



European Junior Doctors
Association



Europa: Ruolo del Sindacato tra interazioni e confronti

Dott.ssa Nunzia Verde

European Junior Doctors Delegate

Consigliere Nazionale ANAAO Under 40

L'EJD è stata formalmente istituita in Germania, nel maggio 1976 come gruppo di lavoro permanente di Giovani Medici Europei.



Da allora, l'EJD è diventata l'organizzazione medica europea con l'adesione nazionale più completa, che rappresenta oltre 300.000 medici junior in tutta Europa.



- ✓ L'EJD interviene attivamente nella difesa della professione medica in Europa allo scopo di contribuire allo sviluppo del lavoro di Junior Doctors.
- ✓ Dall'inizio dell'esistenza dell'EJD, è diventato evidente che i Junior Doctors dei vari paesi hanno molte esperienze simili e affrontano le stesse sfide.
- ✓ E' riuscita a utilizzare la diversità culturale, scientifica e politica dei membri a suo favore.
- ✓ Ha contribuito notevolmente a migliorare l'istruzione e la formazione dei medici junior europei integrati nei migliori sistemi sanitari europei a beneficio della comunità, mantenendo al contempo un soddisfacente equilibrio tra lavoro personale e stile di vita.

EUROPEAN MEDICAL MOBILITY

Facilitating training
in the medical field.



- Progetto congiunto European Junior Doctors con European Medical Students Association (EMSA).
- L'obiettivo principale di EMM è facilitare la formazione in campo medico all'interno dell'UE / SEE attraverso un database online con un sistema di aggiornamento regolare.
- Raccoglie informazioni ufficiali relative alla formazione e alle condizioni di lavoro di Junior Doctors
- Incoraggia a condividere punti di vista personali e utili tra Junior Doctors.

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COUNTRIES

- Austria
- Croatia
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Ireland
- Italy
- Latvia
- Lithuania
- Malta
- Netherlands
- Norway
- Portugal
- Slovenia
- Spain
- Sweden
- Turkey
- United Kingdom





Germany

Greece

Ireland

Italy

Latvia

Lithuania

Malta

Netherlands

Norway

Portugal

Slovenia

Spain

Sweden

Turkey

United Kingdom

1.1. Which organisation recognises doctors eligible to practice in your country?

In case your country has more than one organisation which can provide professional recognition, please attach to this survey a simple list of names and websites where we can acquire more information.

Name:

For title recognition:

Ministero della salute (government)

For medical licence:

Ordine dei medici chirurghi e odontoiatri (medical chamber)

Address:

Ministero della salute:

Viale Giorgio Ribotta, 5 00144 – Roma

Ordine dei medici:

see local chamber (province of residence)

Phone number:

Ministero della salute:

06 5994 2378 - 2758 from monday to saturday 9.00-12.00 am

Ordine dei medici:

see local chamber (province of residence)

Ordine dei medici:

see local chamber (province of residence)

Phone number:

Ministero della salute:

06 5994 2378 - 2758 from monday to saturday 9.00-12.00 am

Ordine dei medici:

see local chamber (province of residence)

Fax:

Contact person:

Ministero della salute:

URP – Ufficio relazioni con il pubblico (information office)

E-mail:

Ministero della salute:

contact form http://www.salute.gov.it/portale/p_sendMail2.jsp

Website(s):

Ministero della salute:

<http://www.salute.gov.it>



1.2. What requirements/documents are necessary for a foreign doctor to practice medicine?

i.e. language skills, medical degree, insurance, immigration status.

MEDICAL DEGREE (AND DIPLOMA SUPPLEMENT)

PROFESSIONAL QUALIFICATION (IF PROVIDED IN THE COUNTRY OF ORIGIN)

PROFESSIONAL GOOD STANDING CERTIFICATION

ABSENCE OF PENAL PROCEDURES (CRIMINAL RECORD)

Where else can we find more information?

[http://www.salute.gov.it/portale/temi/p2_6.jsp?](http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=2602&a...)

[lingua=italiano&id=2602&a...](http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=2602&a...)

[HTTP://WWW.ORDINE-MEDICI-FIRENZE.IT/INDEX.PHP/FAQ-DOMANDE-FREQUENTI/277-...](http://www.ordine-medici-firenze.it/index.php/faq-domande-frequenti/277-...)

