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## FEMS General Assembly

### 2<sup>nd</sup> Joint Meeting AEMH – FEMS

Friday 8 May 2015 09:00 – 18:00

Saturday 9 May 2015 09:00 – 13:00

*Venue: Hotel Savoyen, Rennweg 16, 1030 Vienna*

**FRIDAY 8 May 2015, 9:00 – 18:00**

**9:00 – 10:30 Joint General Assembly AEMH – EJD – FEMS; Chair Harald Mayer, Vice-President, Austrian Medical Chamber, Chairman of the Federal Body of Employed Doctors**

#### **1. Welcome addresses: Harald Mayer, João de Deus, Carsten Mohrhardt, Enrico Reginato**

Harald Mayer welcomed the participants to the Joint General Assembly, the first to reunite AEMH, FEMS and EJD. He said that the common topic of the meeting would be the European Working Time (Directive) and announced that the three organization would adopt a joint statement on this issue. He also expressed his thanks to the Austrian Minister of Labour, Social Affairs and Consumer protection for attending the event.

João de Deus thanked the Austrian organisers for hosting the event and wished the participants a successful meeting.

Enrico Reginato also thanked the Austrian organisers as well as the Minister for being present to the meeting. He welcomed the idea of having a joint meeting among the three organisations, as they have many things in common. He welcomed the representatives of other EMOs attending the event.

Carsten Mohrhardt expressed his thanks to the hosts and highlighted the importance of the topic commonly discussed – the working time.

#### **2. Keynote speech of Rudolf Hundstorfer, Austrian Minister of Labour, Social Affairs and Consumer Protection**

The minister welcomed the participants to the meeting.

He informed about the recent reforms of the Austrian working time regime for doctors. As of 1 January 2015, important amendments to the Austrian hospital working time act took effect. Thus, the average working time week was limited to 48 hours and the maximum duration of individual shifts was reduced to 25 hours. He recalled the history of this process, highlighting the difficulties to

reach a balance between a quality healthcare for patients and appropriate working hours for the medical staff. The hospital operators resisted the introduction of an unified system, invoking incompatibility with hospital management and rising costs, a position extensively communicated through the media. The federal organisation of the country proved to be an additional problem as to the reform of the working time. It eventually proved that the Austrian law was incompatible with the European Working Time Directive, imposing a maximum of 48 hours / week, including periods of on-call duty. After the legal action taken against the Austrian State (2013) and rounds of talks of hospital operators (2013) and due to the joint efforts of the Ministry and the Austrian Medical Chamber, the new law was successfully implemented. One significant aspect that needed to be addressed during the process was the fact that some hospital operators wanted to implement the so called “opt-out” clause on a permanent basis, meaning that they were allowing doctors to individually accept long hours. The voluntary extension of the workign time may be dangerous as to the protection of health and safety at work. Nevertheless, due to the shortage of doctors, a temporary acceptance of the opt-out clause was permitted until 2017 (i.e. an average workign week of 60 hours, provided that the employer and workers’ council have agreed, followed by 55 hours until 2021). A number of measures were taken to ensure that the opt-out was not abused. Thus, the agreement to work long hours must never be a pre-condition for employment; doctors are also allowed to give up their committment to work long hours under certain conditions. Finally, a register containing all those committed to long hours must be made available to labour inspectors. As far as the maximum working hours per shift, the gradual system was also allowed: thus, the current maximum duration (32 hours) will be allowed until 2017, when it will be further reduced to 29 until 2021. From 2021 the 25-hour limit will apply.

The new Austrian law also foresees a rest period of 23 hours to immediately follow the 25-hour shift.

Adequate adjustments to the salary schemes of doctors following the reduction of the working time have been identified in most Austrian regions. The minister expressed confidence that the rest of the regions will also come up with satisfactory solutions. A further model of a maximum 13-hour working day is to be considered for the future.

The minister also said that the new rules will, in his opinion, help ensure acceptable working conditions for the Austrian hospitals, maintain a high quality of health care and motivate young doctors to stay in the country.

Enrico Reginato asked the minister whether he considered necessary to have supranational rules (i.e. at the level of the EU) regulating the healthcare provision in Europe.

