

Date:	10-06-2018	Document:	F18-034 EN
Title:	Draft Minutes FEMS General Assembly Lisbon, 7 June 2018		
Author:	Bojan Popovic		

FEMS General Assembly

Friday 8 June 2018 09:00 – 18:00

Saturday 9 June 2018 09:00 – 13:00

*Venue: **Hotel Sana Lisboa**, Av. Eng. Duarte Pacheco 15, 1070-100 Lisboa, Portugal*

FRIDAY 8 June 2018 9:00 – 18:00

9:00 – 13:00 FEMS General Assembly

10:30 – 11:00 Coffee break

PART I: procedural issues

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

2. Welcome speech by Paulo Simoes, SIM

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

Participants list

F18-

4. Approval of the agenda

K. Keijzer, H.Mayer, A. Albesa and P. Simoes argued the Board decision to invite the candidates for the observer status before discussing the issue in advance.

E.Reginato and B.Popovic explained that this topic was handled exactly the same way as it has always been. K-Keijzer said it is not necessary to handle the issues always in the same way. Therefore, K. Keijzer suggested to rephrase the point of agenda, and for the next time he suggested the topic to be discussed before the candidates are invited to the GA.

B. Popovic rephrased the title of the point to “Discussion about the applications for the potential candidates for the observer status”.

After this modification, the agenda was unanimously approved.

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

No suggestions were given.

6. Approval of the minutes of the last FEMS GA (Malaga, October 2018)

[F17-083](#)

The minutes were unanimously approved.

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

F18-004

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

8. FEMS President activity report (E. Reginato)

Enrico Reginato attended the UEMS conference where he supported the document on the central role of physicians in the healthcare.

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](#)

K. Keijzer suggested to send the same questions to AEMH members as well. E. Reginato explained the preparations for the September conference: invited will be:

- SG SANTE commissioner

- OECD representative C. Berchet because OECD has made interesting studies on the migrations and healthcare statistical data

-the representative Paul Laffin of the British Medical Association on the influence of Brexit on the working conditions.

- CPME will have a presentation on the need for a strong DG Santé.

In the afternoon, we will give the proposals for the solutions. One of the issues is that DG SANCO doesn't have a strong perspective.

2. make publicly available and promote the document concerning the (non)implementation of the rule 48-hours working time weekly, (updates from the working group CESM, ANAAO, FNAM),

The topic was joint with the point 13.2.

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

The work is not finished yet.

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

B. Popovic attended the meeting organized by the Bulgarian medical association on the medical responsibility in civil and criminal matters. He presented the slides prepared by E. Reginato and explained different approaches when handling civil and criminal procedures. Generally, the systems could be classified into 3 groups: those which settle the disputes extrajudicially, those which settle them prevalently judicially and mixed systems. Among other speakers, there was K. Fjelsted (CPME) speaking about the importance of medical autonomy and a representative of the Macedonian Medical Association speaking about the Macedonian system. Apart from that, the representatives of the Bulgarian medical associations, civil and criminal judges and the chief public prosecutor explained each their view.

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

A letter endorsed by all EMOS except CPME and UEMS was sent to the Italian ministry of health.

6. statement on making also non-university hospitals should be involved in the specialist training process, (A. Spedicato/E. Reginato), [F18-010](#)
7. be in touch with AEMH concerning the development of the clinical leadership, (E. Reginato),

This topic was not discussed during the separate FEMS session.

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

This topic was already explained by J. de Haller (CPME) saying that for the moment, the CEN committee has been dissolved, so it seems that the danger is over for now.

9. promote the visibility of FEMS (B. Popovic) [F18-002](#)

B. Popovic attended the EU Healthcare platform meeting where DG Santé was discussing the most important issues with the NGOs. EU health commissioner emphasized the importance and the vaccination. B. Popovic

FEMS Permanent Secretariat: Rue Guimard 15, B-1040 Brussels/ Belgium
Tel.+32 27 36 60 66, Fax +32 27 32 99 72, e-mail: info@fems.net, <http://www.fems.net>

and D. Voicu distributed the preliminary information on the FEMS conference. OECD representatives explained the Healthcare at a Glance survey and B. Popovic intervened that the data on inequalities in the healthcare may correlate quite well with the inequalities of the working conditions for doctors.

L. Stärker and B. Popovic attended the meeting ETUC/EPSU on the working time directive. They expressed very clearly the position of FEMS to abolish the opt-out completely and EPSU supported the FEMS position. C. Wetzel agreed that it is important to be present at the meetings like this.

