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<td>Author:</td>
<td>AEMH European Secretariat</td>
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Joint meeting of FEMS’ and AEMH’s Boards

Venue: Hotel NOVOTEL, Paris CDG Airport Terminal 3

13:30 – 16:30 AEMH Board meeting

Present:

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<th>FEMS</th>
<th>AEMH</th>
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<td>Dr Claude Wetzel, President</td>
<td>Dr Raymond Lies, President</td>
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<td>Dr Milan Kubek, Vice-President</td>
<td>Dr Joao de Deus, 1st Vice-President</td>
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<td>Dr Carlos Amaya, Vice-President</td>
<td>Dr Hrvoje Sobat, Treasurer</td>
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<td>Dr Bojan Popovic, Secretary General</td>
<td>Dr Thomas Zilling, 2nd Vice-President</td>
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Brigitte Jencik, AEMH-FEMS Secretary

Topics to be discussed:

- Purpose and Strategy
- Future bi-lateral collaboration
- Future of European Medical Organisations
- Promoting the establishment of a “Confederation of European Doctors” with all EMOs united in a Domus Medica.
- Topics to propose to the joint EMO board meeting, Thursday afternoon 11 June 2009, in Brussels, PWG Proposals

Raymond Lies opened the common session. He briefly evoked the recent events within the CPME and the relation between EMOs. In November in Strasbourg the EMO presidents discussed the opportunity for a harmonisation in the field of EMOs. The idea of establishing a federation grew out of this reflection.

Common strategy
Since 2005 AEMH and FEMS share a common secretariat, which is the only example in this field. Working together helps to see synergies.
At the CPME strategy working group no common EMOs points were discussed.

- In any case, the deadline for the CPME to find a solution is end of June, date of the CPME meeting.
- Joao de Deus regretted that the common AEMH-FEMS document was not discussed by the strategy working group.
- Milan Kubek expressed the opinion of the Czech Republic as a small country. They need a strong European organisation, or need to be member in all EMOs. He has sent invitations to the three out-going countries (France, Italy, Spain) on a personal base. Concerning the collaboration of other organisations within CPME, this should not be a one-way helping CPME,
but co-lateral collaboration. Important is also the mission to help national member associations in the fight for their national concerns. As to the position of CPME SG, there is a consensus on the appointment of a not elected position with no political function, not necessarily, but preferably a doctor.

The position of the CPME President must be strengthened. It is now weak because there is always either a past-president or a president-elect at the side of the present president. This fact strengthens the position of the SG.

He explained his position for a compromise in mixing the voting procedures: for elections: one country – one vote – simple majority. For financial matters: weighted votes. For changes of statutes, ¾ qualified majority. For policy decisions; double majority: 1 country-1 vote and the majority of doctors represented.

Small countries will never accept weighted votes for all, as it would give all power to 6 countries.

Joao de Deus explained the proposal of Dr Nunes, Portugal, which is to divide countries in five groups based on the number of doctors represented.

He also quoted de presentation of the CPME meeting in London on the “AOs agreement to help CPME to achieve its goals”. Amongst the EMOs there is agreement to work together and to work with the CPME but on an equal level.

He expressed his anger that some want to kill the other medical organisations. CPME has not the monopole of representation, for the time being it is even only UEMS representing all EU countries. He advocated to develop the cooperation AEMH and FEMS and maybe extend it to other organisations.

Claude Wetzel commented that we can do without, but our interest is that the Standing committee survives and that we all work together.

Hrvoje Sobat referred to the status of associated members, CPME is not a political organisation, and should therefore not have this category. He furthermore doubted that CPME is acting as an umbrella organisation. The functioning of the CPME is no longer efficient. He also critisised the way documents from other organisations are swept at the end of the CPME meetings. The CPME should reorganise its sub-committees and establish working groups on real problems of life, otherwise we can do without.

Claude Wetzel agreed and underpinned that FEMS has decided to give documents for information only.

Thomas Zilling reported the Scandinavian view. DK wants a change and split Scandinavian countries from the southern countries. Sweden and Norway do not follow this idea.

Claude Wetzel questioned the position of Finland. At the CPME strategy working group Dr Palve said that CPME should be the only European organisation.

Raymond Lies wondered about the position of Italy and Spain. Only France attended the strategy working group and expresses claims. Do Italy and Spain support France?

Carlos Amaya informed that there are soon elections in the Spanish Medical Chamber. At the moment there is no European platform.

