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EUROPEAN FEDERATION OF SALARIED DOCTORS**

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European Medical Organisations' Alliance

Draft Minutes
Ljubljana EMOs Presidents meeting
Domus Medica
Dunajska cesta 162, Ljubljana
26th March 2011 – 9:00 – 13:00

Participants: Gordana Kalan Živčec (CEOM), Claude Wetzel (FEMS), Bojan Popovič (FEMS), Joao de Deus (AEMH), Zlatko Fras (UEMS), Konstanty Radziwil (CPME), Jörg Pruckner (EANA)

Apology: Bernardo Bollen Pinto (PWG)

1. Welcome and Opening by the hosting organizations

G. Živčec and B. Popovic opened the meeting and greeted the participants.

2. Election of chairman and rapporteur

Gordana Kalan Živčec was elected chairman and Bojan Popovič rapporteur.

3. Approval of the Agenda

The agenda, proposed by FEMS+AEMH (B. Jencik, B. Popovic) was approved, additionally C.Wetzel proposed to put on the agenda the Cross Border Healthcare (CBHC) directive and WHO code of practice for ethical recruitment.

4. Approval of the Minutes of the EMO Meeting, 2 December 2010 in Paris

J de Deus underlines that he cannot approve the sentence of FU Montgomery (CPME) about the necessity of joint EMO documents only if there is a difference in the opinions, in order to achieve a minimal consensus. With this comment, the minutes were unanimously approved.

5. Follow up of the Amsterdam and Paris meetings:

- **Alliance Collaboration:**

Common letter to EU (June2009); Porto document (2009Dec05);
Rules of procedure

Wetzel: EMOs need collaboration and discussion. Živčec warned that some meetings overlap. Wetzel said that CPME coordinates meetings calendar.

Živčec: Kos declaration is about to be prepared concerning ethical issues. Small modifications have been added. She hopes all EMOs will be willing to adopt them.

Živčec proposed to have EMO meetings in Ljubljana in the future, using the new Slovenian Domus Medica.

Radziwil said it would be too expensive and we should keep the meetings adhered to individual EMOs meetings. Maybe Živčec proposal may be acceptable only for meetings that do not coincide any other meeting.

Zlatko Fras announced for 8th/9th October: UEMS meeting in Naples. An Alliance PC could be organized during the weekend.

End of November: Thursday 24th, UEMS European CME Accreditation Committee (ECMEAC) conference (Brussels) with presentation of the building for the future European Domus Medica. An Alliance PC could be organized during this meeting. This event is partially overlapping with the CPME meetings (25-26 November 2011).

Wetzel: everybody agrees that we need to meet twice or three times a year. Popovic will prepare draft rules of procedure.

- Common Positions:

- **Task shifting**, coordinators AEMH, CPME, EANA

Reference documents: AEMH 047, UEMS 2009-14, CPME 10-128, EANA

Radziwil reminded about the differences between Scandinavian countries, UK and the rest of Europe.

Fras proposed once again to define the medical act/nurse act, based on competence. Wetzel thinks it is a good idea.

Radziwil: the border between the doctor and patient is not sharp. Task shifting is about who is making decisions: hospital administration or medical professionals. The politics is going this way almost everywhere in Europe. CPME will establish a WG concerning task shifting as a part of training process of young doctors. We will face huge problems not only because of different positions but also because of different realities in different countries. In Sweden, task shifting is not supported only by the government, but even more by doctors themselves. We should work in this field but we don't need a document now.

Deus, Živčec: he did not agree with Montgomery's discussion during the previous meeting. Deus thinks we need a common document in this field.

Radziwil: it's not that easy. Some documents are large and it is difficult to have a common position on the document as a whole. Sometimes we can have different, but convergent positions. Maybe sometimes it is better not to have a common document because it could become too general.

Wetzel: it is important we have common wording. The politicians are shifting this tasks to non-medical professionals.

Deus: at the moment, task shifting is rather a national than EU problem. But it is getting to the EU level as well. Deus proposed to prepare step-by-step a common document, including medical act definition.

Pruckner: in Sweden, there are two blocks. The position of the Swedish medical association is not the only one. Swedish private doctors have a different opinion. EMOs are doctors' organizations, so we don't need to take care about the healthcare organization.

Fras: we should not go immediately in public, but we must have the documents ready.

Everybody agreed that the WMA position on task shifting is acceptable.

Popovic, Radziwil: doctors' jobs are not in danger because of task shifting. The main concern is the patient's safety.

Radziwil agreed with the idea of defining medical or nurse act. He even thinks that nurses could support it.

Fras: some countries would like to use the task shifting in order to reduce the costs. But it happens that by this way the costs do not diminish. Reference hospitals in Slovenia are an attempt to introduce task shifting. In Slovenia, the nurses are educated at faculties even to manage doctors. The Slovenia healthcare minister wanted to invest 2 million € into reference hospitals with specially educated nurses. In Fras opinion, this is an attempt to replace GPs by nurses. Some historically physicians' procedures, e.g. phlebotomy or blood pressure measuring have already been delegated to other members of the team, but within the medical team. Protocols where nurses may replace the doctors must be clearly defined.

Živčec: the steps toward what Fras was talking have already been done.

Deus supported Fras proposal concerning medical act definition. In Portugal, there is a surplus of nurses, like in Slovenia; so there is a competence issue between nurses and midwives. Technicians may perform some tasks even better than doctors e.g. echography, but the overall patient care needs a more global competence that only a doctor has. Nurses usually don't want to take the responsibility.

