

**PWG_10_166_A_Draft Minutes Plenary Assembly AM10
Amsterdam_2010Oct**

Author	PWG President
Type	Minutes
Date	2010Oct30
Comments	

Agenda
PWG Autumn Meeting 2010
Amsterdam, The Netherlands
PWG Plenary Meeting
Chairperson: Ingrid Desar (NL)
Friday October 29th 2010, 1615 – 1830
Saturday October 30th 2010, 09:30 – 18:30

Modernisation of medical training in The Netherlands

President Royal Dutch Association

by

Arie Nieuwenhuijzen Kruseman

On Saturday October 30th 2010, 0900

Arie Nieuwenhuijzen Kruseman (NL) made a presentation about undergraduate medical training:

- composed of a 6-year theoretical and clinical training;
- enrollment of students;
- working as a stage for professional training, that is, preparation for vocation;
- main objectives: thinking and reasoning effectively and solve complex problems;
- Graduation: responsibility of the Ministry of Education.

CanMeds:

- Educational objectives: emphasis on students self motivation and responsibility; construction, assessment of progress and training in professional skills;
- Characteristic of student centered learning: small groups' discussion on interdisciplinary problems; time to study and parallel training.

PGT:

- Number of residents planning done by an independent body;
- The Ministry of Health has responsibility in deciding on the number of trainees.

Reasons for modernizing PGT:

- Shifts from provider to patient center care;
- Increase of specialization at the cost of general skills;
- Increase of multidisciplinary care;
- More focus on prevention.

Essentials of modernization:

- Focus on competence;
- Feedback;
- Personal education plan;
- Structured skills progress;
- Annual revision.

Control of PGT:

- the hospital is responsible for the organization and coordination;
- all institutions are visited every 5 years by an external committee of experts;
- After PGT there is recognition in one of the medical specialties for 5 years, after which re-registration on the basis of certain requirements is needed; no board examination.
- A progress test done each 3 months in many universities allowing to compare results and have data on performs and outcomes.
- The board of experts is composed by doctors but also by other medical professionals;
- There are 8 medical schools and social agreements with junior doctors.
- Changes are expected to improve PGT and more flexibility will come in the future.

1. Opening of the meeting by PWG President

The president opened the meeting.

2. Election of Chairperson of the Plenary Meeting

Ingrid Desar (NL) was elected chairperson.

3. Approval of the agenda

Document for decision:

PWG_10_125_A_Draft Agenda Plenary Assembly AM10 Amsterdam_2010Oct ^{NEW PAPER}

The agenda was altered with a new document from Italy - PWG_10_167_O__Retirement Alex van Bolderen - Italian delegation proposal_2010Oct under point 17. Unforeseen matters and information from Ireland on the number of associates with WMA.

4. Organizational matters

Roll call (and proxies), apologies, address list, and technical announcements.

Te roll call proceeded with the absence of Belgium, Bulgaria, France, Malta, Macedonia, Romania and Switzerland.

As $\frac{3}{4}$ of votes was required to pass any decision, there was quorum with 13 delegations present.

5. Approval of Minutes of PWG Plenary Meeting in Florence, Italy 2010 (PWG SM 2010)

Document for decision:

PWG_10_60_A_Minutes Plenary Assembly SM10 Florence_2010May **NEW PAPER**

The minutes were approved with a minor amendment proposed by the Italian delegation as the signature between PWG and Engera cooperation project was not mentioned.

6. National Interim Reports

The PWG EC strongly believes that NIRs should get increasing focus and provide more input to the definition of PWG's strategy and projects.

Austria informed that it had conducted surveys over hospitals' physicians and results demonstrated that the goals have been reached. The reduction of administration due to the introduction of documentation assistants was also mentioned.

Georgia said that changes were in course within healthcare and informed that great part of population did not have access to medical care.

Croatia said that the situation of residents was still difficult.

Estonia said that doctors were working in part-time jobs as there was no money to pay to doctors in full-time; young doctors were not considered doctors and could prescribe medicines; the situation may change in half a year but it is not for sure.

Lithuania has the same problems as Estonia; they are involved in several WGs to try to find solutions to improve the situation.



Germany said that negotiations were in course to try to increase salaries, night shifts and on-call duty. The Marburger Bund was also working on the EWTD negotiations. Andreas Botzlar (DE) explained that each interest group could have its own union and doctors were protected when on strike.