1.3. Are there any application deadlines (if so, when)?

Furthermore, how long does the professional recognition procedure usually take?

TIMING OF PROCEDURE NOT DETERMINED.

2 YEARS OF VALIDITY FOR TITLE RECOGNITION AFTER THE RELEASE



1.4. Are there any sort of examinations/interviews to apply for Medical Professional Recognition?

ONLY LANGUAGE EXAM PERFORMED BY MEDICAL CHAMBER

1.5.1. What kind of professional medical degrees are there in your country?

MEDICAL DEGREE
SPECIALIZATION
GENERAL MEDICINE TRAINING

Where else can we find more information?

[HTTP://WWW.MIUR.GOV.IT/WEB/GUEST/OFFERTA-E-ORIENTAMENTO](http://www.miur.gov.it/web/guest/offerta-e-orientamento)

[HTTP://WWW.UNIVERSITY.IT](http://www.university.it)

1.5.2. How do you access each degree?

NATIONAL TEST

Where else can we find more information?

[HTTP://WWW.UNIVERSITY.IT](http://www.university.it)



PART TWO Training in your country

2.1. Which organisation is responsible for medical training in your country?

In case your country has more than one organisation with this function, please attach to this survey a simple list of names and websites where we can acquire more information.

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NAME:

MINISTERO DELL'ISTRUZIONE, UNIVERSITA' E RICERCA (GOVERNMENT)

ADDRESS:

VIA MICHELE CARCANI, 61 - 00153 ROMA

PHONE NUMBER: 06 5849 4500

FAX: ---

CONTACT PERSON: URP – UFFICIO RELAZIONI CON IL PUBBLICO (INFORMATION OFFICE)

E-MAIL: URP@ISTRUZIONE.IT

2.2. Besides professional recognition, is there any other requirement for a doctor to start his training/begin to work (i.e. examination, clerkship, internship)? Namely, which documents/examinations are necessary when applying for training/job?

No

2.2.1. Where are training positions advertised?

<http://www.miur.gov.it>

2.3. Are there any application deadlines (if so, which)?

YES, COMMUNICATED EACH YEAR BY DECRETE

Where else can we find more information?

[HTTP://WWW.MIUR.GOV.IT/WEB/GUEST/UNIVERSITA](http://WWW.MIUR.GOV.IT/WEB/GUEST/UNIVERSITA)



2.4. How do applicants choose what and where they would like to train?

AFTER NATIONAL TEST EVERY APPLICANT DECIDE SPECIALIZATION AND LOCATION ACCORDING TO RANKING

2.5. Is there a fee/tuition for attending a training programme?

100 € FOR RESIDENCY NATIONAL TEST

2.6. Do trainees receive a salary during training?

YES

2.6.1. Moreover, what is the current salary and is overtime paid?

RESIDENCY: ABOUT 25000 € PER
GENERAL MEDICINE TRAINING: ABOUT 10000 € PER YEAR

2.6.2. What type of contracts are there? How long are the working and on-calls times?

TRAINING-WORK CONTRACT. FULL TIME (EU WORKING TIME DIRECTIVE)

2.6.3. Are sick leave, vacation days, maternity leave, voluntary work allowed and do they entail a reduction of salary?

SICK LEAVE: PERMITTED IF LESS THAN 40 DAYS PER YEAR, IF MORE THE SUSPENDED PERIOD MUST BE RECOVERED

VACATION: 30 DAYS PER YEAR PERMITTED

MATERNITY LEAVE: GUARANTEED FOR THE WHOLE MATERNITY AND AT LEAST 3 MONTH AFTER BIRTH (SUSPENSION OF TRAINING IS VOLUNTARY UNTIL THE THIRD QUARTER IF ABSENCE OF RADIOLOGICAL/MEDICAL RISKS), THE SUSPENDED PERIOD MUST BE RECOVERED

Where else can we find more information?

[HTTP://WWW.PARLAMENTO.IT/PARAM/LEGGI/DELEGHE/99368DL.HTM](http://www.parlamento.it/parlam/leggi/deleghe/99368DL.htm)

2.7. In general terms, how is the training assessment done?

i.e. exams, evaluations, interviews, appraisal

i.e. exams, evaluations, interviews, appraisal

PRACTICAL TRAINING WITH REGULAR EXAM (EVERY UNIVERSITY DECIDES IN AUTONOMY)



PART THREE Other details about training/working in your country

3.1. Is mobility possible inside and outside the country during your training?

YES, IT IS POSSIBLE INSIDE AND OUTSIDE OF THE COUNTRY FOR MAXIMUM 18 MONTHS IN THE WHOLE RESIDENCY DURATION

3.2. How many trainees are there in your country?

Divided, if possible, by in each speciality.