The minister pointed out that the real question with the EWTD is that of the opting-out (permanent or limited). Austria will have an opt-out of 6 years, but no more. He said that it is impossible to have the same rules among all the EU member states.

João de Deus asked whether the Austrian hospital may decide autonomously on the opt-out.

The minister pointed out that the law is the same for all Austrian hospital, with 2021 being the last year for the opt-out for all hospital, no matter the system they are part in (private, municipal, church, regional).

### **3. Hrvoje Vrazic, EJD Vice-President, [EJD survey on the European Working Time Directive \(2003/88/EC\)](#)**

Hrvoje Vrazic presented the results of the EJD survey on the EWTD.

Lukas Stärker commented that there are issues at both national and European level that need to be addressed. First, the European decision-making level needs to be influenced (i.e. the EWTD) but, at the same time, since the EWTD needs to be incorporated into the national law, each delegation has to identify the best solutions in view of adopting the Directive.

Carsten Mohrhardt pointed out that there are countries (such as France, Latvia and Lithuania) where junior doctors are technically considered still students, therefore not concerned by the EWTD.

### **4. Enrico Reginato, FEMS President, on EWTD**

Enrico Reginato said that the EWTD should be seen as a tool aimed at improving doctors' working conditions across Europe and hence it should be made best use of at the national and European level.

### **5. João de Deus, AEMH President, on EWTD**

[AEMH 15-042](#)

[AEMH 15-009](#)

João de Deus highlighted the main points of the AEMH response to the EC consultation on the EWTD. Thus, AEMH's answer resembles that of EPSU for the most part, with some exception: the "stand-by" time (which, after the Portuguese example, should be considered as 50% working time and consequently, 50% payment, and not "no working" time, as it is currently the case).

The compensatory rest should occur immediately after the long working time.

Concerning opt-out, João de Deus also pointed out that some answers provided as possible answers within the framework of the consultation are tricky and should be carefully revised. Thus, when saying that "opt-out should be abolished but in compensation there should be additional derogations made available for employers", one should be careful as this may imply not counting on-call time fully as working time.

João de Deus insisted that, alongside with FEMS and EJD, AEMH strongly affirms that the Directive should not be changed.

Enrico Reginato said that, within FEMS/AEMH/EJD, information about the non-enforcement of the EWTD at the national level should be gathered and further presented to the European Commission within a joint appeal.

Lukas Stärker insisted that the idea of inactive periods that do not count as working time is neither new nor original. Thus, if a worker is forced to be at the workplace, then this should be considered as working time, no matter if he or she is actually working.

<b>10:30 – 11:00 Coffee break</b>
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**11:00 – 13:00 Joint General Assembly AEMH – EJD – FEMS; Chair Enrico Reginato**

**6. Mathias Maucher, EPSU - Updates on recent developments around working time and the revision of the WTD at EU-level and next steps** [EPSU response to EC consultation](#)

Mathias Maucher presented the responses that EPSU provided to the EC consultation on the EWTD as well as a comparison of the answers provided by 6 European organisations – EPSU, ETUC, CPME, HOPE, HOSPEEM and CEMR (see the document [EPSU comparison of EC consultation answers](#)).

As Enrico Reginato previously suggested, Mathias Maucher recommended that the European organisations work together in view of providing infringement cases to the European institutions.

**7. Common statement on the European Working Time Directive (2003/88/EC), open debate**  
[Directive 2003/88/EC concerning certain aspects of the organisation of Working Time](#)

The Vienna Declaration was further modified upon comments coming from the delegates. A final form was reached, following that each organization further individually adopts it in their separate General Assembly. [F15-033](#)

**13:00 – 14:00 Lunch break**

**14:00 – 16:00 Common Working Groups**

1. Working group on Clinical Leadership [AEMH 15-020](#)  
Chair Vlad Tica  
Background documents  
[AEMH 10-009](#)  
[AEMH 11-089](#)  
[AEMH 15-015](#)  
[AEMH 15-016](#)  
[AEMH 15-017](#)  
[AEMH 15-018](#)  
[AEMH 15-019](#)
2. Working group Implementation and Access to Online Medical Files [AEMH 15-040](#)  
Chair Anja Ulrike Mitchell [AEMH 15-041](#)
3. Working group on Working Conditions of the European Doctors  
Chair Albert Tomas I Torrelles  
[F15-013](#)  
[F15-005](#)  
[F15-006](#)  
[F15-007](#)

**16:00 – 16:15 Coffee Break**

**16:15 – 18:00 FEMS General Assembly**

**8. Roll call/Right to vote - art. 12 of the Statutes (Bojan Popovic)** [F15-016](#)

**9. Approval of the Agenda** [F15-008](#)

The agenda was unanimously approved.

