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## FEMS General Assembly

Friday 6 October 2017 09:00 – 17:00

Saturday 7 October 2017 09:00 – 13:00

*Venue: Vincci Posada del Patio, Pasillo de Santa Isabel, 7, 29005 Málaga.*

### PART I: procedural issues

**1. Introduction and welcome (Enrico Reginato, FEMS President)**

Enrico Reginato welcomed the participants to the General Assembly and thanked the hosts for the organisation of the meeting.

**2. Welcome speech by Albert Tomas i Torrelles, CESM former president**

Albert Tomas I Torrelles welcomed the participants.

**3. Roll call / right to vote (B. Popovic)**

**Participants list**

[F17-063](#)

Bojan Popovic informed that the quorum is achieved and the GA is valid.

**4. Approval of the agenda**

Bojan explained the new structure of the agenda, informing there are no changes in the content, but rather in the structure of the document.

Agenda was unanimously approved.

**5. Calls for emergencies to be discussed by the GA on the request of the Delegations**

No emergencies were raised by the delegates

**6. Approval of the minutes of the last FEMS GA (Rotterdam, May 2017)**

[F17-031](#)

The minutes were unanimously approved.

**7. Minutes of the last board meeting (for information)**

[F17-072](#)

### PART II: Reports on Current FEMS Programmes and Activities and Strategy Follow-up

**8. FEMS President activity report (E. Reginato)**

- Liaising with EU Institutions – European Parliament/European Commission

[F17-052](#)

o Meeting with the Commissioner for health

[F17-034](#)

- EPSU meeting

[F17-053](#)

Enrico Reginato informed the delegates that he had written a letter to the newly elected (Italian) president of the European Parliament, regarding complete autonomy of the Member States in organizing their health systems despite the free movement.

He further informed on the background of the meeting with the EU Commissioner for Health on 31 May 2017. Thus, the EU Commission decided to organize a WG on health workforce; FEMS had asked to be included in this group but was refused the access. Therefore, Enrico Reginato had written to the Commissioner complaining about this refusal. The FEMS delegation was eventually received by the Commissioner; they proposed producing a study and further organize a conference on the inequalities in doctors' working conditions and remuneration across Europe. The commissioner said he would support this conference; the FEMS delegates need to decide on a draft programme before December 2017 and further inform the commissioner about this. The conference is most likely to take place in Brussels.

The FEMS president further informed on a meeting to be organized by EPSU – on the topic of the interpretation of the European Working Time Directive. Bojan Popovic will attend the meeting; other delegates are welcome to join.

Bojan Popovic strongly encouraged the delegates to provide suggestions and ideas as to the organisation of the conference (i.e. programme, speakers); the Commissioner promised that the EC will be represented, hopefully, the press will be also present. Working conditions and remuneration of doctors across Europe is a fundamental issue to the FEMS activity and it has obviously proved to be of interest to the European Commission also, since FEMS had raised the topic on the occasion of the EU Health Policy Network meeting in December 2016. Bojan Popovic recommended FEMS should take advantage of this momentum and create a strong debate on the issue. He further suggested that the speakers should come from the FEMS network as well as from sister EMOs.

João De Deus thanked FEMS for allowing him to take part in the meeting with the Commissioner as AEMH representative. As the Commissioner has also pointed out, he suggested trying to influence the national governments showing that by allotting more money from the GDP on health (and, among others, on improving the working conditions of doctors), the health indicators for that particular country will further improve. Political pressure is the tool we have, that is why this conference is important. Furthermore, he offered to provide speakers from countries that are members in AEMH and not in FEMS, if needed

Alessandra Spedicato inquired about the duration of the conference as well as the topics to be addressed.

Bojan Popovic said it is totally up to FEMS to define the conference content and logistical framework. Thus, in point of duration, he suggested a one-day conference, to be organized in Brussels, but the location is also flexible (i.e. Strasbourg also). The date is also to be set – either after or before the Lisbon GA. Inequalities in working conditions and salaries of doctors across Europe is the main topic; also the implementation of EWTD should be addressed as well as standards in workload of doctors.

Claude Wetzel suggested organizing the conference in Strasbourg, European Parliament Plenary Session; thus MEPs can also be invited as well as the press (national and international) that is already there on this occasion. The Council is also present.

## **9. Reports on Adopted FEMS Programmes and Activities**

**[F17-042](#)**

1. continue and enhance the survey concerning working conditions, (K. Keijzer and A. Albesa) **[F17-067](#)**

Thérèse van't Westende informed on the questionnaire that resulted in a data collection across the FEMS member delegations. The interpretation of the data lies now with the FEMS delegates.