Ireland said that junior doctors had a new labour contract with new training situation and work with local hospitals was being conducted. Hospitals had changed their basic training conditions. Difficult times ahead with the healthcare suffering a huge cutting on expenses; savings must happen on the administrative side mainly.

Italy said that an e-health programme was being created and referred the excessive number of doctors in Italy; the scholarship number increased to promote the training of lacking specialties.

Latvia said that the problem still was the compulsory distribution of junior doctors.

The conference on Financial Crisis occurred in Latvia was mentioned and a report delivered - PWG10_130b_A_Report - Conference Financial Crisis - Implications for Health Care conclusions_2010Oct.

The Netherlands said that junior doctors were working on the evaluation project and highlighted the new programme for residency permitting junior doctors to have residency on other hospital. The costs in healthcare will be decreased.

Portugal said that there was a new prescribing method; next year the e-prescribing would be mandatory; the internship was being revised.

Slovenia said there was a doctors' strike; the cooperation between doctors and health ministry did not result; there is a lack of doctors; the healthcare in Slovenia is based mainly in over time work; the government decided to keep salaries the same, but there was the patient safety issue which cannot be forgotten; a Domus Medica was opened expecting to unite doctors and gather strength to negotiate with the health ministry.

Spain said that the junior doctors' section had been developed and new people have joined in; the MIR exam and the non-EU homologation of specialist titles were referred; negotiations are in progress to ease the passing of one specialty to another without going under exam again.

Finland said that a new legislation was approved that charges doctors to advice on possible shooters in schools. The public registration process was under construction and legislation saying that junior doctors must cooperate also in public registration was created.

7. President's report

During his intervention the PWG President will describe the main activities he undertook since the PWG SM 2010. In addition, the President will share with the Plenary the strategic plan for the PWG, namely in the following topics:

- Statutes and incorporation of the PWG under the Belgium law as AISBL;
- The contact with the bases – how to engage JDs and NMAs in the PWG activities;
- European Medical Organizations – The Alliance and *Domus Medica*;
- Brussels Office and European (political) activities.

Documents for information: **TO BE SENT**

PWG_10_160_A_ PWG President's report for AM 2010_2010Oct

The Plenary session will probably end after this point. The delegates will then have time to informally discuss all the relevant topics. On Saturday, formal discussion and vote will occur (see below).

The president made a short report and informed that there were 5 medical associations interested in becoming member of PWG. The EC decided to contact the ex-members to join PWG again but only Norway decided to appear. Referred the contact developed with EOHSP.

8. Meetings of the Executive Committee (April 29th 2010 and October 2nd 2010)

Document for information:

PWG_10_51_A_Minutes PWG EC Meeting_2010Abr29

PWG_10_135_A_Minutes PWG EC Meeting_2010Oct02

Oral information on the EC meeting

No comments were added.

9. PWG Official Registration under the Belgium law

Background: For PWG to achieve full registration under the Belgium law, as decided by the Plenary, statutes changes need to be introduced. Marie-Christine Bonnamour, the President and Alex Van Bolderen worked on the result of the discussions held in Florence (PWG SM 2010). A final version was sent to the members on September 8th and a revision on October 2nd (name



change had not been introduced). Until the moment this Agenda was written, no comments were received. The President and Marie-Christine will present the final version to the members.

The Plenary will discuss and vote on the approval of the new statutes.

If approved, the necessary steps to register the PWG under the Belgium law will follow.

Document for information:

PWG_09_53_O_Draft PWG Statutes changes AISBLen_2009Oct

PWG_10_30_O_Proposed changes to PWG statutes_2010Abr

PWG_10_98c_O_PWG AISBL - Information on the procedure for the registration process
2010Set_2010Sep

Documents for decision:

PWG_10_124a_O_PWG AISBL - Proposal for amending PWG statutes_2010Oct

PWG_10_124b_O_PWG AISBL - Fusion current and future statutes_2010Oct

Austria said that it would be illegal to discuss this proposal as the term to have access to the documents had not been respected; The president corrected that only 6 weeks were needed; Austria also said that the name could not be changed for the same reason as it was sent on 6th October.

Alex said that everything could be changed and voted upon. He clarified the process for approval of the statutes.

Carsten Mohrhardt (DE) asked for the costs associated.

The President explained that the address could be changed at anytime.

Marie-Christine Bonnamour clarified that 1050 euros were to be paid to the notary plus 30 Euros to change any minor provision.

The President said that the address in Brussels should not compromise PWG registration and that a compromise should be settled.

