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FEMS General Assembly

Friday 10 October 2014 09:00 – 17:00

Saturday 11 October 2014 09:00 – 13:00

Venue : Hotel Mercure Paris Quai de Seine, F-94200 Ivry sur Seine

1) Welcome by the organizers and presentation of the programme

Enrico Reginato and Serdar Dalkilic welcomed the attendees for the special anniversary General Assembly.

2) Celebrating 50th Anniversary of FEMS

Enrico Reginato thanked the participants for being part of the FEMS 50th anniversary of FEMS. He recalled the significant evolution of the organization over the years; thus FEMS is a well-recognized organization, holding strong relations with all other EMOs. He stressed the fact that the health sector is particularly important in Europe, not only in point of services. Unless the quality of services is improved, the GDP will be affected. The quality of services cannot be improved unless working conditions are improved. It is for this reason that FEMS has been raising its voice, so as to raise awareness of politicians and people in general on such issue (through events such as the Action Day of European Doctors, meeting the EU Commissioner for Health, contacts to other European organisations (medical and others). It was, for instance, on the occasion of the European Public Health Alliance (EPHA)'s General Assembly that he raised the issue of reducing the inequalities of the health systems across Europe

Tribute to Dr. Pierre Girault, FEMS' founding president

Jean Paul Zerbib took the opportunity to thank the local organizers for their work and support in preparing the FEMS GA. He next paid tribute to the memory of Dr Pierre Girault, the founding president of the FEMS, who had died on 7th July 2014, and whose funeral he attended in the name of his own organization as well as representing FEMS.

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

Bojan Popovic welcomed the new delegates and mentioned the fact that all members would be entitled to vote with the exception of the Istanbul Medical Chambers that had not fully paid its due membership fee to the FEMS.

4) Approval of the Agenda

Bojan Popovic took note and informed the participants on the President's suggestion to add to point 18 a debate over the proposal to add one more vice-president, thus triggering the modification of statutes. He mentioned that it was not the case for the current General Assembly to take such a decision, as delegates would have needed to be informed before; nevertheless, a debate on the topic was suggested, so as to explore if there was interest in creating such a new position in the FEMS board. The agenda was unanimously voted with this modification.

Vote – modified agenda approved

5) Approval of the Minutes of FEMS last GA, Nova Gorica, 9-10 May 2014 [F14-041](#)

The minutes were unanimously approved with one modification, following the request of Joao de Deus, as follows: on page 7, the last paragraph should be rephrased as he did not mean CPME was blocking the documents, but only one delegation in CPME did so.

6) Minutes of the last Board meeting (for information) [F14-052](#)

Bojan Popovic informed that the minutes of the board meeting were listed just for the information of the delegates, no vote on them being needed.

7) FEMS President's activities report

Past meetings since Nova Gorica

19/05/2014 Brussels

Meeting with Commissioner Tonio Borg [F14-039](#)

16/07/2014

Acceptance of FEMS into the [Joint Action on Health Workforce Planning and Forecasting project](#)

04-05/09/2014 Brussels

[EPHA 5th annual conference](#)

Enrico Reginato informed on the visit to Commissioner Tonio Borg, which took place on 19 May 2014 and was attended by several representatives of FEMS together with AEMH President, Joao DE Deus (see report attached).

Enrico Reginato took part in the EPHA's 5th annual conference and General Assembly in Brussels, on 4-5 September 2014. On this occasion, he raised the issue of addressing the inequalities among the healthcare systems across Europe and liaised with the future EU Commissioner for Health, Dr Vytenis Andriukaitis, who was at the time undertaking the nomination process.

Enrico Reginato also informed on the application and further acceptance of the FEMS to the Joint Action on Health Workforce Planning and Forecasting. Since a representative of the JAHWPF project was to take the floor, he invited the audience to find out more information directly from her about this initiative of the European Commission.

8) FEMS Activities and concerns

a) On-site survey concerning doctors' remuneration systems in Europe [F14-043](#)

b) On-site survey concerning experiences in PPP [F14-042](#)

c) Action Day 2014

Visit to the EU Health Care Commissioner Tonio Borg May 2014 [F14-039](#)

Enrico Reginato mentioned the two questionnaires on the doctors' remuneration in Europe and on the PPP experiences and kindly invited the delegates to provide answers as soon as possible.

