



**FEDERATION EUROPEENNE DES MEDECINS SALARIES  
EUROPEAN FEDERATION OF SALARIED DOCTORS**

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The end of 2010 and beginning of 2011 was a very busy period.

## **A. Medical inter-organisational relations**

### **1. Relations with the other EMOs**

When possible, the President and the members of the FEMS Board accept the invitation of the other **EMOs** to take part in their meetings, to develop the cohesion of the European medical policies.

- UEMS Council, Sections & Boards meetings, Prague (CZ) 7-9 October 2010
- FNAM VII Congresso, Lisboa (P) 23 October 2010
- PWG Autumn meeting, Amsterdam (NL) 29-30 October 2010
- UEMO Autumn meeting, Porto (P) 12-13 November 2010
- CPME WGs, Board & General Assembly, Brussels (B) 26-27 November 2010
- CEOM meeting, Paris (F) 3 December 2010
- EAHP Congress, Wien (A) 31 March-1 April 2011
- Euro Demonstration Budapest (Hu) 9 April 2011 **F11-015 EN**
- CPME WGs, Board & General Assembly, Brussels (B) 29-30 April 2011
- PWG Spring meeting, Zagreb (HR) 6-7 May 2011 (**B Popovic**)

### **2. The EMOs' Alliance**

Since the meeting of Winchester and the presentation of AEMH/FEMS document on a co-operation of the EMOs within the framework of a Federation, the project moved with the creation of the Alliance of the EMOs, in Oporto December 5, 2009.

For the EMOs, the project of Alliance remains a top priority for the cohesion of the medical voice in Europe. The EMOs Alliance Presidents' Committee, enlarged to the Secretaries General, met in:

Amsterdam 31 October 2010

Paris 2 December 2010

Ljubljana 26 March 2010 (*Slovenian Domus Medica inauguration*)

**[AEMH 10-080](#)**

**[F11-006 EN + FR](#)**

**[F11-031 EN](#)**

During the annual FEMS/AEMH Board and Executive Committee meetings at the end of January 2010 and 2011, the continuation of the process of co-operation of the EMOs is

validated, confirmed by the Plenaries. For more effectiveness of this co-operation, a Common Secretariat in a *Domus Medica* is a short-term objective for FEMS and AEMH.

The friendly proposal of the UEMS to host the Alliance in a new common building (*European Domus Medica*), with a Common Secretariat is now accepted by all EMOs.

European Domus Medica - Inauguration Brussels November 24, 2011 [UEMS NewsFlash](#)

## B. The major political files

As decided in Oporto in the framework of the Alliance, FEMS is focusing its activity on its fields of expertise. For the other topics, we trust in the other EMOs, supporting and endorsing their statements elaborated in common Working Groups.

1. **EWTD 2003/88 revision process (FEMS expertise)**: work of cohesion of the FEMS for the adoption of a common response of the EMOs to the consultation of the Commission, on the initiative of the CPME (Dr. Montgomery). Discussions within the EMOs: CPME, UEMS, PWG, FEMS, AEMH, EANA.

In the months to come, the European health professionals will be confronted with difficult moments because the revision of **the Directive relating to certain aspects of the working time (ED 2003/88/EC)**. In spite of the burning failure of 2009 obtained by the decisive action of lobbying of the EMOs, especially the FEMS, the Commission had to start again the process of revision in March 2010, under the pressure of certain governments and of the powerful European lobby of the employers (Business Europe). A first phase of consultation of the social partners, obligatory according to the Treaty on the Functioning of EU (TFEU), was to determine whether a revision of the Directive is necessary.

In response to this first round of consultation, the European Medical Organizations (EMOs) had adopted a common answer on May 7, 2010. This common answer rejects, once more, the creation of "inactive" periods during on-call duty and the postponing of the compensatory leave "of safety". The "opt-out" to carry out additional time beyond the 48 weekly hours, must disappear quickly or if its immediate suppression is not possible, for reasons of difficult medical demography for example, it must remain subject to a voluntary contractualisation within the framework of national collective agreements.

