

## **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 EANA Meeting held from November 28-29, 2008 in Budapest/Hungary**

present:

President	Dr. Jörg Pruckner
Vice-President	Dr. Maximilian Zollner
Belgium	absent with excuse
Germany	Dr. Maximilian Zollner Dr. Regina Biesenecker Ute Leutloff-Simons
Greece	absent with excuse
Ireland	Dr. William J. Lynch
Luxembourg	Dr. Claude Schummer
Austria	Dr. Josef Lohninger
Portugal	absent with excuse
Romania	Dr. Paul Serban
Sweden	Dr. Gunnar Welander
Switzerland	Dr. Yves Guisan
Slovakia	absent with excuse
Czech Republic	Dr. Pavel Tautermann Dr. Kamil Bersky (invited)
Hungary	Prof. Dr. Péter Sótonyi Prof. Dr. Ferenc Hajnal Dr. Sándor Balogh Dr. Renáta Papp Dr. Béla Szalma Veronika Pulai
Recording secretary:	Brigitte Ruppitsch
Minutes written by:	Mag. Nathalie Holzer

Nov. 28, 08 start: 9 a.m. end: 5.30 p.m.  
Nov. 29, 08 start: 9 a.m. end: 1.00 p.m.

**I. Welcome and introduction**

Dr. Pruckner welcomes all participants, in particular the Spanish delegation, and opens the meeting.

**II. Comments on the minutes of the meeting held from Nov. 28-29, 08, in Budapest**

The verification of the minutes is unanimously accepted.

**III. Approval of the agenda**

The present agenda is accepted unchanged.

**IV. President's report**

Dr. Pruckner reports on:

- Medical tourism; the problem of settlement and compensation between European countries needs to be resolved
- Statute of a European private company
- European Court of Justice cases
- EU Health Workforce Greenpaper
- Improved cooperation between international organizations is desirable
- The importance of safeguarding confidentiality in the use of e-health applications was discussed, besides others, in CPME subcommittees
- EFMA/WHO; this organization aims at improving health and healthcare in Europe
- FEMS; the most important topical issue: EU Working Time Directive
- PWG strives towards improving the working conditions and the training quality of European junior doctors
- UEMO: represents the interests of general practitioners in the European Union
- UEMS: has committed itself to the issue of quality of specialist care; Draft EU Directive on the application of patients' rights on cross-border healthcare
- WMA: issues of professional, including clinical autonomy, of doctors, repercussions of the economic crisis on healthcare, antibiotic resistances, sodium reduction in food
- ZEVA has the objective of assisting doctors in Eastern European countries to establish a well-regulated health care system and a professional representative organization

In the discussion which follows, Dr. Zollner comes to talk about present structural changes and lack of medical doctors in Germany. A Bologna-process application was filed via the NAW-GV: structuring of medical studies into a Baccalaureate and a Master programme. The Baccalaureate degree does not authorize hands-on patient care.

Dr. Lynch informs about the smoking ban implementation and patient records in Ireland.

**V. Report of the Spanish delegation on their organization**

Dr. Bolliger reports on the association of self-employed doctors in Spain, named Aspromel and founded in 2006. He thanks that ASPROMEL is invited to the meeting as observer. Aspromel is a non-profit organization. It has the duty to safeguard the rights of Spanish doctors and their free practice, as foreseen in the constitution.

**VI. Motion for admitting Romania and Spain as members**

President Dr. Pruckner files the motion to admit the Spanish association „Asociación Profesional de Médicos de Ejercicio Libre (ASPROMEL), as well as the Romanian association „The national society of family medicine/general practice“ as full members.

**Motion: unanimously adopted**

## VII. Treasurer's report

### a) Balance of accounts

Ms Leutloff reports on the balance of accounts as per November 2008 (see enclosure). A slight increase of membership dues is being suggested.

Dr. Bolliger files the motion that the membership dues for Spain should be only 1.000 € for 2009.

#### **Motion: unanimously adopted**

Dr. Serban files the motion that the membership dues for Romania shall only be 1.000 €.

