Fédération Européenne des Médecins Salariés
European Federation of Salaried Doctors

Bojan Popovic, Secretary General

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FEMS General Assembly

Friday 7 October 2016 09:00 – 17:00
Saturday 8 October 2016 09:00 – 13:00

Venue: Ramada Majestic Hotel, Calea Victoriei 38-40, Bucharest 010082

1. **Introduction and welcome (Enrico Reginato, FEMS President)**
   Enrico Reginato welcomed the delegates and thanked the hosts for organizing the FEMS GA.
2. **Welcome speech by CFSMR president**
   Victor Eșanu welcomed the delegates and wished them a fruitful meeting.
3. **Roll call / right to vote – art. 12 of the Statutes (Bojan Popovic)**
   Participants list **F16-040**

Bojan Popovic made the roll call and established that the majority was constituted to hold a valid assembly. He mentioned that 4 delegations did not pay their fee, therefore cannot vote in the assembly.

4. **Approval of the agenda** **F16-035**

The agenda was unanimously approved.

5. **Approval of the minutes of the last FEMS GA (Kyrenia, 6-7 May 2016)** **F16-033**

One rectification to the previous minutes: João Grenho was elected UEMS vice-president and not president. With this correction, the minutes were unanimously approved.

6. **Minutes of the last board meeting (for information)** **F16-031**

7. **FEMS President activity report (Enrico Reginato)**

a) Activity report

b) Exchange with EMOs on CEN **F16-053**

Enrico Reginato informed on the activities he was involved in since the last GA. There were not many activities going on, due also to the summer period. Nevertheless, there was an exchange of letters among the EMOs in connection with CEN actions.

8. **FEMS Activities and concerns**

a) Working group on Minimum European Standards – update and follow-up **F16-068**
b) ANAAO Questionnaire on Medical Liability **F16-011**
c) Action Day 2016 **F16-010**

Arancha Albesa and Therese van't Westende presented the results of the study. Their proposal was to continue the working group so as to discuss the results and draw the conclusions.

João de Deus congratulated the authors of the study and agreed the results should be the basis of discussion either of a working group or of the plenary, in order to draw the appropriate conclusions. He suggested organising even a separate working group dealing with the results of the professional career questionnaire, especially since issues pertaining to this particular topic do not fall under the negotiations of trade unions in most countries. He suggested FEMS to attempt to harmonize the professional careers in the different European countries, so as to facilitate the free circulation of doctors from one country to another.

In view of improving the activity of present or future working groups, Christiaan Keijzer suggested changing the way of proceeding with the questionnaires: simpler, shorter questionnaires should be developed, centralised at the level of the FEMS secretariat and also made available online, so as to facilitate the data collection from the delegates. LAD offices will assist in developing more appropriate tools in point. Overall, data collection is an important component of FEMS work, enabling individual members to use this data for improving their situation at the national level. A proposal of a more functional tool will be developed together with the FEMS secretariat and be made available for the interested delegates.

Arancha Albesa agreed that an online system could be more helpful as well as the organisation of side events (pre-conference of FEMS, for instance) so that delegates have the chance to provide more information and debate the topics more in-depth.

Concerning the development of the questionnaires, Bojan Popovic raised the issue of identifying concepts that have more or less the same meaning in the different countries (i.e. “professional career” does not mean anything in Slovenian, at least not in the terms aimed in the questionnaire).

Enrico Reginato encouraged delegates to be more reactive when it comes to answering questionnaires/providing data.

João de Deus offered to provide information from AEMH members coming from countries that are not present within FEMS membership.

In point of the questionnaire prepared by ANAAO on medical liability, Constantino Troise informed that only 4 answers were received before the GA. If more answers come in, a report may be provided by the next GA in Rotterdam.

Concerning the Action Day, each delegation reported on the actions undertaken on this occasion:

Enrico Reginato informed about the decision of the board in February on the format of a poster to be used on the occasion of the Action Day by all FEMS members; translations were requested from the members, but, due to the fact that they came in quite late, it was no longer possible to have the poster done in all languages by 15 May (the initial date set for action), so the European Day was postponed until 24 October. He stressed on the importance of all FEMS members acting one way or another that day, so that a European wide movement becomes obvious to the general public as well as to the decision-makers.

The delegations further reported on their national actions; most of them are planning to hold an event on 24 October (be it a strike – i.e. Slovenia, action in the parliament – Bulgaria, distributing posters

and other information materials in in all hospitals – Belgium, Croatia, Cyprus, France, Portugal, temporary stop of work and manifestation in front of the government – Romania, press releases and media information – the Netherlands, Spain. No special actions will be organised in Austria, Czech Republic and Poland.

