



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

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Title:	Draft Minutes of the FEMS General Assembly, Barcelona 13-14 May 2011		
Authors:	Bojan Popovic, Brigitte Jencik, Claude Wetzel		

Friday 13 May 2011 09:00 – 17:00

Saturday 14 May 2011 09:00 – 13:00

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1) Introduction (C Wetzel)

FEMS President thanks CESM (SG Patricio Martinez & Aranzazu Albesa Perez) and the Metges de Catalunya (SG Antonio Gallego) for organizing the meeting.

C. Wetzel thanks the representatives of the other EMOs for taking part in our General Assembly: Milan Kubek (CPME), Gerd Hoffmann (UEMS), Joao de Deus (AEMH) and José Ramon Huerta (CEOM).

He welcomed new delegates: Alain Bretszajn (SMARNU), Pavel Oravec (Sk MA), Hasan Ogan (Istanbul MC) and Fernando Gomes (new head of delegation for the Ordem dos Medicos).

He apologized on behalf of Harald Mayer (ÖÄK), Rafaella Pagni (AAROI), Rosario Grosso (ANAAO), James Brodeur (SMARNU), Kamil Kvalteni (Sk MA), Serdar Dalkilic and Patricio Trujillo (FPS) who cannot attend the meeting.

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

Participants' list

[F11-038 REV3 EN FR](#)

3) Approval of the Agenda (C Wetzel)

F11-027 ENREV3

In addition to already proposed points of the agenda, we have received a proposal from the Doctors of Catalunya (Metges de Catalunya) for a motion against cuts in healthcare financing and salaries reduction (see points 12 & 29).

With this added point, the agenda was unanimously approved.

4) Approval of the Programme (P Martinez & A Gallego)

5) Approval of the Minutes of the last GA (Istanbul 1-2 October 2010)

Results of FEMS GA Istanbul 2010

[F10-118 EN](#)

[F10-110 EN FR](#)

List of participants

[F10-077 REV2](#)

The minutes were unanimously approved.

6) Minutes of the last Board meeting (for information)

a) Istanbul 30 September 2010

[F10-117 EN](#)

b) FEMS Board meeting Paris 15 January 2011

[F11-018 EN](#)

Joint meeting FEMS and AEMH boards

[F11-008 EN](#)

J.Deus: it is important for FEMS and AEMH to have a common voice, a common strategy and a common secretariat. This commitment will be manifested by a common GA meeting in Bulgaria.

7) FEMS President's activities report (art. 6 of the Statutes)

[F11-036 EN](#)

Wetzel: Recently, it has been a busy period for medical topics in Europe. The main problem is that by 2020 we will have a shortage of 1 to 2 million healthcare workers, ie.15% of services will not be able to be done anymore. The solution, proposed by the politicians all over Europe, is task shifting.

8) FEMS lists of documents

List of documents 2010

[F10-071 FIN EN/FR](#)

List of documents 2011

[F11-026 EN/FR](#)

9) European Medical Organisations' Alliance (EMOA)

a) Reports from last meetings

Amsterdam 31 October 2010

[AEMH 10-080](#)

Paris 2 December 2010

[F11-006 EN + FR](#)

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

[F11-031 EN](#)

b) European Domus Medica - Inauguration Brussels November 24, 2011

[UEMS NewsFlash](#)

C.Wetzel repeated the problem of the CPME attitude. In the EWTD statement, patients' safety was not mentioned at all. Wetzel protested because his remarks were ignored.

J.Deus: in Ljubljana, there was an effort by the CPME President to establish some common positions to work on. We tried to include a definition of the medical act. We tried to coordinate the position concerning the ED 2005/36 professional qualifications directive. Concerning 2003/88 EWTD, it is difficult to reach a common position especially regarding the opt-out. In CPME, all people are not equal. There are only a few people who block decisions. Montgomery said that if we have no common statement, we don't need a common document. AEMH decided not to participate at the CPME WGs. This means that they still attend the meetings, but not as official members of WGs.

B.Popovic: the Presidents' Committee meeting of Ljubljana was constructive. CPME Brussels meeting was more disappointing, because mainly very administrative matters were discussed. WGs were more interesting, but still most documents were taken just for information. Popovic thinks FEMS should be more involved in other EMOs WGs. It is an issue of discussion whether we should go on participating to the CPME WGs.