Concerning the visit to the Commissioner for Health, Joao De Deus recalled the fact that Commission's powers in the healthcare area are limited because healthcare is one of the domains where Member States act as the main decision-makers. He also mentioned that, during the meeting, he had put forth some major AEMH's concerns (i.e. continuous professional development and patient safety).

9) EU Policy Agenda

a) Lieve Jorens - Joint Action on Health Workforce Planning and Forecasting

[JA-EHWPF](#)

Lieve Jorens presented the Joint Action on Health Workforce Planning and Forecasting project (see above presentation).

She underlined the fact that the European Commission does not have powers to organize the work of the health force in Member States but it may only enable Member States to better do the work; the project aims to have a better view on this mobility trend so that they better deal with this issue. Raymond Lies said it was a good idea that AEMH or FEMS joins be part of this project.

João De Deus pointed out that the diagnosis of the workforce is needed first, followed next by planning. He also inquired about the outcome of the project.

Lieve Jorens said that some countries already have the diagnosis, but there are others which have not started to do it yet. For the workpackage 4, the data is needed; workpackage 5 follows next (i.e. the quantitative methodology); workpackage 6 is the highest level; the project has various levels, addressing different Member states which are at various level.

b) Health workforce / Medical Demography (Jean-Paul Zerbib)

[F14-057](#)

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

Jean-Paul Zerbib highlighted the latest findings of the COFIL meeting (see report). Nevertheless, he was not allowed to reveal the conclusions of this meeting, since they were still preliminary. He could only mention the French situation (since the results for France were already made public) and according to which 24% of the doctors working in France are not French; they come from the European Union or they have an EU diploma / diploma obtained outside the EU.

Enrico Reginato took the opportunity to recommend a study done by the European Observatory on Health Systems and Policies on the "Health Professional Mobility and Health Systems" (available at the following link: http://www.euro.who.int/_data/assets/pdf_file/0017/152324/e95812.pdf)

João De Deus suggested that countries that are not represented in FEMS but are members in other EMOs (such as AEMH, CPME, UEMO) could answer this questionnaire so that a larger view on Europe is obtained.

c) Update on CEN standardization in aesthetic surgery - Romuald Krajewski (UEMS)

[NEN appeal against the ratification of EN 16372](#)
[2nd Working Draft WI00403002 "Aesthetic medical services"](#)

(Romuald Krajewski was excused).

Enrico Reginato said that the issue of standardisation was also raised at the EMO presidents' meeting. Thus, the generally agreed opinion is that it is not possible to impose standards in healthcare. When the CEN decided to standardize aesthetic surgery, two problems arised:

1. Why putting standards in healthcare?
2. Who is CEN to impose standards?

Birgit Berger said that CPME has been following the standardization process quite closely. It is quite difficult to follow this process as CEN makes its own decisions and it is difficult to influence it from outside; CEN is a private organization, with quite non-transparent and undemocratic rules especially for other organization that may intervene in the process. CPME together with all other EMOs had been trying to approach the Commission (DG Industry) regarding this process, but without much success. It is the health ministries (in France and Germany, for instance) that are more open to the issue and they have been contacting the Commission concerning CEN activity, as the latter is partly funded by the Commission. The pressure work needs to continue, all delegates are invited to raise awareness with their national ministries so that the Commission is further pressured to take action. There are various letters by the EMOs to be addressed to the Commission that will be further discussed at the EMOs presidents' meeting (Sunday, 12 October).

Katrin Fjeldsted also pointed out that it is only doctors that may standardize medical services, not CEN or other such organisations that are not scientific. Doctors already have their own standards and guidelines that need to be send to the Commission so that they realize no more standardization is needed.

Mathias Maucher insisted that the current use of the terms "standards/standardization" at the European level is quite dangerous, it is one thing to talk about standards in the medical profession and the other thing to talk about minimal requirements in view of accreditation (for instance of a hospital or of social services). He pointed out that EPSU fully supports CPME and other EMOs in their current lobbying work towards the EC in this particular issue.