Liviu Radu said it is important to have information about all the events centralised, so that they are also given as an example by the other delegations.

João de Deus recommended a fixed date to be set and maintained for the Action Day in the future.

d) Presentation of the healthcare expenditure in France 2015 (J.P. Zerbib);

Jean-Paul Zerbib presented the findings of the study, which may be of interest /inspiration for delegates from other countries as to the functioning of one health system (the French one).

e) Letter from the Greek Cyprus Medical association and FEMS answer **F16-046** **F16-047**

Enrico Reginato explained the exchange of letters he had with the Greek Cyprus Medical Association. As stated in the letter, FEMS is an organisation of trade unions, not of governments and is not involved in governmental politics. Its purpose is to grant support to trade unions that are trying to negotiate better conditions for their members across Europe, which is why, most of the time, they themselves are in conflict with their national governments.

Martin Engel said he had mainly a problem with travelling to illegal territories, i.e. north Cyprus, not with exchange of information and / or helping trade unions in these areas.

Patricio Trujillo pointed out that CTMA was voted as a full member by the FEMS GA, so they are colleagues and partners with equal rights like any other members of FEMS.

Bojan Popovic said the concept “illegal territory” is wrongly used; it was not a visit to a prison or concentration camp; neither were the colleagues visited convicted of any crime.

Bernard Maillet pointed out that there were two aspects of the matter: the human issue and the political issue; of course the colleagues visited there were doctors with equal rights as any other doctors in Europe; nevertheless, he considered the northern part of the island (Cyprus) as an illegally occupied territory by Turkey and not recognised at the international level. Personally, he had a problem with the decision of FEMS but since it was one democratically taken by the FEMS GA, the meeting was eventually organised.

Filiz Besim said that it has been for 40 years that the political leaders have been trying to solve the issue, with no concrete result so far. She expressed her gratitude that the FEMS delegates accepted to go to North Cyprus, see the working conditions of the doctors there and support them.

f) EPHA General Assembly – documents for feedback and FEMS involvement

- *Public Health Policy in Europe beyond 2020* for comments!
- *EPHA Workplan 2017*

Diana Voicu informed about the EPHA general assembly which she attended in September. She recommended that the delegates read the documents produced by EPHA (see above) and further take part in the EPHA working groups that are relevant for FEMS work.

9. Round tables on:

a. How can we make healthcare in the Eastern part of Europe better?

The delegates were invited to point out the main problems in their health systems:

Romania: People say Romanian doctors significantly migrate towards other countries, but it is not mentioned that Romania has biggest production of doctors in the world. So, compared to overproduction, migration may not be that big an issue.

We ask FEMS to sign a protest to be sent to the Romanian government; we also want make lobby to change the laws on the collective contracts in the European Parliament; to increase the representativeness of our union at the national level. Romanian government used the migration to manipulate the increase of salaries, saying that if the Romanian doctors are not happy with their salaries, they may very well go abroad to work.

Poland: there is lack of doctors and lack of money for doctors; not sure whether FEMS can do anything to solve this.

Czech Republic – the positive economic data does not correspond with the actual situation in healthcare; lack of doctors; main problem is the working conditions as the number of patients is higher and the volume of work is also increasing; postgraduate education is also a problem.

Bulgaria – the percentage allotted from GDP to healthcare is only 4%; there is lack of doctors and low salaries; too many medical establishment concentrated in the big cities; 15% money to healthcare are out of pocket; lack of adequate legislation and regulation of the medical activity; there is generally an easy access to healthcare but for very low prices; doctors' salaries are low salaries; a better organisation is needed, as there are 6 medical universities in Bulgaria, therefore there is also an overproduction of doctors.

What FEMS can do?

Bulgaria: Very good proposal from J-P Zerbib- to increase the level of healthcare spending as percentage of the GDP; there are 2 trade unions who have membership from healthcare, nevertheless, there are still very low figures of the medical staff that are members of the trade unions.

Turkey – privatization is a problem; they are trying to privatize public hospitals as well as university hospitals; refugees are also a problem.

Croatia: there are 2 main problems – additional education of doctors and frequent change of government.

Cyprus – low salaries in public hospitals – migration to the private hospital where salaries are higher and working conditions are better; migration of doctors to Turkey.

Are there countries with differences within the country?