Bojan Popovic inquired whether this data can be made public on the EU Health Policy Platform: He encouraged the delegates to send their comments after which the document will be made uploaded on the EU Health Policy Platform.

João de Deus and Damjan Polh suggested continuously updating this data, as it is important to note the changes occurring after.

Christiaan Keijzer noted that this is the 1<sup>st</sup> time data is collected from all FEMS countries and recommended data from AEMH members should also be obtained.

Claude Wetzel suggested using the common meeting with AEMH to obtain this information from the AEMH members; furthermore, he suggested presenting the results as well as some typical examples for each country also during the conference on inequalities.

2. make publicly available and promote the document concerning the (non)implementation of the rule 48-hours working time weekly, (A. Albesa),

Arancha Albesa said that the FEMS delegates should decide on what they want to focus on in this respect. Data has been already collected by the Dutch colleagues, so we still need to see what we what information we still need (for instance, more information on compensatory rest); a working group dealing with this may be also created. She asked the delegates to think about how they want to proceed.

Alessandra Spedicato informed that ANAAO prepared a questionnaire on compensatory rest and stand-by time; in order to show if there are inequalities among countries. [F17-086](#)

Harald Mayer said inactive time needs to be also addressed.

*Working group set to follow the issue of the implementation of the rule of 48-hours working time weekly: CESM, ANAAO, FNAM - make a new questionnaire to gather more data on the current situation – send it to LAD to process it and then send it to FEMS and AEMH delegates; present the conclusions at the Lisbon GA.*

3. get in contact with the European Commission concerning the non-implementation of 48-hours weekly working time in several countries, (E. Reginato),

Enrico Reginato wrote to the Commission concerning the case of Italy and Romania. No updates so far.

4. make publicly available and promote the document concerning the EU-wide salaries disparities (E. Reginato),

Enrico Reginato informed that Christiaan Keijzer offered to assist in digitalizing the questionnaire on salaries so that more complete information is gathered. AEMH members will also be kindly requested to provide answers.

5. follow-up of the situation concerning the legal qualification of the medical professional fault in criminal codes throughout Europe (E. Reginato), [F17-050](#)

Enrico Reginato briefly presented the document.

Bojan Popovic inquired whether he can upload the document on the EU Health Policy Platform.

6. be in touch with other EMOs concerning the quality of the medical training (E. Reginato),

Enrico Reginato said he is following the issue closely with UEMS.

7. make a statement that also non-university hospitals should be involved in the specialist training process, (A. Spedicato),

Alessandra Spedicato informed on a statement by the Italian trade unions on the involvement of non-university hospitals in the training process. [F17-087](#)

FEMS board should share this statement with the other EMOs in order to attempt and solve this long-standing issue in Italy. The situation is becoming more and more difficult, as the number of unemployed doctors in Italy is increasing due to their incapacity to access the postgraduate training system.

Claude Wetzel suggested that- FEMS should get in contact with UEMS on this particular topic of the Italian doctor situation

João Grenho pointed out that UEMS is always worried about quality of care and teaching; he expressed, therefore, UEMS determination to cooperate with FEMS or AEMH if they need assistance; he further suggested organising some teleconferences among the EMOs to explore concrete ways of assisting.

Bojan Popovic suggested a joint EMOs delegation should ask for a meeting with the Italian authorities to try and tackle this issue.: a delegation should go to Italy.

Alessandra Spedicato will liaise with the Italian authorities to organise this meeting.

João de Deus suggested taking the issue to the Presidents Committee meeting and then have a letter signed by all presidents of the EMOs

Enrico Reginato will prepare a letter for the Presidents Committee Meeting in December.

8. be in touch with AEMH concerning the development of the clinical leadership, (E. Reginato),
9. be in touch with other EMOs concerning any further attempts by CEN to standardize the medical profession, (E. Reginato, P. Simões)

Claude Wetzel recommended that each national delegation should contact at the national standardisation organisation and inform that, as a member of FEMS, we do not support this standardisation; he highlighted that lobbying at the national level is very important.

10. make a statement asking for minimum 6,9% of GDP public expenditure for healthcare in Europe, care (J. de Deus), [F17-085](#)

Enrico Reginato pointed out that GDP in itself is not necessarily an adequate index.