Lukas Stärker pointed out that his organization is strictly against standards and consequently in conflict with the Austrian Government as well as with the Austrian Standards Institute. He insisted that it is a two-fold political action that needs to be taken: at the national and the European level. The whole point is to make the medical profession controllable, which is why doctors need to remain independent.

d) European Working Time Directive (EWTD 2003/88) - Mathias Maucher (EPSU) – [EPSU Briefing note and survey](#)

EWTD questionnaire [F14-051](#)

Before passing the floor to Mathias Maucher, Enrico Reginato informed about the Italian situation: as in Italy, the Directive was primarily not enforceable for hospital doctors, due to the lobbying work of ANAAO, the Italian Government was subsequently faced with the infringement procedure from the part of the European Commission and was further fined by the European Court of Justice for not enforcing the Directive to hospital doctors.

Next, Mathias Maucher gave an update of the situation of the European Working Time Directive (see report attached)

Claude Wetzel thanked Mathias Maucher for having eventually accepted FEMS under the EPSU umbrella as well as for the good cooperation between the two organisations. He highlighted the fact that, in France, 30% of the on-call resident duties (“les gardes”) were changed to non-resident (“l’astreinte”) triggering money gain for hospital but money loss for doctors.

João de Deus highlighted the fact that the “on-call” time in the hospital should be clearly considered as 100% working time; since EPSU does not yet have a position on the stand-by-time at home, Dr de Deus suggested the Portuguese model; thus, in Portugal the on-call time at home counts as 50% working time and it therefore values half-payment (as extra-payment). On-call duty at home is only performed with the doctor’s agreement. Concerning compensatory rest, 2 trade unions (SIM and FNAM) are currently trying to negotiate clear rules with the ministry.

Lukas Stärker pointed out the fact that the reason behind placing EWTG back on the agenda is money; many hospitals belong to the public sector and the main share of the hospital costs are staff costs. He insisted that inactive time should not be accounted for by the labour law but by the hospital management; there cannot exist “inactive time” for a doctor while she/he is in the hospital. He inquired what FEMS was planning to do in order to influence the politicians at the European level so as to prevent the changing of the EWTG.

Enrico Reginato reassured that FEMS would continue its lobbying activity at the European level; nevertheless, he suggested that FEMS drafted an official position on the EWTG to use it in its lobbying activities.

Paul Chauvot gave the example of a shop assistant: should she/he only be paid when there is a customer all the time? Or a policeman only when he is in an intervention in the street? Or a fireman? It is similar for doctors, they should be paid only when they are near the patients’ bed?

Jean-Paul Zerbib suggested FEMS should be more proactive, not only reacting to various documents and positions of politicians.

Martin Engel suggested FEMS paid more time to produce an adequate lobbying and influencing strategy.

e) Thomas Zilling (AEMH) Professional Qualification Recognition Directive ([ED 2013/055](#))

Thomas Zilling recalled the Varna joint FEMS/AEMH meeting, where a working group debated the [Green Paper on the modernization of the Professional Qualifications Directive \(Green Paper – COM\(2011\)367\)](#). The new directive (2013/55/EU, amending Directive 2005/36/EC) was adopted on 20 November 2013. One issue of interest is the introduction of the European Professional Card, not affecting doctors significantly, but other medical professions (i.e. nurses). The new directive also introduces a European Qualification Framework allowing Member States to integrate the Bologna Process. One controversial issue in the new Directive is, however,

Continuous Professional Development. The choice of the word is unfortunate, it should be “continuing” and not “continuous”. There are countries in Europe where CPD is mandatory by law, but not necessarily with a better impact on the patient. Dr Zilling further informed on the [CPME mapping study](#) of the CPD situation across Europe. He pointed out that it is difficult to have a pan-European CPD system, as systems in the different Member States are very different. He informed that AEMH would put forth a proposal to the EMOs presidents’ meeting to organize a conference with the support of the European Commission having as target the agreement upon a common statement on CPD regulation, along the model of the conference organized by CPME in Luxembourg in 2006.