IN ITALY, THERE ARE 22 CLINICAL TRAINEES, 13 SURGICAL TRAINEES, 15 PUBLIC TRAINEES.

Where else can we find more information?

[HTTP://WWW.MIUR.GOV.IT](http://www.miur.gov.it)

3.3. What are the success, training drop-out and post-training employment rates?

NEVER PERFORMED AN ACCURATE SURVEY

3.4. Is there an accreditation procedure for training centres (and do they include visitations)?

YES, EACH TRAINING CENTRE MUST PASS A NATIONAL ACCREDITATION PROCEDURE AND PERFORM A QUALITY CERTIFICATION (INTRODUCED IN 2017, 3 YEARS OF IMPLEMENTING, ACTUALLY NOT COMPLETELY ACTIVE).
SITE VISITS ARE ONGOING.

3.5. Is there any national recertification/revalidation scheme to practice?

UNTIL 2019A NATIONAL RECERTIFICATION SCHEME IS REQUESTED TO PRACTICE AFTER MEDICAL DEGREE. IT IS MADE UP OF TWO PARTS: THE FIRST ONE IS A 3 MONTHS' PRACTICE: ONE MONTH OF CLINICAL PRACTICE, ONE MONTH OF SURGICAL PRACTICE AND ONE MONTH OF GENERAL MEDICINE; THE SECOND ONE IS A THEORICAL TEST, THAT IS DONE IN EACH UNIVERSITY.

AFTER 2019 THE POSTGRADUATE INTERNSHIP HAS BEEN ABOLISHED, MEDICAL GRADUATES WILL PERFORM THE TEST RIGHT AFTER GRADUATION.

Where else can we find more information?

[HTTP://WWW.MIUR.IT/0006MENU_C/0012DOCUME/0098NORMAT/1300REGOLA.HTM](http://www.miur.it/0006MENU_C/0012DOCUME/0098NORMAT/1300REGOLA.HTM)



3.6. Are there any differences in the application procedure according to the country of origin of a trainee?

THE APPLICATION PROCEDURE TO ACCESS TO THE TRAINEE IS THE SAME, BECAUSE OF IS A NATIONAL PROCEDURE. THE ONLY DIFFERENCE IS THAT IN CASE OF QUALIFICATION TO MEDICAL PRACTICE, OBTAINED ABORAD, IT IS REQUIRED THE POSSESSION OF THE DECREE OF RECOGNITION OF THE TITLE FOR THE PURPOSES OF THE EXERCISE OF THE MEDICAL PROFESSION ISSUED BY THE MINISTRY OF HEALTH.

DIFFERENCES ARE INTENDED FOR EXTRA EU/EEA DOCTORS.

Where else can we find more information?

[HTTP://WWW.SALUTE.GOV.IT/PROFESSIONISANITAREPUBBLICO/](http://www.salute.gov.it/professionisanitariepubblico/)

3.7.1. Are there any restrictions for a foreign doctor who is undergoing training in your country to work there afterwards?

THERE IS NOT RESTRICTION.

3.7.2. Moreover, is it possible for a trainee undergoing training in another EU/EEA country to do part of his training in your country? If so, what are the necessary requirements/documents?

IT IS POSSIBLE, FOR A TRAINEE UNDERGOING TRAINING IN ANOTHER EU/EEA COUNTRY, DO A PART OF HIS TRAINING IN ITALY. IT IS NECESSARY TO TAKE CONTACT DIRECTLY WITH PH., COMMUNICATE THE ITALIAN TRAINING PERIOD TO THE UNIVERSITY SECRETARY AND DO A MALPRACTICE AND ACCIDENTS INSURANCE.

3.8. Please summarise the general timeline between the time where a doctor has just graduated until he has attained a final senior post as an independent medical doctor.

In other words, please describe, in general terms, the training of a junior doctor in your country.

In other words, please describe, in general terms, the training of a junior doctor in your country.

