



ASSOCIATION EUROPEENNE
DES
MEDECINS DES HOPITAUX

EUROPEAN ASSOCIATION OF
SENIOR HOSPITAL
PHYSICIANS



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SALARIES

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1st Joint AEMH-FEMS Plenary Assembly

18-19th May 2012 Varna / Bulgaria

Venue : Resort Sunny Day, Hotel Marina (Hall Madara)

Friday, 18 May 2012

(from 9:00 – 10:15 FEMS Internal General Assembly for FEMS delegates and observers only)

10:30

1. Opening by FEMS-President *Dr Claude Wetzel* and AEMH-President *Dr João de Deus*
Dr Claude Wetzel reminded the reason why this common meeting was called. It was on request by the Austrian Medical Chamber and the Bulgarian Medical Association; and invitation of the latter. The topics, especially the political ones, which both organizations deal with are the same. They welcomed the presence of *Dr Romuald Krajewski*, President of the UEMS, who will give the perspective of his organization on the different topics.
Dr João de Deus insisted on the geographical complementarities of the delegations, which promises an interesting debate.

2. European Health Workforce

European Observatory for Medical Demography

[F11-064 FR EN](#)

Dr Claude Wetzel informed that FEMS is member of the steering committee of the European Observatory of Medical Demography, established by the CEOM and support by the French Medical Order. A survey gave the surprising result that the average age of migrating doctors is now 45 years. It also showed that many doctors return to their home country now because the working conditions and remunerations have improved.

Action Plan for the EU health workforce

[AEMH 12-029](#)

International Conference "Ensuring tomorrow's health: workforce planning and mobility" Brussels, 7-9

December 2011 ; Main Draft Conclusions and Recommendations

[AEMH 11-118](#)

Dr Claude Wetzel reported on the problem of shortage of healthcare workers, which will amount to 1 million by 2020 with an increasing demand for healthcare by the ageing population. In 2050 45% of the population will be 65 years and older.

Dr Dan Peretianu (Romania) added that the increased age of doctors is due that they first complete their specialist training before leaving the country.

Prof. Claude-François Degos (France) mentioned the problem of the numerus clausus in France, with additionally a first very difficult year. After 2 failures, students have to leave the faculty. Some do them study abroad and then return to practice in France.

Dr Serdar Dalkilic (France) corrected that we are European and moving within the European Union is not going abroad. We have to think European-wide.

Dr Raymond Lies (Luxembourg) agreed but nevertheless reminded that each country has a different system, but whatever the system, whether numerus clauses or not, none delivers enough doctors. Our organizations should worry about this shortage of doctors.

Dr Claude Wetzel added that the insufficient number of doctors is also due to a decreased attractiveness of the job.

Dr Robert Hawliczek (Austria) disagreed and informed that in Austria 2/3 of candidates do not find a place to become a doctor.

Dr João de Deus added that also Portuguese students go abroad to study medicine, mainly to the Czech Republic, and return to Portugal, where they find a deteriorated situation, which incites them again to go to another country.

Dr Enrico Reginato (Italy) questioned why governments keep students from becoming doctors despite knowing that we are facing a severe shortage. We, as European organizations should make pressure to enlarge the numerus clausus.

Prof Vlad Tica (Romania) agreed on the contradiction, which is caused by political decisions, but advocated not only to look at numbers but also at quality.

Dr Romuald Krajewski confirmed that UEMS strongly supports professional mobility. Specialties should be universal. He is convinced that free movement is a stimulus to improve local working conditions for doctors.

Dr Tony Bertrand (Belgium) pointed out that in case of abolishment of the numerus clausus the local infrastructures could not face the increased number of students.

Dr Ivan Pasini (Croatia) added the aspect of financing medical studies for doctors, who do not practice in the country which paid their studies and furthermore face shortage.

Dr Olga Kosmopoulou (Greece) clarified that there are two factors for migration, seek education and experience, or leaving because you cannot find a job and see no future.