Italy: 20 regions; turnover blockage; graduates moving to other countries (i.e. Romania and Bulgaria) to obtain their graduation diploma. There is also migration from South to North of Italy (Naples to Milan).

Spain – the remuneration is more or less the same; but the problem is about getting a fixed contract – doctors

need to pass a competition;

France: spends 9% of the GDP on healthcare and still lacks about 4,000 doctors.

Bernard Maillet – due to numerus clausus in Belgium, doctors go to other countries to get their diplomas.

Portugal – not a lot of emigration of doctors; few going to work outside the country;

João de Deus summed up the two major issues that seem to be present in most countries:

- GDP/share of GDP for health – Eastern countries

- Salaries of doctors;

Consequence: immigration of doctors.

What can FEMS do? To demonstrate that the share of GDP allocated to health can be increased. What should be the minimum salary in the country as compared to the salary level in that country?

In point of starting a study on the minimum salary, Bojan Popovic proposed a starting table, for the delegates to reflect on and comment.

b. How is the refugee crisis affecting healthcare system and physicians in your country? What are the solutions?

In Italy (E. Reginato), with the regular care systems measures, the situation is handled; refugees need to register for the National Health Service, after which they can be assessed in any type of medical establishment, for free.

Turkey (A. Saygili) – aside from the Syrian migrants, there is also the problem of the Syrian doctors working in private practice in Turkey. There is no complete data on this phenomenon.

France (C. Wetzel): 2 types of migrants (coming essentially via Italy and Spain): the “jungle of Calais” (8,000-10,000 people based in Calais, that wish to leave for the UK); they are taken in charge by various non-governmental organisations; the latter type of migrants – the economic migrants (6,500 for a population of 66 million inhabitants of France) – coming essentially from Africa and sent to 70 centres of receiving migrants across France. Out of the 6,500, about 20% are real war refugees (coming from Syria or Iraq); they get a permit of stay within 24 hours and benefit from the medical care for free. The rest are sent outside the centres. There is in any case not a big problem for the French system to take care of these refugees, given that the numbers are quite low.

Austria (L. Stärker): at first, there was a positive attitude towards the refugees, which further changed due to the accompanying problems. The European system does not work – the Dublin and Schengen system can only work if the Schengen border is controlled; otherwise, national solutions need to be adopted to control the phenomenon. A law was adopted allowing 37,000 refugees to come this year, while no refugees will be taken next year. The refugees are mostly badly educated, mostly illiterate, so they put pressure on the job market. The Austrian Medical Chamber is also the authority that is in charge with the migrant doctors, who need to register with the Chamber, using papers, passing a German language exam and bringing forth a certificate of good behaviour. Most of these migrant doctors do not have the necessary documents to prove their quality.

In Spain (A. Albesa) – quite few refugees – there were about 15,000 expected, but only 500 came.

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

a) Update on accounts as of 31 August 2015 **F16-042**
b) Treasurer report **F16-067**
c) Internal auditor report **F16-066**
d) Draft budget 2017 **F16-038**

Paulo Simoes updated on the accounts situation and presented the 2017 budget. There are expenses that came in late for remibursment (i.e. concerning the FEMS GA in Kyrenia), hence the surplus; otherwise, FEMS finances are in a good situation and ensure a smooth functioning of the association.

Given that the situation presented only offers the financial picture until 31 of August, Lukas Stärker inquired about the estimated accounts for until the end of the year: would expenditure be higher or bigger than the projection?

Paulo Simoes reassured the expenses that will come are the regular expenses expected, so no budget change is expected.

The Board was unanimously discharged for the 2015 financial year.

The budget of 2017 was next unanimously approved.

Christiaan Keijzer inquired about what is FEMS doing with the surplus, insisting that the board should prepare a proposal to use this money.

11. Request for Action and Submission of documents for approval by the GA

a) Establishing an official FEMS branch / independent entity in Brussels
b) Request by the Austrian Medical Chamber **F16-037**
c) Request by the V4 countries **F16-043**
d) Enrico Reginato answer to V4 **F16-048**
e) Letter from SNPHARe to FEMS **F16-051 EN + FR**

Enrico Reginato accounted for several actions he undertook in the name of FEMS with the European Institutions, concerning the EWTD and TTIP, in point of answering the letters from the Austrian Medical Chamber/V4 and SNPHARe. He gave the example of the lobbying actions taken by FEMS in Italy, which was not enforcing EWTD and which was consequently forced by the Commission to adequately implement it. He then pointed out that FEMS membership has a cost – not only the actual cost of the membership, but also the fact that delegates need to contribute, and, which is not often the case. Many emails remain unanswered so it is not clear what the position of delegates towards various issues is. Nor is their contribution to various requests for information coming from the part of FEMS recorded.