#### **Motion: unanimously adopted**

Ireland (€ 2.000) and Hungary (€ 2.000) will pay their outstanding dues for 2008.

Dr. Pruckner suggests that expenses accrued for the President will be partly assumed by EANA.

Dr. Zollner suggests that the travelling expenses for Dr. Pruckner regarding EANA meetings (approx. 500 € for each of meeting, times 4) will be assumed for the year of 2009.

### b) External funding of EANA (business plan)

Dr. Lynch is in favour of a business plan for the EANA.

Sponsoring might become necessary, also due to increased costs of meetings in Brussels. Precise offers are not available.

Dr. Pruckner affirms that no sponsoring contract will be concluded without prior decision of such.

## VIII. PR-measures; strategy for attracting new members

### a) Homepage

The translation of the website into English has been accomplished. It is desirable to include more information on the website, such as country reports.

The domain [eana.eu](http://eana.eu) cannot be acquired; therefore, it will remain as follows: **eana.at**

### b) Folder

Dr. Welander is in the position to arrange for the printing of 100 EANA-folder in English.

The German translation has already been accomplished by Ms Leutloff-Simons.

Dr. Schummer could assume the translation into French.

## IX. Short country reports

**Spain:** see enclosure

### **Luxembourg**

- New emergency service for GPs in extramural medical care (for out-of-office hours of practices) within three regions
- Debate on palliative medicine, assisted suicide, terminal care
- Problem regarding patients' representatives, respectively medical malpractice in clinics,- a fact which weakens the confidence of patients in the health care system
- In 2010, discussions on the deficit in health care are expected
- Elections scheduled for June 2010

### **Austria**

Demonstrations by the medical profession (10.000 participating doctors) were able to successfully ward off an anti-medical proposal for reform by the Minister of Health of that time.

**Hungary:** see enclosure

**Germany**

- Intensive Discussion on the e-card relating to the localization of data storage
- A federal bill on criminal investigation was introduced in the „Bundestag“ (Federal Parliament), with the aim of facilitating online-surveillance of persons. Doctors will no longer be part of the protected group
- Introduction of morbidity-related risk structure compensation between health insurance funds.
- Over-ageing of the medical profession in rural areas constitutes a problem. The last health reform allowed the institution of out-patient medical health care centres. Companies try to penetrate the sector of extramural care.
- DRG: patients are discharged from the hospital as early as possible. Costs of in-patient medical care are transferred to the out-patient sector, without financial compensation.

**Switzerland**

- Uneven distribution of doctors in the individual regions
- In 2002 bilateral agreements entered into force between Switzerland and the EU; a referendum on their extension to new EU Member States brought a positive result.

**Romania**

- The system is based on an insurance system of 1989. There is a frame agreement between the umbrella organization with the Ministry of Health, allowing for remuneration of health services within this frame. Doctors are given a monthly budget for covering all expenses. At present, there is a discussion on the inclusion of pharmaceutical costs into the budget of self-employed doctors.
- Campaign for free vaccination girls aged 11 against cervical cancer
- Elections held in the week of the EANA meeting
- Doctors retiring shall be allowed to resale their practices

**Sweden:** see enclosure

**Ireland**

- At present, an examination is going on, in how far doctors could be affected by the Irish cartel ban.
- Primary medical care teams are often abused, a statement would be important.
- Multinational companies try to take over the health care system.
- Pharmacists fund many health care centres, where doctors are employed.
- Different points of view regarding pharmacy.
- EU Directive on cross-border health care is being awaited.

**Czech Republic:** see enclosure

**X. Self-employment, private doctors, family doctors (problem of Serbia)**

The Austrian Medical Chamber has received a correspondence from Serbia, demanding assistance with regard to the ban on hospital doctors to run private practices.

There is unanimous agreement that more information should be sought in writing. The EANA deals with all facets of self-employment and is ready to provide assistance. It is planned to invite representatives from Serbia to the forthcoming EANA meeting to be held in Brussels.