Dr Robert Hawliczek (Austria) analyzed the job of universities: science, clinical work and education. They earn money with the 2 first, but don't earn money with education.

Prof Claude-François Degos (France) reported on an increased numerus clausus from 3500 – 8000 in a short period of time. The number of registered doctors is important but many do not practice medicine, thus the needs are not covered. He added that doctors in France come 50% from French universities and 50% from abroad.

Dr Edgard Maes (Belgium) commented on the different legislations, which should get harmonized. As to Belgium, the numerus clausus applies at the end of the studies resulting that only 40% of medical students get a license to practice.

Reference and Background Documents:

AEMH Briefing 2011

Council Conclusion Dec. 2010

EU Cooperation to reduce healthworker migration

[AEMH 11-063](#)

[CPME Info 259-2010](#)

[AEMH 11-046](#)

3. Salaries of European Hospital Doctors

F12-002 REV1

Survey conducted and presented by Dr Enrico Reginato.

Dr Enrico Reginato (Italy) explained the survey he conducted and coordinated on the collection of data from many delegations, FEMS, AEMH and beyond. He pointed out that the records have to be updated regularly. The figures express maximum and minimum salaries, because average salaries were not available. Nevertheless, he intends to work it out for the future.

Dr Reginato stressed out that the data is not the income of doctors, but what hospitals spent paying doctors, considering that 60-65% of the budget goes into salaries, from which 10% doctors. From this his ambitious project for the future is to figure out whether the number of doctors in hospitals is sufficient to the needs and the money spent. He reiterated his call for the help of all delegations to complete the survey and insisted that it is still a draft and should not be published.

Dr João de Deus complimented *Dr Reginato* for this very important work.

Dr Tony Bertrand (Belgique) complained about the premature publication of the figures in a medical journal in Belgium.

Dr Lars Nevander (Sweden) stated that the tables are not all correct but the salaries of doctors show the tendency and the big differences between countries. Once corrected we should try to put pressure on those governments paying low salaries. He worried that with low salaries doctors will work more than the EWTD allows.

Dr João de Deus agreed as in Portugal some doctors work only duties, but in several hospitals, without control of how many hours they finally work.

Dr Robert Hawliczek (Austria) reported that hospital doctors work up to 72 hours, thus comparing the salaries to the working time, the salaries are very low.

Dr Didier Rea (France) doubted whether comparison between the different countries is possible. We have to take into account the Purchasing Power Parity. But it is a start and will maybe lead to a comparison between salaries and migration of doctors.

Dr Bojan Popovic (Slovenia) shared the experience from his country. When salaries increased by 30 % everybody thought doctors would be satisfied. But the other factors of dissatisfaction remained, thus good salaries are not a target but a mean. Nevertheless, the current low salaries doctors earn in some countries are a shame. But we have to work on all levels: salaries, working conditions, working time, burn-out.

Dr Romuald Krajewski (Poland) confirmed the policy of the trade union supported by the medical chamber, which is to achieve an increase of salaries. Low salaries also cause some compensatory pathological mechanism.

4. EWTD (European Working Time Directive) state of affairs

[F12-019 EN](#)

Dr Claude Wetzel reminded that the revision of the directive is a normal legislative process of update. The Council and Parliament failed to come to a conclusion not least thanks to the active lobbying of European Medical Organisations. The Commission then launched end 2011 the Social Partners Dialogue between the Trade Unions and the employers. They have 9 month to come to a conclusion, which will be presented to the Council, which can approve or reject, but cannot change. If the social partners do not come with a proposal, the directive will stay as it is, which is acceptable for the medical profession.

Furthermore, he sensed tense relations between the Council, the Parliament and the Commission on this topic. The parliament is totally excluded at this moment of the process.

