FEDERATION EUROPEENNE DES MEDECINS SALARIES
EUROPEAN FEDERATION OF SALARIED DOCTORS

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Title:	Draft Minutes FEMS General Assembly, Catania 30 Sept.-1 Oct. 2011		
Authors:	Bojan Popovič, Brigitte Jencik, Claude Wetzel		

Friday 30 September 2011 **09:00 – 17:00**
Saturday 1 October 2011 **09:00 – 13:00**

Venue: IL PRINCIPE HOTEL - Via Alessi, 24 – 95124 Catania (I)
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1) Introduction (C Wetzel)

The President welcomed the delegates and forwarded the apologies from delegates: Turkish medical chamber, E. Vitullo from ANAAO, I. Rosenberg from SNR, from other European Medical Organisations: M.Kubek for CPME, F.Montane for CEOM, C. Mohrhardt for EJD-PWG.
He welcomed new delegates : D. Povoas from FNAM, M. Balzan from the Malta Medical Association, from the hosting organisation R. Grosso and from the other EMOS, G. Hofmann from the UEMS and J. De Deus, President from the AEMH.

2) Roll call/Right to vote - art. 12 of the Statutes (B Popovic)

Participants' list **F11-079 REV**

SG B. Popovic proceeded to the roll call stating that all delegations, except Turkey are present and all have paid their contributions and have the right to vote.

3) Approval of the Agenda (C Wetzel) F11-062 EN REV2

At point 12, the Slovak delegation requested to include a motion of support. The agenda was unanimously approved with the additional point.

4) Presentation of the Social Programme (Costantino Troise, Enrico Reginato)

E.Reginato presented the programme.

5) Resume and Conclusions of the Conference "Doctors' Working Conditions" Programme

Catania, Palazzo della Cultura, 29 September, 15:00-18:30

E.Reginato presented the conclusions. See details in a special brochure.
C.Wetzel: in the future, it will be usual to organize a conference adjacent to the GA.

6) **Approval of the Minutes of the last GA (Barcelona 13-14 May)** **F11-057 EN**
Results of FEMS GA Barcelona
J.deDeus had remarks to:
- point 9: concerning definition of medical act: the wording is "to include the definition of the medical act into the document of task shifting
- point 11 c): concerning WG he pointed out that the correct wording must be "learning needs assessment"
- point 18: “leadership concerning task shifting including the definition of the medical act”

G. Hoffman had a remark to point 9: his discussion was "F.U.Montgomery could become the next President of *German Medical Chamber*." (not CPME).

Conclusion : with the mentioned corrections, the minutes were unanimously approved .

7) **Minutes of the last Board meeting (for information)** **F11-055 EN**
The minutes were presented by C.Wetzel. No discussion followed.

8) **FEMS President's activities report (art. 6 of the Statutes)** **F11-087 EN**
List of documents 2011 **F11-026 EN FR**
C.Wetzel announced he will not propose any modification of the statutes in order to be able to run for another mandate. He will however offer his help to FEMS in the future, after October 2012.
He presented some current political issues. In his mind, corruption is one of the greatest problems in EU.
Balzan: he mostly agreed with C.Wetzel. But concerning cross-border healthcare, he understands governments' reservations because especially small countries like Malta will not be able to budget treating migrating patients.
C.Wetzel: by resolving the problem of corruption, patients from poorer countries would not seek treatment in other countries any more, because they will be satisfied in their own countries.

9) **European Medical Organisations' Alliance (EMOA)**
a) Reports from last meeting
   - Minutes of Presidents’ Committee meeting, Kos (GR), 11 June 2011 **F11-072 EN**
b) European Domus Medica **F11-065 EN rev1**
C.Wetzel presented the photos of the new building in Brussels.
G.Hoffman: UEMS has a business plan, but he doesn't believe that we could move in before June 2012. They will be able to produce an offer to FEMS within two months.
DeDeus: The building is important, but the level of cooperation between EMOs is even more important.