**10. Approval of the Minutes of FEMS last GA – Paris, 10-11 October 2014** [F15-002](#)

**11. Minutes of the last Board meeting (for information)** [F15-003](#)

**12. FEMS President's activities report (Enrico Reginato)**

Past meetings since Paris

**12.1** 18/11/2014 Brussels TTIP Meeting, European Parliament [F15-021](#)  
[F15-022](#)

**12.2** 04-05/12/2014 Meeting of the [Joint Action on Health Workforce Planning and Forecasting project](#), Rome - <http://euhwforce.weebly.com/141204-joint-event-rome.html>

**12.3** 06/12/2014 CEOM meeting, Rome

E. Reginato explained that the issue of physician's responsibility was discussed.

**12.4** 14/01/2015 EMOs meeting on CPD Conference, Brussels

E. Reginato: the organization of the CPD conference in Luxembourg was discussed, especially because it will be a large meeting, so sponsorships are sought.

**12.5** 13/02/2015 Conference on European Health Systems, Florence [Conference programme](#)

E. Reginato: the conference was organized at the same time as FEMS Board meeting. It was very well accepted, with many participants.

**12.6** 23/04/2015 Meeting of the JAHWPP, London [F15-014](#)

**13. FEMS Activities and concerns**

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

E. Reginato reiterated the problem of non-submitting the replies to the surveys.

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

P. Oravec presented the survey. He has received only 7 replies.

c) EWTD Questionnaire [F14-051](#)

d) Working group on Minimum European Standards – results and future planning

A. Albeza and A. Tomás i Torrell held the working group and would provide the report by the GA in Krakow.

e) Slovak question (Enrico Reginato) [F15-009](#)

f) Vienna declaration [F15-033](#)

During the common meeting, the proposal for the Vienna declaration was elaborated. Part I of it was already approved the previous day, while the split of the part II into part II (clinical leadership) and part III (healthcare workforce) was proposed by EJD and not by any association competent to make formal proposals for FEMS GA. Therefore, part II and part III of Vienna declaration were voted in the FEMS-only session. No discussion followed and part II and III were approved unanimously with the mandate to the President to communicate the decision to the co-signers of the document.

### **Saturday 9 May 2015, 9:00-13:00**

<b>9:00 -11:00 FEMS General Assembly</b>
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#### **14. Financial Reports - art. 8 of the Statutes (Paulo Simoes):**

- a) Closing of accounts 2014
- b) Treasurer report
- c) Internal auditor report
- d) Draft budget 2015

[F15-010](#)

[F15-011 REV](#)  
[F15-011 REV 2](#)

P. Simoes presented the balance sheet for 2014.

R. Waneck said that the auditor's report cannot be submitted because he had no insight into the accounting files. He will go to Brussels before 30<sup>th</sup> June 2015 in order to look into them and then he will send out his report – this is going to happen before the Cracow GA.

J.P. Zerbib and P. Chauvot said that the GA should at least approve the balance sheet provisionally, since under the French law, balance sheets must be final by 30<sup>th</sup> June

B. Popovic said that the balance sheet for 2014 cannot be voted for approval by GA without the auditor's report. Therefore, the voting was postponed to the Cracow GA.

#### **15. Request for Action and Submission of documents for approval by the GA**

- a) Proposal of modifying the FEMS statutes (Bojan Popovic)

[F15-004 EN](#)

[F15-004 FR](#)

B. Popovic presented the proposal to modify the Statutes.

C. Keijzer expressed his opinion that, even with the limitation of the number of members taken into account for votes, the membership fee should depend solely on the number of members, without limits.