The change of statutes was approved with 14 votes in favour and 3 abstentions.

10. PWG Brussels Office and European (political) activities

Background: In the PWG AM 2009 it was decided that the PWG should open a Brussels Office for a trial period of one year.

On *January 18th* 2010 the contract with Marie-Christine Bonnamour was signed.

Marie-Christine will present a report of the Brussels Office activities.

The Plenary will discuss and decide on the European strategy and the European activities plan.

Document for information:

PWG_10_141_A_PWG Brussels Office activity report_2010Oct ^{NEW PAPER}

PWG Brussels Office and European (political) activities_Plan for 2011 ^{TO BE SENT}

The President made a presentation on the PWG needs to become seen and respected at European level and for an efficient lobbying. The directives are to be revised and PWG should be able to work as hard as possible to defend junior doctors' interests. The principles should be solidarity; independence as junior interests will collide with senior doctors' interest; trust; the alliance was agreed for almost a year now and PWG should decide what it wants from it. He referred the advantages and disadvantages of such Domus Medica and the possible replies to this project.

The priorities for PWG were mentioned – EWTD, qualifications directive, health workforce and youth on the move – as well as the meetings the President and EC could attend and the work of the subcommittees; the efficient lobby was overviewed and the main points highlighted.

Marie-Christine Bonnamour went through her report.

The president informed that the mandate was to have a trial period; he opined that it reached the goals and permitted to change the statutes easily in PWG history. Documents were easily produced with her cooperation and lobbying has been very effective.

Marie-Christine Bonnamour said that the European field was complex and officials need to be a kind of expertise. It is always good to have a junior doctor present to provide details and information and a good balance is needed between the positions taken.

Carten Mohrhardt (DE) argued that as Marie-Christine Bonnamour represented different organisations there was a conflict of interest.

Marie-Christine Bonnamour said that such did not happened as they were different organisations; the best way was to have transparency and be responsible to not be in such position. The position is only defended when previous position agreement had been reached.

The President stated that when choosing Marie-Christine Bonnamour to the position they understood that there was no clash of interests and of course it was monitorized.

Marie-Christine Bonnamour said that she was a lawyer with legal background, working on EU projects such as crisis management.

Alex van Bolderen (NL) said that it was important to have goals settled and also important to evaluate the work done.

The Treasurer asked if after the PWG registration the fee was possible to lower. Marie-Christine Bonnamour said that PWG should define the work to be done and act as tailor-made between work and payment.

The President informed that it had been very positive to have Marie-Christine Bonnamour work done.



He reinforced that official registration was needed for its stability; a Domus Medica should be pursued in order to have an address and meetings, but it could not supply lobbying in an impartial way. Some activities are to be maintained independently by PWG and guarantee efficient work.

Bernard Mailet (UEMS) made a presentation on the Domus Medica to be bought; the main goal is to have a common address, full secretariat, lobbying and European news; the compromise solution would be: to have an address, basic logistics, space for meetings, but keeping the secretariat independent and lobbying. He stated that it would spare money and double work, as there was no intention to make money out of it. It was not possible to have a concrete detailed financial budget yet.

Claude Wetzel (FEMS) said that the goal was to improve communication as they already have the experience currently with the CPME shared office. Logistics were shared as well as the information; it saves costs but independency is maintained in an equal level. In 2003 FEMS joined CPME under the same roof although it did not work, so a virtual secretariat was settled; it works with the other EMOs but not with CPME. A common voice is needed but it is not possible to work with CPME as they do not respect cooperation.

The President said that cooperation with CPME has also failed. At the moment there was a common vision, but the decision should be taken for the future.

Arie Nieuwenhuijzen Kruseman (CPME representative) said that cooperation was needed.

Carsten Mohrhardt (DE) said that he agreed to have a Domus Medica; asked how it would be the best way to spread information.

The President said that no secretary was needed to be in Domus Medica as it would be very expensive.

The Treasurer explained that first PWG should start with few hours allocated and then decide to have someone there but in future.

Finland said that only some organisations could hold the secretariat at national level, meaning that only some countries could apply to PWG presidency.

The President mentioned that in the future maybe PWG would need a full secretariat in Brussels, but not for now.

Austria said that it was important to have a good secretariat and not pay for 2 secretariats.

Carsten Mohrhardt (DE) said that the presidency chooses the location of the secretariat so any country could apply for Presidency; about lobbying, there was no much information for the time being. Basic logistics, internal affairs and lobbying should be carefully analysed.