Lukas Stärker inquired about the FEMS strategy so that delegates may have an input on that. Concerning EWTD, although there is no actual movement at the level of the European Commission, work is needed in Brussels to prepare the field requiring permanent attendance; we should, for instance, take advantage of the Brexit to try and remove the opt-out clause.

He insisted that the discussion needs to be taken at 2 levels – the strategic level and the operational level; I want to understand your strategic thinking behind your actions; do you only react to some punctual issues? What is the plan behind?

Enrico Reginato said that FEMS' main focus is working conditions of doctors.

Christiaan Keijzer also said the strategy of the board needs to be made clear to all delegates; he also inquired about the actions of each board member. He further insisted there should be a proposal from the board concerning what FEMS can take up, based on the limited resources it has. A short document on what the FEMS vision and strategy for the following 5-10 years – what it can tackle and what not – as it seems obvious that some delegates are not aware of that.

JP Zerbib said that FEMS strategy is to apply to decisions of the GA.

Enrico Reginato further said FEMS strategy is more Europe; we need to have more Europe; that is why we request more information on what's happening in our members' countries so that we can help bringing more European involvement

Ilan Rosenberg insisted the strategy of FEMS is not clear. He suggested the board prepares a strategy and then bring it to the GA for discussion and approval.

Dan Peretianu said everyone needs to write down what they want as a strategy.

Bojan Popovic replied it is not obvious to do that, because of the cultural differences with respect to the definition of a strategy. He agreed an overall strategy go FEMS needs to be drafted, since, so far the main idea was FEMS reacting to CPME actions, EU actions or others. This should be a task for the FEMS president and vice-presidents, as the job of the secretary general is to take care of the internal organisation of the association.

Paulo Simoes pointed out that the expectations from the various FEMS members are different. For instance, SIM came to FEMS to get more information so that it gets more ideas for its own work at the national level. Therefore, it is important for all delegations to establish what each expects from FEMS.

Arancha Albesa said the manner of FEMS working needs to be changes; for instance, within each GA, documents need to be produces that will be further used to lobby the European institutions – change the manner of working – to each GA – we need to produce documents that we further use to lobby European institutions.

Claude Wetzel said that information can be obtained from various sources, therefore this should not be the main concern of FEMS, i.e. information provider. He insisted FEMS should be pro-active rather than just reactive. He said that FEMS used to organise yearly meetings with leaders of European parliament parties as well as with other EMOs, since proactive attitude is real lobbying. He said his trade union is rather under the impression that most meetings of FEMS / the agenda of the FEMS GA is mostly information about what others are doing.

Bojan Popovic said that FEMS main task should not be information.

Martin Engel insisted his trade union needs both information and a strong position towards European institutions; he said a pro-active FEMS presidency is needed; FEMS should not boast about saving money, as this is not its main goal, but rather to use the savings for lobbying activities in point of achieving its goals.

Claude Wetzel said a change of attitude needs to be implemented in both FEMS and the delegates: the board should be pro-active but also the delegates need to be more reactive in point of providing the necessary information as well as requiring concrete actions from FEMS.

Maria Merlinde suggested a round table for brainstorming over what the delegates should think the strategy of FEMS should be.

Paulo Simoes also pointed out the limited resources of FEMS, which limit significantly its actions.

Reinhart Waneck said FEMS used to have more influence in the past; actions like the Action Day are not enough.

Enrico Reginato concluded that the board will prepare a draft strategy of FEMS that should be sent prior to the next GA for consultation to all delegates. In the meantime, all delegates are invited to make proposals about what they consider necessary to be part of this strategy.

12. Next FEMS Meetings

a) 12-13 May 2017 information and updates – (Rotterdam, the Netherlands) **update**
b) Autumn 2017, call for invitation

Christiaan Keijzer gave an overview on the next FEMS GA to take place in Rotterdam.

Albert Tomas invited FEMS delegates, in the name of CESM, to hold the FEMS GA in Spain; location will be further be confirmed; the dates: 5-7 October 2017.

