



AIACE

International Association of Former Staff of the European Union

10.500 members – open to former employees of the EU institutions and bodies

The Vice-President
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Newsletter from the International Bureau to all AIACE members

This publication aims to provide a direct link between AIACE's international "executive" body and our 11,000 members. It sets out to provide a series of brief updates on the activities of the International Bureau and is sent out via the Sections or Branches, for them to send on to all members. This is the third issue of our new Newsletter, which covers the period from February to April 2016.

WHAT HAS THE BUREAU BEEN DOING ON YOUR BEHALF?

* **8 February** : preparing, attending and helping manage the Technical Group meeting, which brought together representatives from PMO, DG HR and AIACE to discuss (as its name suggests) detailed technical questions on matters within the competence of the PMO and DG HR that had been flagged up by our national sections, who also send representatives to this meeting. It is intended to prepare the periodic meetings between our Management Board (the 'Conseil d'administration' or C.A.) and senior staff from each of the Administrations, and aims to avoid these meetings becoming bogged down in matters that are too specific.

* **17 February** : Bureau meeting

* **18 February** : Quarterly meetings at Director level with the PMO and DG HR

* **14 and 15 March** : AIACE Management Board ("C.A.") meeting

* **16 and 17 March** : attendance at the JSIS Management Committee (CGAM) meeting

* **26 April** : Bureau meeting

KEY DEVELOPMENTS DURING THIS PERIOD

The primary focus has been on our sickness insurance scheme. As set out in issue No 2, we had highlighted a number of significant issues around the operation of the JSIS Management Committee (CGAM), including particular problems upstream of the regular meetings of that Committee. It was only in March 2016 that the CGAM was finally able to adopt its 2014 activity report, which omits a number of significant issues that the staff side wished to see included. However, developments since early 2016 have proved both positive and promising.

MANAGEMENT BOARD MEETING ON 16 MARCH: The Director of PMO was rightly delighted to be able to announce that there had been a significant improvement in reimbursement times in all three Settlements Offices.

In addition, he gave a number of undertakings as regards the future management of the *Scheme with the aim of*:

- giving members clearer reasons when claims were turned down, in particular when a request for recognition of serious illness was not accepted;
- providing an enhanced service to members seeking guidance and advice (cutting telephone waiting times; opening new PMO Welcome Centres, including one in Luxembourg in June 2016; re-organising the way in which staff dealing with member enquiries in the central administration and the three Settlements Offices work together; and completely re-writing the JSIS guidance materials on My IntraComm - in active cooperation with AIACE).

15 Sections : Belgique/België – Danmark - Deutschland – Éire/Ireland - España - France – Ελλάς/Grèce - Italia – Luxembourg – Nederland – Österreich – Portugal – Suomi/Finland – Sverige - United Kingdom

Office address : European Commission, SC-29 02/04, B-1049 Brussels, Belgium -
Telephone : direct line (+32-2)295.29.60 exchange (+32-2) 299.11.11
E-mail address : aiace-int@ec.europa.eu Website : www.aiace-europa.eu

The PMO Director indicated that he was open to discussions on granting access to health checks to spouses with complementary cover in countries where such examinations were not available. As regards complementary cover itself, he recognised that this was causing management problems and that he was willing to look at ways of simplifying things, but it had to be understood that any solution either needed to be compatible with existing rules or would require a change in the rules.

However, as regards the substance of the new 'Preventive Medicine' screening programmes, the outgoing Chair of the Medical Council indicated that he was unwilling to reconsider the positions taken, although these programmes had only been presented to the JSIS Management Committee in November 2015, following their introduction in July 2015.

It is our view that the prospect of short-term cost savings constituted a major driver for these changes. At least three major types of tumour are no longer properly covered by the screening tests (lung, prostate and colon cancer). Virtual colonoscopy (using imaging techniques) can be useful, but as things stand at present any member over 60 who has already had a colonoscopy will no longer be able to be screened for colon cancer in the course of their two yearly check-up, leaving such members in a position of uncertainty. They will then have to discuss with their general practitioner whether they need to undergo additional tests (which will not however be reimbursed at 100%).

JSIS MANAGEMENT COMMITTEE MEETING (CGAM): We contested a medical opinion that had been adopted by the relevant Settlements Office and the CGAM itself. The opinion reflected the view of the Medical Advisor that the condition in question could no longer continue to be considered as a "serious illness" after a certain time span, and that in this particular case one of the four 'qualifying' criteria, namely a shortened life expectancy, was not met. We argued that such an approach ran counter to case law, as the 2004 Hecq ruling had found that screening tests whose purpose was to determine whether there had been any recurrence of a serious illness should continue to be reimbursed at 100%, irrespective of the time that had elapsed since the illness had been detected. Moreover, the court had found in the Allen case that the doctors should make a comprehensive assessment taking into account all four criteria and not limit themselves to a single criterion. Following the discussions in the CGAM, the PMO gave three fundamentally important undertakings:

- it considered that it was bound by the rules, but not necessarily by a specific medical opinion;
- whenever a decision was taken to cease to recognise an illness as serious, the member would receive detailed reasons;
- screening tests aimed at detecting any recurrence of a serious illness would continue to be reimbursed at 100%.

OTHER IMPORTANT POINTS

- Practical issue around the organisation of our annual congress ('assises'): a specific problem has arisen as a result of an increase in the number of participants at the AGM not paying the fixed fee, but who nevertheless wish to sign up for particular events, which has a knock-on effect in terms of management costs;
- Insurance policies: there may be some confusion between the policies offered by Affiliatys, and this will require some intervention on the part of the Bureau, aimed at clearing things up for our members;
- The composition of the Bureau: there is a need for reinforcement, and for re-distribution of the workload.
- Efforts to enhance communication are ongoing: the development of the new website has encountered regrettable delays, but should shortly be operational. A "communications" seminar with the national sections will be held in the Autumn, and 11 sections have already expressed interest.