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FEMS General Assembly

Friday 10 May 2013 09:00 – 17:00

Saturday 11 May 2013 09:00 – 13:00

Venue: HOTEL PRESIDENT BUDAPEST, Hold u. 3-5, 1054 Budapest,.
tel.nr.: +36 1 373 8200 - fax nr: +36 1 373 8250; email: reservations@hotelpresident.hu

1) Introduction and presentation of new delegates (Enrico Reginato)

E.Reginato introduced the GA.

Apologies: Alain Bretszajn (SMARNU), Paolo Notaro (AAROI).

E.Reginato introduced the new delegation: Cyprus Medical Association (Turkish part) which was going to apply for membership.

2) Welcome by the organizers and presentation of the programme (Janos Belteczki)

J.Belteczki presented the programme.

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

See participants' list

[F13-019 FIN](#)

4) Approval of the Agenda

[F13-008 EN](#)

J.de Deus reminded that he was mainly representing AEMH and proposed to put the AEMH report on the agenda. The agenda was approved with this change.

5) Approval of the Minutes of FEMS last GA, Strasbourg 12-13 Oct. 2012

[F12-088 EN](#)

The minutes were approved.

**6) Minutes of the last Board meeting Florence 19 January 2013 and 5th joint
FEMS – AEMH board meeting (for information)**

[F13-004 EN](#)

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

Meetings

22 March Steering Committee of the EU Observatory of Medical Demography, Brussels

E.Reginato proposed to collect data on the number of foreign doctors practicing in individual countries. Although a lack of doctors is expected, medical faculties still limit the number of students. Reginato expected the meeting to have more contents.

26-27 April CPME meeting Dublin, EMOs Presidents' Committee

E.Reginato: under the present way of work, CPME, too, is bringing documents to common meetings, so now we have a new level of collaboration.

The standards were discussed, especially inspired by CEN initiative to standardize aesthetic procedures.

In the time of crisis, it is a bad idea to reduce resources for healthcare.

Reginato proposed to standardize the organization of healthcare facilities that could be supranational and could influence national healthcare systems which are otherwise under the principle of subsidiarity.

20 April 2013 Bratislava, V4 countries healthcare situation

E.Reginato and B.Popovic visited Bratislava concerning bad working conditions in V4 countries.

P.Oravec explained the course of the V4 conference in Bratislava. He explained the background.

B.Popovic: the paramount problem is the abuse of the instrument of emergency state in Slovakia. Even if the licence is suspended for political reasons, the doctor would lose his good standing.

J.de Deus and C.Wetzel warned that in such a case, a doctor could not work even in another EU country, via the alert system.

P.Chauvot said that our response should contain some limits. Also in France, a doctor can be forced by the police to go to work in emergency state. But B.Popovic warned that in France, this doesn't happen for political reasons.

J.de Deus proposed to raise the case before the ECJ, but Reginato reminded that such a possibility exists only after all actions on the national level failed.

C.Wetzel proposed to send a letter to the European Commission to start an action against Slovakia on grounds that the Slovak law is against the European values.

Proposal for a new Corporate Image

New Logo

New Website

Inscription into the EU Transparency Register, ID Nr **736055610233-90** [F12-090 EN](#)

E.Reginato presented the new logo and website.

No further comments.

Conclusion, adopted unanimously: the project of the new web site, including new logo, can proceed.

Invitations

- Moscow, 31 May -1 June 2013 (Speaker invitation) "**Efficient hospital management**"
Conference Programme [F13-025 EN](#)

E.Reginato presented the invitation he has received.

J.P.Zerbib: in Russia, there are no trade unions. There are just associations that are afraid to express their views freely. Therefore, it is very important Reginato goes there and has a speech.

- Barcelona, 20 June 2013 Invitation to EPSU-HOSPEEM Conference to promote the implementation and use of Directive 2010/32/EU (Sharp Injuries Prevention)

[F13-024 EN](#)

E.Reginato presented the invitation. [P. Simoes agreed to represent FEMS.](#)

C.Wetzel: this is the only result of the so-called social dialogue established 5 years ago.

8) Future of FEMS 2013 – 2015

Launch of working groups

Working Conditions of Hospital Doctors

Membership:

M.M.Madureira; P.Trujillo; I.Pasini; G. Dessi ; E.Vitullo; L.Velev; S.Dachev; L.Stärker

Doctors Remuneration

Membership:

The work will be conducted by E.Reginato and will be getting in touch with all delegates in order to obtain the data.

E.Reginato proposed that C.Wetzel coordinates the WGs.

C.Wetzel accepted the proposal. But first, we have to define the scope of the WG of working conditions. Regarding the Doctors Remuneration, Wetzel proposed Reginato goes on with the surveys.

I.Rosenberg: proposed the WG on training and professional qualifications. He proposed physical meetings and he proposed to raise new funds.

E.Maes: training is not FEMS's responsibility, but UEMS's.

A.Albesa asked to inform the delegations in advance before making data public, since the conditions change constantly, so associations need to update the data.