João de Deus pointed out that there is a relationship between the percentage of GDP allotted to health and the outcomes shown in the health indicators; it remains an important indicator; we cannot control the GDP of a country; we have 3 groups of countries:

- high GDP and high percentage allotted to health
- high GDP but a low percentage allotted to health
- low GDP and low percentage allotted to health

He recommended showing the national governments that there is a minimum of GDP that needs to be allotted to health, which will result in improving the working conditions of doctors/salaries, with better results of the healthcare system

He further suggested producing a statement on a minimum GDP allocation to health before or after the conference on inequalities and then send it to the European Commission.

Bojan Popovic recommended doing the statement by the end of the GA.

Jean-Paul Zerbib noted that just a higher percentage of GDP may not be enough to improve the healthcare outputs.

Harald Mayer said that he could not support a statement with a minimum GDP of 6.9%.

11. short report on the conference on the collective bargaining in Malaga in October 2017, (A. Tomas I Torrelles) [Conference conclusions](#)

Jean-Paul Zerbib briefly presented the highlights of the conference. There were 6 presentations informing on the situation in Spain, the Netherlands, Romania, Italy and Czech Republic; next, the case of the international conventions of the ILO was brought up by Bojan Popovic. A more detailed summary will be provided to the delegates.

12. promote the visibility of FEMS (B. Popovic)

Bojan Popovic informed on attempts to increase the visibility of FEMS via the FEMS webpage and the EU Health Policy Platform; furthermore, he set up a faster communication among members via a WhatsApp group and the FEMS Facebook page.

He informed that FEMS was contacted by the Council of the European Union, proving a higher visibility at the European level.

He encouraged delegates to send their suggestions in point of increasing FEMS visibility and improving communication.

Alessandra Spedicato suggested improving the visibility of the public documents on the FEMS homepage.

### **Part III – Planning, Financial and Statutory Issues, Other Internal Affairs**

#### **10. Reports on Emerging Affairs not included into Programmes**

**a) EPHA GA and elections (6.09.2017) – report by J-P Zerbib**

Jean-Paul Zerbib informed that he attended the EPHA GA and presented his candidature for a position in the EPHA board. He was not elected. He nevertheless informed on the elections process, which was significantly flawed due to positive discrimination as far as female presence in the EPHA board strongly advocated by the current EPHA board members. Furthermore, no final results were presented with respect to the number of votes recorded by each candidate. The overall impression is that doctors are not really welcome to EPHA. Therefore, a good question for FEMS would be how to work with this organisation under the circumstances.

**b) Meeting with the Belarus Medical Association – J-P Zerbib**

[F17-046](#)

**c) Request by the Belarus Medical Association to join as observers**

[F17-047](#)

[F17-048](#)

[F17-049](#)

Jean-Paul Zerbib informed on his contact with the Belarus Medical Association as well as their formal request to become observers with FEMS.

Harald Mayer said that it was more important for FEMS to increase membership from Central Europe, Scandinavian countries, rather than from the former Soviet Union.

Christiaan Keijzer inquired about FEMS's advantages drawing from allowing non-EU countries to join, since FEMS mainly focuses on EU issues.

Yuliya Byankova informed that the Bulgarian Medical Association had an unfortunate experience with the president of the Belarus organisation; under the circumstances, the BgMA opposed this formal request.

Damjan Polh suggested postponing this decision to Lisbon, thus giving the Belarus colleagues the opportunity to present themselves in person.

Patricio Trujillo said that, as doctors and colleagues, FEMS should not refuse this organisation the right to get information.

Serdar Dalkilic pointed out that EU is not the same thing with Europe, so FEMS should accept them as observers.

Vote: 8 votes against, 3 abstentions, 7 votes for.

The majority was not met, so the request of the Belarus Medical Association was not approved.

João de Deus made a declaration of vote in the name of the Portuguese Medical Association, explaining that their abstention was to be interpreted not as a desire to block other colleagues, but as a sign of respect of the position of the Bulgarian Medical Association.

**d) COPIL meeting report (8.09.2017) - J-P Zerbib**

[F17-058](#)

Jean-Paul Zerbib further informed on his attendance of the COPIL meeting. He next encouraged delegates that have statistics as far as migration in their country, to send it to him so that he can share it with the Observatory.