10) **EMOs & other meetings' reports (C Wetzel)**
a) AEMH Conference “Skill Mix in Hospitals” and Plenary Meeting, Montreux 26-28 May 2011
b) EANA meeting, Gibraltar, 27-28 May 2011 *(not attended)*
c) UEMO Spring meeting, Budapest, 3-4 June 2011 *(not attended)*
No agenda was sent to us, we don't have information on what is going on in UEMO.
d) CEOM Meeting Kos, 10 June 2011 **F11-063 EN + FR**
Some people used to think of CEOM being no new organization, rather a club of Chambers or Regulatory Bodies, adjacent to CPME. However, they are getting more and more

members, which is a sign that they are not satisfied with CPME. They launched a project on medical ethics.

e) EFMA/WHO Meeting in Brussels, 23-24 June 2011 **F 11-068 EN**

11) Reports of EMOs representatives

a) UEMS: Dr Gerd Hofmann, Liaison Officer
b) AEMH: Dr Joao de DEUS, President **AEMH Conference 2011**
c) CEOM:
   CEOM Agreement **F11-066 EN + FR**
   Charter Medical Ethics **F11-067 EN + FR**

C.Wetzel presented the new ethical code, elaborated by CEOM.
D.Rea: all EMOs should take part in such documents. All physicians should make some self-reflection over their ethics, especially when it comes to the collision with financial demands.
J.Brodeur: if we recall the 1957 AMA code of practice, we can see similarities. In his opinion, it's too simple and without substantial progress comparing to already existing codes.
C.Wetzel: in Kos was agreed that the text can evolve.
L.Staerker: we could add that the cooperation of the patient is a prerequisite for the physician to ensure the principles of medical ethics.
Y.Boudart: but this would be questionable in the field of psychiatry.
L.Staerker agreed that this is a special situation.
B.Popovic: it's questionable whether the non-cooperation could be an alibi for non-ethical behaviour. Even in the case of non-cooperation some ethical minima must be respected.
L.Staerker: he meant that in such cases the physician cannot be ethically liable for the results. Otherwise, he agrees with Popovic's argument.

Conclusion: the European Code of Ethics elaborated by CEOM was unanimously endorsed.

The point 11 continued on Saturday, 01/10/2011:

Proposal to propose to CEOM to add to art.16 (J.Brodeur):
"The physician does all in his power to keep himself in good physical and mental health to ensure diligent and up to date care of his patients."
Several delegates said that they don't understand neither the proposed text nor the reason for the proposal.
P.Trujillo was not satisfied that the doctor be obliged to remain in good shape. It is his right, not duty.

Conclusion: the proposal for amendment was approved by majority (0 against, 8 abstensions).

Proposal to add art. 16 (L. Staerker):
"Treatment needs the support and a cooperative attitude of the patients, if the patient is able to act actively".
Y.Boudart explained that even in the modified form, the text is not acceptable for psychiatry.

Conclusion: the proposal for amendment was approved by majority (1 against, no abstensions).

Proposal to modify art. 10 (E.Maes):
« … n'y participe jamais et *si possible s'y oppose*. «

E.Maes explained that by the proposal the doctor is expected to resist more actively against immoral practices.
F.Gomes argued that the text does not specify enough about the way a physician should "actively" resist (physically, any other way?)
B.Popovic explained that for him the text is clear enough. "To resist" means to take all disposable and reasonable measures, depending on the particular moment.

Conclusion: the proposal for amendmet was approved by majority (1 against, 0 abstensions).

End of Saturday part of the point 11.

12) Submission of documents for approval by the GA

a) Motion to support Slovak doctors.

In addition to the proposed text, P.Oravec explained it is very important to adopt all 4 points, including ratios to average salary because the level of salaries in eastern EU countries is really low. They withdrew the paragraph saying that so many doctors needed makes it hard to implement the EWTD. It is important to know that literally all hospitals are to be converted and that the hospital privatization is only the first step to global healthcare privatization .
Y.Boudart reminded it was FEMS policy not to adopt any concrete ratios yet.
P.Chauvot suggested a compromise to replace concrete numbers with "substantially higher" than the average.
P.Simoes, M.M.Madureira and L.Staerker were interested to know what kind of privatization is planned. P.Simoes said that even with private hospitals, the unions must go on and fight.
L.Staerker pointed out that converting hospitals into enterprises does not necessarily mean a privatization.
E.Reginato said that private hospitals are not in a good financial shape, like in Sicily, where there are many private facilities, contrary to Toscana where there are no private facilities.
B.Popovic reminded the Slovak delegation that they have a possibility to rephrase the document, which they refused.
K.Kuštrin, M.Engel, R.Kiyak announced they would support the motion without reservations.
Conclusion: the motion was approved by majority (3 against, 1 abstention).

b) Motion to support OZZL:

E.Reginato, C.Wetzel: it is unacceptable that trade union representatives be under pressure and even disciplined. Not only support, but also legal actions must arise for such violations.

Conclusion: the motion was unanimously adopted.

c) Motion by SIP-SPH (Y Boudart):

Y.Boudart explained the motion in detail, because the event is recent (this morning).
C.Wetzel supported the motion.

Conclusion: the motion was approved by majority (5 abstentions).