TO ACHIEVE THE MEDICAL DEGREE, THERE ARE 3 SESSIONS A YEAR, GENERALLY MARCH, JULY AND OCTOBER. THEN, IT IS NECESSARY TO TAKE THE MEDICAL PRACTICE CERTIFICATION AFTER 3 MONTHS OF MEDICAL PRACTICE AND THE SUBSEQUENT THORICAL TEST, OF WHICH ARE PROGRAMMED TWO SESSIONS A YEAR (GENERALLY FEBRUARY AND NOVEMBER). AFTERWARDS, IT IS POSSIBLE TO TRY THE NATIONAL TEST TO ACCESS TO THE MEDICAL TRAINING, EXPECTED FOR JULY OR SEPTEMBER. EACH TRAINING HAS A VARIABLE DURATION BETWEEN 3 AND 5 YEARS.

Where else can we find more information?

[HTTP://WWW.MIUR.GOV.IT](http://www.miur.gov.it)

3.9. Is it compulsory to have malpractice (or any other) insurance?

DURING RESIDENCY, THE MALPRACTICE INSURANCE IS OFFERED BY THE HOSPITAL/S HOSTING THE TRAINING. FURTHER INSURANCE IS REQUIRED IN CASE OF GROSS NEGLIGENCE FOR WHICH STATE'S REDRAFT IS POSSIBLE DUE TO THE FISCAL DAMAGE.

3.11. What is the general perspective/position on emigration of medical trainees to foreign countries?

IT IS VERY COMMON THE EMIGRATION OF ITALIAN MEDICAL TRAINEES TO FOREIGN COUNTRIES BECAUSE OF THE TRAINING FUNNEL, FOR WHICH MORE OVER 7000 DOCTORS CAN'T ACCESS TO THE MEDICAL TRAINEES. FOR EXAMPLE, THIS YEAR 15.000 DOCTORS WILL TRY TO ACCESS TO THE MEDICAL TRAINEES, BUT THERE ARE ONLY 6200 SCHOLARSHIP.

Spring General Assembly



Autumn General Assembly

4. National Interim Reports

Your national Interim reports are very important to us as it provides a summary of key issues/events that have happened in your country since the last GA.

Please find below links to the 2019 National Interim Reports EJD have received:

The Netherlands [EJD19-031a_N_National Interim-Report-Netherlands_25-Apr-19](#)

The UK [EJD19-031b_N_National Interim-Report-UK_25-Apr-19](#)

Turkey [EJD19-031c_N_National Interim-Report-Turkey_25-Apr-19](#)

Estonia [EJD19-031d_N_National Interim-Report-Estonia_25-Apr-19](#)

Finland [EJD19-031e_N_National Interim-Report-Finland_25-Apr-19](#)

Croatia [EJD19-031f_N_National Interim-Report-Croatia_25-Apr-19](#)

Italy [EJD19-031g_N_National Interim-Report-Italy_25-Apr-19](#)

Slovenia [EJD19-031h_N_National Interim-Report-Slovenia_25-Apr-19](#)

Sweden [EJD19-031i_N_National Interim-Report-Sweden_25-Apr-19](#)

Portugal [EJD19-031j_N_National Interim-Report-Portugal_26-Apr-19](#)

Lithuania [EJD19-031k_N_National Interim-Report-Lithuania_26-Apr-19](#)

Greece [EJD19-031l_N_National Interim-Report-Greece_26-Apr-19](#)

Czech Republic [EJD19-031m_N_National Interim-Report-Czech_Republic_26-Apr-19](#)

Germany [EJD19-031n_N_National Interim-Report-Germany_29-Apr-19](#)

Spain [EJD19-031o_N_National Interim-Report-Spain-29-Apr-19](#)

Latvia [EJD19-031p_N_National Interim-Report-Latvia-29-Apr-19](#)

Austria [EJD19-031q_N_National Interim-Report-Austria-29-Apr-19](#)

Norway [EJD19-031r_N_National Interim-Report-Norway-06-May-19](#)

Ireland [EJD19-031s_N_National Interim-Report-Ireland-06-May-19](#)



11 April 2019
EJD National Interim Report

National Interim Report **UNITED KINGDOM**

Executive Summary

- Education and Training: a summary of our opposition to the proposed introduction of 'credentialing'; and our views on the Foundation Programme Review (England only), and on Inter Deanery Transfers (IDTs).
- Contract Negotiations: update on the contract dispute (England only), and other devolved nation updates.
- Brexit: an overview of our activity to limit its impact on the European medical profession.