E.Reginato: he is not convinced that the CPME attitude is mature enough to cooperate more tightly. Concerning the ED 2005/36 Professional Qualifications directive, Montgomery didn't care about the unsatisfactory situation in Italy.

Hoffman: in CPME cooperation, it is always a personal problem. Montgomery could be the next CPME president. UEMS is moving to new premises, the other EMOs - including CPME - can join later, establishing an *European Domus Medica*.

Kubek: some words were not pleasant for him to hear. CPME has had problems because some national organizations have left the CPME, some are intending to leave. Since then, the CPME organization has been reformed in order to make CPME more efficient. They have a new SG (Mrs Birgit Beger), policy advisers, they formed 16 WGs. For the moment, they cannot afford to move into another building because they have a comfortable rental agreement. Concerning the statutes changes, Kubek thinks nobody knows why 3 nations (France, Italy, Spain) left the CPME. Despite the fact that statutes have been modified, the 3 nations haven't come back. CPME should not be discussed in FEMS, but in CPME meetings.

De Deus commented that he would like to discuss this point at the CPME meeting if the Alliance was on the CPME agenda, like it is on the FEMS agenda.

Staerker commented that the questions of Domus Medica and the participation to other EMOs WG meetings are interconnected: we need both.

Kubek: everybody can participate at CPME WGs on equal basis. He recognized that CPME doesn't have the expertise in all fields, so they need the opinion of other EMOs.

Hoffman : Domus Medica is open to all EMOs on the voluntary basis.

Wetzel: we will have to elaborate more details concerning equipment sharing and other things.

Popovic : this is a question for the FEMS Board to elaborate an Agreement or Letter of intent on this issue.

Conclusions, adopted unanimously :

- 1) FEMS Board shall go on with the project of moving into new premises and the President has the power to sign any letter of intent or interim contract for this goal.**
- 2) FEMS Board is encouraged to participate at the WGs meetings within the framework of EMOA.**
- 3) FEMS representatives may, at the discretion of discretion, attend the CPME WGs meetings.**

10) EMOs & other meetings' reports (C Wetzel)

- c) UEMS Council, Sections & Boards meetings, Prague (CZ) 7-9 October 2010
- d) FNAM VII Congresso, Lisboa (P) 23 October 2010
- e) PWG Autumn meeting, Amsterdam (NL) 29-30 October 2010
- f) UEMO Autumn meeting, Porto (P) 12-13 November 2010
- g) CPME WGs, Board & General Assembly, Brussels (B) 26-27 November

[CPME 2010-159](#)

[CPME 2010-160](#)

- h) CEOM meeting, Paris (F) 3 December 2010

- i) EAHP Congress, Wien (A) 31 March-1 April 2011

- j) ETUC Euro Demonstration Budapest (HU) 9 April 2011

[F11-015 EN](#)

- k) CPME WGs, Board & General Assembly, Brussels (B) 29-30 April 2011

[Press Release](#)

The report was given by M.Kubek. Concerning the professional card issue, CPME and Kubek find it particularly as an opportunity for IT businesses. Otherwise, this poses a risk of a "big brother".

L.Staerker connected this issue with E-health dilemmas and the problems of centrally stored data protection that would not be safe enough and even not necessarily accurate.

I.Rosenberg and M.Canevari proposed to follow this topic very closely, although, as C.Wetzel pointed out, FEMS can recognize CEOM's field of expertise on this issue.

- l) EJD/PWG Spring meeting, Zagreb (HR) 6-7 May 2011 (**B Popovic**) [F11-054 EN](#)
The report was given by B.Popovic.

C.Wetzel, G.Hoffman said that EMOs should reach a common position regarding the professional qualifications recognition, because otherwise European politicians will not know who to contact in order to obtain the European doctors' position on this issue.

11) Reports of EMOs representatives

- a) CPME: Dr Milan Kubek, Vice-President [F11-051 EN](#)
See CPME meeting report above.
- b) UEMS: Dr Gerd Hofmann, Liaison Officer
Cardiology, Radiology, Infectious diseases. More than 1 800 CME/CPD accreditations were given by UEMS in 2010. Each national organization has a representative in the UEMS Council. Now they have 37 autonomous sections within the UEMS . Each section has a representative in the Council. The UEMS Council meetings are now very huge events !
- c) AEMH: Dr Joao de DEUS, President
[AEMH Annual Report 10-072](#) + [AEMH Conference 2011](#)
They will have their general assembly in Montreux. They have 3 WGs: task shifting, skill mix and learning, needs and assessment .
- d) CEOM: Dr Huerta [CEOM Annual Report](#)
Dr.Huerta didn't attend the meeting at this time.