13. European affairs

a) Implementation of the Patients' Rights Directive

Literature-based approach to defining the concept of healthcare which requires "highly specialised and costintensive medical infrastructure or medical equipment" – final report
Executive summary (EN)
Executive summary (FR)

For information

b) EWTD

Lukas Stärker suggested taking advantage of the Brexit to abolish the opt-out clause of the EWTD. For that FEMS should have a common decision and further prepares a position to be sent to the EC.

Vote for the decision: *FEMS thinks that the opt-out clause should be taken out of the directive when Brexit takes place.*

Christiaan Keijzer: the Netherlands votes against; the opt-out functions in the Netherlands – if the opt-out goes out, an immediate shortage of all kinds of doctors may follow. There are also many doctors working in private practice – if they are forced to work less hours, they will see their income significantly decreasing.

Jean-Paul Zerbib: we need to see how this functions in the different countries – we need to be careful before asking for something.

Claude Wetzel: we need to clearly establish whether we for or against maintaining the opt-out so that the board knows what to do.

Enrico Reginato – we need to consider the Vienna statement, which we all endorsed; also, we are all against social dumping so we must try to identify a balanced position; this may be a topic for the next board meeting of FEMS.

Bojan Popovic: in Slovenia, we are not against cancelling the opt-out – what we are against is that doctors cannot be paid less for the same workload

João de Deus: we all agree that the opt-out clause should be removed; the question is: should this be an internal position or should we also share that with other institutions; we should be careful not to open the Pandora box; if the EWTD is revised, we must stick to our position for the removal of the opt-out clause as well to the position on stand-by time; the latter is not considered working time according to the European Court of Justice. For the time being, I suggest FEMS maintains internal its position to remove the opt-out.

Enrico Reginato: we will ask for the opinion of the delegations and discuss the results in the next board meeting.

c) TTIP

- Report of the 14th round of negotiations
- UEMO position on TTIP
- TiSA (Trade in Service Agreement):
  - Report of the 19th round of negotiations

d) Reform of the European Standardisation System **F16-036**

e) Health workforce and Professional Qualification Directive

i. Initiative of the Commission

ii. Regulation of the medical profession

Claude Wetzel informed about an initiative of the Commission to cut all regulations concerning the regulated professions (i.e. doctors) and consequently open the market. This a negative initiative affecting doctors, against which CPME has taken a position together with PGEU and CED.

Lukas Stärker informed about the Austrian Medical Chamber response to the consultation of the EC (until 21 August) – healthcare services cannot be compared to other economic jobs, they are not the subject of a normal market; the medical profession should be kept out of this process; he further

recommended that all delegations should send their opinion to the EC so that a stronger position is recorded by the Commission.

14. European agenda updates and follow-up actions

i. Attendance of the expert groups with the European Commission:

b. Expert Group on European Workforce for Health (1-2 times a year)
c. EU Patient Safety and Quality of Care Expert Group (2-3 times a year)

Since the organisation of the expert group on workforce is not sure, Diana Voicu will inform on the developments.

Bojan Popovic will follow the Patient Safety working group.

Diana Voicu informed about a meeting of the EU health policy platform to be organized in Brussels on 5 December 2016, where further working groups may be organized by the Commission for 2017. She recommended attendance from FEMS.

Jean-Paul Zerbib will follow developments with EPHA.

15. European Medical Organisations

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

- **AEMH –** João de Deus informed about the activity of AEMH.
- **CPME and UEMS** – Bernard Maillet informed about the activity of CPME and UEMS.

International EMOs' Calendar

16. National Reports

Austria	**F16-041** **F16-060**	**Netherlands (LAD)**	**F16-057**
Belgium (GBS-VBS)		**Poland (OZZL)**	
Bulgaria (BgMed. Ass.)	**F16-059**	**Portugal**	**F16-056 EN + FR**
Croatia (HLS)	**F16-063**	**Romania (RFCPTU)**	**F16-045**
Cyprus (CTMA)	**F16-054**	**Slovakia (LOZ)**	
Czech Republic (LOK-SCL)	**F16-058**	**Slovenia (FIDES)**	**F16-049**
France	**F16-050**	**Spain (CESM)**	**F16-052**
Hungary (MOSZ)	not present	**Turkey (Istanbul Medical Chamber)**	**F16-062**
Italy	**F16-055**		

The delegates summed up their country reports.

Richard Kijak informed that problems are persisting in Poland (low wages, lack of doctors, implementation of EWTD, an overall bad organisation of the healthcare system).

17. Any other business

N.B.: participation in votes requires the payment of the contribution of 2015 (article 12a of the Statutes).