Detailed Report

Credentialing

The British regulator's proposals to introduce 'Credentialing' have been strongly opposed by the BMA. Credentialing has been considered by regulators for over ten years but has gained renewed impetus since the Shape of Training report in 2013. The latest iteration of the proposal has recently been consulted upon and has three strands;

- Regulation of areas that fall outside of a GMC-recognised training programme**
Often referring to regulating cosmetic procedures that are undertaken by a registered medical practitioner, there is currently no provision to prevent any doctor undertaking certain procedures as a private provider. While the BMA is supportive of this in principle, it is concerned that there would continue to be no regulation of similar activities by non-doctors, and as such sees an unreasonable double standard.
- Post-CCT credentials**
Doctors who have achieved specialist registration in a specialty may be able to complete continuous professional development that will allow them to take on the responsibilities of a related specialty or sub-specialty. Currently the only example of this is a pilot for General Psychiatrists or Old-age Psychiatrists to be able to undertake a course to also being proficient in

**Committee Workshop
Briefings**

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graph LR; A[Committee Workshop Briefings] --> B[Medical Workforce Committee Workshop]; A --> C[Postgraduate Committee Workshop]; A --> D[EU-EEA Committee Workshop];
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**Medical Workforce
Committee Workshop**

**Postgraduate Committee
Workshop**

**EU-EEA Committee
Workshop**

Medical Workforce Committee Workshop



Medical Workforce Committee Workshop Briefing

Committee Chairperson: Brigita Jazbar
Topic: Violence towards doctors

Below is a short review of the topic with some related articles cited. The discussion will focus on the questions written at the end.

DEFINITION

Violence against doctors is increasing. Healthcare providers regularly suffer verbal abuse as well as physical violence. Perspectives on what constitutes violence may differ. Several studies on this topic have been made, but simple comparisons cannot be made. Terms such as abuse, threats, assault, battery, and hostility are used interchangeably in the literature.

Most studies have used the following definitions:

- violence is physical force used to damage, injure or destroy;
- aggression is a forceful attacking behaviour, destructively hostile to others

Workplace violence is an act of aggression, physical assault, or threatening behaviour that occurs in a work setting and causes physical or emotional harm to an employee. (1) To better define workplace violence in the medical setting four types of workplace violence have been suggested:

1. attacker has no association with the health facility or the physician (e.g. armed robbery)
2. the assailant is in a doctor-patient relationship (e.g. intoxicated patient attacks the doctor)
3. a fired and disgruntled colleague attacks the doctor
4. violence due to personal enmity (e.g. ex-husband attacks ex-wife at place of work)

An aspect also important to (junior) doctors is verbal abuse and physical violence from medical colleagues and supervisors.

Research studies on violence against doctors produce disparate results, mostly as a consequence of the inconsistencies in defining violence. Besides, there is a gross underreporting both by individuals and hospital managements.

Types of violence:

- verbal abuse (psychological violence such as clearly unreasonable demands, blackmailing, threats, intimidation, or sexual harassment)
- physical violence (hitting, kicking, throwing objects, weaponry attacks)
- theft, damage to family or property

IMPACT ON MEDICAL PROFESSION

Increase in sickness, absenteeism, burnout, lack of job satisfaction, decreased work output, and insecurity among health care professionals.

FACTORS PREDISPOSING TO VIOLENCE

- related to communication in the doctor-patient relationship (misunderstandings, dissatisfaction, disagreement, malpractice, lack of communication)
- related to organisation of healthcare (prolonged waiting times, lack of availability of doctors, lack of caring, dysfunctional equipment)

REFERENCES

1. Adapted from Workplace Violence: Law and Legal Definition. <http://definitions.uslegal.com/w/workplace-violence/#>
2. Kasai et al. BMC Res Notes (2018) 11:133 <https://doi.org/10.1186/s13104-018-3240-x>
3. Banerjee A. Perspectives on Violence against Doctors. Perspectives in Medical Research 2018; 6(3):6-13.

TOPICS for discussion:

1. Were you ever subject to violence at your workplace and by whom?
2. Do you have a national survey on violence against doctors?
3. Do you have any management strategies for dealing with a violent patient in the hospital?
4. Do you have communication skills training available to improve doctor-patient communication and to recognise violence provoking behaviour?