After this first phase of consultation of the social partners, the Commission published a state of play of the implementation of the ED in December 2010. The working time decreases in Europe. From 40,5 hours in 1991, it fell at 37,5 hours in 2010. Certain professions however are excluded from this average. The salaried doctors form thus part of the 9% of European employees working more than 48 hours per week and the Commission wants to improve the protection of the European employees, in particular in the field of health. In spite of the results of the first phase of consultation and result of an external audit (Deloitte ©), the Commission does not hide its intentions and in the name of the flexibility of work, it wants to avoid the *statu quo*.

The Commission thus relaunched the process and consulted the social partners during a second phase, which finished on March 25, 2011. It is asked to decide within the framework of an alternative: either a complete revision of the Directive, with "*new formulas of work*" and "*an increased flexibility*" or a revision focused on the health professions, with redefinition of on-call duty and the creation of "inactive" periods, postponing of the compensatory rest and maintenance of the "*opt-out*".

The remuneration of doctors decreased by 10% to 20% in many European countries because of the financial crisis. The Czech doctors failed to lose 40 % of their wages, before the government reverse under the threat of a hard strike. [F11-013 EN](#)

The Slovenian doctors bend their government, which had removed the payment of additional time, in 3 days of a very hard strike of patient care, at the beginning of September 2010.

Everywhere, doctors must work much while earning less. They will not be able to accept that a revision of the European directive leads them to make unrecognized on-call duty. If not, the medical careers will lose even more attractiveness and the medical shortage will worsen.

EPSU proposal to the Commission

[F11-014 EN](#)

**CPME-AEMH-FEMS-EANA common response to the consultation**

[F11-022 EN](#)

PWG/EJD response to consultation

[AEMH 11-035](#)

ETUC disappointed on EWTD revision

[F11-024 EN + FR](#)

EMPL Committee of the EP - social partners hearing 15 April 2011

[F11-029 EN](#)

EPSU reaction to the hearing

[F11-028 EN](#)

Despite the result of the consultation of social partners, negative reactions of the trade unions (ETUC/EPSU) and the EMPL Committee of the EP (rapporteur A Cercas), the Commission will probably make a new proposal of EWTD revision before the end of 2011, if the social partners find an agreement on the scope of the revision process. Business Europe is particularly oriented for a revision focused on the on-call duty regulation, the pregnancy leaves and the opt-out clause.

2. **ED 2005/36 on recognition of the professional qualifications (UEMS/CPME expertise)**: integration of the non-UE diplomas (AEMH, FEMS, UEMS, CEOM)

January 7, 2011, the Commission launched a public consultation on **the Directive on the recognition of the professional qualifications (ED 2005/36/EC) revision and the creation of a European professional card**. The consultation offered to stakeholders the occasion to announce the aspects of the directive, which, from their point of view, could be simplified or made more accessible. It also aims at collecting their opinion on the way of better integrating the professionals working in the single market and raises the question of a European professional card. To bring up to date this directive is one of the measures appearing in the the Single Market Act adopted October 2010 and following the Commission Reports on the way in which the directive is applied in practice. The results of the consultation will be integrated in an Evaluation report and a Green Paper planned for this summer and the Commission will submit a proposal for a modernization of the directive in 2012.

The directive on professional qualifications covers more than 800 professions which are regulated by the Member States and whose exercise is conditioned by precise professional qualifications. Certain health professionals and the architects (known as sectoral professions) benefit from automatic recognition of their qualifications because of harmonization of their respective education all over the EU.

FEMS GA Lyon adopted a draft of a FEMS policy statement on non-EU diplomas integration

[Final F10-041 EN + FR](#)

FEMS GA Istanbul adopted unanimously the Austrian Motion on Recognition of Diplomas, which expressed strongly against recertification.

[F10-068 EN](#)

European Commission Consultation paper

[F11-005 EN](#)

AEMH response to the consultation paper

[AEMH 11-021](#)

CPME response to the consultation paper

[CPME 2011-015](#)

UEMS response to the consultation paper

[AEMH 11-032](#)

PWG/ EJD response to the consultation paper

[AEMH 11-031](#)

Informal Network Competent Authorities of Doctors' response	<a href="#">AEMH 11-033</a>
Informal Network Competent Authorities of Doctors' "Berlin Statement"	<a href="#">F11-002 EN</a>
European Commission Evaluation Report	<a href="#">AEMH 10-071</a>
Public consultation and Professional card	<a href="#">F11-009 EN + FR</a>

There is no common EMOs' statement, but the CPME and UEMS statements are close.

