

E.A.N.A.

EUROPÄISCHE ARBEITSGEMEINSCHAFT DER NIEDERGELASSENEN ÄRZTE
EUROPEAN WORKING GROUP OF PRACTITIONERS AND SPECIALISTS IN FREE PRACTICE
GROUPEMENT EUROPÉEN DES MÉDICINS EN PRATIQUE LIBRE

Minutes of the E.A.N.A. meeting held in Luxembourg from 28-29 May 2010

present:

President	Dr. Jörg Pruckner		
Belgium	Dr. Roland Lemye	Switzerland	Dr. Yves Guisan
Germany	Dr. Kerstin Jäger	Slovakia	absent with excuse
France	Dr. Michel Chassang Sylvie Fontlupt	Spain	Dr. André Bolliger Dr. Olga Garcia Gómez Dr. Aranzazu Albesa Perez
Luxemburg	Dr. Claude Schummer Dr. Jean Uhrig	Czech Republic	Dr. Pavel Tautermann Dr. Lucie Firkusny Dr. Ivan Julius Dr. Ivanka Julisova
Ireland	Dr. William J. Lynch Claire Camilleri		absent with excuse
Austria	Dr. Josef Lohninger	Hungary	
Portugal	absent with excuse	CPME	Lisette Tiddens-Engwirda
Romania	absent with excuse	Guests:	Mars di Bartolomeo Dr. Raymond Lies
Sweden	Dr. Ilona Barnard Dr. Gunnar Welander	Reporter	Mag. Nathalie Holzer

Absent with excuse: Dr. Max Zollner, Ute Leutloff-Simons, Dr. Regina Biesenecker

E.A.N.A. President Dr. Pruckner welcomes all participants. The minutes of last meeting held in Madrid are unanimously accepted and the present agenda is discussed. At the request of the Spanish delegation, it is decided that the order of the topics IX and X is reversed.

1. President's report

In his report, Dr. Pruckner gives a review of the events and objectives of the individual international organizations (CEOM, AEMH, UEMS, FEMS, PWG, EFMA/WHO, WMA). Dr. Lemye reports on the WMA meeting held recently in Evian Les Bains.

In his report, Dr. Pruckner also gives an account of the two Presidents' Committees held in Porto (5 December 2009) and in Brussels (13 April 2010), in which Dr. Pruckner and Dr. Schummer represented E.A.N.A. in their capacity as President and Secretary

General. It is decided to draft a letter during the meeting which clearly states that the draft „EMOA Collaboration Agreement“, written at the Presidents' Committee held in Porto, only deals with certain issues and fields of interests, and that this list is not exhaustive.

In his report, Dr. Pruckner also deals with the following issues: Cross-border healthcare directive, evaluation of the Directive 2005/36/EC on the recognition of professional qualifications and task shifting.

There is a discussion on the practice of prescribing medication, leading to the drafting of a resolution.

It is decided to put this issue on the agenda of the meeting to be held in Dublin and to conduct a survey.

The President warmly welcomes the French guests, Dr. Michel Chassang, President of the French association CSMF (Confédération des Syndicats Médicaux Français) and Sylvie Fontlupt, in charge of public relations of this organization.

2. Report of the Secretary General, Dr. Claude Schummer (see enclosure)

Dr. Schummer, in his capacity of E.A.N.A. Secretary General, reports on the meeting held in Porto and about the projected „Collaboration Agreement“. This draft, which has already been discussed by other organizations, should also be reviewed during the Luxembourg meeting.

He also reports on the meeting of national medical organisations held in February, as well on the CPME meeting which had to be abbreviated due to low participation.

In this context, thanks are given to Ms Lisette-Tiddens Engwirda for her long-standing, most valuable and considerable lobbying activities.

Dr. Schummer also reports on a meeting having dealt with mental health and well-being in older people (19-20 April 2010), on the planned evaluation of the Directive 2005/36/EC on the recognition of professional qualifications of the DG for Health and Consumers, as well as the European working time directive, which, however, is not relevant issue for E.A.N.A.

3. Domus medica in Brussels

A CPME statement is available, in which the CPME favors the idea of a common *domus medica* (see enclosure). However, this proposal still needs to be adopted by the executive committee.

E.A.N.A. participation makes sense in principle which, however, can only be symbolic due to insufficient means. Smaller organizations, too, should get involved, in order to strengthen the medical profession in the long run.

4. European Medical Organisations' alliance

If E.A.N.A. should become part of the EMO alliance, it will be required to participate in its meetings. As this would affect the low budget, it would make sense to delegate an E.A.N.A. representative living in the country where the EMO meeting takes place, in order to disburden the budget.

It is clarified that the meeting in Porto primarily aimed to discuss a possible cooperation and to define specific fields, rather than to allocate issues to the nine organizations, but rather.

In addition, the frequently discussed cooperation concept has been discussed up to item 5, the remaining items were not under discussion and therefore, are not to be considered.

There is unanimous agreement that resources of individual organizations should be concentrated, and that it would make no sense to establish an additional medical organization or association.

Also, it has to be taken into consideration that the interests of self-employed doctors are different from those of hospital employed doctors.

The fields of activity should be endorsed in principle, and there is also an interest in cooperating, however, this should be under the auspices of the CPME, not least because of the fact that the European Commission recognizes the CPME as contact.