Reference and Background Documents:

List of Social Partners' organizations consulted under the EC Treaty

Social Partners agreement to negotiate

Commission Briefing and state of play November 2011

CPME-AEMH-FEMS-EANA response

PWG/ EJD response to consultation

[FEMS 12-007](#)

[FEMS 11-101](#)

[FEMS 11-103](#)

[AEMH 11- 025](#)

[AEMH 11-035](#)

Euractiv Briefing
European Commission 2nd consultation phase social partners
European Commission EWTD Implementation Report
EMO Statement 2010
EMO Statement 2008

[F11-029 EN](#)
[AEMH 11-027](#)
[AEMH 11-028](#)
[AEMH 10-050](#)
[AEMH 08-068](#)

5. Professional Qualification Directive (PQD) state of affairs, Briefing [AEMH 12-041](#)

Dr João de Deus gave a summary of the revision process, which is meant to help stimulate mobility of professionals across the EU by removing barriers. The main elements of the directive are the professional card, the alert mechanism, language skills, minimum training requirements. Despite different positions the EMOs have tried to reach a joint statement.

Dr Romuald Krajewski, confirmed that the UEMS could agree on the common statement, but would like to go further. The medical profession should make proposals otherwise the politicians will impose their views. UEMS wants competences added to duration in the directive.

Dr Claude Wetzel reported that the Presidents Committee have tasked him to include the UEMS position to the current EMO document and draft a document, which can be endorsed by all.

Reference and Background Documents:

EMOs Joint Statement on Review Proposal of the PQD

[CPME 2012-069](#)

CPME proposed amendments to the PQD of the Commission

[CPME 2012-009 FIN](#)

UEMS proposed amendments to the PQD of the Commission

[UEMS 2012-007](#)

Position Paper of European Network of Medical Competent Authorities

[AEMH 12-022](#)

Language Skills in the PQD (Norwegian Court vs Bulgarian Doctor)

[AEMH 12-014](#)

Commission Proposal on the Modernisation of the PQD

[AEMH 12-002](#)

Report Conference November Modernisation of the PQD

[AEMH 11-107](#)

Commission Green Paper on RPQ and Public Consultation

[AEMH 11-084](#)

Report Working Group 2011 Montreux

[AEMH 11-077](#)

6. European Directive on Cross-border Healthcare Briefing [AEMH 11-064](#) Presentation by Dr Raymond Lies Falling sick abroad

Dr João de Deus introduced the topic by reminding the participation at the 1st European Hospital Conference, which took place 18 November 2011 in Düsseldorf on this topic.

Dr Raymond Lies (Luxembourg) gave an update on the directive adopted last year and which will have to be implemented by October 2013 into national law by member states. He reminded the overall objective of the directive, which is to provide clarity for patients who seek healthcare in another member state. He pointed on the article giving member states in case of “overriding national interest” the possible to adapt the directive.

He welcomed the directive especially for patients suffering from rare diseases.

He thinks that balanced budgets of national health insurances must be taken into consideration, as here lays the national interest. National Medical Associations should be involved in the process of implementation in national law.

Dr Claude Wetzel reminded the origin of the directive: health was taken out of the so called “Bolkestein Service Directive”. The directive, despite still allowing “overriding national interests”, is the 1st European text involving health and trying to counter the subsidiarity, which applies to healthcare in Europe.

The delegates discussed different cases where the directive has positive effects, such as waiting lists, rare diseases, centres of excellence.

Dr Jean-Paul Zerbib (France) stated that to a great extent the directive is about reimbursement, which according to him is not for our organisations to discuss.

Reference and Background Documents:

Consultation on recognition of crossborder prescriptions

[AEMH 12-042](#)

HOPE Article “Crossborder healthcare: a joint hospital conference”

[AEMH 12-026](#)

1st Joint European Hospital Conference, Programme and Conclusion

[AEMH 11-113](#)

Text of the European Directive on the Application of Patients’ Rights in Cross-border Healthcare

[AEMH 11-037](#)

Council of the European Union adopts Directive on Cross-border HC

[AEMH 11-014](#)

Input AEMH Definition of “Hospital care”

[AEMH 09-038](#)

7. European Medical Organisations’ Alliance

a) The Floor to European Medical Organisations and/or Reports from Liaison Officers

- AEMH : Dr João de Deus

He mentioned the participation at 1st European Hospital Conference on “Crossborder Healthcare” and his intervention at the upcoming World Healthcare Congress “Involvement of Doctors in Hospital Management”.