A. Spedicato and L. Stärker pointed out the problem of the definition of stand-by duty and on-call duty. According to a ECJ ruling, 5 minutes reaction time is not sufficient to categorize the work as stand-by. But we still don't have the answer on how many minutes of reaction time can be regarded as sufficient.

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

10. Reports on Emerging Affairs not included into Programmes

- a) EPHA GA and elections (June 2018 – J-P Zerbib

J-P Zerbib recalled the issue of his non election because of sex quotas. But, the situation at EPHA is changing, so now the chances for him to be elected seem better, so he will present himself again.

- b) Resignation of FEMS 1st Vice-President – for information

E. Reginato explained that A. Tomas I Torrelles resigned as 1st FEMS vice president after Metges, despite all efforts, decided to quit CESM. No discussion ensued.

- c) Requests to become observers with FEMS: by the Belarus Medical Association to join as observers
 - o Turkish Cypriot Physicians Union [F18-006](#)

The representative presented their union. B. Maillet, E. Reginato and B. Popovic had a discussion on the different views between the associations from the northern and southern part of Cyprus, about the participation of the associations from the northern part of the country at the international organizations due to the specific position of Cyprus in the international community.

A. Albesa asked for a separate vote about postponing the decision.

Decision: the proposal to postpone the decision about the observer status was rejected.

Then the voting on the application was performed, decision: Turkish Cypriot Physicians Union was accepted as FEMS observers (2 votes against, 1 abstention)

- SANITAS (Romania)

[F18-007](#)

The representatives of the candidate presented their union. They have 120.000 members; 3000 of them are doctors and dentists.

B. Popovic, C. Keijzer, B. Maillet, H. Mayer and the representatives of CMR/CFSMR expressed their concern over the fact that the doctors represent only the minority in that union, so they cannot defend the doctors in the same way they would do if they had more doctors as members.

B. Popovic asked if anyone demands the final decision on the observer status to be postponed. Nobody requested that, so the final voting ensued.

Decision: the application of SANITAS for the observer status was unanimously rejected.

- Metges de Catalunya

[F18-008](#)

Since the association was not present and since more information is needed, the Board proposed this topic to be postponed. Therefore, no voting took place.

d) Action Day 2018

This year, the action day will coincide with the inequalities conference on 21st September 2018, so no actions like posters distribution will take place this time. The preliminary programme was presented.

13:00 – 14:00 Lunch break

14:00 – 16:00 Common Working Groups

1. Working group on Clinical Leadership
Chair Vlad Tica
2. Working group on Inequalities in European Doctors' Working Conditions and Remuneration
Chair Bojan Popovic

The presentation was given during the common plenary meeting on Saturday.

16:00 – 16:15 Coffee Break

16:15 – 18:00 Joint AEMH-FEMS General Assembly

The afternoon common session was dedicated to the presentation of country and organisation reports.

11. Country and Organisations Reports

Austria OAK / VLKO	F18-022	Netherlands/ LAD	F18-020
Belgium/GBS-VBS		Poland/ OZLL	
Bulgaria/ BgMA		Portugal/ Ordem dos Medicos/FNAM/SIM	F18-030 F18-030 FR
Croatia/ HLS		Romania/CFSMR	F18-031
Cyprus/ CTMA	F18-028	Slovakia/LOZ	
Czech Republic/ LOK-SCL	F18-025	Slovenia/FIDES	F18-021
France/FPS/UNMS/	F18-018 UNMS	Spain/CESM	F18-024
Italy/ANAAO/AAROI/SNR	F18-016	Turkey/ Istanbul Medical Chamber	F18-017

Saturday 9 June 2018, 9:00-13:00

9:00 -11:00 FEMS General Assembly

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

a) Treasurer report

F18-

b) FEMS accounts at 31.12.2017
[F18-012](#)

[F18-011](#)

P. Simoes presented the final accounts for 2017. Since FEMS has a positive balance and a steady sum on the saving accounts, some ideas about investing the money was discussed. One of the possibilities could be to buy a property – an office in Brussels which could be both useful and welcome in terms of saving money for the office rental.

The GA unanimously supported the Board to research on possible properties that could be suitable as FEMS premises.

13. [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 – updates from the working group (Arda Saygili/Paulo Simoes/Claude Wetzel/Fabio Pinto)

A. Saygili, assisted by C. Wetzel and F. Pinto presented the findings of their working group. Essentially, they came to a conclusion that working time is not the only important indicator of working conditions. There are several others, like safety at work, equipment, the possibility of a career, and also the disposal of different facilities, like kindergarten and sometimes even facilities like cafeteria.

B. Popovic asked whether they studied the state of play on the implementation of maximum 48 working hours in different countries and the persistence of the opt-out, but A. Saygili and C. Wetzel responded that this was not the scope of their work. However, they could extend the scope of their working group.