João de Deus insisted that CPD is a crucial issue for the medical profession and it should be a major concern for all EMOs. CPD should be regulated inside the medical profession and not externally, by politicians or other decision-makers. The EMOs should together draft a common document on CPD and present it to the European Commission.

Thomas reiterated the fact that financing CPD is a problem in every country and introducing mandatory CPD by law may not be the solution.

Christiaan Keijzer pointed out that in the Netherlands, the situation is regulated by the professionals themselves; also in the collective bargaining system, there is time allotted to CPD as well as budget, therefore a solution exists. He offered to assist with information in case others are interested to have a similar solution.

f) Italian obstacle to free circulation of doctors (Enrico Reginato)

[F14-047](#)

[F14-048](#)

Enrico Reginato presented the Italian situation (see attached documents). He suggested more pressure and lobbying work should be done on the European Commission in order to obtain a solution to the Italian situation.

g) Expert Panel on Effective Ways of Investing in Health (EXPH) (Enrico Reginato)

Public consultation on Preliminary Opinion: [Future EU Agenda on quality of health care with a special emphasis on patient safety](#)
(http://ec.europa.eu/dgs/health_consumer/dyna/enews/enews.cfm?al_id=1520)

Enrico Reginato informed on the EC consultation on quality of healthcare; FEMS responded to the questionnaire, but as the consultation was still going on, there were no final results. Information will be provided as soon as it becomes available.

Bojan Popovic pointed out that the consultation document referred to two levels of quality: how the service is provided and the accessibility to the health services.

He also made an overall point as far as the subsidiarity principle and healthcare at the European level: thus, part of healthcare can be regarded under the principle of subsidiarity as a service of general interest (at the national and further to the regional level). On the other hand, there is cross-border healthcare provision, which points to the free movement of workers, patients, services and goods. This level points to the EU intervention in healthcare, as there are aspects that surpass the national level. So, the approach to healthcare is twofold: healthcare as service of general interest (=subsidiarity) and provision of a healthcare as a service (=EU level). Further on, healthcare is more than providing to the individual patient, it is about providing to the population as a whole; if we are just focusing on the individual relation doctor-patient, we won’t be able to

have a constructive contribution in the dialogue with the EU. He further recommended reading and interpreting the document of the consultation as a whole, more than reading and interpreting individual lines and paragraphs.

h) Representativity to sign collective agreements (Romania, Croatia, Slovakia) – proposal for a draft law on representativity [F14-045](#)

Liviu Radu briefly presented the Romania situation and advanced the proposal of drafting a law on representativity (see the attached document).

Bojan Popovic informed that the same situation was valid for Slovakia, Croatia and even Slovenia. One thing came clear after the revision of various ILO documents on social dialogue and the right to bargain as well as ILO and overall jurisprudence: any group (either majority or minority) has the right to negotiate. Nevertheless, distinction has to be made between the right to negotiate (which is guaranteed) and the power to negotiate (which is not guaranteed). The problem arises at the latter level, as the national ministries often refuse dialogue with doctors. There are no clear rules about how many professional collective agreements may exist and who may have his own collective agreement or not. In some countries, there is only one collective agreement, but in others in which doctors are a minority, therefore it is not possible to have a single collective agreement; further on, there are countries with one trade union and countries with more trade unions and confederations of trade unions. He suggested that the successful approach should be specific to each country, as each country has its own specificity.

João de Deus insisted that doctors are the spinal cord of the health system and it is not the percentage of doctors that should be measured but their importance. It is in this respect that FEMS (as well as the national organisations) should influence at the national level, by highlighting the importance of doctors within the healthcare system.

Claude Wetzel recommended the Romanian colleagues to correct their document before addressing the government; thus, Directive 2001/19 (article 51) is no longer in force, but Directive 2005/36.

Mathias Maucher suggested approaching DG Employment from the European Commission rather than DG Health in this particular matter. He also suggested appealing to the ILO court, by the Romanian and the Croatian trade unions.

i) Update on TTIP (Enrico Reginato) [F14-050](#)

Enrico Reginato summarized the main points of the document.