Fras, Radziwil: there is an issue of the competence in anaesthesiology, with specially trained nurses.

Conclusion: Deus will coordinate the task force on medical competence, all EMOs are invited to appoint liaison officers.

- **RPQ (Recognition of Professional Qualification) directive revision process,** coordinators UEMS and PWG/EJD

Reference Documents:

EC public consultation document, Berlin Statement, UEMS letter on RPQ, Informal Network joint response, CPME 2011-015 response, AEMH 11-021 response, PWG/EJD response.

Fras presented the UEMS document.

Radziwil: CPME thinks that one of the priorities is to simplify the process of recognition. Until the process is limited to duration of education, the process is simple. By introducing the checking the process will be more complicated. Nobody opposes to elaborate proposals, but on voluntary basis, not compulsory. It is not likely to establish a EU Agency for Professional Qualifications dealing with curricula, since UEMS as a non-governmental organisation cannot do it. Radziwil agrees to show best practices, but proposes to keep the recognition as simple as possible.

Živčec: there is some confusion concerning the competences of GPs. Somewhere they are not even specialists, other parts with 3 or even 5 years of specialization.

Fras: there are specialists from Albania or Bulgaria that don't know even basic anatomy.

Deus: in Portugal, the training lasts minimally 5 years, some specialities even 7 years. National authorities should be allowed to assess the level of competence.

Popovic: from the perspective of an employed doctor, prolonging the training means to make migrations more difficult. There are huge differences in what the trainees can do while in training. By prolonging the training, young doctors will migrate with great difficulties.

Fras: not only doctors, but also the patients will migrate. It is important that everywhere in Europe the doctors will have the same level of competence.

Radziwil: if there are good practices, we can use them, but we don't need a directive for that. We cannot say what Romanian doctors should look like in Romania.

Fras: they want to introduce a common training platform. To Živčec question, Radziwil said that in dentistry there is even the whole curriculum in the annex.

Wetzel: the directive containing all curricula would look very complicated.

Pruckner: UEMO should be included in this process.

Conclusion: Romuald Krajevski (UEMS VP) can be a liaison officer between CPME and UEMS. FEMS + AEMH trust UEMS in this topic.

- **EWTD**, coordinators FEMS and CPME

Reference Documents: EMO statement 2008, EMO statement 2010, Com2010-802 EN implementation report, Com2010-801 EN 2nd phase consultation, CPME 2011-014 REV, Draft EMO CPME 2011-04 REV FEMS, PWG/EJD 10-061 response.

Radziwil: the differences between the countries in opt-out acceptance are based on different confidence in state institutions. In Scandinavia, people have much more confidence than in south European countries. That is why Scandinavians are willing to accept more flexibility.

Popovic: in Scandinavia, employees have security, so they can afford some flexibility.

Wetzel presented the recently accepted common statement, undersigned by CPME, FEMS, AEMH and EANA.

Wetzel, Radziwil: we will have to sacrifice something because we cannot succeed in all our demands. Probably, we will have to accept some flexibility in the opt-out clause.

• **Cross-border healthcare directive**

Wetzel: the Parliament and the Council already approve the CBHC directive. We had some doubts, but this doesn't change the fact that the directive is a reality. In Wetzel's opinion this is a directive for rich people, for the poor nothing will change. For the moment, only 1% of EU citizens are going abroad to be treated.

Fras: in this way, the earnings of physicians will decrease. With patients' rights, patients will be able to migrate. In future, there will be more migration.

Radziwil: the directive is done for European citizens rather than for physicians. He thinks that ill people will always stay at home because ill people don't migrate. The danger of the directive is not for patients, it is a good idea to have more mobility. The risk is for the system.

Pruckner: in Austria there are 3 hospitals having contracts with Swedish partners for e.g. orthopaedic procedures. In Denmark, if the hospital is not able to provide the service in due time, they have to pay the hospital (in Austria for example) able to provide the treatment.

Radziwil: but this way, Denmark hospital can even have profit, if Austrian service was e.g. cheaper than in Denmark.

Popovic: if we only study the effects of the directive for patients' rights and physicians, we may lose time. The directive is a reality with such arrangements like Englishmen systematically being sent for dialysis to Porto by Ryanair. We must go forward and take the directive as a challenge.

- **WHO code of practice:**

Wetzel completely supports the WHO global code of practice for ethical recruitment of healthcare workforce. Otherwise, we will constantly be pumping doctors from poor countries to the rich ones.

Conclusion: Wetzel will diffuse the text of the code.

6. Domus Medica, state of affairs by UEMS

Fras showed the map and pictures of the intended premises (Brussels, 24 rue de l'Industrie). These new premises, close to the CPME premises, are ready to move in, UEMS can afford them. AEMH, FEMS and PWG/EJD are ready to join the project. The problem is CPME because they are bound by the contract for the present premises until 2013.

Fras: to Radziwil's question about added value, Fras and Wetzel said we could share phone lines, Internet connections, PR office, even common secretary, etc.

Živčec: when the main goal is defined, all others follow spontaneously.

Radziwil: Presidents are not engaged that much in everyday work so we should consult secretaries concerning these questions.

Radziwil, Fras: maybe finding a new tenant for their present premises can solve CPME's problem.

7. AOB

8. Next meeting: Kos island (Greece), 11th June 2011.