It was agreed that the working group will continue the work by making a study on the following questions:

- in which countries there still exists the opt out possibility
- in which countries has opt-out completely disappeared
- how did they succeed to abolish the opt-out, what kind of actions were done and what could the other countries learn from them

2. implementing compensatory period without exceptions (Alessandra Spedicato)

Alessandra Spedicato presented her study. It appears that in several countries the compensatory rest is well implemented and in some not. A. Spedicato pointed out that she is not sure why the compensatory rest is not respected everywhere and she is not even sure whether the doctors even want it. B. Popovic suggested to

extend the scope of the working group by adding some further questions asking the respondents about this and about the reasons why in some countries the doctors are not interested in having rest periods. This data could then be compared to the reasons why in other countries the doctors support the idea. Then, the countries where rest periods are implemented without exceptions, the respondents could be asked if this has been always so and if not how did they change the way of thinking on this issue.

3. implementing minimum doctor's salary across EU at 2 average EU salaries, corrected by PPP – FEMS conference on inequalities in doctors' working conditions and remuneration across Europe – updates
 - report of the working group – CFSMR/LAD

The work is still in progress and the results will be presented at the next GA.

4. ensuring there is no reduction of incomes or bonuses due to the reduction of working time down to 48 hours, (Harald Mayer/Jean-Paul Zerbib)

H. Mayer said that they have no results because they didn't find the time to work on it. To B. Popovic's question, Mayer responded that the work will be done and that they don't need any help by now.

5. professional fault to be excluded from criminal codes in all European states, (updates from the working group Enrico Reginato/Christiaan Keijzer, Claude Wetzel)

No work has been done so far. E. Reginato said that this issue depends on the criminal codes which are in different countries different. But B. Popovic on the other hand said that while it is true, we could still make an analysis on the question where the professional fault is regarded as a crime or not. Where not, an additional question could be asked whether the situation has always been like this. And in the cases where de-criminalisation happened, the delegates can be interviewed about how they achieved the de-criminalisation to happen.

6. restriction of trainee's liability for refund of expenses to max. 24 months, (Bulgarian Medical Association/Cyprus Turkish Medical Association)

Since BgMA was not present, the other members of the working group, those of the CTMA didn't have enough information about what was expected from them. B. Popovic explained that in several countries, mostly those where there is a huge lack of doctors, the hospitals or governments introduce different restrictive or refund policies for the specialist trainees who would like to go to work somewhere else than in the region which educated them, before the expiry of a certain number of years (5 years quite typically). The

scope of the working group is to find in which countries such restrictions or obligations exist, why they exist and to inquire how such obligations could be eased to the level of max. 24 months obligation as it stands in the FEMS strategy.

7. ensuring an appropriate quality of medical training in all European states,

E. Reginato said that FEMS is following UEMS on this topic, so no FEMS-particular action has been taken.

8. ensuring that also non-university hospitals should be involved in the specialist training process,

A letter was sent to the Italian minister of health. No reaction has happened yet, not surprisingly, since there is a government change in Italy.

9. exclusion of healthcare from any international trade agreement, (Enrico Reginato/ANAAO updates and follow-up)

10. no further CEN standardization of medical profession,

E. Reginato said that CEN has dismissed the committee which was in charge to prepare the standards in medicine, so there is no immediate danger at the moment and the strategic goal could be considered as achieved.

11. minimum 6,9% GDP public sources expenditure for healthcare,

[F17-085](#)

B. Popovic explained that 6.9% of GDP dedicated for the healthcare is actually quite a correct threshold because it seems that the countries immediately and further below this number have more important problems in their healthcare with respect to the countries where this percentage is higher. More about that could be known after the September conference.

12. finding and promote best bargaining practices and to implement separate bargaining for the doctors,
(Bojan Popovic)

The visibility of the conclusions of the Malaga pre-conference was improved by presenting them in a CPME newsletter in December 2018 and also on the EU healthcare platform.

13. maintaining at least 3 presidents' committee meetings a year and have representation in at least 70% of other EMOs meetings,

E. Reginato commented that the goal is being achieved so far.

14. having all FEMS positions open for support by other EMOs

E. Reginato commented that the goal is being achieved so far.

14. Statutory issues

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

B. Popovic explained that the application to register the FEMS branch was filed at the Brussels commercial tribunal. However, they require the FEMS statutes to be legalized by the French authorities. This was tried by J.P. Zerbib. Unfortunately, the documents submitted have been lost by the Paris municipality, so the legalisation should be attempted once again.

