

**Bojan Popovic, Secretary General** 

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Title:	Draft Minutes FEMS Board Meeting Florence 14 <sup>th</sup> February 2015		
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# Thursday 14<sup>th</sup> February 2015 09:00-12:30

**Venue:** Hotel Residence Palazzo Ricasoli- Via delle Mantellate 2 – 50129 Florence Tel: +39.055.352151, <a href="http://www.hotelricasoli.it/">http://www.hotelricasoli.it/</a>

- 1 Introduction (E. Reginato)
- 2 Roll call (B. Popovic)

All Board members were present.

# 3 Approval of the Agenda of the Board meeting (B. Popovic) F15-001 No new proposals to the Agenda. The Agenda was unanimously approved.

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

The minutes were unanimously approved.

F14-074

## 5 FEMS President's report (E. Reginato)

5.1.1 18/11/2014 Brussels TTIP Meeting, European Parliament

Not much is known because the negotiations are confidential. Public services will probably be excluded from TTIP scope. During the meeting, E. Reginato pointed out that healthcare services are regarded as a market activity in the USA and not in the EU. CPME promised to elaborate a common document expressing the view of European doctors that we want the healthcare services to be excluded from the TTIP scope.

5.1.2 04-05/12/2014 Meeting of the <u>Joint Action on Health Workforce Planning and Forecasting project</u>, Rome - <u>http://euhwforce.weebly.com/141204-joint-event-rome.html</u>
In Italy, 10.000 graduates are expected each year but only 5000 can be accepted for specializations.

## 5.1.3 06/12/2014 CEOM meeting, Rome

The meeting was about the medical responsibility. Reginato said that we have already done; it is enough to look at the ANAAO website. There are 3 different approaches in Europe concerning this topic. The most favourable is in Scandinavia. The next is mediation like it is practiced in Germany. In Italy, the process of law is very slow, so this problem is not properly addressed.

5.1.4 14/01/2015 EMOs meeting on CPD Conference, Brussels

Another meeting will be organized by EMOs. T. Zilling is working on this topic. Prof. Grant is going to be invited again. The problem is funding. CPME is looking for sponsors.

## 6 Report of the 1st Vice-President (P. Oravec)

He opened the discussion of the point 11 of the agenda.

# 7 Report of the 2nd Vice-President (S. Dalkilic)

The GA of Paris was a success, almost everybody was satisfied.

He suggested the idea of the 3<sup>rd</sup> Vice-President which was supported by E. Reginato. In Reginato's view, this would make people more interested for the FEMS work. Apart from that, this proposal is a logical consequence of FEMS enlargements, especially if some large organizations are expected to join.

B. Popovic, on the other hand, said that there is not so much work for the Board and that 6 people can handle it. After all, the Board manages mostly the operations of FEMS, while the elaboration of policy documents is a task for WGs. Board is not a kind of a permanent WG. Regarding the problem of the enlargement by great organizations, in his view it is more important to limit the number of votes by one organization. Oravec, Simoes and Urban expressed their scepticism towards the 3<sup>rd</sup> president, too.

**Conclusion:** B. Popovic will prepare a proposal for a modification of Articles of Association to limit the maximum voting rights and membership fees to 20% of all votes and all membership contributions. The proposal for a 3<sup>rd</sup> Vice-President was not supported.

# 8 Report of the Secretary General (B. Popovic)

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

The elaboration of a draft law is a too huge process for an organization like FEMS. But what we can do is to support the delegations to improve their position within their countries and to encourage them to get the good negotiations skills.

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

There are problems to implement the cross-border patients' rights directive because the queues for the reimbursement are longer than any queue in Poland.

Another problem is the privacy of the cancer patients with the "green book" which enables them a priority treatment.

In OZZL, they introduced a network of lawyers who can be consulted on 24 hr. basis.

#### 10 Report of the Treasurer (P. Simoes)

10.1 Draft Budget 2015

He didn't receive the data yet so bring the precise figures.

F14-069

## 11 Update on actions of the working groups and delegations

- 11.1 On-site survey concerning doctors' remuneration systems in Europe <u>F14-043</u>
- 11.2 On-site survey on trade unions <u>F14-042</u>
- 11.3 Working group on European minimum standards for the medical profession (Dr Albert Tomas i Torrell)

There was a discussion on the lack of responses as a common problem of all surveys. B. Popovic pointed out that the problem is also the fact that surveys are not understandable for all and that the delegations sometimes have neither data needed nor the motivation to respond. In his view, it is better to collect data through the activities of working groups and through a more strategic planning of the WG composition.

E. Reginato said that the surveys data are valuable since they can be used as a tool for the delegations for their negotiations on the national level, as well as for planning future FEMS activities.

# 12 FEMS enlargement

No discussion on the topic.