As the individual organizations are listed in the statutes of the CPME as so-called associated organizations, and for this reason have no vote, it might possibly be conceivable to grant them the official status of members.

E.A.N.A. will follow any further developments in this respect, and will, if need be, reconsider this issue at the autumn meeting to be held in Dublin.

5. Treasurer's report: income – expenditure balance

The budget for the forthcoming meetings is very low and most of the expenditure is scheduled for interpreting services and the technical equipment needed for this purpose. However, interpretation is of vital interest for E.A.N.A. and therefore, this expenditure should not be economized.

It is planned to create a draft for an E.A.N.A. button which should both, be recognizable as a medical badge and be given to external persons such as guest speakers. This would also contribute to enhancing the name recognition and awareness of E.A.N.A.

6. TOP IX Statement on the differentiation between „Professional development/professional career“ - Spain

Dr. Bolliger reports on the fact that in Spain self-employed private doctors have been systematically excluded from the national health service since 2008.

The differentiation between career and professional development is part of the fundamental considerations. Professional development is perceived as increase of individual competence, from the economic point of view it means investment into the knowledge and the personal *know how* of the doctor.

The term of “career” refers to the way of using personal knowledge and skills, which, from the economic point of view means provision of services.

7. TOP X Freedom of contracting for doctors (see enclosure)

In Spain, the state owned health system was instituted in the 80ies, however, not all young doctors are able to make their living from their profession, as they are not automatically admitted to exercise within this system. In principle, these doctors are “free”, however, they have no contracts.

In this context, Aspromel deals with 4 issues:

1. The practice (establishment) shall be integrated into the national health service – the contractual partners shall be obliged to grant doctors contracts
2. Models shall be elaborated allowing doctors to conclude contracts with one another
3. Freedom of contracting for doctors and insurance companies
4. Participation in the development of a European trans-national health service where there is freedom of contracting

After the presentation by Dr. Bolliger, there is a discussion on this topic, as well as on the different systems in the individual countries. If E.A.N.A. should be asked to adopt a resolution, it would become necessary to analyze the different health care systems for this purpose.

8. The future of the Cross-border healthcare directive

After the Secretary General Dr. Schummer gives an introduction to and a summary of the Cross-border healthcare directive (see enclosure), the Minister of Health of Luxembourg Mars di Bartolomeo speaks about the future of the Cross-border healthcare directive, which is followed by a discussion.

9. Task shifting – Presentation by Dr. Schummer (see enclosure)

It is decided to draft a position document on this issue.

As a CPME working group deals with this issue intensely and is elaborating a similar document, E.A.N.A. will wait and then introduce its own position and views.

Dr. Schummer is asked to collect all relevant information on this topic which shall be the basis for further discussions in the forthcoming meeting.

10. CPME report – Lisette Tiddens (see enclosure)

11. Prevention in Europe – interim report by Dr. Kerstin Jäger

As there are different approaches for conducting such a survey, the members are asked to reflect on possible contents and extent of this survey.

It is decided that the survey will focus on primary and secondary prevention. Dr. Jäger will draft a questionnaire which will be forwarded to the members.

12. Medical statistics in Europe at a glance – Dr. Lohninger

Dr. Lohninger presents a preliminary report, as the data have led to different interpretation by the member countries, and thus, to problems.

What is the reason for different interpretation?

As the different data come from different sources (eurostat, WHO, European Commission) and as there are, in addition, different concepts and views, the member countries are kindly asked to report exact figures, in order to prevent different interpretation (the survey will be sent out by the E.A.N.A. secretariat). It is planned that

a further preliminary report will be presented at the meeting to be held in Dublin. This topic shall be put on the agenda on a regular basis.

13. The feminization of the medical profession – interim report by Dr. Guisan (see enclosure)

At present, the ratio in the active medical profession is: 35% women and 65% men. There is a steady trend towards feminization. In the hospital sector, the figures remain relatively stable, whereas in the self-employed sector, there is a strong upward trend. Women tend to work more often in a part-time capacity (specialties such as anaesthetics are favored).

Presently, the female students of medicine outnumber their male colleagues, although there is still a lack of adequate frame conditions (f.i. child care facilities).

It is decided to abandon the term feminization in the future. The representatives of Spain and of Sweden are asked to prepare a presentation on the working conditions of female doctors in the self-employed sector, to be presented in the forthcoming meeting.

Dr. Welander suggests an additional topic for the meeting to be held in Dublin in referring to the future generation of specialists and general practitioners in Europe. In which way can we contribute today to improve their conditions in the future? Will we leave a good legacy for future generations?

14. Short national reports

Please request national report directly from the member countries, unless enclosed.

Austria	Ireland
Belgium	Luxembourg
Czech Republic	Spain
Germany	Sweden
France	Switzerland

15. Miscellaneous

The forthcoming meeting will be held from 19 to 20 November in Dublin, Ireland.

The spring meeting 2011 is likely to be held in Gibraltar.

Dr. Pruckner expresses his thanks to all participants for their good cooperation, gives his sincere thanks to Dr. Schummer for having organized the meeting.

Meeting closed at: 29 May 2010

Nathalie Holzer reporting for the President