**e) Action Day 2017**

[F17-054](#)

Enrico Reginato asked the delegates what their action would be for the European Day (20 October):

- Istanbul Medical Chamber: we received the poster – we are putting that on our website;
- FIDES: we have had an issue with the translation into Slovenian of the English wording; we are quite busy with our negotiations with our ministry and we will decide after this conference what we do;
- LAD – we will produce a press release and will hold talks with our ministry of health;
- SNR – we are currently conducting collective bargaining of doctors' contracts, so we try to select a moment that should not interfere with the negotiations.
- SNPHARE – we decided to work on a brief text to go with the document; the document is still sent to the members; once the text is ready, we will have a press release and we will also put them on our website; print the poster and put it in the member hospitals;
- CTMA – print the poster and exhibit it in the hospitals, press release;
- LOZ-SCL – nothing to be done as is the 1st day of parliamentary elections; this type of activity is not permitted. We may do something later, after the elections;
- Bulgarian Medical Association: we have started a campaign on violence against doctors; we will include it in this campaign;
- Austrian Medical Chamber: we will distribute this via our social media;
- CESM: give the poster to hospitals, press release to the national media, put it on our website
- FPS – we will distribute it via our webpage and Facebook page, press release, maybe interview of our president to one French newspaper
- UNMS – the issue will be taken forward by the trade union;
- ANAAO – we produced 10.000 copies that will be distributed; press conference to explain the meaning of the day
- FNAM – the European day occurs in the middle of a strike we are planning so we include this into our strike activity;

- CFSMR – 22 October our organisation celebrates 25 years of activity, so we will include the Action Day in our celebration’
- Poland – there is a hunger protest of young doctors started on 2<sup>nd</sup> October, our protest is on-going; for the European Day, we will organise a press conference and print the poster.

**f) FEMS website**

Diana Voicu informed that the FEMS website had been hacked during the summer. Measures were taken to regain control over it as well as to secure it. Delegates may decide to continue improving it in point of redesigning it with a more flexible operating structure.

**g) Working Group on Refugee Health**

[F17-055](#)

Enrico Reginato will take part in this meeting of the WG on Refugee Health, that will take place in Brussels, with the CPME plenary.

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

**a) Treasurer report**

[F17-081](#)

Paulo Simoes informed about the financial situation of FEMS.

Christiaan Keijzer noted that important savings are made and suggested using the surplus to grow the FEMS activity (i.e. increase the working hours at the FEMS secretariat)

Paulo Simoes said that he had expected suggestions concerning potential FEMS actions from the FEMS delegates, which never arrived.

Bojan Popovic also said that the delegates were asked to submit their ideas for 2018 programs; but no proposals came.

Damjan Polh suggested paying for the travel expenses of the board members also when they attend the FEMS GAs.

João de Deus said FEMS could punctually decide to pay for one or other board member if his association cannot afford it, but not to make this a general rule.

Provisional budget – approved with modification to change conferences - to programs

**b) FEMS accounts at 31.08.2017**

[F17-061](#)

[F17-062](#)

**c) Provisional Budget 2018**

[F17-056](#)

**12. [Strategy Follow-up, Plan for Programmes 2018](#) – by strategic goals 2017-2021:**

[F17-043](#)

**(call for programmes sent, new proposals should be inserted under the relevant strategic point)**

1. implementing "maximum 48 hours weekly working time" rule for doctors in all European states, without opt-out,

Set up a working group to explore what other parameters should be updated more than the 48 hours working time:

Delegates in charge: Arda Saygili, Paulo Simoes, Claude Wetzel, Fabio Pinto.

Task: make an interim report by the Lisbon General Assembly.

Claude Wetzel presented a survey on working conditions in 2014, it may be useful to update that study.

2. implementing compensatory period without exceptions,

Alessandra Spedicato kindly asked the delegates to respond to the questionnaire prepared by ANAAO. [F17-086](#)

She will prepare a report based on the answers for the Lisbon GA.

Christiaan Keijzer offered to prepare the online version of the questionnaire; the idea is to keep all these questionnaires centralized and keep updating them whenever necessary.

Working group responsible for the matter: Alessandra Spedicato, Arancha Albesa, Noel Carrilho-Diana Povoas, Kenan Arifoglu

3. implementing minimum doctor's salary across EU at 2 average EU salaries, corrected by PPP,

Bojan Popovic informed that the basic activity under this programme will be the conference to be organized on inequalities; the conference should also cover point 11 (minimum 6.9% GDP expenditure allotted to healthcare) and also the unchanging of the EWTD.