3. **Working conditions, stress at work, burn-out (FEMS expertise):**

- **European Survey on Doctors' Remuneration (E Reginato)**  
Draft statement on Minimum Salaries [F10-102 EN](#)
- **European Survey on "University Hospitals" (E Reginato)**  
First results [F10-114 EN](#)
- **Minimum Standards in European Hospital Healthcare (B Popovic)**
- **2<sup>nd</sup> EAPH annual conference "Healthy Physicians for a Healthy Society",**  
Barcelona (E) 2-3 December 2010 [EAPH Barcelona 2010](#)

The GA in Istanbul October 2010:

- decided unanimously to respond positively to the **OZZL/Poland Draft Statement on Minimum Salaries** by investigating on average salaries in Europe, to relate with PPP (Purchasing Power Parity), in order to define a formula for minimum salaries for doctors in Europe. [F10-102 EN](#)
- decided unanimously to respond positively to the **OZZL/Poland Draft Statement on Minimum Number of Doctors** by defining Hospital Normatives, i.e. standards on medical needs per department or pathologies in order to guarantee patients' and doctors' safety. [F10-103 EN](#)
- **approved unanimously the Bulgarian Motion on Hospital Funds** and entrust the newly elected Minister of Health (Stefan Konstantinov) with the implementation. [F10-107 EN](#)
- **approved unanimously the LOK Motion to support Czech Doctors** who oppose new pay scales ignoring the length of practice. [F10-109 CZ EN](#)

During the FEMS Autumn GA in Catania (Sicily), FEMS and the Italian ANAAO will organise an international Conference on "**Physicians' working conditions**"

4. **European Directive on Cross-border healthcare patients' rights (CEOM, CPME expertise):**

The Istanbul GA **approved unanimously** a **Austrian Motion** that member states have the responsibility to ensure sufficient health care services; that patients cannot be sent abroad for medical treatment against their own will and that a high level of protection of personal data has to be guaranteed. [F10-067 EN](#)

FEMS Istanbul GA supports unanimously the **European Declaration of Health Professionals "Towards non-discriminatory access to healthcare"** presented by "Médecins du Monde"

Social partners reaction on CBHC	<a href="#">F10-116 EN</a>
Council adopts CBHC Directive	<a href="#">F11-019 EN + FR</a>

The Council approved on February 28, 2011 amendments of the European Parliament relating to a draft **Directive aiming at facilitating the access to safe and quality cross-border healthcare** and to promote the co-operation as regards healthcare between the Member States. This new directive clarifies the rights of patients treated in another Member State and comes to supplement the rights of MS whose patients enjoy already on EU level according to the legislation relating to the coordination of the social security systems (EC n°883/2004 rule). It answers the wish of the Council to fully respect the jurisprudence of the European Court of Justice on the patient's rights as regards cross-border healthcare (*Watts*

*rule*), while preserving the right of the Member States to organize their own healthcare system (*subsidiarity*).

In general, the patients will be authorized to profit from healthcare in another Member State and will be refunded on the level drawn by the Member State of affiliation as if this care had been dispensed on its own territory. The patients will thus pay the difference.

If pressing reasons of general interest justify it (such as the need for planning to guarantee a permanent accessibility with a balanced range of care of quality or the will to control the costs and to avoid any wasting of resources), a Member State of affiliation can limit the application of the rules of refunding.

The Member States can introduce a preliminary system of authorization to manage possible outgoing flows of patients. In the same way, in order to manage flows of entering patients and to guarantee a sufficient and permanent access to healthcare on its territory, a Member State of treatment can adopt measures relating to the access of care if pressing reasons of general interest justify it.

Thus, all is not settled by this first version of the Directive on patient's rights in cross-border healthcare. If the mobility of patients concerns for the moment only 1% of the population of the Union, this situation will probably develop only little because of the various restrictions on the application of these rights, imposed by the governments. The governments of the new Member States feared having to invest in the improvement of their healthcare system and the governments of the Western European States feared to have to deal with massive influx of patients coming from Central and Eastern Europe. The principle of subsidiarity, once more, was used by the national governments as an alibi to avoid investing in the improvement of their healthcare services.