- CPME: Dr João de Deus, Dr Claude Wetzel

Dr João de Deus reported on the election of Dr Fjeldsted from Iceland as new President 2013-2015.

Dr Claude Wetzel added that a document proposing that other medical organization than the most representative ones from France, Italy and Spain could be accepted as members to represent doctors from the countries, which left CPME. No decision was taken on this sensitive subject.

- EFMA/WHO : Yerevan/Armenia 19-20 April 2012

Dr Hrvoje Sobat (Croatia) reported that EFMA is not a formal organization but meets once a year and enjoys the support of WHO. This year the Armenian Medical Association organized the meeting, which was a good opportunity to discuss with organizations which we otherwise do not meet. Two workshops were held, one on alternative medicine and one on the use of the Internet, which is only recommended for follow-ups not for first examination.

- EJD-PWG: Report Meetings , Zurich 11-12 May 2012 –

Dr Claude Wetzel reported from the meeting where the same topics as in this were discussed. There is a divergence of views on the Professional Qualifications Directive concerning duration and content of training. EJD is now a registered association under Belgian law and await a proposal to integrate the Domus Medica.

- **FEMS:** *Dr Claude Wetzel* reported that FEMS tries to be present at all EMO meetings. The organization was shocked by the events in Eastern Europe, especially Slovakia, where police and army were fighting against doctors. Also in Turkey, Czech Republic and Hungary doctors had to face attacks.

- **UEMS :** *Dr Romuald Krajewski* (President) explained that UEMS new Council met for the first time. From the numerous activities he highlighted three priorities: the Domus Medica, the Accreditation criteria for CME, the new website.

b) Reports from the past Presidents’ Committees

- Warsaw 27 November 2011

[AEMH 11-115](#) = [FEMS 11-105](#)

- Zurich 13 May 2012:

Dr Hrvoje Sobat (Croatia) gave a short report. The joint EMO statement on the revision of the Professional Qualifications Directive was discussed and already approved by all EMOs present, when UEMS SG Dr Edwin Borman brought up a UEMS document, which was rejected especially by CPME as it took up a European set of requirements and a minimum duration of specialist training of 5 years. To reach an agreement that all could undersign, EMOs were invited to send amendments to Dr Claude Wetzel who would compile them and merge into a new document. The future of collaboration amongst EMOs was discussed and commonly agreed that it is closely linked to the Domus Medica. The common website called **e-domusmedica** was discussed, which will be operational by end of June. It will contain general information and links to all EMOs websites.

c) Domus Medica, Rue de l'Industrie, Brussels, update

Presented by UEMS-President

Dr Romuald Krajewski gave a state of play on the house UEMS bought in Brussels. Many organizations expressed interest to integrate the Domus Medica. The Brussels authorities want more flats in the European area. UEMS is not in favour to integrate a flat, they expect an answer in the weeks to come. Before, no financial proposal can be made. They expect an opening March/ April next year.

d) Future strategy

Dr João de Deus presented the Draft proposal for a Collaboration Model European Domus Medica of the EMO Alliance with common staff [AEMH 11-092 REV1](#)

Dr Claude Wetzel informed that the document was discussed in the past Presidents' committee. It is a proposal for efficient collaboration as being under one roof is not enough to ensure this.

Rules of Procedure and Management of Documents

[AEMH 11-097 REV1](#)

Dr Bojan Popovic (Slovenia) explained that it was a difficult task to draft a document which would suit those who want rules **and** those who do not want any rules. He structured the document like minutes with some commitment between two meetings. It will be ad-hoc agreements for each meeting. It could be the minimum denominator acceptable for everybody. He will finalise the document for the autumn meeting.