Croatia asked for an estimation of cost in Domus Medica. The Treasurer said that 28,000 euros are a plus each year more or less and that it is a main concern.

The President said that the main goal would be to get the information, have room for meetings, but keep independence. Domus Medica will be up in a year more or less so there is enough time to assess the situation.



The President said that steps should be taken accordingly to the budget, but also lobbying must be prioritised.

UEMS said that the intention was to work together and not to gain interest.

Austria said that it would not be possible to vote as there was no clear financial information to make a decision.

No agreement with Domus Medica can be pursued without an official PWG registration.

The difference between the contract with Marie-Christine Bonnamour and the Domus Medica was different as the first was signed under the auspice of the Portuguese Medical Association.

Claude Wetzel (FEMS) said that FEMS had asked the plenary first for a mandate to improve cooperation within an alliance and then move forward when suitable.

The President guaranteed that no contract would be signed with the UEMS without plenary approval.

Ireland reinforced the importance in having a mandate and a clear strategy for the EMOs meeting.

Finland reminded that the PWG dismissed delegations wished for these changes and it would be fruitful to have them back again.

Carsten Mohrhardt (DE) argued that PWG representatives should be acting actively in lobbying instead of having someone doing it.

PWG President said that a person was needed to attend some meetings that no one could attend, a back up plan.

Alex van Bolderen (NL) suggested having a budget for half a year for the Brussels Office.

Italian delegation said that no voice was raised against Marie-Christine Bonnamour's work.

After a quite long discussion on lobbying, PWG goals, motivations, the following motions were set to voting:

1. PWG Plenary acknowledges the effectiveness of the European lobbying actions developed by the EC during 2010. The Plenary supports that the PWG maintains effective European lobbying for the interests of junior doctors in EWTD, the qualifications directive and medical workforce.

This motion was approved with 16 votes in favour and 1 against from Austria.

2. The Plenary supports the renewal of the current contract of the Squaris for 2011.

This motion was rejected with 8 votes in favour, 5 against and 4 abstentions.

3. The Plenary supports the Executive Committee to define a new contract with Squaris that better suits the PWG for 2011: focus on European lobby actions for the interests of



Junior Doctors in EWTD, Qualifications Directive and Medical Workforce, while decreasing the costs of the contract.

This motion was rejected with 10 votes in favour, 3 against and 4 abstentions.

Portugal argued that postponing decisions only turns PWG ineffective, position supported by Finland.

Alex van Bolderen (NL) said that the EC should be relied upon on which better solution to follow, position opposed by Austria.

4. The plenary supports that the PWG concludes the registration process under the Belgium law as AISBL.

This motion was approved with 15 votes in favour, 1 against and 1 abstention.

5. PWG encourages all other European Medical Organisations to participate in more structured working relationships to achieve united representation for all doctors in Europe.

The plenary supports the concept of a Domus Medica and mandates the Executive Committee of PWG to discuss possible strategies to achieve enhanced engagement amongst the EMOs.

This motion was approved with 15 votes in favour, 1 against and 1 abstention.

6. The PWG Plenary mandates the Executive Committee to develop a lobbying proposal by the 31st December 2010 and communicate it to the Plenary.

The motion was approved with 14 votes in favour and 3 against.

Carsten Mohrhardt (DE) said that he will not be responsible for signing any contract without plenary approval.

Portugal stated that if only the Plenary is to take decisions, PWG will not be effective, position also supported by Finland.

Marco Capizzi (IT) said that there were certain types of lobbying but it should be done effectively.

Ingrid Desar (NL) affirmed that the EC should be entrusted to lobby and arrange the best suitable solution to proceed with it.

11. Collaboration with the other European Medical Organizations and *Domus Medica*

For some years the European Medical Organizations have been trying to joint efforts for better collaboration. In particular, during the past 2 years (after a joint EMOs meetings in Brussels in June 2008) several meetings have been held by the Presidents of the EMOs. Due to various circumstances success to achieve a final decision on the grounds of the collaboration has failed. This could have a considerable negative impact on the effectiveness of our lobbying actions for the medical profession and the rights of European doctors. The PWG strongly believes progress must be made. The UEMS has made a concrete invitation to all the EMOs to engage on a *Domus Medica*. CPME has asked several questions to the EMOs. The Plenary will discuss and decide on the PWG position on the collaboration with the EMOs and the participation on a *Domus Medica*.