C. Keijzer, L. Stärker, K. Kuštrin and S. Urban pointed out that 24% limit is too high and should be lowered to 15% or even 12%.

M. Madureira proposed the limit at 12%. Also she showed herself not in favour of pondered voting as a mechanism.

B. Popovic said that the principle of setting the membership fee is not the statutory matter; therefore, this discussion is irrelevant at the moment. But he warned that large organizations could contribute even up to 2/3 of the whole FEMS income. In that way, even with the formal votes limited, those organizations would have a major impact on FEMS activities.

In C. Keijzer's and C. Wetzel's opinion, this threat can be prevented by the correct financial planning.

After a short Board consultation, the Board modified the proposal as follows, which was approved by the GA unanimously:

### **English text**

#### **Art. 12 – The votes**

Art. 12 – The votes

a. The number of members taken into account for each Association is the average of the last two years, but not more than 14% of the total membership of all Associations. For new Associations, the number is that of the current year.

Only the Associations whose membership fees are up to date are allowed to vote. An Association is considered as being up to date in this regard if it has paid its membership fees for the previous year when the election is carried out during the first six months of the year and the fee for the current year when the election is carried out during the second six months of the year.

b. Each Delegation holds one vote. All decisions are reached by a simple majority vote of the Delegations present or represented. However, when at least two Delegations of different Countries request it, and always in the case of an election, the vote of each Delegation is weighted in accordance with the number of members represented, at the rate of one vote per 200 members or fraction higher than 100. The majority is then calculated according to the number of votes.

c. For elections, the result of the voting is acquired on the basis of the simple majority of present or represented members. If no candidate reaches the required number of votes in the first round, the second round is performed with the two candidates who reached the highest number of votes in the first round. Voting is carried out by secret ballot for elections, or when requested by at least two Delegations of different Countries.

d. A Delegation may give a written proxy to another Delegation. To be valid, all proxies must be transmitted to the Secretary General before the vote. No Delegation may hold over 1/3 of the votes, proxies included.

e. Each Delegation may request that its opposition or abstention be indicated on the minutes and on the resolutions adopted.

### **French text:**

Art. 12 - Votes.

a. Le nombre d'adhérents pris en compte pour chaque Association résulte de la moyenne des deux dernières années, mais non plus de 14% de l'ensemble d'adhérents de toutes les Associations. Pour les nouvelles Associations adhérentes, le nombre est celui de l'année en cours.

Ne peuvent voter que les Associations à jour de leur cotisation. Est considérée à jour de sa cotisation l'Association qui a réglé celle de l'année précédente lorsque l'élection a lieu au 1er semestre et celle de l'année en cours lorsqu'elle a lieu au 2ème semestre.

b. Chaque Délégation dispose d'une voix. Tout vote est acquis à la majorité simple des délégations présentes ou représentées. Toutefois, si au moins deux délégations de pays différents le demandent, et obligatoirement lors d'une élection, les voix de chaque Délégation sont pondérées suivant le

nombre des adhérents qu'elle représente, à raison d'un bulletin par 200 adhérents ou fraction supérieure à 100. La majorité est alors calculée sur le nombre des bulletins.

c. Pour les élections, le vote est acquis à la majorité simple des délégations présentes ou représentées. Si aucun candidat n'atteint le nombre suffisant des voix au premier tour, le deuxième tour est réalisé avec les deux candidats qui ont atteint le nombre le plus élevé de voix au premier tour. Les votes ont lieu à bulletin secret pour les élections ou quand au moins deux délégations de pays différents le demandent.

d. Une délégation peut donner procuration écrite à une autre délégation. Toute procuration, pour être valable, doit être remise au Secrétaire Général avant le vote.

Aucune délégation ne peut disposer de plus de 1/3 des voix, y compris les procurations.

e. Toute délégation peut demander que son opposition ou abstention figure dans les procès verbaux et dans les textes adoptés.

### **16. Next FEMS Meetings**

a) 9-10 October 2015 FEMS GA Krakow

b) Spring 2016, information and updates – dates to be confirmed (Turkish Cyprus)

The date of the meeting was set at 6-7 May 2016 (GA).

c) Autumn 2016, information and updates – dates to be confirmed (Romania)

The date was set at 7-9 October 2016.