Postgraduate Committee Workshop



Postgraduate Training Committee Workshop Briefing

Topic: WFME and its role on Postgraduate Medical Education

Presenter: Professor David Gordon, President, World Federation for Medical Education

Chair: Francisco Ribeiro Mourão, EJD PGT Chairperson

Co-Chair: Agostinho Moreira de Sousa, EJD AMEE Liaison Officer

This session will address two themes. The first is the WFME recognition programme and its impact on the quality of medical education, and how the recognition of accreditation agencies may have an impact on the overall quality of medical education, not only at undergraduate level. In addition, also addressed will be the ECFMG announcement that, in 2023, eligibility for USMLE and employment as a doctor in the United States will be restricted to graduates from medical schools/programmes accredited by an agency which is recognized by the WFME Recognition Programme or to an equivalent standard.

The second theme is a general overview of the WFME Global Standards for Quality Improvement: Postgraduate Medical Education and how can they be used to improve the quality of residency at the national level.

EU-EEA Committee Workshop



EU-EEA Committee Workshop Briefing

Committee Chairperson: Sara Launio

The workshop will be in three parts. Discussion will be facilitated, and the main purpose is to allow input from the group to best improve EU-EEA work.

Discussion will proceed through three phases: eHealth, sustainability and the free exchange of ideas:

1) **Introduction to a draft position paper on eHealth.**

The group will be introduced to a draft statement for EJD's position on eHealth. Then the group will be further divided into smaller groups to provide their ideas on what to still include and what to remove, and to provide focus and goals, also considering the outcomes of the topic debate. From this feedback the draft statement will be further adjusted for presentation to the GA. The end product is hoped to be a paper to be further worked upon and to be later approved as the EJD position on eHealth.

2) **Introduction to sustainability in healthcare as a focus area for EJD**

The group will receive a short introduction to the topic as prepared by the EJD intern, Catherine Bärtel. It is the plan to allow brainstorming and short comments for future development in this topic.

3) **Free exchange of wishes and hopes for EU-EEA committee/chair**

The group will have a chance to exchange ideas for EU-EEA committee and provide ideas for further work and communication in this sector.

Committee Sessions

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graph LR; A[Committee Sessions] --> B[Medical Workforce Committee]; A --> C[Postgraduate Training Committee Agenda]; A --> D[EU-EEA Committee Agenda];
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Medical Workforce
Committee

Postgraduate Training
Committee Agenda

EU-EEA Committee
Agenda

Medical Workforce Committee



6. EJD Survey on flexible working

The preliminary results were presented during the Autumn Meeting in Tartu. After the meeting they were amended according to new information received from delegations and a report is currently being prepared.

7. E-health

The communication officer will report on the Deans meeting about digital health that he attended.

Postgraduate Training Committee



Documents for information:

- See online list: [Representatives to UEMS Boards, Sections and MJC's](#)

Proposal: The Committee selects candidates suitable for election in the General Assembly as new representatives.

4.2. Updates on EJD UEMS Representatives Rules of Procedure

5. **Medical Leadership – updates from work developed within EMO's**
6. **AMEE – update and on-going work**
7. **Mutual Recognition of Professional Qualifications Directive – update**
8. **Any other business**
9. **Closing of the meeting by the Chairperson**

4. Committee chairperson report

a) Whistleblowing statement and dissemination

EJD statement on Whistleblowing was approved by the EJD board and disseminated to delegations and other stakeholders as well as to JURI-committee and to media and shared in EJD social media accounts. The final version of the Directive on the protection of persons reporting on breaches of union law was approved by the Commission in early March and was then ready for rubberstamping by the European Parliament in April 2019. Currently, workers' rights remain outside the scope of the directive, but it has been mentioned that in the revision this will be revisited.

b) Visit to Brussels (13-15th March):

1. *Initial meeting with new EJD intern, Cathrine Bärstel*
2. *CPME update on current affairs*
3. *Eurocadres: co-operating with whistleblowing, updating and discussions on future co-operation possibilities*

5. Euroelections – an action plan

The EU-EEA Committee chair and EJD intern have prepared an action plan and material package for European elections for the EJD delegations and their national membership organisations to consider adopting. EJD intern, Cathrine Bärstel, will present to the GA.

6. Workshop overview

1. Future actions on E-health
2. Action plan to pursue "Sustainability in healthcare"

Spring General Assembly
Stay tuned...



Maggio 2020

Grazie per
l'attenzione