Documents for information:

PWG_10_104_E_CPME premises strategy_2010Sep
PWG_10_117_E_UEMS Letter on *Domus Medica* – Apr01_2010Sep
PWG_10_69_E_UEMS Letter on a *Domus Medica* in Brussels_2010May
PWG_10_120_E_Domus Medica - EMOs needs 2010May18_2010Sep
PWG_10_97_E_CPME Statutes changes proposal to CPME General AssemblyNov10_2010Aug
PWG_10_122_A_EMOs meeting_Agenda_2010Oct31_2010Sep
PWG_10_121_O_EMOs meeting_Invitation letter_2010Oct31_2010Sep
PWG position on the collaboration with the EMOs and *Domus Medica* **TO BE SENT**

See previous point.

12. Image of the PWG – website, and new image

The NTO will present to the Plenary the new PWG website and the proposals for a new image. The Plenary will discuss and decide on the proposal to be accepted.

It was commonly agreed to change the PWG image as few as possible.

Austria opined that logo should be maintained.

Croatia agreed with proposal 6 – to stick to the image already existing and change the letter head - with which delegation agree, with exception to Italy and The Netherlands which agreed with 5 and 6 proposals.

13. Reports of and on other International Organisations

13.1. Standing Committee of European Doctors, CPME

PWG liaison officer to CPME: Dr John Morris

Document for information: President's report

No report was provided.

13.2. European Union of Medical Specialists (UEMS)

PWG liaison officer to UEMS (PGT SC Chairperson): Dr Carsten Mohrhardt

Carsten Mohrhardt (DE) made a short report on the main topics: Domus Medica, support funding for PWG representatives.

13.3. European Union of General Practitioners (UEMO)

PWG liaison officers to UEMO: Dr Inês Rosendo

The President said that UEMO decided on a policy paper to have MGF to be recognized under the Qualifications Directive.

13.4. European Association of Senior Hospital Physicians (AEMH)

Brigitte made a short report on the last meeting. For more information see AEMH 10-072 AEMH Activity Report 2010.

13.5 European Federation of Salaried Doctors (FEMS)

Document for information: President's report

Claude Wetzel (FEMS) informed that elections would follow next year and that the cooperation with EMOs was an important topic currently; He mentioned also the EWTD, the recognition of professional qualifications, working conditions, cross-boarder healthcare and task shifting as the main topics over the table.

13.6. European Medical Students' Association (EMSA)

The President said that EMSA had appointed a new Liaison Officer and new concrete tasks would be developed in co-operation, such as the Bologna process and the EuroMedMobility project.

13.7. International Association for Medical Education (AMEE)

There will be an extra delegate from PWG, elected each spring meeting, to attend the AMEE meeting.

13.8. Thematic Network on Medical Education in Europe (MEDINE)

Carsten Mohrhardt (DE) informed that university studies were in progress in terms of medical mobility. Next meeting will take place in March.

14. Reports of Subcommittees/ Working Groups

The chairpersons of the Subcommittees/Working Groups shall give a brief report of the meeting of those bodies and present motions that are brought to the Plenary for decision. These motions will also be decided under this point. In addition, the Chairpersons shall present the major issues to be developed by the SCs in the future.

14.1. Postgraduate Medical Training Subcommittee

See document PWG_10_142_A_PWG PGT Subcommittee Minutes AM10 Amsterdam_2010Oct.

Patrick Weinmann, Heide, DE	- Representative MJC of Emergency Medicine
Dr. med. Holger Knorn, Karlsruhe, DE	- Vice Representative Orthopaedic Surgery
Matthias Greulich, München, DE	- Representative Neurology
Simon Rieder, Munich, DE	- Representative Surgery
Dr. med Wadih Hanna, Karlsruhe	- vice-representative Surgery
Hrvoje Vrazic	- vice-representative Cardiology
Natália António	- Representative to Cardiology

All representatives were approved unanimously.

Document PWG_10_143_P_PWG Proposition for Transition in Medicine_2010Oct was approved with 16 votes in favor and 1 abstention.

PWG will contact EMSA and AMEE to have a common document on Bologna process.

Austria said that they were undergoing exams quality assessment;

Finland stated that there was a conflict of interests and as UEMS is the only organisation establishing exams, it was not fair.

This topic will be discussed more deeply at the next PGT subcommittee's meeting.

14.2. Economy Working Group



See document PWG_10_165_A_ PWG Economy WG Minutes AM10 Amsterdam_2010Oct.