##### **5. Healthcare workforce in Europe: medical demography, *numerus clausus* (FEMS, UEMS, CEOM, PWG expertise)**

**The EU Ministerial Conference on Healthcare Workforce, Brussels La Hulpe (B) 9-10 September 2010: "Investing in Europe's health workforce of tomorrow"** will have been one of the most significant in 2010. The Belgian Presidency of the EU, after a preliminary work during spring with the representative organizations of patients and healthcare professionals, brought together the Ministers for Health and European stakeholders.

**In 2020, they is a lack of 1 000 000 of healthcare professionals in Europe, calling into question 18% of the healthcare activity. A true social and political challenge, on a continent scale is at stake.**

FEMS and other EMOs alerted the European political authorities on this threat for years.

4 large axes of developments were decided:

- To guarantee our future requirements as personnel for health (number/qualification)
- To prepare the necessary changes (profiles of the jobs /diversity of competences / CPD)
- To create the best work environments to attract and retain the health professionals (working conditions / personal and professional-life balance)
- To promote a culture of training amongst health professionals (patients safety /quality of care)

Specific financings of the Structural Funds of the EU will be assigned to this policy, under the direction of DG MARKT (Internal market).

East-West imbalance is also a North-South imbalance, threatening the future of Healthcare in Africa and Asia.

WHO validated, in May 2010, a Code of conduct for International recruitment of Health Personnel  
[F10-083 EN](#) + [FR](#)  
EFN-EPHA debate, European Parliament, Brussels 27 October 2010 [EFN EPHA Press release](#)  
Questionnaire on "Numerus Clausus" in Europe [F10-042 EN+FR](#)  
EPSU/HOSPEEM Recruitment and Retention [F11-017 EN + FR](#)  
Healthcare workers shortage (EuropeanVoice) [F11-023 EN](#)

The European Trade Unions Confederation and the European Public Services Unions Federation (ETUC/EPSU) organized a great European **demonstration against the austerity and the revision of EWTD 2003/88** in Budapest (Hungary) on April 9, during a Council for Economic and Financial affairs (ECOFIN). The President and the 2<sup>nd</sup> Vice-President of the European Federation of Salaried Doctors (FEMS) took part in the name of the EMOs, representing 2 million European doctors in this demonstration. A Press-Conference before the demonstration was organised by MOSZ, the Hungarian medical trade-union (observer member of FEMS), hosted in their premises by the Medical Chamber.

In the late evening of April 8, the FEMS' President met the Hungarian Minister of State for Health, Dr Miklos Szocska. He said he is aware of the financial difficulties of the Hungarian health system and health professionals, but has no authority to change budget allocations in his country. He led for the Hungarian Presidency a survey on healthcare professionals migration. This survey was presented to the EPSCO Council in Gödöllő April 4-5, 2011 and this document is providing the **European Observatory on Medical Demography and Migration** "to feed" the future European database.

During the CEOM meeting, Paris 3 December 2010, an **European Observatory on Medical Demography and Migration** was established. The Steering Committee consists of the French, the German and Belgish Medical Chambers, UEMS and FEMS.

Steering Committee meeting, Paris 13 January 2011  
EFMA meetings, Brussels 23-24 June 2011

## **6. Task shifting (AEMH, FEMS, UEMS expertise)**

Facing these problems of medical demography (more generally of the healthcare professionals), one of the attitudes of the governments generally observed is the task shifting and the creation of new jobs with new skills. We think that this trend is like opening the "**Pandora box**".

FEMS and the other EMOs will never accept task shifting threatening quality of care and patient's safety, for reasons of defect of financing and/or bad organization of healthcare.