<http://www.politico.eu/article/doctors-nurses-migration-health-care-crisis-workers-follow-the-money-european-commission-data/>

The conference should not be a sum of presentations, but a focus on very specific issues as well as well-defined targets. The main idea is that such inequalities (as shown in the Politico map) do not exist somewhere else in the world within a union of states that aim to be the most concerned with social issues.

A first step to fight these would be to ensure a minimum expenditure to healthcare of 6.9% of the GDP, that will further allow to create better working conditions for doctors.

In point of the conference organisation, we will address the Commission and see how reactive they are; other organizations may be involved, such as OECD or EPSU; the conference project will be presented to the Presidents' Committee so that the other EMOs may be involved should they wish to. The conference will be advertised on the EU Health Policy Platform so that other stakeholder may have the opportunity to get involved.

During the Lisbon GA we can make a rehearsal of the conference with the conference speakers. The speakers coming from the FEMS network should convey the viewpoint of FEMS and not their national situation.

Decision to set up also a Working Group on exodus of doctors: CFSMR will coordinate the organisation of the “exporting countries” (Romania, Poland, Bulgaria, Czech Republic). LAD will coordinate the “receiving countries” (the Netherlands, France, Belgium).

João de Deus and Claude Wetzel: in charge to coordinate on the 6.9% GDP allocation issue.

4. ensuring there is no reduction of incomes or bonuses due to the reduction of working time down to 48 hours,  
Exchange information on the solutions they found in their respective countries and prepare a note to be used by other countries: Harald Mayer and Jean-Paul Zerbib.
5. professional fault to be excluded from criminal codes in all European states,  
Working group aiming to produce a best practice document: Enrico Reginato, Christiaan Keijzer, Claude Wetzel. Potentially exploring with AEMH to involve a Scandinavian country.  
Bojan Popovic recommended taking the document further to the media, when it is ready.
6. restriction of trainee's liability for refund of expenses to max. 24 months,  
Analysis of the current situation across European countries and suggest better solutions Europe wide:  
Bulgarian Medical Association and Cyprus Turkish Medical Association.
7. ensuring an appropriate quality of medical training in all European states,
8. ensuring that also non-university hospitals should be involved in the specialist training process,  
Points 7+8 – mostly concerning the situation in Italy:
  - FEMS board representatives to have a meeting with the Italian ministry of health (October 2017 – close to the FEMS GA in Turin); ANAAO to contact the Italian authorities and organize this meeting;
  - Enrico Reginato will coordinate the issue with the Presidents Committee, to possibly involve representatives of other EMOs to join the meeting (AEMH, UEMS, EJD) and also produce a strong statement to be endorsed by the EMOS’ presidents.Claude Wetzel also recommended approaching the EU Commissioner for Education as well as the Italian president of the EP.  
Enrico Reginato suggested included this topic in the conference for on inequalities. – this would be a topic to be address in the conference on inequalities
9. exclusion of healthcare from any international trade agreement,  
Enrico Reginato informed that the British Medical Association contacted the EMOs to lobby the European Commission so as to pay a particular attention to healthcare when negotiating Brexit.
10. no further CEN standardization of medical profession,  
As stated before, each FEMS delegation should contact its national standardization authority and inform it on the FEMS position, of clear opposition towards standardization of the medical profession.
11. minimum 6,9% GDP public sources expenditure for healthcare,

See point 12.3 for actions and responsible persons.

João de Deus presented the statement on 6.9% expenditure

[F17-085](#)

12. finding and promote best bargaining practices and to implement separate bargaining for the doctors, Bojan Popovic/FEMS board will analyze the [conference conclusions](#) and the results provided by the delegates and will produce a document to be made available to all delegates. He will also provide a selection of ILO rulings and potentially assist in filing a complaint with ILO, if requested by a specific delegation on a particular issue.
13. maintaining at least 3 presidents' committee meetings a year and have representation in at least 70% of other EMOs meetings,  
To be managed by the FEMS board.
14. having all FEMS positions open for support by other EMOs

### **13. Statutory issues**

- a) Establishing an official FEMS branch / independent entity in Brussels

Bojan Popovic informed the board had studied different options and opted for setting up an operational centre / “centre d’opérations” of FEMS in Brussels. The request will be formally done end of October. He further informed that if a decision is taken to establish the FEMS seat in Belgium, then the articles of association are to be modified (following a 2-month notice of the delegates before the GA) and the association is to be also erased from the French registry.