15. Next FEMS Meetings

a) 21-22 September 2018 - information and updates – (Brussels, Belgium)

[F18-013](#)

Due to the fact that the dates of the inequalities and the GA coincide, the venue and dates of the autumn 2018 GA was changed to Brussels and from October to September 2018. The inequalities conference will be held at the premises of the European Social and Economic Council, while the GA will take place at the Thon hotel in Brussels.

b) April 2019 – information and updates

The spring 2019 GA will be hosted in Naples.

Part IV: Emergencies, European Affairs, National Affairs

16. Discussion and Decisions on Emergencies

No issues were discussed.

11:00 - 11:15 Coffee Break

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

Joao de Deus presented the newly elected board of AEMH as of 2019:

- President: Dr Theo Merholz (Germany), 1st Vice-president: Dr Sergio Bovenga (Italy), 2nd Vice-president: Dr Karin Batelson (Sweden), 3rd Vice-president: Dr Konstantions Koumakis (Greece) and treasurer: Dr João Grenho (Portugal)

17. Reports and Documents for adoption and decision

a) Internal Documents from Working Groups

b) External Documents from other Organisations

FEMS Permanent Secretariat: Rue Guimard 15, B-1040 Brussels/ Belgium
Tel.+32 27 36 60 66, Fax +32 27 32 99 72, e-mail: info@fems.net, <http://www.fems.net>

No documents advanced.

18. Report of the Working Group on Clinical Leadership

Vlad Tica pointed out that there is no curriculum at the European level regarding Clinical Leadership. There may be an interest in having an European certification by national doctors. AEMH has good connections with other EMOs and universities so that it can provide the necessary expertise in this specific field. The aim of the WG was to have a draft of the training requirements. The UEMS ETR template was taken as a model. Only one part from the ETRs was dealt with, namely the one dealing with trainees. The next steps will be to have a permanent Clinical Leadership Working Group within AEMH, to have the feedback of the participants and other interested, as well as of the other EMOs and then propose a final document for the next AEMH plenary for endorsement.

Bernard Maillet said that UEMS will be quite happy to further cooperate with AEMH on this initiative.

19. Report of the Working Group on Inequalities in European Doctors' Working Conditions

Bojan Popovic explained that the working group dealt with the results of the studies performed by FEMS and which will be presented during the conference organised in Brussels on the 21 September. The conference is the result of FEMS work over the past 2 year and with contacts with the European Commission. The morning part will be a diagnostic part – with contributions from FEMS, EESC and potentially the EC and the afternoon part will be dedicated to contributions from OECD and other EMOs, in the aim to provide solutions to the problems raised.

Among the solutions already discussed within FEMS, Bojan Popovic pointed out:

- The increase of the GDP public spending;
- Healthcare should be seen as an investment and not as a cost'
- A sustainable patient and staff ration at the EU level;
- Increase of the number of students especially in the immigration countries.

20. European Medical Organisations

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

- CPME: Dr Jacques de Haller - [presentation](#)

-

- CEOM: Dr José Santos informed on the latest work of CEOM. Thus, CEOM's concerns have been medical ethics and professional conduct, free movement of professional healthcare, violence against physicians and their families, medical regulations, professional training efficiency, public health. Significant work has been undertaken under the European Observatory on Violence against Physicians, since this phenomenon is on the rise. CEOM revised its deontologic guidelines to conform them with the changing landscape. The declaration of the Portuguese medical association was also endorsed concerning physiotherapy – diagnosis and referral to physiotherapy is exclusively a medical decision. CEOM also believes that collaboration among EMOs is important. How to improve working conditions of doctors in the future? CEOM can act through direct dialogue with national authorities and also lobby at the EU level in areas as deontology and professional ethics.

-

- UEMO: Dr Tiago Vilanueva informed on the UEMO intention to change its statutes so as to allow for 6 vice presidents instead of 4 as well as their intention to establish a permanent secretariat in Brussels. UEMO is working on a number of the declarations regarding the future of primary care and its organisation. A document on »The value of general practice« was presented at the last UEMO GA in Prague, highlighting the need of having a robust primary care. UEMO has been involved in quite a number of European projects during the presidency of Dr Aldo Lupo, among which Antimicrobial resistance, HTA, nutrition and prevention of obesity, SMART. UEMO has been also working with EMA (European Medicine Agency), especially on public consultations and public hearings. UEMO has been making efforts for general practice to be recognized as a specialty across Europe.

- UEMS: Dr Bernard Maillet - [presentation](#)

- b) **Reports from last EMO's Presidents' Committees (14 April, Brussels-CPME)**
[AEMH-009](#)

13:00 – 14:00 Lunch

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