9) Update EMO collaboration (E.Reginato)

Presidents' Committee 27 April Dublin

EMO Statement on Medical Standards

[F13-022 EN](#)

For endorsement

J.de Deus emphasized that this is a very important document.

The document was approved unanimously.

10) Reports of EMOs representatives

- a) Dr Istvan Eger, CPME Vice-President
- b) Dr Ferenc Hajnal, UEMO President
- c) Dr Giorgio Berchicci, UEMS Treasurer

G.Berchicci presented his report.

- d) J.de Deus, AEMH President

J.de Deus presented his report.

11) Update on the major political topics

a) **European Working Time Directive (EWTD 2003/88)**

Meeting with EPSU

[F13-002 EN](#)

Lobbying for Implementation of EWTD in Italy

[F13-005 EN](#)

Situation in Slovakia

[F13-003 EN](#)

Reginato: present challenges:

- opt out
- reference period

There were attempts by the employers to modify the directive, but ETUC was strongly against and is successful so far. In Italy, doctors are not covered by the directive. Since Italian doctors are considered executives, they are exempted from the directive.

b) **Professional Qualification Recognition Directive (ED 2005/36)**

State of Play on the modification /modernisation

23rd January 2013 European Parliament voted Report

[AEMH 13-015](#)

ENMCA (EU Network of Medical Competent authorities)response

[F13-011 EN](#)

Update Note CPME

[CPME 2013-046](#)

Next steps

Following the adoption of the mandate to enter first reading negotiations, EP Members negotiate with the Council and the European Commission. The vote in Parliament is set for June 2013.

12) **Proposal for modification of FEMS Statutes**

a) by CESM (Spanish member delegation) and Austrian Medical Chamber [F13-006 EN REV1](#)

B.Popovic first explained that both proposals originate from the time before the Strasbourg GA. In March 2013, both proposals were just refined, so both are considered to be received in due time. The proposal by B.Popovic, presented in Strasbourg, is not on the agenda anymore, so we have just two proposals (CESM and ÖÄ).

A.Albasas and H.Mayer presented their proposals, respectively.

Discussion:

I.Rosenberg and E.Reginato warned that the ÖÄ proposal could make it possible for associations to influence the Board work by speculating the withdrawal of "their" Board member.

J.P. Zerbib proposed to postpone the discussion.

M.Engel said it is logical that a Board member cannot go on with his office if he loses the support by his own association.

To J.de Deus question, B.Popovic replied that the Board can be functional even without one or even two members, because the responsibilities overlap.

A.Albasas said they support the ÖÄ proposal, being even better than their own. But they kept their proposal as a compromise if ÖÄ's proposal would not pass the voting.

B.Popovic proposed a slightly modified wording of the ÖÄ's proposal which was approved by H.Mayer.

Conclusion:

Art. 13 is modified and shall read as follows:

Art 13 .-Duration of offices:

The duration of offices is 3 years for all the mandates.

When a member of the Board is permanently unable to fulfil his functions in a factual or legal permanent impossibility his replacement must be provided at the next Plenary Assembly. The duties of a member called upon to replace another expire with those of the other elected members.

The mandate of the individual member of the Board may be terminated by the Plenary Assembly by the majority of $\frac{3}{4}$ of the votes, on proposal of 1/3 of the delegations or on the proposal of the Association by which the Member of the Board was delegated or by written notice transmitted to the GA by the association which delegated the Board member in question.

I. Rosenberg proposed weighted votes. Since the proposal was made only by one delegation, this was not sufficient for weighted votes.

Conclusion: the new text of art.13 of the Articles of Association was adopted unanimously.

Since ÖÄ's proposal was adopted, CESM withdrew their proposal.

- b) Proposal to coincide the term of office of the president and board with the financial year, i.e. start 1st January, end 31st December

B.Popovic: this was a discussion within the Board, but it came out that this shift could pose several problems.

J.de Deus was in favour because this is the practice in all other EMO's.

B.Popovic said the solution is pragmatic, but also under the present regulation, it is absolutely clear which president is responsible for which operations. Regarding the financial report, it is always the responsibility of the new Board to present it to the GA and to the authorities; so it always happens that the new Board must defend the finances of the previous Board. Also, the provisional budget is proposed by the old Board, so even by shifting the beginning of the mandate to the 1st January, the new Board is bound to the proposals of the old Board.

C.Wetzel said that it could be easier that the mandate begins on 1st January, but also the present regulation is acceptable.

B.Popovic, P.Chauvot and C.Wetzel emphasized that it is not about changing the financial year, it is just to decide on the date of the beginning of the mandate.

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

- a) Closing of Accounts 2012
- b) Treasurer's Report 2012

[F13-012 EN](#)

- c) Internal Auditors' Report (Reinhart Waneck, Jean-Paul Zerbib)
- d) Vote on the discharge of the board for the accounts 2012

Conclusion: the accounts 2012 were adopted unanimously.