### **14. Next FEMS Meetings**

- a) 7-9 June 2018 - information and updates – (Lisbon, Portugal)

João de Deus and Paulo Simoes gave a brief overview on the joint AEMH/FEMS GA to be organised next year in Portugal, with the support of the Portuguese Medical Association and SIM. Details will be provided to all delegates in due time.

- b) 5-6 October 2018 – information and updates- (Italy -location to be confirmed)

[F17-041](#)

Ilan Rosenberg presented the SNR/ANAAO invitation to organise the FEMS GA in October 2018. One potential venue is Turin, but the final decision is still to be taken. Delegates will receive more information during the Lisbon GA.

## **Part IV: Emergencies, European Affairs, National Affairs**

### **15. Discussion and Decisions on Emergencies**

### **16. Reports of Other European Medical Organisations**

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

- a. **AEMH**

João de Deus informed on the latest AEMH activity. Thus, it had held its General Assembly in Luxembourg, following its annual conference whose topic was e-health in 2017. On this occasion the AEMH plenary decided to set up a working group to implement a European Board of Clinical Leadership alongside the UEMS model for the different specialties. Following exchanges of information with UEMS, this project is now being developed. AEMH will also organize the 4<sup>th</sup> European hospital conference in Dusseldorf (16 November) in cooperation with HOPE AND EAHM. The topic of this bi-annual conference will also be e-health.

On the occasion of the 3<sup>rd</sup> Joint AEMH-FEMS GA in Lisbon, AEMH will hold elections for its Executive Committee/Board.

AEMH has continued to develop special relations with other EMOS, especially with FEMS. It has also maintained interest in its involvement in the Presidents Committee, where it would like to see more developments.

**b. CPME**

No representative present.

**c. EJD**

No representative present.

**d. UEMS**

João Grenho briefed on the latest UEMS activity. Thus, UEMS has approved new rules of procedures on the occasion of its Council meeting in Tel Aviv (Israel); hence, UEMS sections will have the opportunity to vote in the Council meeting as of the next council. This is an opportunity for the UEMS bodies to express their views and ideas. The next council meeting is planned for 20-21 October 2017 (Brussels) and will be preceded by the 2<sup>nd</sup> UEMS meeting with the European scientific societies (19 October). Joint proposals concerning CME/CPD are most welcome to work on between ESSs and EMOs.

He further informed that the Domus Medica is complete, but if other EMO wishes to relocate, solutions will be found to accommodate it.

b) Final EMOs letter to the Taskforce on Brexit

[F17-051](#)

**17. National Reports**

Delegates presented their national reports as listed below.

For the Bulgarian Medical Association, Yuliya Byankova informed that there is a new government installed in Bulgaria and, consequently a new team in the ministry of health. Almost all the initiatives of previous ministers were cancelled. There is a new framework agreement, triggering lots of problems, mostly due to the limited budgets. There is also an increasing number of aggressions and violence against doctors. The low percentage allotted to GPD significantly impacts on the patients.

Austria	<a href="#">F17-045</a>	Netherlands (LAD)	<a href="#">F17-057</a>
Belgium (GBS-VBS)		Poland (OZZL)	<a href="#">F17-078</a>
Bulgaria (BgMed. Ass.)		Portugal	<a href="#">F17-077 EN</a> <a href="#">F17-077 FR</a>
Croatia (HLS)		Romania (CFSMR)	<a href="#">F17-065</a>
Cyprus (CTMA)	<a href="#">F17-076</a>	Slovakia (LOZ)	
Czech Republic (LOK-SCL)	<a href="#">F17-073</a>	Slovenia (FIDES)	<a href="#">F17-068</a>
France	<a href="#">F17-064 EN</a> <a href="#">F17-064 FR</a> <a href="#">F17-066 FR</a>	Spain (CESM)	<a href="#">F17-069</a>
Hungary (MOSZ)		Turkey (Istanbul Medical Chamber)	<a href="#">F17-079</a>
Italy	<a href="#">F17-071</a>		

## 18. Any other business

- a) **NEW!!!** Campaign “Hey doc, who’s your doc?” by CFAR (for information)

[F17-074 EN](#)

[F17- 074 FR](#)

[F17-075](#)

Claude Wetzel informed on this campaign. The documents are translated into 23 languages and available for free to anyone who wants to make use of them.

Diana Povoas (FNAM) made a proposal to make a survey on doctors’ burn-out in FEMS countries and to include this topic in the next GA agenda.

***N.B.: participation in votes requires the payment of the contribution of 2016 (article 12a of the Statutes).***