Background:

EMOA Draft Collaboration Agreement

[AEMH 09-079](#)

9. National Reports

Delegates presented the highlights from their written reports.

Austria	AEMH 12-040 + VLKÖ, presentations by Prof. P. Spath and Prof. R. Waneck
Belgium	F12-015 FR + AEMH12-036 , presentation by Dr Tony Bertrand
Bulgaria	F 12-032 EN presentation by Dr Svetoslav Dachev
Croatia	AEMH 12-033 , F12-023 EN+FR , presentation by Dr H. Sobat and Dr Ivan Pasini
Czech Rep.	F12-028 EN presentation by Dr Martin Engel

Dr João de Deus mentioned the importance of this sequence which gave the possibility to hear from countries which are not represented in one of the two organizations. The national reports are to be continued on Saturday morning.

10. Parallel Working Group Sessions

A. The Professional Qualifications Directive

Chair: Dr Thomas Zilling

Draft Statement

[AEMH 12-045](#)

Background Documents

EMOs Joint Statement on Review Proposal of the PQD

[CPME 2012-069](#)

CPME proposed amendments to the PQD of the Commission

[CPME 2012-009 FIN](#)

UEMS proposed amendments to the PQD of the Commission

[UEMS 2012-007](#)

Position Paper of European Network of Medical Competent Authorities

[AEMH 12-022](#)

Language Skills in the PQD (Norwegian Court vs Bulgarian Doctor)

[AEMH 12-014](#)

Commission Proposal on the Modernisation of the PQD

[AEMH 12-002](#)

Report Conference November Modernisation of the PQD

[AEMH 11-107](#)

Commission Green Paper on RPQ and Public Consultation

[AEMH 11-084](#)

B. Task Shifting (Patients Safety)

Chair: Dr Hrvoje Sobat

Background Documents

1st Protocole on task shifting in France

[F11-094 FR EN](#)

Report Working Group 2011 Task shifting – Skill mix in Hospitals

[AEMH 11-076](#)

AEMH Statement on Task Shifting

[AEMH 10-047](#)

AEMH Statement on Prescription by Nurses

[AEMH 10-032](#)

CPME Statement

[CPME 10-128](#)

EANA Statement

[Luxembourg 2010](#)

UEMS Medical Act

[UEMS 2009-014](#)

C. Working Conditions of Hospital Physicians

Agenda

[F12-029 EN REV1](#)

Chair: Dr Claude Wetzel

Reference and Background Documents:

EWTD Review Briefing

[F12-019 EN](#)

List of Social Partners' organizations consulted under the EC Treaty

[FEMS 12-007](#)

Social Partners agreement to negotiate

[FEMS 11-101](#)

Commission Briefing and state of play November 2011

[FEMS 11-103](#)

End of first day.

Saturday, 19 May 2012

(from 9:00 – 10:15 AEMH 65th Plenary Meeting, for AEMH delegates and observers only)

