



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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**Meeting of the European Medical Organizations**  
Mövenpick Hotel Amsterdam City Centre, Amsterdam, The Netherlands  
October 31<sup>st</sup> 2010 (09:30 – 13:00)

Participants:

Dr Bernardo Bollen-Pinto (PWG)  
Dr Xavier Deau (CNOM)  
Dr Joao De Deus (AEMH)  
Dr Zlatko Fras (UEMS)  
Brigitte Jencik (AEMH)  
Dr Gordana Kalan-Zivcec (CEOM), joined at the end of point 4  
Dr Bernard Maillet (UEMS)  
Dr Bojan Popovic (FEMS)  
Dr Jörg Pruckner (EANA)  
Dr Konstanty Radziwill (CPME)  
Dr Claude Wetzel (FEMS)

**Draft Minutes**

**1. Welcome, roll call and apologies**

by Bernardo Bollen-Pinto, PWG President. EMSA could not attend due to other meetings. Dr Kalan had informed on her later arrival due to flight schedule.

B. Bollen-Pinto welcomed the participants and explained that he had called the meeting because it was the time to act after long years of non-successful attempts to synergize, improve collaboration and speak with a common voice. This was also the clear will of the NMAs.

**2. Election of a chairperson and rapporteur.**

B. Bollen-Pinto was elected chair and B. Jencik rapporteur.

**3. Approval of the Agenda.**

The agenda was approved without changes.

**4. Round table information on the model for the future collaboration among the EMOs (each EMO stating its position).**

The PWG suggested that the following structure for the answers:

- Main goal(s) for the collaboration;
- Structure of the collaboration: under one EMO/Alliance/other;
- What field of expertise for each EMO;
- Position on the Porto document for the Alliance (2009Dec05).

*The chairman* asked the participants to express the position of their organization on the bullet points.

*B. Popovic* : FEMS adopted the Porto document and applied the new policy for the approval of documents from other EMOs.

*J. De Deus* stressed the AEMH commitment to collaboration. The collaboration with FEMS is an example with the common secretariat and working groups. AEMH also approved the Porto document. Nevertheless, the document can be further discussed and improved. But it is important to have a political agreement.

*C. Wetzel:* FEMS GA approved the alliance as stated in the Porto document. The board has a mandate from the GA to pursue ways of collaboration also within a Domus Medica. Nevertheless collaboration ranks before a Domus Medica.

*Z. Fras:* UEMS also thinks that further improvement of the Porto document is needed. He prefers the profession to speak with a 'common' voice, rather than with one voice. UEMS member delegations encouraged the council to carry on collaboration, and to put into practice the establishment of a Domus Medica to enhance to speak with a common voice.

*J. Pruckner:* EANA has so far only approved the first three articles of the Porto agreement, which has to be further worked on. He approves to speak with a common voice, but the possibility of a second voice must be given. We must first work in one line, the Domus Medica coming later.

*K. Radziwill* expressed his contentment to meet, which avoids misunderstandings of on-line communication. We need more respect and less prejudice. Concerning the Porto document, the position of CPME is that there is no need for more structures. The article on expertise is unacceptable for CPME, despite the respect of the expertise of other EMOs, CPME cannot leave these topics aside. CPME disapproves any new structure, but nevertheless supports collaboration. CPME is interested in joining a Domus Medica on a basis of co-ownership.

*B. Bollen-Pinto* expressed the position of PWG based on clarity and solidarity. Interests of Junior Doctors and Seniors might sometimes clash, but trust and respect must prevail. Concerning the collaboration agreement: despite expertise recognized to one, others continue to work on the same topics. He also mentioned the importance of the financial impact. A house is a good tool, but besides we have to find ways to work together efficiently. PWG did not vote on the Porto document as it is seen as a document open for improvement.

*The chairman* launched an interrogation on:

**Where and why didn't we succeed and how can we learn from the past and do better.**

*K. Radziwill* thinks that it never happened that we disagreed. Whenever it was important, we succeeded to have a common position.

*C. Wetzel* agrees that we do agree mostly on important topics, but the way to get there is not acceptable.

*B. Popovic* advocates that we have to trust the sister organizations. The CEOM statement on information to patients was an example on how to act. FEMS did not study the topic but nevertheless supported the document because of trust in the expertise of CEOM in this field.