### **17. European agenda updates**

[EU Updates May 2015](#)

### **18. Any other business**

**11:00 - 11:15 Coffee Break**

**11:15 – 13:00 Joint General Assembly AEMH – FEMS - Chair: João de Deus**

João de Deus opened the joint session and gave first the floor to the representatives of the EMOs (see point 22)

### **19. Report of the Working Group on Clinical Leadership - Common Declaration on Clinical Leadership for discussion and adoption**

Theo Merholz presented the statement on Clinical Leadership resulted from the Working Group on Clinical Leadership the previous day. [AEMH 15-043](#)

Bojan Popovic pointed out that in a number of countries (Italy, Romania and Denmark), doctors that are in leading positions are less protected by the labour law. The EWTD is, for instance, only covering dependent working relations, and not independent.

João de Deus submitted the document to vote. The document was unanimously approved by AEMH and FEMS delegates.



## 20. Report of the Working Group on Access to Online Medical Files

Anja Mitchell mentioned that it was the first time this working group met, so a revision of the situation in each country on this particular topic was performed by the participants. A huge discrepancy among the countries was noted, as there are countries which have not adopted electronic records yet, while in others, 60-80% of the records have gone Internet based or electronic. Nevertheless, there is a huge political drive towards adopting electronic records in all countries. The next issue discussed was whether doctors should be more involved in this issue, as primary stakeholders. It was noted that doctors were not enough involved in many cases, due to various reasons and that there are other healthcare professionals that need to be involved in the discussion, as well as the patients.

The advantages and challenges of the electronic records were also discussed (insecurity versus accessibility and technical issues).

It is significantly important that doctors are involved in the development of such tools as electronic records, especially as they have a rapid evolution. Based on the Scandinavian document on access to online records, the development of a document accepted by all EMOs is aimed at.

João de Deus fully agreed that AEMH – via this Working Group - should prepare a statement on access to online and electronic files and further look for its endorsement from the part of the other EMOs. He expressed hoped that such a document may be ready within the next GA of AEMH.

## 21. Report of the Working Group on Working Conditions of the European Doctors

Aranzazu Albasa presented the outcomes of the Working Group on the Working Conditions of European Doctors. [F15-034](#)

She encouraged the delegates that have not provided responses to the questionnaires to do so in the near future. The information provided will be further processed. She also mentioned the idea of developing another questionnaire on private practice and how it functions particularly in public hospitals as well as a survey on funding of the national healthcare systems.

João de Deus said it is important that this working group is maintained and further organized within future FEMS GA.

Enrico Reginato congratulated the Spanish delegation for their initiative to organize this working group; he said that before drafting any policy it is important to gather the necessary data.

## 22. European Medical Organisations

### a) The Floor to European Medical Organisations or Reports from Liaison Officers

- CPME: Dr Katrín Fjeldsted (President)

Katrín Fjeldsted pointed out the importance of the collaboration among all EMOs, both for the strengthening of doctors' voices in Europe and for saving money and time by non-duplication of work.

She mentioned the most important issues CPME has been focusing on – patient safety, healthy ageing, professional practice (including the CPD study that the CPME performed in 2014, as commissioned by the EC and the CPD conference to be organized together with other EMOs in Luxembourg, in December 2015), TTIP, alcohol policy, e-health, m-health, e-ID-policy, transparency between the physicians and the pharma industry, antimicrobial resistance etc. She pointed out that CPME is trying to address issues that are common to the medical profession but not to overlap the work of FEMS, AEMH or EJD.

- UEMS: Dr Zlatko Fras mentioned one practical aspect of how the EMOs collaboration could materialize, i.e. being located within the Domus Medica. UEMS would like to welcome all EMOs in this house, which is ideally located, well-connected to the European institutions. The newly renovated Domus Medica was officially opened on 10 April and is now awaiting the sister EMOs to join. The house is also designed to be extended with extra two floors if necessary.

Enrico Reginato expressed his congratulations to the newly elected president of AEMH - João de Deus.

João de Deus also presented the other members of the newly elected AEMH board: Prof Vlad Tica (1<sup>st</sup> Vice-President), Dr Pierre-François Cuénoud (2<sup>nd</sup> Vice-President), Dr Theo Merholz (3<sup>rd</sup> Vice-President) and Dr Hrvoje Sobat (treasurer).