10:30

9. National Reports continued

France	F12-018 EN + FR
Additionally <i>Prof Claude-François Degos</i> informed that in 1996 France made CME/CPD mandatory, but it is only this year that these measures have been implemented and the organizational structures set up. In the social dialogue a framework agreement with the government on medical hospital careers could be reached.	
Germany	AEMH 12-031 , presentation by Prof Hans-Jochen Stolpmann
Greece	AEMH 12-049 , presentaion by Dr Olga Kosmopoulou
Hungary	F12-021 EN , presentation by Dr Janos Belteczki
Italy	AEMH 12-052 + F12-014 EN , presentation by Dr Reggiani, and Dr Reginato
Luxembourg	AEMH 12-039
Poland	F12-017 EN – Dr Romuald Krajeweski added that in Poland Doctors are reliable for the prescriptions if their patients are not insured. Furthermore the government has put in place a “fault” compensation system functioning besides disciplinary or legal procedures, creating a lot of unrest amongst doctors and influencing negatively the patient-doctor relation.
Portugal	F12-030 EN + FR ; AEMH 12-048 presentation by Dr Maria Madureira
Romania	AEMH 12-051 powerpoint presentation by Prof Vlad Tica Dr Dan Peretianu reported on a new law blocking the social dialogue and collective agreements. The working code gives much power to employees, another law decreased the protection of leaders of trade unions.
Slovakia	AEMH 12-038 , F12-022 EN + F12-023 EN presentation by Dr Pavel Oravec Dr Mikulas Buzgo thanked the Czech colleagues for their support in their action.
Slovenia	F12-026 , presentation by Dr Damjan Polh
Spain	F12-031 EN , no delegate
Sweden	AEMH 12-037 , presentation by Dr Thomas Zilling
Switzerland	AEMH 12-034 , presentation by Dr Pierre-François Cuénoud
Turkey	F12-033 EN , presentation by Dr Arda Saygili

11. Reports from the Working Groups and Statements for Adoption

A. The Professional Qualifications Directive

Dr Thomas Zilling thanked Ms Signe Gerd Blindheim who prepared a document, which was discussed in the working group and submitted to the plenary for adoption.

Draft Statement

[AEMH 12-045](#)

Dr Thomas Zilling stressed on the urgency of adopting the document as the Commission will draft the directive in the weeks to come.

The “alert mechanism” raised a vivid discussion, which did not come to a conclusion.

The document was put to vote:

Results: FEMS: 9 against, 2 in favour, 5 abstentions; AEMH: 6 against, 6 in favour, 5 abstentions.

The document was not adopted.

B. Task Shifting

Dr Hrvoje Sobat reported on the discussion of the working group, which tried to update the position from the past document. He pointed out that task shifting in Europe has a different

meaning than in Africa, where the choice is only from one treatment or no treatment. Task shifting in our countries is mainly for economical reasons.

The written Report

[AEMH 12-053](#)

Dr João de Deus added that the document is not for adoption but that work continues to elaborate a document on task shifting, medical competence and autonomy. The Medical Act of UEMS is still valid. He is in charge also by the EMO Presidents' committee to propose a document which could be approved by all EMOs.

Dr Edgard Maes (Belgium) requested to insert the exact terms of the Medical Act into the document.

Dr Stefano Reggiani (Italy) proposed that not only diagnosis, but also therapy should remain with doctors.

Dr Romuald Krajewski stressed that UEMS is waiting for AEMH and other organizations dealing with the topic to give the indication about the approach to have. Many UEMS sections feel under attack and need guidance.

Dr Robert Hawliczek (Austria) reflected on what the process to follow should be for positive task shifting beneficial for the patient, the doctor and the community.

Dr Claude Wetzel stressed out the difference to shift or to delegate a task. Doctors should have the decision of task shifting and organize the training to whom they shift a task. He also pinpointed the liability.

C. Working Conditions of Hospital Physicians

Dr Claude Wetzel reported that 20 delegates participated in the group and elaborated a motion, which had been tabled to all delegates.

The motion was unanimously approved.

[AEMH 12-059](#) + [F12-039](#)

12. Submission of Documents for adoption

a) Bulgarian Medical Association's request for support that minimal medical fees are not considered anti-competitive practice.

[AEMH 12-058](#) + [F12-038](#)

The result of the vote AEMH and FEMS: 2 against, 10 abstentions, 17 in favour.

The declaration to support the Bulgarian Medical Association was adopted by majority.

13. Conclusion and Evaluation on the 1st Joint AEMH-FEMS Plenary Assembly

All delegates were kindly requested to fill in a questionnaire to evaluate the 1st Joint AEMH-FEMS Plenary Assembly.

13. Any other business – none

Dr João de Deus and Dr Claude Wetzel closed the meeting by thanking the interpreters and secretaries.