**XI. The medical liberal profession/quality management in the extramural sector**

Dr. Schummer's report is based on a power-point-presentation (see enclosure)

An EANA statement is adopted after a thorough discussion (see enclosure).

**XII. New structures of out-patient medical care**

In Germany, new structures of out-patient medical care were instituted over the past years. These include both, „doctors' networks“ and medical health care centres, so-called „MVZ“. Doctors' networks consist of practices of self-employed doctors, networking at regional level, in order to offer their patients a broader range of services. It is possible to conclude contracts on specific services with hospitals and health insurance funds.

Medical health care centres are mainly interdisciplinary large practices, run by investors and/or hospitals. These medical health care centres employ doctors. As it is difficult to find a successor for a practice in rural areas, it is easier to safeguard medical care there by means of „MVZ“.

Ms Leutloff-Simons suggests to ask the E.A.N.A. member countries to report on new structures of health care. The reports shall be forwarded to the secretariat by email.

**XIII. EPA – European practice assessment (see enclosure)****XIV. CPME**

In his report, Dr. Wilks outlines general considerations on the professional autonomy of the medical profession.

Is the medical profession in the position to govern and regulate itself? A profession defining and safeguarding its own and contractual underlying and fundamental principles?

It is a fact that medical autonomy has to be valid for employed doctors, too.

The CPME deals with the following issues, besides others:

- Working Time Directive	- E-health
- Patient mobility	- Cross-border healthcare
- Nutrition	

On December 10, 2008, the EU Health Workforce Greenpaper shall be presented in Brussels (the Greenpaper was already published, see enclosure). Many of issues dealt with in the Greenpaper are of great interest to the medical profession.

In Great Britain, qualified and specifically trained nurses are allowed to decide whether a patient needs medical care provided by a doctor.

The right of the patient to choose the doctor must be maintained and safeguarded.

For finding out more about the discussions between France, Italy and Spain, you may refer to the website of the CPME.

Dr. Bolliger undertakes to have talks with the Spanish colleagues on this matter.

**XV. EU Health Workforce Greenpaper of the European Commission**

Ms Leutloff-Simons reiterates that this Greenpaper shall be published on 10.12.08.

**XVI. Survey on costs reimbursement (France, Luxembourg, Switzerland, Belgium)**

In German, self-employed doctors claim the introduction of cost reimbursement. The present reimbursement system is based on points, which are defined for specific services. The so-called "point-value" is defined, too. The latter is also oriented towards the amount of services provided. The self-employed doctor is not in the position to calculate his income according to a constant point value. This has led to the claims for the introduction of cost reimbursement. Unfortunately, there is no European scheme for medical fees in €. This means that only those patients are in the position of enjoying the rights in terms of the European Directive of cross-border health service who pay the costs locally, at the moment of provision.

A thorough discussion leads to the decision that Ms Frau Leutloff-Simons will draft a questionnaire on cost reimbursement which she will sent out to all member countries.

**XVII. Miscellaneous**

**a) preparations for the meeting to be held from June 10 to 11 in Brussels:** on June 11, the meeting is scheduled from 9 a.m. to 12 a.m. In the afternoon, the Presidents' Committee will take place. Participants on behalf of the EANA will be: Dr. Zollner, Ms Leutloff and Dr. Pruckner. Per capita costs: 70 € to be paid to CPME (catering and technical support). The location has already been determined.

**b) agenda for the Brussels meeting**

Bologna-process – implementation in Switzerland, Dr. Guisan

EPA – report on experiences, Dr. Serban

Self-employment - inputs received by email, survey on forms of cooperation – Ms Leutloff-Simons  
Questionnaire on reimbursement – Ms Leutloff-Simons

Assessment and handover of practices; paper by KAD Dr. Kux (Austria)

**c) autumn meeting**

November 27 to 28, 2009; venues could be: Luxembourg, Slovakia, Ireland, Romania or Spain  
[note: the autumn meeting will be held in Spain].

The UEMO conference will be held in Budapest from 13 to 14 November 2009.

Dr. Pruckner expresses his thanks to the interpreters and hosts and closes the meeting.