He concluded that FEMS should draft a document requesting that the health sector is left out of the TTIP.

Katrin Fjeldsted suggested that CPME and FEMS joined forces on the TTIP matter, as CPME had also been working on the issue.

Enrico Reginato also suggested TTIP should be approached in the EMOs Presidents' meeting.

Enrico Reginato and João de Deus said a draft documents should be elaborated in the EMOs Presidents' meeting and further presented to the national organisations. This document should be used to put pressure on politicians.

Birgit Berger reminded that TTIP negotiations should end by November, so rapid action was needed. She informed that CPME would present a [document on TTIP](#) at its general assembly in November and that the EC had just decided to make the documents public about the TTIP negotiations.

Mathias Maucher said it was rather urgent to have a position and EPSU was ready to exchange with FEMS and CPME their document.

Bojan Popovic again pointed out the distinction between health services and health care. From the viewpoint of the insurances, it may not be a good idea, even for healthcare professionals, to have private monopolies on their territories. Maintaining monopolies means maintain profits. He insisted that healthcare and health services are clearly defined.

j) EU trends and policies update

Enrico Reginato informed on the latest development at the EU level (see [document](#)), with particular emphasis on the means to get one's voice heard at the level of the European institutions (i.e. Solvit, JAHWPF, Your Voice in Europe, the Petitions Committee of the European Parliament, European Network of Medical Competent Authorities, Healthcare Professionals Crossing Borders).

10) Update EMO activities and collaboration

a) João de Deus (AEMH) briefly informed on the AEMH activities occurring in the past year (see report attached). He also recalled the conference organized on the occasion of the Action Day in Lisbon (by the Portuguese Medical Association, FNAM and SIM). He eventually reiterated AEMH's will to have strong cooperation with all other EMOs, in view of sharing common positions about health in Europe. He also informed about the 2015 second Joint GA AEMH/FEMS, following the success of the 1st joint meeting organized in Varna (2012).

[AEMH 14-057](#)

b) Katrin Fjeldsted (CPME) thanked FEMS for the invitation to this anniversary General Assembly. She recalled the long history of collaboration between CPME and FEMS. With 33 countries with member or observer status, CPME currently has strong links with FEMS, including shared offices. CPME is attempting to be both proactive and reactive as to European developments, trying to influence the EU decision-making process. Among the issues that it tackles, one may count patient safety, health threats across borders, the dialogue with patients, health literacy and patient empowerment. She highlighted the successful work of CPME as to the Tobacco Products Directive. She also mentioned CPME efforts to combat the standardization of the medical profession, especially when coming from a private, non-medical body (CEN). She informed that CPME is leading the consortium on mapping CPD for the healthcare profession across Europe. The CPME is also involved in the work of the Joint Action of Health Workforce Planning and Forecasting. She highlighted the importance of reminding policy makers that the health workforce is a fundamental variable to be considered. CPME believes that the patient safety and quality of care can only be safeguarded if the medical profession in all member states

has access to the best possible training, can rely on safe working conditions and is adequately staffed. Cross-border mobility should be facilitated for the benefit of individual doctors and the profession as a whole, but it may not be instrumentalized as a policy tool to respond to economic or infrastructural deficiencies.

c) Carsten Mohrhardt (EJD) thanked for the invitation. He gave the latest updates as to EJD developments; thus, he announced that Sweden had recently joined EJD; he also informed that former Commissioner Laszlo Andor was present at the EJD meeting in Debrecen to talk about the European Working Time Directive, an issue where EJD continues to be very active. EJD had made an internal survey showing that the EWTD is technically implemented; despite this situation, it is not always respected. EJD held a forum in Ljubljana with the Slovenian junior doctors, whose outcome was a motion on the postgraduate education. EJD started new projects, among which one on evaluating the situation of the maternity leave and pregnancy, as this has become a topical issue for the junior doctors, with an increasing number of female doctors.

d) Hajnal Ferenc (UEMO) thanked for the invitation in the FEMS GA. He informed about the latest UEMO activities, thus pointing out to the main concerns of the organization. Thus, UEMO functions in the working group system together with the general assemblies. The topics of the working groups are the specialist training, CME/CPD, GPs preventive activities, health competencies, patient safety. One ad-hoc working group deals with whatever new challenges may arise.

