanks to the local organizers.