13) ED 2003/88 on Working Time (EWTD) revision process

State of affairs and next steps
Background Briefing — **AEMH 11-061**
EMOs response to the 2nd consultation — **F11-022 EN**

Euractiv Briefing F11-029 EN
Updated liste of MEPS members of the EMPL Committee F11-058 EN
Canada: end of 24 hours wards F11-059 EN + FR

C.Wetzel: the European Parliament demands for more Europe, while European Council demands for more subsidiarity. Burn-out, along with exaggerated night shifts with non-urgent situations is linked with some malignancies, too.
J.Brodeur: Canada cancelled night shifts for residents. But some argue that too much work for young doctors means less care, may not be substantiated. It didn't result to decrease the hospital mortality rate. In the USA there is a trend of going back to 24 hours limit. Non-life-threatening situations: the division to life-threatening condition is in France based on financial and organizational grounds. There are many studies about benefits of a "siesta" during 24 hours shift, so some states promote a short nap during shifts.

F09-026 EN F09-104 EN + FR

14) European Directive on Cross-border healthcare patients' rights

State of affairs and next steps
Background Briefing AEMH 11-064

15) ED 2005/36 on Recognition of Professional Qualifications revision process

State of affairs and next steps
Background Briefing AEMH 11-062

a) Commission Green Paper on RPQ and Public Consultation AEMH 11-084
b) High Level Conference, Brussels, 7 November 2011
c) CPME reply on Green Paper Consultation CPME 2011-123 FIN
d) UEMS reply on Green Paper Consultation UEMS 2011-029 FIN
e) EJD reply on Green Paper Consultation EJD 2011-079

M.Balsan: CPME and EC will not be enthusiastic with supplementing the duration of specializations with competencies.
G.Hofmann: the duration is only the first step. The content is more important. In UEMS response to consultation they emphasized that guarantees of quality should be ensured. The duration of training should be coupled with the competencies achieved.
B.Popovic: we must not forget FEMS mission in this field which is to ensure the trainees to have their labour rights respected, to be absolutely sure of how long their working time will be. On the other hand, it is in trainees' interest to have the best training because good training can be a mean to prevent burn-out.
C.Wetzel agrees with UEMS position which means more Europe, elaborating common training platforms. If EMOs cannot reach common position, Wetzel will elaborate a proposal to other EMOs of a common document.

16) Recognition of non-EU diplomas (S Dalkilic, P Trujillo, B Popovic)

Draft of a FEMS Policy Statement F10-041 FIN EN + FR
AEMH statement on non-EU diplomas AEMH 10-027 EN

17) Healthcare Workforce in EU (C Wetzel)

Background Briefing AEMH 11-063

a) European Observatory on Medical Demography F11-064 EN FR
   - Launch CEOM meeting, Paris 3 December 2010
   - Steering Committe meeting, Paris 13 January 2011
   - 1st Plenary Steering Committee meeting, Brussels, 5th September 2011

b) Questionnaire on National Medical Demography and Immigration **NEW F11-082 EN + FR**
c) HCWF Conference, EU Parliament, Brussels, 31 May 2011 **CPME Info 079-2011**
d) Mobility of Health Professionals Conference, Brussels, 7-9 December 2011
MoHPro Survey **AEMH 11-081 EN**
e) Questionnaire on "Numerus Clausus" in Europe **F10-042 EN + FR**

18) Task shifting

Task shifting health professions' joint statement **F10-022 EN**
WHO task shifting recommendations & guidelines **F10-023 EN**
USA Review APRN/task shifting **F11-061 EN**
EMOs' Statement (UEMS, CPME, AEMH, EANA) **EMOs on Task Shifting**

L.Staerker : for Austria, the only solution would be to organize the doctors' work more efficiently by delegating administrative tasks to others.
C.Wetzel: Swedish doctors see the task shifting as a solution to the problem of shortage of doctors. He reminded of the above article on task shifting in USA. In Wetzel's opinion, the task shifting might be inevitable; but our position should imperatively emphasize the safety of patients.
J.deDeus: the EMOs have no common document in this issue. UEMS has defined the medical act, AEMH task shifting, EANA medicines prescriptions. Task shifting is a mean to economize. We need a common document in this field.
Y.Boudart emphasized the gliding of tasks. We often forget that we are responsible also to organize the work; otherwise, we lose the tools that the hospitals can offer. Secondly, an important issue is the responsibility for delegated tasks.
C.Wetzel: in Spain, nurses may legally issue prescriptions. All professions are ready to take new tasks, but without taking over the responsibility. We must distinguish between the task delegation and task shifting.
D.Rea: the delegation vs. abandoning the tasks. Delegating means organizing. The problem is how is responsible for final result of treatment. He has seen the nurses in Africa who operated patients. They did their work well, but we cannot accept that the task shifting depends on the financing of healthcare.
JP.Zerbib: in hospitals we must define who is responsible for what.
E.Reginato: because of retirements, in some hospitals in Italy there will be a lack of doctors. Sooner or later we will have to come to a compromise .
P.Chauvot is sceptical if we as a physicians' association should bother so much about task shifting.
C.Wetzel : yes, because it concerns us, our practice and independance.
M.Canevari: task shifting goes along with e-health which is another way to delegate physicians' work to other professions.
J.Brodeur: it is obvious that the French are particularly concerned with this topic, because there is a strong group 51 which works fast to create intermediate professions.