12) Submission of documents for approval to the GA

- See point 29) AOB Motion proposed by Metges de Catalunya** [F11-056 EN + FR](#)
The proposed motion will be tabled in French and English languages before the vote, on Saturday 14 May in the morning.

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

- State of affairs and next steps
- | | |
|--|---------------------------------|
| Consultation EWTD review | F11-004 EN |
| European Commission 2 nd phase consultation social partners | AEMH 11-027 |
| European Commission EWTD Implementation Report | AEMH 11-028 |
| EPSU proposal to the Commission | F11-014 EN |
| AEMH-CPME-EANA-FEMS response to consultation | F11-022 EN |
| PWG/EJD response to consultation | AEMH 11-035 |
| ETUC disappointed on EWTD revision | F11-024 EN + FR |
| European Parliament EMPL Committee | F11-058 EN FR |
| EMPL Committee – social partners hearing 15 April 2011 (EPSU reaction) | F11-028 EN |
| Gloomy prospects for EWTD talks (Euractiv) | F11-029 EN + FR |

Wetzel described the documents and urged the delegates to promote FEMS and EMOs common position (**F11-022 EN**) wherever they have the opportunity to do so, especially by lobbying their country members of the EMPL Committee of the European Parliament (F11-058 EN + FR).

Zerbib: we should emphasize that EWTD is important for patients, too. There is a new possibility: to ask for a EU referendum which requires 1 million petitioners. For doctors in free practice, the situation of working conditions is even worse.

D.Rea: we will not succeed if the medical unions are isolated. In Strasbourg, during the demonstrations in front of the EP in December 2008, it was important that there were other

unions (ETUC/EPSU). Apart from that, we should emphasize that the abrogation of the present directive would have impact on the young generations, that will not decide for certain medical specialties (with on-call duties) anymore. This can deteriorate healthcare in certain countries.

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

State of affairs and next steps

Social partners reaction on CBHC

[F10-116 EN](#)

Council adopts CBHC Directive

[F11-019 EN + FR](#)

E.Reginato, L.Staerker: it's a very sensitive topic because of very different healthcare systems.

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

State of affairs and next steps

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

[AEMH 11-033](#)

Informal Network Competent Authorities of Doctors' "Berlin Statement"

[F11-002 EN](#)

European Commission Evaluation Report

[AEMH 10-071](#)

Public consultation and Professional card

[F11-009 EN + FR](#)

C.Wetzel: There is a problem because we have 4 different EMOs' documents. Especially UEMS and CPME have to work on a common statement on this strategic topic.

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](#)

C. Wetzel, G. Hoffmann: the UEMS training platforms (e.g. in anesthesiology) can be used to have a European wide common PGT programme.

17) Healthcare Workforce in EU (C Wetzel)

a) MEPs written declaration on the EU workforce for health

[F10-069 EN + FR](#)

b) EFN-EPHA debate, European Parliament, Brussels 27 October 2010

[EFN EPHA Press release](#)

c) WHO Global Code of Practice on the International Recruitment of Health Personnel

[F10-083 EN + FR](#)

d) EPSU/HOSPEEM Recruitment and Retention

[F11-017 EN + FR](#)

e) Healthcare workers shortage (EuropeanVoice)

[F11-023 EN](#)

f) EU cooperation to reduce HCWF migration

[AEMH 11-046 EN](#)

g) CEOM European Observatory on Medical Demography

- CEOM meeting, Paris 3 December 2010
- Steering Committee meeting, Paris 13 January 2011
- EFMA meeting, Brussels 23-24 June 2011

h) Questionnaire on "Numerus Clausus" in Europe

[F10-042 EN + FR](#)

E.Reginato: it is important to go on with the *numerus clausus* survey.

C.Wetzel: *numerus clausus* was one of the biggest errors in the last 30 years French healthcare policy and still remains !

Zerbib: politicians keep thinking that it is less expensive to “import” doctors from other countries. He stressed the problem of task shifting and doctors' deserts.

Popovic: it seems there are emerging "teaching" countries that have a lack of doctors but cannot improve their number because the graduates emigrate to richer countries which - on the contrary - want to import them instead of developing their owns.

Staerker: Austrian Medical Chamber is against *numerus clausus* because a bad mathematician is not necessarily a bad doctor. They don't want good students, but they want good doctors !