*B. Bollen-Pinto* disagrees that we always succeeded in the past. The common voice on EWTD was a compromise in order not to create trouble. The Conference on health workforce in La Hulpe was a failure, we were present but there was no coordination. The same goes for the Professional Qualification Directive, there was no common action.

*B. Maillet* expressed his irritation on the fact that at meetings, like in Porto, issues were agreed by all, which afterwards was denied by CPME.

*K. Radziwill* explained that Presidents do not have the power to agree and sign. They are only servants of the organization and its member delegations.

*B. Popovic* disagreed on the role of a president, he is elected to represent the members, he has to respect their will, but a president should be pro-active and take his

responsibilities.

Z. *Fras* conciliated that internal rules of procedures need to be respected but presidents are elected to take responsibilities. Democratic rules prevail when full agreement cannot be achieved. It is important to clarify the term of “alliance” and therefore we have to take the time to improve the collaboration agreement. Priority is to have a common position on acute problems.

J. *De Deus* agreed that the Porto document is not closed, and a field of expertise recognized to one organization does not exclude that other organisations to work on it. On the decision making procedure he took example of a statement approved by the AEM Plenary in Lisbon on task shifting, despite the opposition of the Scandinavian countries. Not reaching unanimity cannot mean that we should not act on the fact that nurses perform surgeries. We have to take a position.

Z. *Fras* was shocked by this kind of task shifting and called for immediate action.

C. *Wetzel* agreed that we have to react on topically issues. Task shifting is such and concerns everybody, but one has to take the lead.

B. *Bollen-Pinto* warned on the word “lead”, as the past has shown the sensitivity of words. We should say “coordinate” rather than “lead”. The Porto document is to be seen as a frame to work on, let’s show in practice that we can work together at least on one topic.

Z. *Fras* proposed to have a corporate approach to the frame and reject any structure under one of the organisations.

B. *Maillet* interjected that precisely CPME is still naming EMOs their Associated Organisations (AOs). We represent different member delegations and have to respect this.

Concerning task shifting, he reminded the “Medical Act” adopted by UEMS in 2006, which is the basis.

Z. *Fras* appealed to NMAs to notify facts which do not conform to the policy of the EMOs. We should confront the Scandinavian countries. Furthermore, NMAs should have a common position, it cannot be possible that they express differently in one EMO and another.

J. *Pruckner* warned to reduce to a black and white view on task shifting. It’s politicians and economists who decide. It is urgent to react because task shifting is spreading to other countries.

J. *De Deus* confirmed that it is not only a Scandinavian problem. Also in Portugal, due to a shortage of GPs, nurses are doing the job. It will affect us all. We must put the question to the politicians: Do you want to be operated by a nurse?

*The chairman* called the participants to decide on topics to work on together. 3 topics were retained:

**Task shifting; Professional recognition; EWTD**

B. *Bollen-Pinto* proposed to gather and disseminate information on these topics and to work out a framework for each specific topic.

Furthermore, the Porto Document remains on the agenda as a frame for collaboration.

B. *Popovic* called for suggestions on improvement.

**5. Round table information on the position on the *Domus Medica* (each EMO stating its position).**

B. *Bollen-Pinto* informed on the favourable decision of PWG the day before to mandate its board to study concrete options to join a *Domus Medica*.

*K. Radzwill:* The EC of CPME is mandated equally and very much in favour of common premises. Nevertheless, they cannot quit their current rental contract before 2013 without important financial losses. They have expressed their needs for 250 m<sup>2</sup> in a co-ownership.

*J. Pruckner:* EANA is in favour but due to restricted financial means they need partnership.

*Z. Fras* requested all EMOs to formulate their decision in a letter of intent. Negotiations still go on for premises close to the European Commission's building.

*G. Kalan* reported from the success of the Slovenian Domus Medica, which unites the Chamber, the medical association, scientific societies and trade unions. The profession has become so powerful that politicians cannot by-pass. The success is due to the conduct as a scientific project with strict methodology. It is important that each EMO owns part of the premises, even if it is a symbolic part.

*J. De Deus* underlined the political agreement how to develop cooperation. From the experience within the CPME premises, being under one roof is not a guarantee to develop actions together. AEMH has a limited budget and is working currently from a virtual office, but will study the proposal.

