



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EURÓPSKA ASOCIÁCIA NEMOCNICNÝCH LEKÁROV**

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Author :	Dr. Raymond Lies President of the AEMH, Liaison officer to the CPME
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AEMH ACTIVITY REPORT
CPME Meeting, Vienna 8th November 2003

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1. AEMH-meetings

Board : The AEMH Board having decided to increase the number of meetings, the members of the Board met three times in 2003, in January in Brussels, in July in Luxembourg and prior to the Plenary meeting in September in Copenhagen. The next Board meeting is scheduled 23 January in Brussels.

Plenary : The 56th Plenary meeting took place in September 2003 in Copenhagen. 2004 will be the start of the new calendar of meeting, placing the annual meeting in Spring , i.e. the 57th Plenary meeting will take place 23/24 April in Madrid.

2. Communiqué

At the end of the 56th AEMH Plenary Meeting in Copenhagen a communiqué has been drafted which resumes the positions and concerns of the AEMH. raised during the meeting (see here attached document AEMH 03/053).

3. 40 Years AEMH

In Copenhagen the AEMH celebrated its 40th Anniversary with a reception in the Town Hall and in the Domus Medica of the Danish Medical Association. Memorial medals were awarded with special thanks to the Danish Medical Association, to Dr Godts from Belgium for 25 years regular presence in the AEMH and to Tom Kennedy, attending for the last time the AEMH meeting, for the numerous years of his loyal cooperativeness.

4. New Address

When the CPME decided to move their offices to Rue de la Science the AEMH followed in the spirit of a future Domus Medica. . A room within the CPME premises is rented at a price accurately calculated as per occupied square meters including pro rata costs for electricity, cleaning, taxation etc..., meaning that the AEMH remains an independent organization functioning autonomously as well financially as technically.

5. Statutes

The legal presence of the AEMH in Brussels as an International Non Profit making Association has been confirmed by the Belgian authorities who accepted and published the AEMH Statutes. The AEMH gains hereby an international dimension and joins the vast circle of Brussels based NGO's.

6. National Reports

This year the national reports from the AEMH member delegations were requested to be presented in the frame of a questionnaire initiated and drafted by the Danish Medical Association. The purpose was to structure the way of reporting and at the same time respond to many issues of the AEMH working groups. The results will be summarized in a report.

7. Working groups

CME/CPD : The coordinator of this working group is Dr. Zilling, who also took part in the CPME group on funding of CME/CPD. The survey of Dr. Zilling showed that a majority of the AEMH member countries have clearing houses for CME/CPD activities and showed the willingness of the AEMH delegations to promote the CPME/AO statement. The working group will proceed its work and prepare a AEMH Statement on Quality Assurance and Quality Control.

Risk management . This working group has been enlarged and will include topics on Patients safety.

EWTD. Last year's statement had been adopted by the CPME in the Salzburg meeting. A new survey will be started to examine the progress of the implementation of the EU Directive in the different countries and the consequences.

8. AEMH-Enlargement

Within the enlargement process to Eastern European countries the Slovak Medical Chamber has become a full AEMH member in 2003. The application from Croatia has been accepted by the assembly in September in Copenhagen.

9. Action Plan for the President's Term 2004 – 2006

This action plan has been approved and supported by the general assembly and therefore lays the basis of the future activities of the AEMH.

- a) Recognition of the AEMH as one of the stakeholder for hospital concerns in the European scene.
- b) Funding of the AEMH
 - Finding of financing
 - New Members
 - EU projects
- c) Increase of Board or Executive Committee meetings in order to cope with the increase of European topics demanding to take position.
- d) Increase the involvement of National delegations (e.g. follow-up of health topics, alternation according to the EU Presidency).
- e) Establish relationship to SANCO (DG Health and Consumer Protection)
- f) Establish relationship to HOPE (Standing Committee of the Hospitals of the European Union)
- g) Organisation of an annual or biennial symposium on topics of the working groups (e.g. Risk Management) in collaboration with other stakeholders

Dr. Raymond Lies



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Communiqué

The European Association of Senior Hospital Physicians, meeting in Copenhagen during their plenary session on September 5-6, 2003, having discussed the various situations of senior hospital physicians in different European countries:

- Once again restates the need of access for all to health care, regardless of social and economic circumstances, and maintaining physicians' autonomy and freedom in providing care;
- expresses its concerns given the general worsening of financial difficulties in hospitals, leading to the gradually increasing influence of administrative rules, the consequence of which being constraints on health care for patients, particularly relating to diagnosis and therapy;
- calls for greater medical expertise in decision-making bodies responsible for health organisation and policy in order to better consider proposals from professional organisations directly involved with the realities of the profession;
- wants to alert public authorities of the demographic deficit in medical professionals which exists in many countries and which has been exacerbated by social legislation on working hours and the European directive on resting hours following night-time on-call duty;
- speaks out against the widely-held notions that physicians are responsible for health budget deficits when we have seen a considerable increase in unavoidable costs: staff, accommodation, supplies, as well as emerging technologies and new and costly therapies with no adaptation made in finances;
- warns public authorities about the consequences of a sudden introduction of DRG's which will lead to profound financial imbalance;
- notes that insufficient funding has been made available for CME and that the pharmaceutical industry's contribution remains significant, sometimes representing the main source of finance.

Therefore,

- mandates the member delegations of AEMH to contact political decision-makers in all countries to raise their awareness on these points and to make proposals.

The Board shall make representations with the European authorities on the concerns contained in this communiqué.