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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ

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**Permanent Working Group  
of European Junior Doctors**

Dear Presidents Committee,

As agreed in the London meeting last October, the PWG would like to forward the following suggestions as topics for the Joint EMO 2009 Meeting to be held in June in Brussels:

**THE EUROPEAN WORKING TIME DIRECTIVE**

Although our recent victory on this matter, we still consider that EMOs should study and monitor the EWTD directive enforcement and effects. As a final outcome, we would like to have a draft action-plan on how this could happen amongst all EMOs and their members.

**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. We would like to have an opportunity to present the results that we will have until June in the joint-meeting and decide how to further proceed with all EMOs together at once.

**CROSS-BORDER HEALTH AND HEALTH-PROFESSIONALS' MIGRATION**

As European Medical Organisations, all are concerned with how the Cross-border Health Care policies may change European learning, training and practise. Many EMOs have already released their own policy on this matter, which do not necessarily act together. That said, we consider it urgent that all EMOs discuss together so that we can possibly have a joint policy with a broader view of the topic.

**POSTGRADUATE TRAINING**

EMOs have particular fields of action and represent several different interests. Despite this diversity, medical education is debated in a very similar way throughout the EMOs. Furthermore, sharing different approaches related to the development of medical education, from undergraduate to CPD, can be an advantage to all. In fact, there are overlapping projects taking place in more than one organisation. It is possible, though, to innovate in order to approach the EMOs regarding the ongoing medical education projects, namely through the discussions involving postgraduate training. Some effective collaboration already exists. In order to improve the effective communication and the strength of the medical education projects in Europe, the Permanent Working Group of European Junior Doctors Subcommittee on Postgraduate Medical Training would like to propose the following.

Proposal:

1. Proposing partners:

Permanent Working Group of European Junior Doctors Subcommittee on Postgraduate Medical Training;  
European Union of Medical Specialists Working Groups on Postgraduate Training and on Continuing Medical Education and Professional Development;  
Standing Committee of European Doctors Subcommittee on Medical Training, Continuing Professional Development and Quality Improvement;  
European Union of General Practitioners/Vasco da Gama Movement;  
European Association of Senior Hospital Physicians Working Group on Pre-, Per- and Postgraduate Medical Training;  
European Medical Students' Association's Working Committee on Medical Education;  
Association for Medical Education in Europe;  
Thematic Network on Medical Education in Europe (MEDINE).

2. Measures proposed to the parties:

Sharing of agendas and minutes of meetings;

Incentive of attendance of the meetings of each WG/Section of a representative of all the others (preferably the president/coordinator);  
Foster the development of common projects;  
Creation of an Agenda of a common meeting.

### **DOMUS MEDICA**

As you recall, this joint-meeting is an effort to work the Domus Medica concept. This said, we consider this meeting to be a unique opportunity to revisit the Domus Medica idea with all members together and possibly take this plan one step forward.

### **DISASTER MANAGEMENT**

One of the key lessons learned in recent crises in the European Region, including in the A/H5N1 human outbreaks or the terrorist attacks in Madrid or London, is the importance of having well prepared and ready to respond health systems with sound technical capacity to assess and identify priority health problems, and to initiate and coordinate adequate health response mechanisms. Health professionals, physicians in particular, play a central role in the response to a real event and have high responsibility in the planning and mitigation in health systems preparedness. EMOs can play a decisive role in the definition of quality standards for the health system preparedness for crisis management, namely in setting training requirements for doctors.

Please let us know what you think about these topics.

Kind regards,  
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