On proposal of the CEOM, the EMOs signed a common document on the prescription of drugs by non-medical professionals:

Task shifting health professions joint statement  
WHO task shifting recommendations & guidelines  
EMOs' Statement (UEMS, CPME, AEMH, EANA)

[F10-095 EN](#) + [FR](#)  
[F10-022 EN](#)  
[F10-023 EN](#)  
[EMOs on Task Shifting](#)

## **7. e-Health (CPME expertise)**

Neelie Kroes, the European Commissioner for Digital Agenda, called on last 25 February for radical changes to increase the use of **Information and Communication Technologies (ICT) in healthcare**. The industry of telecommunications had to enter on the market of "e-health" so that the patients can have access to the medical files on line, supervise their health using mobile devices and communicate more easily with their doctor. She declared: "the chronic diseases are in rise whereas a shortage of specialists and healthcare personnel appears. That will generate an enormous deficit of care, unless it is filled thanks to

technology. That means that the collapse of our systems is guaranteed if we do not make radical changes ". It will be necessary to quickly work out uniform standards for the protected data exchange, to allow an implementation generalized of the ICT in healthcare.

### C. The intern life of FEMS

- Finances have been in balance for 2 years, the financial reserves are stable in spite of the financial crisis. We can thus consider the future with serenity.
- The FEMS Board is physically meeting 3 times/year and we have 2 General Assemblies/year.
- The activity of the Working Groups are relaunched by their Coordinators, to be more reactive with the topicality and to improve necessary coordination with the other EMOs, within the framework of the Alliance.
- FEMS is enlarging: the Istanbul Medical Chamber is candidating for full-membership.
- For several years, common to the AEMH and the FEMS delegations, have expressed the wish to bring the 2 organizations closer. The goals are common and the organizations are complementary in the constitution of the delegations.  
We have already a common Permanent Secretariat since 2005, managed by Brigitte Jencik. Since 2 years, FEMS and AEMH Boards meet in January to coordinate the work of the two organizations.

**The Istanbul GA adopted unanimously an Austrian Proposal on Joint Meetings with AEMH.** In 2012 we will experience a joint plenary/GA in Varna (BG), on invitation of the Bulgarian Medical Association (provided approval by AEMH's plenary May 2011). [F10-066 EN](#)

### D. Next FEMS General Assemblies

- Barcelona (E), 13-14 May 2011 (P Martinez)
- Catania (I), 30 Sept.-1 October 2011 (E Reginato)
- Varna (Bu), 18-19 May 2012 (S Dachev)
- Strasbourg (F), 5-6 October 2012 (C Wetzel)
- Budapest (HU), 10-11 May 2013 (J Belteczki)

The European Commission (DG SANCO) recently published its 2011 Action Plan. The plan highlights the role of public health as a key factor for competitiveness and economic development in an ageing Europe and as cornerstone of the economic success. It underlines that a population in good health means more productivity, more time at work, more employed people, more old people at work and less healthcare demand. It also underlines the role of support of the EU' health policy in the economic revival and by helping the Member States to face the current challenges.

The resolution as regards **reduction of health inequalities**, adopted by the European Parliament on March 8, 2011, is without question progressist pleading for a universal access to healthcare and inviting Member States to coordinate their actions. The importance of the social determinants as regards access to high quality healthcare is amplified by the economic and financial current climate, in which budgetary restrictions still will worsen the existing inequalities between the socio-economic groups. Great inequalities exist between the various countries and the various areas: thus, in 2007, the life expectancy at birth of men differed by 14,2 years between the EU Member States,

for women respectively 8,3 years. For Zuzana Roithová (EPP, Czech Republic), these provisions go against the *principle of subsidiarity* which leaves to national governments the responsibility of organizing their healthcare systems (*principle of subsidiarity* confirmed by the treaty of Lisbon). However, the MEPS supported it largely in Strasbourg.

The access to healthcare for all is a fundamental human right. This right is an essential element of the European social model. All the concerned actors must work for an effective operation of the health services. That implies a multidimensional step having to take account of the various challenges, in terms of shortage of healthcare which each country meets.

During a recent Conference entitled “New Governance for the EU” organised in Strasbourg April 7, 2011 by the University, Joseph Daul President of the EPP, the largest political group of the European Parliament, declared: “We are 500 million citizens living in a common area, not only a single market but a peaceful area with common values, especially social ones based on the European Charter for Human Rights. For more solidarity, we need more common European regulation, eg financial rules. Make no mistake: the confrontation between the European Parliament and the Council is not an apothecaries’ quarrel. It concerns the very foundation of the European Union.”

This is a common challenge for the EMOs and the European politicians, Members of the European Parliament.