The treasurer presented the revised version of the budget which was approved with 16 votes in favor and 1 abstention.

The investment proposal was set to vote and approved unanimously.

Alex van Bolderen (NL) presented the support fund status and the funds raised - PWG_10_154_O_PWG Fundraising_2010Oct - which was very well welcomed.

14.3. Medical Workforce Subcommittee

See PWG_10_164_A_ PWG Medical Workforce Subcommittee Minutes AM10 Amsterdam_2010Oct.

PWG_10_163_P_PWG Proposition Gender Imbalance_2010Oct was set to vote with 16 votes in favor and 1 abstention.

14.4. EU/EEA Subcommittee

See PWG_10_159_A_ PWG EU-EEA Subcommittee Minutes AM10 Amsterdam_2010Oct.

15. EuroMedMobility

Background: The aim of the EuroMedMobility Project is to develop a database web-portal promoting mobility for medical professionals and students, to integrate with pre-existing web services to achieve a high functionality.

This project enables young professionals and medical students to enrich their personal development in the context of developing a successful career. After some problems with the e-platform, the website will be ready to be launched worldwide in short time. Additionally, we received the news that EMSA is ready to provide expertise for their part.

The NTO shall present the project to the Plenary.

The NTO presented the new website, now already functioning correctly.

The President asked all members to spread the info on the website as lots of information was available.

16. Membership issues



Organizations from Bulgaria, Russia, Serbia and Turkey have started a possible process to entry the PWG. The Secretary General shall inform the Plenary on this topic.

Andreas Botzlar (DE) said that Bulgaria was already a member, but it would be expelled soon as membership fees have not been paid for the last 2 years. This new association, BLESS, is to apply for membership next meeting. There is no information about the junior doctors' League of Russia which contacted PWG. About Serbia there was no development and Turkey is the one which is more involved in getting PWG membership.

17. Unforeseen matters

Any unforeseen motions shall be presented here and decided upon in point 16.

Claire Camilleri (IE) said that IMO had increased the number of associates to the WMA and PWG could also join this project.

The President said that he had been contacted by the Canadian Junior Doctors Residents to join a new project. PWG will continue to monitor but no additional information has been provided.

PWG_10_167_O__Retirement Alex van Bolderen - Italian delegation proposal_2010Oct was approved with 16 votes in favor and to which Alex van Bolderen (NL) was thankful.

18. Decision Procedure on Unforeseen Matters

No unforeseen matters were discussed.

19. Allocation of Tasks

See PWG_10_169_O_Tasklist AM10 Amsterdam_2010Oct.

20. Future Meetings

20.1 Spring Meeting 2011

Croatia will hold the spring meeting. Date to be confirmed.

20.2. Autumn Meeting 2011

Malta will hold the autumn meeting.



20.3. Spring Meeting 2012

Spain presented an application to hold the spring meeting 2012.

21. Any Other Business

The Italian delegation asked to have a document on the Engera project on PWG's website.

The President informed that elections were to take place next spring meeting in consequence of the approval of the new statutes.

22. Closing of the Meeting

The meeting was adjourned at 18:10.

Attendance List

Austria	Katharina Gordon
Croatia	Hrvoje Vrazic
Czech Republic	Tomas Sindler
Czech Republic	Tomas Kocourek
Estonia	Märt Põlluveer
Finland	Tinja Lääveri
France (CNOM)	Xavier Deau
Germany	Ruth Wichmann
Germany	Carsten Mohrhardt
Georgia	Sophia Maglaferidze
Georgia	Mikheil Shavgulidze
Germany	Andreas Botzlar
Germany	Ruth Wichmann
Germany	Carsten Mohrhardt
Ireland	Claire Camilleri
Italy	Francesco Silenzi
Italy	Marco Capizzi
Latvia	Anna Savinkova
Lithuania	Indre Butiene
Lithuania	Jonas Korsakas
Netherlands	Alex Van Bolderen

Netherlands	Suzanne Booijs
Netherlands	Ingrid Desar
Netherlands	Gert van Enk
Portugal	Diana Fernandes
Portugal	Cláudia Melo
Portugal	Pedro Gomes
PWG	Sérgio Chacim
PWG	Bernardo Bollen Pinto
PWG	Luís Monteiro
PWG	Marie Christine Bonnamour
Slovenia	Helena Haskaj
Slovenia	Branko Pirs
Spain	Fernando Rivas
UEMS	Bernard Maillet
FEMS	Claude Wetzel