Bojan Popovic reported that Slovenia joined the group of withdrawers.

Claude Wetzel commented that this is due to the change of presidency at the chamber. The new president is close to FIDES, the Slovenian trade union, following the example of the Czech Republic, where Milan Kubek, former president of LOK trade union, became President of the chamber.

Milan Kubek commented that it is not easy to achieve the defence of doctors’ working conditions towards the governments.

Raymond Lies proposed to call a meeting before the next presidents committee in Prague and contact UEMS, UEMO, PWG and others to force CPME to an agreement.

Joint EMO Meeting: Common topics

The topics proposed by PWG were commented.

The final approval underlay the organisational committee composed by Michael Wilks (CPME), Zlatko Fras (UEMS) and Raymond Lies (AEMH).
Topic 1: **THE EUROPEAN WORKING TIME DIRECTIVE**  
- Claude Wetzel gave a brief presentation of EWTD development and the conciliation procedure.  
  Strong approval of the topic.

Topic 2: **MEDICAL MANPOWER**  
PWG has invited FEMS, UEMS, UEMO, AMEE, CPME and WHO to take part in a joint-project to study the medical demographics in Europe.  
- Claude Wetzel presented a new FEMS WG on this issue.  
  Strong approval of the topic.

Topic 3: **CROSS-BORDER HEALTH AND HEALTH-PROFESSIONALS' MIGRATION**  
All European Medical Organisations should have a joint policy with a broader view of the topic.  
Approval of the topic.

Topic 4: **POSTGRADUATE TRAINING**  
- Sharing different approaches  
- Avoid overlapping projects  
- to innovate the approach on ongoing medical education projects,  
- to improve the effective communication  
- Foster the development of common projects  
- Creation of an Agenda of a common meeting.  
  Approval of the topic.

Topic 5: **DISASTER MANAGEMENT**  
No comment.

Topic 6: **DOMUS MEDICA**  
Strong approval of the topic.

- Raymond Lies stated that for the moment, we don’t have a common secretariat in a way we would like to have. UEMS has not expressed its wish to join us, because they are looking for new premises.  
- Claude Wetzel assured that if we invite UEMS, they will come. CPME will not be able to stay long in the present premises if they are losing members. We have to change strategy, be proactive and not wait for the CPME to act.  
- Brigitte Jencik stated that at the moment, and this since 8 years, AEMH rents office space in the so-called “domus medica”, but in reality there has never been any cooperation with CPME within the Brussels premises. “Domus medica” should mean to share information, avoiding duplication of work in each organization. There should be at least a secretary and an information officer, as these are jobs done in all organisations. Also technically we need a common secretariat, i.e. staff that is common to all.  
- Raymond Lies advocates the importance of coordination, but the leading voice should always be the one of the organization that follows certain subject best. If, e.g. there is a problem concerning GPs, UEMO will speak and the others should support them. Before creating the Domus medica, we should make a plan of what we need in order to achieve the planned goals.  
- Bojan Popovic and Brigitte Jencik will prepare a draft document on a common secretariat, legal (joint venture, company, ....?) and operational aspects, before the June meeting.

**Current issues concerning the permanent secretariat:**  
- Raymond Lies stated that Brigitte Jencik has been working for both organizations under present conditions since 2005, which are not fitting the reality anymore. He proposed to keep the material costs at 5.000,00 € and to increase the secretary from 1 to 2 hour per day. So, the
total cost would be increased from 14.000 to 19.000,00 €. AEMH will send the official proposal to FEMS regarding this.

- Claude Wetzel agreed in principal and will present this proposal to the GA, but the proposal seems reasonable.

**Common meetings**

In conclusion of this meeting all participants were very positive and agreed to pursue the experience by increasing common board meetings.

- Claude Wetzel questioned whether FEMS and AEMH should take a further step and hold also general assemblies in common with a separate part for internal topic and a common part with common working groups. This request has already been put forward by the Austrian Medical chamber. Is this possible in 2010 when AEMH is invited to Lisbon?

- Joao de Deus reminded that the Ordem dos Medicos has invited AEMH but cannot invite two organisations. FEMS has to solve which Portuguese union could organize their meeting.

**Any other Business**

AEMH will hold its Conference and Plenary Meeting 7-9 May in Sofia. The topic of the conference is “Privatisation of Hospitals”.

FEMS will be invited to send a speaker to Sofia concerning the outcome of their survey on privatization.