UEMO has started a new working approach, more focused on projects. UEMO is also part of the JAHWPF; it has also attempted to set up a working group on communication in order to achieve better visibility, inside and outside the medical world.

Hajnal Ferenc informed that UEMO was invited in the last European Health Forum Gastein, where it joined the panel on personalized care.

He also informed that UEMO publishes a monthly bulletin with interesting information especially related to the EU institutions and health workers. He also recalled that France re-joined UEMO.

11) Financial Report - art. 8 of the Statutes (Paulo Simoes):

a) Draft Budget 2015

[F14-069](#)

Paulo Simoes presented the financial situation of FEMS as it was available at 31 August 2014. He informed that there were more expenses under the GA budgetline, due to the Paris meeting, but less expenses in board meetings, EMOs meetings, other meetings and congresses, presidency phone calls and internet; less was also spent for the website. The treasurer also highlighted the difficult communication with the bank but also the difficulty to change the current bank. Efforts will be made to improve the communication (i.e. online bank statements etc.).

Concerning the budget for 2015, the treasurer announced that there would be no increase in the membership fees for the following (i.e. 0.65 EUR per declared member). The budget presented did not contain the member to be from the Netherlands (LAD), so it may be subject to change function of the number of members LAD declares and the subsequent membership fee. The 2015 will foresee the same amounts for technical equipment in GAs, board meetings interpretation and EMOs meeting. The increase in the GA expenditure was due to the fact that Paris is an expensive venue, which was nevertheless chosen to mark the 50th anniversary in the place FEMS was established. The situation of the Domus Medica remains unclear for the moment, therefore, a precise prevision of the secretariat expenses cannot be made. More money were also foreseen for

more promotion activities in 2015. There is already a surplus in the budget, to which the LAD contribution would add.

Enrico Reginato insisted that it is necessary more money should be allotted to promotion activities (i.e. promotion materials, such as flyers, as well as lobbying meetings in Brussels), especially that the website budgeline has seen a significant surplus.

João de Deus said FEMS/AEMH should wait for the financial conditions for the Domus Medica in order to take an appropriate decision. Should the price be significantly higher in the Domus Medica, the joint secretariat will remain in the premises of the CPME.

Enrico Reginato also pointed out that any decision depends on CPME decision to relocate or not.

Lukas Stärker insisted the budget was sent out too late and that it should have been sent prior to the General Assembly so that the delegates should have more time to analyse it.

Paolo Simoes explained that there was missing information about fee payment, which was further delayed by the difficult bank communication.

Jean-Paul Zerbib insisted FEMS needed to take a decision on the Domus Medica, as this decision will have an impact on the FEMS budget.

Enrico Reginato said that there might be more information available on the Domus Medica prior to the Vienna General Assembly, so that a decision on this matter should most probably be taken there.

Bojan Popovic submitted the draft budget to vote; the draft budget was adopted with one abstention.

Bojan Popovic informed that a proposal for a motion on the EWTD was drafted and he invited the delegates to read it so that it could already be approved by the GA. The draft text of the motion was debated, modified and adopted in a final form (see attached). [F14-073](#)

Enrico Reginato suggested that the text of the motion should be translated into the various languages of the delegates and submitted to the national ministries. He informed that FEMS would send it further to the European Commission and Parliament.

12) National Healthcare situation reports (round table)

Austria	F14-062	The Netherlands (LAD)	F14-066
Bulgaria (BgMed. Ass.)	F14-058	Poland (OZZL)	
Croatia (HLS)	F14-067 EN + FR	Portugal (FNAM)	F14-056 EN + FR
Cyprus (Turkish) CTMA	F14-064	Romania (CFSMR-RTUFP)	F14-059
Czech Republic (LOZ)	F14-065	Slovakia (LOZ)	F14-072

France (SNPHARe)	F14-061 EN + FR	Slovenia (FIDES)	F14-054
Hungary (MOSZ)	F14-060 EN + FR	Spain (CESM)	F14-068
Italy (ANNAO-SNR-AAROI)	F14-063	Turkey MedCham Istanbul)	F14-070

The delegates briefly presented their national updates (see reports).