- e) Provisional budget 2013 and membership fee 2013 [F12-058 FIN 2](#)

P.Simoes said that the revenues are expected to decrease due to the fact that several associations decreased the declared number of members.

14) National Healthcare situation reports (round table)

V4 countries healthcare situation, Report [F13-023 EN](#)

- a) Hungary (MOSZ) [F13-014 EN](#)
- b) Austria (Austrian Medical Chamber) [F13-015 EN](#)

To P.Simoes question, H.Mayer asked that at the moment, they don't support task shifting. At the moment, nurses mainly handle the documentation.

- c) Italy (ANAAO-ASSOMED) [F13-016 EN](#)
- d) Croatia (HLS) [F13-017 EN](#) + [F13-017 FR](#)
- e) Bulgaria (Bulgarian Med. Ass.) [F13-018 EN](#)
- f) Slovakia (LOZ SK) [F13-021 EN](#)
- g) Czech Republic (LOZ CZ) [F13-026 EN](#)
- h) France (SNPAHR-e) [F13-027 EN](#) + [F13-027 FR](#)
- i) Spain (CESM) [F13-028 EN](#)
- j) Portugal (FNAM) [F13-029 EN](#) + [FR](#)
- k) Belgium (GBS-VBS) [F13-031 FR](#)
- l) Slovenia (FIDES) [F13-032 EN](#)
- m) Poland

To de Deus question, R.Kijak answered that the emigration rate has decreased from about 20-25% in the past. But this rate could increase again.

J.P.Zerbib: it would be interesting to know more information on the corruption.

B.Popovic said that people are only getting aware of the size of corruption in Slovenia. There are not many reported cases on patient-to-doctor corruption, but there are tremendously many cases of systemic corruption because of the interlinked relationships between public sector, politics and state-owned enterprises, including all major banks. In public tenders, the corruption is almost a rule.

E.Reginato said we need to distinguish between patient-to-doctor corruption and the systemic corruption, but B.Popovic said it is true only to a certain extent. Systemic corruption means that the official figures on healthcare expenditure become false: if a country dedicates 7% GDP for healthcare and 50% disappears in corruption, only 3,5% GDP really remains for healthcare. Consequently, patients must pay more for healthcare which is equal to the situation when they have to bribe a doctor.

E.Reginato concluded that so many similar problems have accumulated all over Europe; therefore he tested the delegations' readiness to organize a strike.

After several moments of astonishment,

I.Rosenberg said that strike could be too hard for the beginning.

J.P.Zerbib supported the idea of strike.

J.de Deus said that this proposal should be discussed within associations.

H.Mayer said that strike should be the last resort and claims should be made.

B.Popovic confirmed that, in order to organize a strike, claims must be defined. Therefore, if we want to organize an action on e.g. 15th May 2014, we have to start working immediately. Already after this GA, some message should be sent to media and then the claims and details should be coordinated, within the Board and in communication with the Associations.

S.Urban and M.Engel supported the idea of strike.

After some coordination, the following claims were elaborated:

Secure money to ensure quality healthcare for all European citizens!

Stop corruption!

Stop repression on doctors!

Decent salaries and decent working conditions for all European doctors!

Conclusion: the “action day” on 15/05/2014 was unanimously approved. The claims are not definite and can be subject to modifications.

To P.Oravec question, B.Popovic said that the conclusion on “action day” is public, so the Board will communicate it to media and to Associations.

15) Request for Action and Submission of documents for approval by the GA

a) Action against Criminalisation of Doctors in Slovakia

[F13-030 EN](#)

P.Oravec explained the details on the draft Slovak law. He said that this is not a threat only for the Slovak doctors, but for all European doctors.

J.de Deus said that AEMH will support the FEMS letter of support because this kind of laws must be prevented.

J.P. Zerbib said it is time to show to the V4 regimes that totalitarian times are over.

C.Wetzel announced he would organize an information day in the EP on 11th June 2013 where he would invite V4 representatives to present a paper to the MEP.

E.Reginato said that C.Wetzel has the FEMS support to organize this.

Conclusion: the letter of support to Slovak doctors was adopted unanimously.

16) Application for Membership Cyprus Turkish Medical Association

[F13-020 EN](#)

For approval

The representatives had a brief presentation of their organization and their application for Observer status.

Conclusion: the Cyprus Turkish Medical Association was accepted as observer unanimously.

C.Wetzel suggested that everyone sends the same document to different Slovak addresses by Monday.

17) Next FEMS Meetings

a) Board and GA – **Porto** (P), 3-5 October 2013 (M Merlinde)

b) **2014 FEMS 50th Anniversary call for candidate**

History of FEMS Meeting Venues 1993 -2013

[F12-013](#)

The spring GA in 2014 could be organized jointly by Slovenian and Italian trade unions in Nova Gorica.

The Autumn GA in 2014 will be organized by the French unions.

The next common FEMS-AEMH meeting will probably be organized in Vienna in 2015.

18) Other Meetings

[International EMOs' Calendar CPME 2013-001](#)

19) Any other business