19) European Survey on Doctors' Remuneration (E Reginato)

Draft statement on Minimum Salaries (OZZL Poland) **F10-102 EN**
First Results **F11-047 EN**
Analysis and comments **F11-071 EN**
Remarks by Edgard Maes (GBS Belgium) **F11-086 FR**

C.Wetzel was surprised that journalists and politicians abused the data that were published in the form of a draft document and used in Belgium against doctors. The basic challenge is to standardize the terms. In order to prevent abuse, we must be careful to publish the data.

E.Reginato explained that they didn't consider the number of doctors who earn the maximum or minimum salary. If e.g. only one doctor in Belgium earns 16.000 EUR/month, then this is the maximum. In Italy, too, there is a limited number of doctors who earn e.g. 10.000 EUR/month. It is, however, the maximum salary.
C.Wetzel showed the OECD data on healthcare expenditures per capita and relative to GDP where e.g. Slovak rep. is ranked quite high with over 9%, while per capita value is quite low among OECD countries and lower than some years ago, due to economic slowing.
P.Oravec: Slovak data are incorrect: min. 700 EUR and 1.200 EUR max.
R.Kijak wanted the Polish data to be corrected before he publishes them in Warsaw in two weeks.
E.Maes protested that data for Belgium don't take into account the distinction between private and public hospitals and doctors in training. Apart from that, only few doctors earn the maximum salary.
B.Popovic warned that we must be absolutely clear about the status of the document. If it is meant to be internal document, everybody should treat it as such. The other possibility is to make the document available for the public with the remark that this is an interim document.
D.Rea said the document should not in no way be published. We should challenge the European Commission to disclose the data they have but they refuse to publish. Apparently there is some interest not to keep the doctors' salaries data publicly unavailable.

The point of the agenda was interrupted at 17h15, to be continued Saturday morning.

C.Wetzel reminded that the document is a draft, everybody is requested to report any modifications where the data are not accurate. Apart from that, he reminded that the data concern gross salaries (before taxes and social contributions), not whole revenues.
B.Popovic reminded that the graphs on salaries by E.Reginato have already been published for the ANAAO-FEMS conference held on 29/09/2011, so it cannot be held confidential. However, the graphs themselves are protected by the copyright and cannot be reproduced in any way without prior approval. He proposed that the GA adopt the conclusion:

FEMS will not issue any authorization to reproduce the graphs to anyone, until adverse decision by the GA is adopted.
Any further data collected in this issue is considered in will be marked as confidential (Board, secretariat and GA members only) until officially adopted by the GA.

The proposed decision was approved by majority (1 delegation against).

The Austrian delegation proposed to make comparisons on some standardized groups of physicians (e.g. 50-year old surgeon in university hospital).
P.Chauvot proposed the comparison on the life-long career level.
C.Wetzel: this is still done for the French data.

B.Popovic reminded that a failure to send documents produces inaccurate statistics so one should not feel offended if some data appear that he/she does not deem correct.
B.Popovic proposed the following decision:
- in 2 weeks time, all delegations are expected to report modifications requests to the existing data,
- all delegations are requested to respond to data needed as instructed by Austrian Medical Chamber; instructions are expected in 2 weeks.

- all delegations are requested to respond to data needed as instructed by Paul Chauvot; instructions are expected in 2 weeks.

The proposed conclusion was adopted unanimously.

20) European Survey on University Hospitals (E Reginato) **F10-034 EN + FR**
First results **F10-114 EN**
E.Reginato: no particular news in this field.

21) Minimum Standards in European Hospital Healthcare (B Popovic)
B.Popovic : FIDES, jointly with other Slovenian MOs, is about to issue a booklet on standards that could be used as one of the templates for European individual standards.
Some other possible templates could be those proposed by LUP, SNR, P.Simoes and E.Reginato. Hopefully, these templates will be available before the next GA.