## 13 Next FEMS General Assemblies

- 13.1 8-9 May 2015 Joint FEMS-AEMH meeting Vienna
- 13.2 9-10 October 2015 FEMS GA Krakow
- 13.3 Spring 2016, North Cyprus (dates to be confirmed)

No discussion on the topic.

# 14 Next FEMS Board meetings

- 14.1 7 May 2015 Vienna (9.00-12.30)
- 14.2 8 October 2015 Krakow

No discussion on the topic.

# 15 Meeting Calendar

Date and place	Event	Attendance FEMS
7-9 May 2015 Vienna (Austria)	AEMH-FEMS-EJD Joint	
	Meeting	
10- 11/04/2015 Brussels (Belgium)	UEMS General Assembly	
15-18/04 2015 (Oslo, Norway)	WMA Council meeting	
22-23/05/2015 Reykjavik (Iceland)	CPME Working Groups,	
	Board and GA	
2015 Norway	EJD Autumn Meeting 2015	
9-10 /10/2015 Krakow (Poland)	FEMS Board and GA	
14-17/10 2015 (Moscow, Russia)	WMA GA	
16-17/10/2015 Warsaw (Poland)	UEMS General Assembly	
30-31/10/2015 (Brussels, Belgium)	CPME meeting	

No discussion on the topic.

# 16 Any other business

16.1 EPHA membership

The topic was not discussed.

# 7<sup>th</sup> JOINT AEMH – FEMS Board Meeting

14:00 - 17:00

João de Deus welcomed the participants (AEMH and FEMS) and also the EJD President, Carsten Mohrhardt.

# 1. Approval of the Agenda

Vlad Tica added to point 2 the conference on Clinical Leadership (7 May, Vienna). The elaboration of a letter of support for the doctors in Camp Liberty, Iraq, was also added to "any other business".

## 2. AEMH-FEMS bilateral Collaboration

- Common secretariat
- Domus Medica João de Deus informed that the AEMH board decided to maintain the physical secretariat within the CPME premises, due to space/financial considerations. Enrico Reginato agreed that the joint FEMS/AEMH should not be relocated to Domus Medica.
   Carsten Mohrhardt informed that EJD will also have its registered office within CPME premises.
- Joint General Assembly 8-9 May 2015, Vienna, Austria

**AEMH 14-063** 

The document was revised as attached.

João de Deus suggested the FEMS working group should start in Vienna, debate on what it should be taken further by the two organisations; next, it can be taken further by FEMS in the autumn GA.

João de Deus informed that a first draft of a motion on EWTD was sent by Carsten Mohrhardt. Carsten Mohrhardt suggested that the document should be distributed within the three organisations, following that remarks and comments should be collected until 15 April at the latest.

Vlad Tica explained that the idea behind the AEMH conference in Vienna is that clinical leadership should be a process in time. He informed that the conference will take place between 14.00 – 18.00/18.30 and that AEMH has been attempting to picture a logical curriculum for it. He said that it would be a good idea to have speakers from both EJD and FEMS covering one slot of the conference schedule and encouraged them to designate their representatives by the end of the following week.

Enrico Reginato and Carsten Mohrhardt agreed to this principle.

Vlad Tica further suggested that a common statement on Clinical Leadership be prepared during the conference to be further used by the three organisations. It was established that the draft proposal should be written by the presidents of the three organisations.

João de Deus agreed to start drafting the common statement.

#### 3. EMOs Collaboration

EMO Presidents' Committee Paris – minutes of the meeting (for information) EMO Presidents' Committee Vienna – proposal for the agenda Issue not addressed CPD Conference in Luxembourg (December 2015)

Thomas Zilling updated on the CPD consensus statement and on the CPD taskforce meeting in Brussels (14 January).

AEMH 15-002

## 4. Update on respective activities

- AEMH
- FEMS

## 5. European Affairs

**Update February 2015** 

a) Implementation of the Patients' Rights Directive Issue not addressed

#### b) EWTD

The public consultation currently under way as far as the revision of the European Working Time Directions was mentioned (deadline for providing answers until 15 March 2015). AEMH will respond.

- c) TTIP Enrico Reginato will prepare a document on a common position on TTIP in the idea of keeping the health services out of the TTIP; the document will be distributed for comments and sent out before the GA in Vienna
- d) Professional Qualifications Directive Issue not addressed.
- e) Reform of the European Standardisation System Issue not addressed
- f) Health Workforce

Enrico Reginato informed about his participation to the Joint Action on Health Workforce Planning and Forecasting meeting in Rome (December 2015).

# 6. Any other business

It was decided that a draft joint AEMH-FEMS letter of support for the doctors in Camp Liberty will be circulated for approval and further sent to the representatives of the European Commission, United Nations and Iraqui Government, along the model followed by CPME and UEMS.