### International EMOs' Calendar

#### **b) European Conference on Continuing Professional Development, Luxembourg, December 2015**

[AEMH 14-008](#)

[AEMH 15-002](#)

[AEMH 15-010](#)

[Study concerning the review and mapping of CPD](#)

[CPD Improving Healthcare Luxembourg, 14 December 2006](#)

[EMO CPD Consensus](#)

[Statement](#)

Thomas Zilling encouraged the delegates to read the study that CPME provided on the mapping CPD across Europe. He informed that, based on this and along the model of the CPD conference in 2006, the EMOs have decided to organize a conference on CPD on 18 December 2015 in Luxembourg. A draft consensus statement was prepared, based on the 2006 Statement, in point of updating the latter.

João de Deus encouraged all FEMS and AEMH delegates to attend this conference, as it is an important event.

#### **c) Reports from last EMO's Presidents' Committees**

12 October 2014, Paris (FEMS)

[F14-075](#)

João de Deus informed that the Vienna statement will be presented during the Presidents' Committee meeting (10 May 2015) so that it may be endorsed by all EMOs and further sent to the European Institutions as well as to the national governments.

#### d) National Reports

<b>Austria</b>	<a href="#">AEMH 15-026</a> <a href="#">F15-015</a>	<b>Netherlands</b>	<a href="#">F15-018</a>
<b>Belgium</b>	<a href="#">AEMH 15-028</a>	<b>Norway</b>	<a href="#">AEMH 15-032</a>
<b>Croatia</b>	<a href="#">AEMH 15-022</a>	<b>Poland</b>	
<b>Cyprus</b>	<a href="#">F15-029</a>	<b>Portugal</b>	<a href="#">F15-023 EN</a> <a href="#">F15-023 FR</a>
<b>Czech Republic</b>	<a href="#">F15-026</a>	<b>Romania</b>	<a href="#">F15-028 FR</a>
<b>Denmark</b>	<a href="#">AEMH 15-027</a>	<b>Slovakia</b>	
<b>France</b>	<a href="#">F15-024 FR</a> <a href="#">F15-024 EN</a>	<b>Slovenia</b>	<a href="#">F15-020</a>
<b>Germany</b>	<a href="#">AEMH 15-008</a>	<b>Spain</b>	<a href="#">F15-019</a> <a href="#">AEMH 15-039</a>
<b>Greece</b>	<a href="#">AEMH 15-035</a>	<b>Sweden</b>	<a href="#">AEMH 15-021</a>
<b>Hungary</b>	<a href="#">F15-017</a>	<b>Switzerland</b>	<a href="#">AEMH 15-029 EN</a> <a href="#">AEMH 15-029 FR</a>
<b>Italy</b>	<a href="#">AEMH 15-038</a> <a href="#">F15-025</a>	<b>Turkey</b>	<a href="#">F15-027</a>
<b>Luxembourg</b>	<a href="#">AEMH 15-036</a>		

All delegates present informed on the main points of their national reports.

#### e) Questionnaire on Crossborder Healthcare

[AEMH 15-037](#)

Raymond Lies kindly asked the participants to send their answers to the questionnaire on cross-border healthcare so as to find out the doctors' perspective on the implementation of the cross border healthcare Directive.

Raymond Lies also informed the audience on the 3<sup>rd</sup> European Hospital Conference that AEMH will organize in Düsseldorf together with HOPE and EAHM (19 November 2015), with the kind support of VLK, AEMH member in Germany. FEMS and AEMH delegates are most welcome to attend this event.

[AEMH 15-030](#)

João de Deus expressed his thanks to the Austrian organisers for hosting the joint GA of the AEMH, EJD and FEMS. He also thanked the board members of AEMH and FEMS for their work and the representatives of the other EMOs for attending the meeting. He further thanked the translators and the secretary of FEMS and AEMH.

Enrico Reginato also thanked the Austrian organisers for their huge efforts to organize this event.

Harald Mayer thanked the participants for attending the meeting.

**13:00 – 14:00 Lunch**

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