*Z. Fras* informed that a concrete proposal can probably be expected within one month. Renovation works will need 6 months to one year.

## **6. Principles for immediate collaboration and communication.**

*The chairman* resumed the previous decision on concrete proposals for collaboration on the three topics: professional qualification, EWTD, task shifting, and called for coordinators. Involvement and collaboration is of course expected from all on all three topics. For each topic a coordinator has to be nominated who will expose in Paris an action plan on how to tackle the issue.

**Professional Qualification: UEMS - PWG**

**EWTD : FEMS - CPME**

**Task shifting : AEMH - CPME - EANA**

*G. Kalan* explained that CEOM is highly interested in all but is rather active in the field of ethics and deontology and will take up a topic at another occasion.

*The chairman* expressed his satisfaction that coordinators on three topics have emerged who will present the topic at the next meeting on 2<sup>nd</sup> December in Paris. In the meantime everybody should share information with all.

## **7. Future work to be developed, roadmap and task list definition.**

*The chairman* summarized the decisions taken at the meeting.

- We start to tackle the three commonly defined topics and share the responsibilities amongst the EMOs; coordinators have been designated.
- Regarding the collaboration framework there is no unanimity but majority wants to further develop a general framework. A call for input for this before the Paris meeting is launched.
- Furthermore, the relation EMOs – NMAs was approached. Whereas the responsibility of representation of NMAs' interests is commonly assumed by EMOs, it emerged from the discussion that NMAs should also consider the

responsibility they have to alert EMOs on conflicts of interest and moreover, to be consensual in their position in the different EMOs.

- Domus Medica: All EMOs agree on the principal of having and joining a Domus Medica. UEMS will very shortly come with concrete proposals on cohabitation models.

J. Pruckner's conclusion was that the meeting demonstrated that regulation is not necessary; four meetings per year are enough to solve problems.

*B. Bollen-Pinto* disagreed as the past showed the contrary. There should be something EMOs should be held accountable for. Nobody wants to create a new organization though.

*B. Popovic* advocated that procedures need regulations. We have to learn from experience of the upcoming meetings and adapt the collaboration agreement. An agreement is needed as a protection not as an operational procedure.

## **8. Any other business.**

*G. Kalan* alerted on the danger of the Blue Card Directive to be applied on the recruitment of doctors. The Blue Card Directive will enter into force mid next year and allow simplified application procedure and a common set of rights for legal third-country workers. In Slovenia there are already unlicensed doctors in place.

*B. Popovic* explained the position of FEMS on recognition of non-EU diplomas, i.e. recognition in one country of the EU should imply recognition in the other EU member states.

*Z. Fras* advocates to tackle the problem within a taskforce on recognition of diplomas. EMOs must work out a common position.

*B. Maillet* warned not to confuse recognition of qualification and license to practice, which is often mixed up. A license to practice is limited to the delivering country whereas recognition of qualification is crossborder.

*Z. Fras*: we as EMOs should set EU standards by installing competence based assessment but without interfering with national regulators.

*B. Popovic*: we should learn from the US where nationwide qualification is granted by the Federal state. EU should have a EU-wide platform, which will give automatic recognition in the whole EU.

*Z. Fras* reminded the Council conclusion following the La Hulpe Conference. Some member states (especially Germany) firmly opposed to any kind of EU level platform. The profession should clearly state its standpoint.

*B. Pinto*: we have to work on two levels, on one side decide on criteria for quality and competence for and by doctors themselves, and the other side is legislation to serve both patients safety and doctors mobility.

*Z. Fras* proposed to give a 15 min. presentation in Paris on an initiative called ECAMSQ, a competence based assessment tool, which could be an answer to the Blue Card implementation.

*B. Bollen-Pinto* insists that definition of criteria and legislation are to be treated separately.

*G. Kalan* assures that a system has to be scientifically proven and established before it undergoes the legislation process and not vice versa. This is being pro-active.

*K. Radziwill* adds that this is part of the review of the professional recognition directive.

*G. Kalan* informed on the Berlin statement, which was adopted by national regulatory

bodies.

*K. Radziwill* warned that this statement calls for revalidation, language skills and sharing information on all penalties, which is against CPME policy.

**9. Next meeting:** Paris, 2 December 2010 on invitation of CEOM.

The chairman thanked the participants and closed the meeting at 13:20.