18) Task shifting

Task shifting health professions' joint statement

[F10-022 EN](#)

WHO task shifting recommendations & guidelines

[F10-023 EN](#)

EMOs' Statement (UEMS, CPME, AEMH, EANA)

[EMOs on Task Shifting](#)

J.Deus : Presidents Committee entrusted the leadership concerning the definition of medical act to AEMH . He presented the definition of the medical act.

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

Draft statement on Minimum Salaries

[F10-102 EN](#)

First Results

[F11-047 EN](#)

E.Reginato presented the first results. He didn't receive all data and even the received data are difficult to compare (gross income, before taxes, with or without premium, ...).

P.Chauvot, L.Staerker: we should compare the national average taxes and social contributions rate.

P.Chauvot: we should elaborate a data-sheet comparing the minimum medical salaries to average salary in the country.

D.Rea: we should take into account the percentage of salaried doctors in individual country.

Popovic: it is difficult to assess data even within a country . Even the migrating doctors have wrong data before they move. When they come to the country of destination, they find out another reality.

Dachev: the figures clearly show that the situation in Bulgaria is bad and that they need a support to improve it.

20) European Survey on University Hospitals (E Reginato)

First results

[F10-034 EN + FR](#)

[F10-114 EN](#)

21) Minimum Standards in European Hospital Healthcare (B Popovic)

Popovic has received some data from Italy and Slovakia. This project is going on slowly because standards depend heavily on the organization of work. There is also much confusion about the terminology.

For the next GA in Catania, September 2011, B. Popovic will elaborate a proposal with the support of OZZL (Poland), Sk MA (Slovak Rep), HLS (Croatia) and LOK-SCL (Cz Rep).

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

a. Current financial operations

b. Provisional budget 2011

[F10-108 EN FR](#)

c. Balance sheet 2010 (Les Experts Comptables Associés)

[F11-037 EN FR](#)

- d. Treasurer's report [F11-048 EN](#)
 e. Internal Auditors report [F11-050 FR](#)

I.Rosenberg had a remark on website costs, saying we could reduce them.

R.Kijak: maybe we could reduce GAs to just once a year. For Wetzel, it's not a good idea, because we would be too slow. GAs could be replaced by an additional Board meeting, but for Wetzel it's important that major decisions are decided during GAs.

Deus: he agrees that FEMS needs 2 meetings a year because it's urgent to react to emerging labor problems. In AEMH, the decisions don't need to be adopted so urgently.

Waneck presented the internal audit report. 4 possibilities to improve the balance:

- reduce the costs,
- increase the number of members,
- cancel the translations or the organizing delegation will pay for,
- increase the membership fee.

Chauvot : it won't be possible for many organizations to pay the translations on their own.

Wetzel: once we will have to think about cancelling translations, even before discussing the membership fee. Wetzel cannot dedicate his spare time for translations anymore. UEMS and CPME have permanent secretariats with personel dedicated for this purpose, but this means costs.

Conclusion: the balance sheet 2010 was unanimously approved.

23) FEMS enlargement

Istanbul Medical Chamber application for FEMS full-membership [F11-035 FR](#)

A.Saygili explained that World Bank has implemented economic programme for Turkey. They will have to defend the physicians' rights.

Conclusion: the full membership of Istanbul Medical Chamber was accepted unanimously.

FEMS President will address the Istanbul MC President to know how much registered members they declare.

24) National Healthcare situation reports (round table)

CZ National Report (LOK-SCL) [F11-032 EN](#)

Wetzel described a case of a Czech repatriate that established a private hospital in the eastern part of CZ where only patients, included in his particular insurance system can be treated.

Engel: they were successful by the memorandum following the action "Thank you, we are leaving". Now the salaries have risen by 25% and more increase is to follow. Doctors are their own garants for fulfilling the memorandum.

Austrian National Report (ÖÄK) [F11-033 EN](#)

National Report Austria (VLKÖ) [F11-040 FR](#)

R.Waneck pointed out the threat of massive doctors' retirements which will cause a lack of doctors in Austria.

National Report Hungary (MOSZ) [F11-034 EN](#)

Belteczky thanked the FEMS president and vice-president for having been involved in the Budapest protests. They are grieved because the government has done nothing to improve the situation of Hungarian doctors.

Kubek: the membership in the Hungarian medical chamber is obligatory again.