22) Financial Reports - art. 8 of the Statutes (P Simoes):

a) Budget 2011/current operations **F10-108 EN FR**
b) Provisional budget 2012 and membership fee 2012 **F11-076 EN REV1**

C.Wetzel: The Turkish association disappointed to certain extent by declaring less members than previously announced.
Conclusion : the provisional budget was adopted unanimously.

C.Wetzel: according to previous decisions, the membership fee will be increased by 4% to 0.60 EUR per declared member in 2012. FEMS is the cheapest European Medical Organisation.
Each FEMS member organisation has to declare their real number of salaried members, to improve the FEMS budget.
I.Pasini: HLS usually pays more than they have members. The reason for paying less this year is the economic crisis.

23) Future of FEMS

a) Enlargement opportunities.
C.Wetzel: we have been in talks with the Dutch trade union LAD for a year now. There are some chances that the Maltese association will join FEMS. Wetzel called all delegations to invite further organizations that they know.
b) Future Organisation Post-October 2012 (Launch of a working group).
C.Wetzel: he still supports the idea that the number of president mandates be limited. He underlined the work B.Jencik is doing for FEMS.
The FEMS Board decided recently that B. Popovic will lead a Working Group in this issue, preparing a document for a formalized future structure of FEMS, submitted to the next GA in Varna, May 2012.

24) National Healthcare situation reports (round table)
Updates since the Barcelona meeting.

a) Hungary (Mosz) **F11-073 EN**
b) France (SNPHARe) **F11-074 EN + FR**
c) France (UNMS) **F11-084 FR**
d) Slovakia (LUP) **F11-075 EN**
e) Czech Rep (LOK-SCL) **F11-077 EN**
f) Austria (Austrian Medical Chamber) **F11-078 EN**

g) Slovenia (FIDES) **F11-080 EN**
h) Spain (CESM) **F11-081 EN**
i) Portugal (FNAM) **F11-083 EN** + **FR**
j) Croatia (HLS) **F11-085 EN** + **FR**

25) Upcoming EMOs' meetings

a) UEMS Council, Naples (I), 7-8 October 2011
b) WMA General Assembly, Montevideo (Uruguay), 12-15 October 2011
c) CEOM Autumn meeting, Torino (I), 11-12 November 2011
d) UEMO Autumn Meeting ,Torino (I), 11-12 November 2011
e) EJD - PWG Autumn Meeting, Malta, 11-12 November 2011
f) EANA Autumn meeting, Halle an der Saale (D), 18-19 November 2011
g) CPME, 25 November Pre-Conference "Professional Qualifications Directive" Warsaw, 25 November 2011
   CPME Board and General Assembly, Warsaw, 26 November 2011
h) UEMS/EACCME meeting, Brussels, 1st December 2011
i) EFMA/WHO meeting, Yerevan (Armenia), 19-21 April 2012
j) WMA Council Session, Prague (CZ), 26-28 April 2012
k) CPME meetings, Brussels, 4-5 May 2012

26) Other Meetings

a) European Observatory on Medical Demography, Brussels 5th September 2011 (C. Wetzel + C. Amaya)
b) Conference on the Modernisation of the Professional Qualifications Directive, Brussels 7th November 2011
c) First European Hospital Conference, Düsseldorf/Germany, 18th November 2011 **AEMH 11-058**
d) UEMS Conference « The accreditation of CME-CPD in Europe – *Contributing to higher standards in medical care* », Brussels 18th November 2011
e) Mobility of Health Professionals Conference, Brussels, 7-9 December 2011
f) EAHP 17th Congress, Milano (I), 21-23 March 2012

27) Next FEMS General Assemblies

a) Varna (Bu), AEMH Conference 17 May, AEMH/FEMS GA 18-19 May 2012 (S Dachev)
b) Strasbourg (F), 5-6 October 2012 (C Wetzel)
c) Budapest (HU), 10-11 May 2013 (J Belteczki)
d) Coïmbra (P), 4-5 October 2013 (M Merlinde)

28) Next FEMS Board meetings (for information):

a) Paris (F), 21 January 2012, 10:00-16:00
b) Varna (Bu), 17 May 2012, 09:00-12:00
c) Strasbourg (F), 4 October 2012, 15:00-19:00
d) Budapest (HU), 9 May 2013, 15:00-19:00
e) Coïmbra (P), 3 October 2013, 15:00-19:00

29) International EMOs' Calendar **CPME calendar**
2012 Meetings **CPME 2011-088**

30) Any other business