The Romanian delegation submitted an invitation to organise the 2016 autumn meeting in Cluj-Napoca (Romania).

Ryszard Kijak informed that they Poland was still facing problems with the reimbursement law; doctors' salaries in Poland remain low and the the healthcare system needs a deep reform. The Polish organisation has provided a proposal to the Health Ministry in Poland, which was not taken into account.

Christiaan Keijzer suggested one of the reasons LAD entered FEMS was to see whether they may provide any assistance to FEMS members so he advanced it to whoever is requiring it.

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

- a) Request for CEMS (Spain) to start a Working Group on European Minimum Standards for the medical profession.

Albert Tomas i Torrelles presented FEMS a proposal to start a working group on European minimum Standards for the medical profession.

Enrico Reginato welcomed the proposal and applied to be a member of this working group; he also invited others to consider participating and suggested a program is drafted for it.

Aranzazu Albasa Peres said CEMS was advancing the proposal so that it may be discussed in the next FEMS General Assembly. She also suggested the Spanish delegates write the guidelines this working group and send it to the FEMS secretariat.

14) Application for Observer status / Membership

- a) Application of the Cyprus Turkish Medical Association as full member [F14-049](#)

Filiz Besim (President of the Cyprus Turkish Medical Association) shortly presented the Cyprus Turkish Medical Association and its activities. Then, she invited FEMS to hold its spring 2016 General Assembly in Turkish Cyprus.

The General Assembly approved the acceptance of the Cyprus Turkish Medical Association as full member of FEMS with 3 abstentions and 1 vote against.

- b) Application of LAD (the Netherlands) for full membership [F14-053](#)

Christiaan Keijzer (President of LAD) shortly described LAD, as the only trade union in the Netherlands, a very large organisation that is expected to grow in the following years. He pointed out

that he found FEMS meetings quite informative for his organisation and expressed hopes of further cooperation with FEMS.

The General Assembly unanimously approved the acceptance of LAD as a FEMS full member.

15) Next FEMS Meetings

- a) January/February 2015 FEMS Board meeting (to be confirmed)

Enrico Reginato proposed 14 February as a date for the joint AEMH-FEMS board meeting, to be held in Florence (Italy).

João de Deus said he needed to discuss the proposal internally within the AEMH board.

Pavel Oravec suggested organising the board meeting in Brussels rather than Florence, so that the board members may visit Domus Medica on this occasion.

- b) 8-9 May 2015 Joint FEMS-AEMH meeting Vienna

Lukas Stärker briefly informed on the venue and program of the Vienna General Assembly that will be organised by the Austrian Medical Chamber, reuniting AEMH, FEMS and EJD delegates.

- c) 9-10 October 2015 FEMS GA Krakow
d) Spring 2016 meeting, call for invitation

The Cyprus Turkish Medical Association invited FEMS to hold its spring 2016 GA in North Cyprus.
RFCPTU-CFSMR (Romania) invited FEMS to hold its autumn 2016 meeting in Cluj-Napoca (Romania).

16) Other Meetings

[International EMOs' Calendar](#)

17) Any other business

- a) 3rd Vice-president of FEMS

Enrico Reginato highlighted the fact that since FEMS is growing, more lobbying activities are needed as well as more coverage across Europe. Therefore, also taking into account the model of AEMH board, he suggested creating the position of a 3rd vice-president.

Martin Engel said he did not consider the creation of a new position useful, since the first and second vice-president as well as the vice-secretary general are not very active.

Bojan Popovic said no action could be taken as there was no official demand to modify the statutes; he recommended that more discussion on this topic may be further conducted in the Vienna General Assembly.

N.B.: participation in votes requires the payment of the contribution of 2014 (article 12a of the Statutes).

Enrico Reginato thanked the delegates and guests for their participation. He again expressed thanks to the organizers (FPS) for their work in holding FEMS GA in Paris.