National Report Bulgaria (Bulgarian Medical Association)

[F11-039 EN](#)

there were no good results in optimizing the BG healthcare system. Emigration is still a problem, 300 of them (2%) emigrated last year. Salaries have decreased by 50%. Bulgarian doctors, too, have to check the insurance status of the patient. BG has 1,5 million uninsured inhabitants, though the access to hospitals is still free.

National Report France (SNPHARe)

[F11-041 EN + FR](#)

Rea: there is a pressure to shorten the education so that medical acts could be substituted by other professionals which would reduce the costs. Apart from that, new form of individual contracts are planned with some strange clauses.

J.P.Zerbib pointed out a problem of a new law concerning the hospitalization of psychiatric patients.

National Report Croatia (HLS)

[F11-042 EN + FR](#)

The average monthly medical salary is now by 1 200€

National Report Spain (CESM)

[F11-044 EN + FR](#)

P.Martinez pointed out that the union of Catalan doctors has become the major force in Spain to defend the doctors. In addition to the report, P.Martinez pointed out it is important for the doctors to have a common house (*Domus Medica*) like the doctors have in Barcelona. Their union has existed since 1919, they have survived difficult times and they are going to survive.

National Report Italy (ANAAO Assomed)

[F11-045 EN](#)

E.Reginato: the government decided to reduce the number of doctors by 7 000, mainly by retirements. The average retirement age for physicians in Italy is at the age of 62. There are 3 500 new graduate doctors each year, but you cannot enter the hospital not being a specialist.

National Report Slovakia

[F11-046 EN](#)

The government intends to convert public hospitals into companies. SK is to reduce the healthcare budget. The average monthly medical salary is now by 1 200€

National Report Belgique

[F11-049 FR](#)

National Report Portugal (FNAM)

[F11-043 EN + FR](#)

National report Poland (OZZL)

Urban pointed out that Polish hospitals will be privatized which may mean that some of them will disappear. The government proposes to reduce the salaries by 20%. However, they are proposing individual contracts, but only for non-members of unions. The doctors will be responsible to check the insurance status of the patients. To Deus question, he answered that the patients will still have a free access to hospitals.

National report Slovenia (FIDES)

[F11-053 EN](#)

D.Polh, in his report said it was tough to implement the agreement that was concluded in September 2010. Retirement reform is planned by the government, but could fail amid the referendum to be held in June 2011.

National report Turkey (IMC)

In Turkey, 60%, of private doctor offices have been closed and they will be replaced by monopolies which sometimes buy hospitals abroad. In GFK hospital, doctors have not received their salaries. After the protests, the owners left and the salaries were not paid.

25) Upcoming EMOs' meetings

- a. 20th Anniversary of the Czech Medical Chamber, Prague (CZ) 19 May 2011
- b. AEMH Conference and Plenary Meeting, Montreux (CH) 26-28 May 2011
- c. EANA Spring meeting, Gibraltar (E) 27-28 May 2011
- d. UEMO Spring meeting, Budapest (HU) 3-4 June 2011
- e. CEOM meeting, KOS (GR) 10-11 June 2011
- f. EFMA/WHO meeting, Brussels (B) 23-25 June 2011

26) Next FEMS General Assemblies

- a. Catania (I), 30 September-1 October 2011 (E Reginato)
ANAAO Conference on "Salaried Doctors' Working Conditions", Thursday 29 September, 14h
- b. Varna (Bu), 18-19 May 2012 (S Dachev)
AEMH Conference, Thursday 17 May 2012, 14h
- c. Strasbourg (F), 5-6 October 2012 (C Wetzel)
- d. Budapest (HU), 10-11 May 2013 (J Belteczki)

27) Next FEMS Board meetings (for information):

- a. Catania (I), 29 September 2011, 09:00-12:00
- b. Paris (F), 14 January 2012, 10:00-16:00
- c. Varna (Bu), 17 May 2012, 09:00-12:00
- d. Strasbourg (F), 4 October 2012, 16:00-19:00
- e. Budapest (HU), 9 May 2013, 16:00-19:00

28) International EMOs' Calendar

[CPME calendar](#)

2012 Meetings [CPME 2011-088](#)

29) Any other business

P.Martinez presented the proposed **motion to support the Catalan doctors** which have demonstrations the same day (Saturday 14 May 2011). The government intends to reduce the salaries by 5-8%, but it is more about the dignity than the salaries reduction.

The proposed motion was unanimously approved.

[F11-056 EN + FR](#)